

Addendum Number 1

September 23, 2020

From: Procurement Department

Re: Excess Workers' Compensation Insurance

Issue Date: 09/13/20

Due Date: 09/29/20

1. Please see the attached questions and answers on the following pages.

End of Addendum Number 1

1) Please provide 10 years of detailed loss runs in excel format.

Excel format is not available. 10 years of detailed loss runs is included beginning on page 3 of this addendum.

2) Please provide payroll totals for the policy years 2010-11 through 2019-2020.

<u>Year</u>	<u>City</u>	<u>Schools</u>	<u>Total</u>
2010	\$26,054,726	\$39,763,007	\$65,817,733
2011	\$28,214,592	\$40,230,278	\$68,444,869
2012	\$30,449,033	\$41,789,510	\$72,238,543
2013	\$31,759,211	\$42,701,850	\$74,461,061
2014	\$32,435,232	\$43,885,308	\$76,320,540
2015	\$32,378,324	\$46,462,328	\$78,840,652
2016	\$33,247,836	\$46,360,252	\$79,608,088
2017	\$34,272,832	\$48,680,218	\$82,953,050
2018	\$34,764,118	\$49,834,999	\$84,599,117
2019	\$35,101,509	\$50,262,563	\$85,364,072

3) The timeline for the RFP is incredibly tight and some carriers require that loss runs be within 90 days of the 1/1 effective date (October 1st) in order to quote. Given these factors, would the city be open to extending the due date of the RFP to get a full view of the competitive marketplace?

No

4) Do the operations of the City include volunteer or donated labor?

Yes

5) Does the City have any employees who travel to foreign countries?

Yes, occasionally

6) Is the City engaged in the manufacture, production, refining, storage, distribution, or transportation of gases, gasoline or flammables?

Yes

7) Does the City own, lease, or charter aircraft?

No

8) Does the City provide any transportation for employees to or from the workplace?

Yes, some employees

9) Does the City have safety committees?

Yes

10) Does the City provide new hire safety training?

Yes

- 11) Does the City have an alternative duty return to work program in place for all departments? We have light duty work when available.
- 12) Does the City provide in-house medical attention for first aid injuries?Yes, the Employee Wellness Clinic for the city employees and school nurses for school employees.
- 13) Does the City have a process in place in which all injuries are internally investigated and reported to your claim servicing company within 24 hours?Yes
- 14) Does the City conduct regular or quarterly claim reviews with your claim servicing company? Yes

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

All States

Claim Year	Days Lost	Paid Indemnity	Pald Medical	Pald Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2019	0	0.00	0.00	0.00	0.00	0.00	500.00	0.00	500.00	500.00
Nature Strain	•	Claim Number Open 04-16-079-19 Cause STRAIN OR INJURY BY, NOC	<u>Department</u> 23 <u>Body Part</u> KNEE	<u>Date of Injury</u> 05/06/2019		Injury Description IW was working off the back of backof his left leg (behind his	•	hing out he feit a tear,	/strain in the	
2019	0	0.00	365.38	0.00	365.38	0.00	365.38	0.00	365.38	0.00
Employee Nature LACERATION	-	Claim Number Closed 04-19-088-19 Cause CUT, PUNCTURE, SCRAPE, NOC	<u>Department</u> 26 <u>Body Part</u> THUMB	<u>Date of Injury</u> 05/22/2019		Intury Description 1W's hand slipped while replace safety gloves.	ing chain on chainsaw a	and cut right thumb, W	Vasn't wearing	
2019	0	0.00	162.24	0.00	162.24	0.00	162.24	0.00	162.24	0.00
Employee Nature SPRAIN		Claim Number Closed 04-58-093-19 Cause STRAIN OR INJURY BY, NOC	<u>Department</u> 26 <u>Body Part</u> THUMB	<u>Date of Injury</u> 06/26/2019		Injury Description IW was learning how to sand a from her.	and the cord wrapped a	round thumb when ma	achine got away	
2019	0	- 0.00	747.11	0.00	747.11	0,00	747.11	0.00	747.11	0.00
Employee Nature NO PHYSICAL INJURY		Claim Number Closed 04-25-018-19 Cause OTHER - MISCELLANEOUS, NOC	<u>Department</u> 32 <u>Body Part</u> MULTIPLE UPPER			<u>Injury Description</u> Employee moved a victim at ti blood on his hands, arms and o	•	while doing so, he go	t the victim's	·
2019	0	0.00	622.96	0.00	622.96	0.00	622.96	0.00	622.96	0.00
Employee Nature NO PHYSICAL INJURY		Claim Number Closed 04-25-019-19 Cause OTHER - MISCELLANEOUS, NOC	<u>Department</u> 32 <u>Body Part</u> MULTIPLE UPPER	,,		<u>Injury Description</u> While moving a victim at the starms and elbow.	cene emp	oloyee got victim's bloc	nd on his hands,	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

2019 Employee	0	0.00				Pald	Indemnity	Medical	Expense	Total	Balance
Employee				146.65	0.00	146.65	0.00	146.65	0.00	146.65	0.00
		<u>Claim Number</u> 04-25-033-19	Closed	<u>Department</u> 32	<u>Date of Injury</u> 02/17/2019		ry Description sure to (•			
<u>Nature</u> INFECTION		Cause OTHER - MISCELLAI NOC	NEOUS,	<u>Body Part</u> MULTIPLE BODY I BODY SYSTEMS A	PARTS (INCLUDING ND BODY PARTS)						
2019	0	0.00		78.43	0.00	78.43	0.00	78.43	0.00	78.43	0.00
Employee Nature INFECTION		Claim Number 04-25-034-19 Cause OTHER - MISCELLA	Close d • NEOUS,		Date of Injury 02/17/2019 PARTS (INCLUDING		ry Description sure to	•			
2019	0	NOC 0.00		BODY SYSTEMS A	0.00	146.65	0.00	146.65	0.00	146.65	0.00
<u>Employee</u>		Claim Number 04-25-032-19	Closed	<u>Department</u> 32	<u>Date of Injury</u> 02/17/2019		ry Description sure to	•			
Nature INFECTION		Cause OTHER - MISCELLAN NOC	NEOUS,	<u>Body Part</u> MULTIPLE BODY I BODY SYSTEMS A	PARTS (INCLUDING ND BODY PARTS)			_			
2019	0	0.00		142.94	0.00	142.94	0.00	142.94	0.00	142.94	0.00
Employee		<u>Claim Number</u> 04-25-035-19	Closed	Department 32	<u>Pate of Injury</u> 02/18/2019		ry Description sure to				
Nature INFECTION		Cause Other - Miscellai NOC	NEOUS,	Body Part MULTIPLE BODY F BODY SYSTEMS A	ARTS (INCLUDING ND BODY PARTS)	_					
2019	0	0.00		146.65	0.00	146.65	0.00	146.65	0.00	146.65	0.00
Employee		<u>Claim Number</u> 04-25-038-19	Closed	<u>Department</u> 32	<u>Date of Injury</u> 02/18/2019		sure to				
<u>Nature</u> INFECTION		<u>Cause</u> OTHER - MISCELLAI NOC	NEOUS,	<u>Body Part</u> MULTIPLE BODY F BODY SYSTEMS A	PARTS (INCLUDING ND BODY PARTS)		·				

Injury Date Range: 01/01/2010 to 12/31/2019

- Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Days Lost	Pald Indemnity		Paid Iedical E	Paid	Total	Expected	Expected	Expected	Expected	Reserve
0				Expense	Paid	Indemnity	Medical	Expense	Total	Balance
	0.00		146.65	0.00	146.65	0.00	146.65	0.00	146.65	0.00
	<u>Claim Number</u> 04-25-045-19	Closed	<u>Department</u> 32	<u>Date of Iniury</u> 02/19/2019		v Description sure to	·			
	Cause OTHER - MISCELLAN NOC	IEOUS,		,						
0	0.00		0.00	0,00	0.00	0.00	0.00	0.00	0.00	0,00
injuries	Claim Number 04-25-061-19 Cause CONTACT WITH, NO	Closed	<u>Department</u> 32 <u>Body Part</u> MULTIPLE UPPER	Date of Injury 04/04/2019 EXTREMITIES			of water on IW. Suspect	is positive for	•	
0	0.00		437.22	0.00	437.22	0.00	500.00	0.00	500.00	62.78
INJURIES	Claim Number 04-25-133-19 Cause OTHER - MISCELLAN NOC	Open		•	IW w	as attempting to escort co		cell who was bleeding	, blood came in	
96	35,296.08		4,886.10	150.00	40,332.18	35,396.08	4,982.50	250.00	40,628.58	296.40
>	Claim Number 04-25-147-19 Cause Strain Or Injury E	Open BY, NOC		•		-	eed table throwing IW's	injured back out.		SETTLED
0	0.00		118.67	0.00	118.67	0.00	118.67	0.00	118.67	0.00
•	Claim Number 04-27-003-19 Cause CUT, PUNCTURE, SCI NOC	Closed	<u>Department</u> 34 <u>Body Part</u> FINGER(S)	<u>Pate of Inlury</u> 01/17/2019			k pack, cut left middle fi	inger on razor blade.		
	O INJURIES 96	Cause OTHER - MISCELLAN NOC 0 0.00 Ciaim Number 04-25-061-19 Cause INJURIES CONTACT WITH, NO Claim Number 04-25-133-19 Cause INJURIES OTHER - MISCELLAN NOC 96 35,296.08 Claim Number 04-25-147-19 Cause STRAIN OR INJURY (0 0.00 Claim Number 04-27-003-19 Cause CUT, PUNCTURE, SC	Cause OTHER - MISCELLANEOUS, NOC 0 0.00 Claim Number Closed 04-25-061-19 Cause INJURIES CONTACT WITH, NOC 0 0.00 Claim Number Open 04-25-133-19 Cause INJURIES OTHER - MISCELLANEOUS, NOC 96 35,296.08 Claim Number Open 04-25-147-19 Cause STRAIN OR INJURY BY, NOC 0 0.00 Claim Number Closed 04-27-003-19 Cause CUT, PUNCTURE, SCRAPE,	Cause Body Part	Cause Body Part	Cause Body Part	Cause OTHER - MISCELLANEOUS, NOC	Cause OTHER - MISCELLANEOUS, NOC O 0.00 O.00 O.00 O.00 O.00 O.00 O.00 O	Cause Body Part MULTIPLE BODY PARTS (INCLUDING BODY SYSTEMS AND BODY PARTS)	Cause Body Part MULTIPLE BODY PARTS (INCLUDING BODY SYSTEMS AND BODY PARTS)

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Pald Indemnity		Paid ledical i	Pald Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2019	0	0.00		739.53	0.00	739.53	0.00	739.53	0.00	739.53	0.00
Employee Nature LACERATION		Claim Number 04-27-015-19 Cause CUT, PUNCTURE, SCR NOC	Closed	<u>Department</u> 34 <u>Body Part</u> FINGER(S)	<u>Pate of Iniury</u> 02/12/2019	Emp	rv Description loyee was on scene, he ste loyee to fall and cut his left			ing the	
2019	0	0.00		564.33	0.00	564.33	0.00	564.33	0.00	584.33	0.00
Employee Nature INFECTION		<u>Claim Number</u> 04-27-029-19 <u>Cause</u> OTHER - MISCELLANI NOC	Closed		Date of Injury 02/17/2019 PARTS (INCLUDING AND BODY PARTS)		ry Description sure to	•		5	
2019	0	0.00		146.65	0.00	146.65	0.00	146.65	0.00	146.65	0.00
Employee Nature INFECTION		<u>Claim Number</u> 04-27-031-19 <u>Cause</u> OTHER - MISCELLANI NOC	Closed		Date of Injury 02/17/2019 PARTS (INCLUDING AND BODY PARTS)		ry Description sure to			_	
2019	0	0.00		146.65	0.00	146.65	0.00	146.65	0.00	146.65	0.00
Employee Nature INFECTION		<u>Claim Number</u> 04-27-041-19 <u>Cause</u> OTHER - MISCELLANI NOC	Closed		Date of Injury 02/17/2019 PARTS (INCLUDING IND BODY PARTS)		ry <u>Description</u> sure to	•			
2019	0	0.00		6,800.27	0.00	6,800.27	0.00	6,800.27	0.00	6,800.27	0.00
Employee Nature INFECTION		Claim Number 04-27-044-19 Cause OTHER - MISCELLANE NOC	Closed		Date of Injury 02/17/2019 PARTS (INCLUDING AND BODY PARTS)		ry Description sure to	•			

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity	Paid Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2019	0	0.00	78.43	0.00	78.43	0.00	78.43	0.00	78.43	0.00
Employee Nature INFECTION		Claim Number Closes 04-27-046-19 Cause OTHER - MISCELLANEOUS, NOC	34 <u>Body Part</u> MULTIPLE BODY	Date of Injury 02/17/2019 PARTS (INCLUDING AND BODY PARTS)		ry Description sure to				
2019	0	0.00	146.65	0.00	146.65	0.00	146,65	0.00	148.85	0.00
Employee Pakure INFECTION	,	Claim Number Closed 04-27-043-19 Cause OTHER - MISCELLANEOUS, NOC	34 <u>Body Part</u> MULTIPLE BODY	Date of Injury 02/18/2019 PARTS (INCLUDING AND BODY PARTS)		ry <u>Description</u> sure to C	-			
2019	0	0.00	78.43	0.00	78.43	0.00	78.43	0.00	78.43	0.00
Emplovee Nature INFECTION)	Claim Number Closed 04-27-036-19 Cause OTHER - MISCELLANEOUS, NOC	34 <u>Body Part</u> MULTIPLE BODY	Date of Injury 02/18/2019 PARTS (INCLUDING ND BODY PARTS)		y <u>Description</u>	•			
2019	0	0.00	146.65	0.00	146.65	0.00	146.65	0.00	146.65	0.00
Employee Nature INFECTION		Claim Number Closed 04-27-037-19 Cause OTHER - MISCELLANEOUS, NOC	34 <u>Body Part</u> MULTIPLE BODY	Date of Injury 02/18/2019 PARTS (INCLUDING ND BODY PARTS)		y Description ure to	•			
2019	0	0.00	76.46	0.00	76.46	0.00	76.46	0.00	76.46	0.00
Employee Lature INFECTION		Claim Number Closed 04-27-039-19 Cause OTHER - MISCELLANEOUS, NOC	34 <u>Body Part</u> MULTIPLE BODY	<u>Pate of Injury</u> 02/18/2019 PARTS (INCLUDING IND BODY PARTS)		y Description ure to	•		·	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity	* Paid Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2019	0	0,00	78.43	0.00	78.43	0.00	78.43	0.00	78.43	0.00
Employee		Claim Number Clos 04-27-040-19		<u>Date of Injury</u> 34 02/18/2019		v Description ure to	•			
Nature INFECTION		Cause Other - Miscellaneous NOC		DY PARTS (INCLUDING AS AND BODY PARTS)						
2019	0	0.00	146.65	0.00	146.65	0.00	146.65	0.00	146.65	0.00
Employee Nature		Claim Number Clos 04-27-030-19 Cause		<u>Date of Injury</u> 34 02/18/2019		y Description ure to	li .			
INFECTION		OTHER - MISCELLANEOUS	MULTIPLE BO	DY PARTS (INCLUDING IS AND BODY PARTS)						
2019	0	0.00	78.43	0.00	78.43	0.00	78.43	0.00	78.43	0.00
Employee		<u>Claim Number</u> Clos 04-27-024-19		<u>Pate of Injury</u> 34 02/18/2019		y Description ure to	•			
Nature INFECTION		Cause O'THER - MISCELLANEOUS, NOC	Body Part BODY SYSTEMS	IS AND MULTIPLE BODY						
2019	0	0.00	• 78.43	0.00	78.43	0.00	78.43	0.00	78.43	0.00
Employee		Claim Number Clos 04-27-027-19		<u>Date of Injury</u> 34 02/18/2019		Description ure to				
Nature INFECTION		Cause Other - Miscellaneous, Noc		DY PARTS (INCLUDING IS AND BODY PARTS)						
2019	0	0.00	146.65	0.00	146.65	0.00	146.65	0.00	146.65	0.00
Employee		<u>Claim Number</u> Closs 04-27-026-19		<u>Date of Injury</u> 34 02/19/2019		Description are to the same of	•			
Nature INFECTION		<u>Cause</u> Other - Miscellaneous, NOC		DY PARTS (INCLUDING IS AND BODY PARTS)						

hello

Worker's Comp

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

All States

Claim Year	Days Lost	Paid Indemnity	Paid Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2019	D	0.00	65.00	0.00	65.00	0.00	65.00	0.00	65.00	0.00
Employee Nature	•	<u>Claim Number</u> Clos 04-27-023-19 <u>Cause</u>	Body Part	<u>Date of Injury</u> 34 02/19/2019	Inju	tempted to secure a	window which shut on h	nis hand.		
Crushing 		CAUGHT IN, UNDER OR BETWEEN, NOC	HAND							
2019	0	0.00	83.96	0.00	83.96	0.00	83.96	0.00	63,96	0.00
Employee	•	Claim Number Close 04-27-028-19	sed <u>Departmen</u>	Date of Injury 34 02/19/2019		sure to Care				•
Lature INFECTION		<u>Cause</u> OTHER - MISCELLANEOUS NOC	•	ODY PARTS (INCLUDING						· · · · · · · · · · · · · · · · · · ·
2019	0	0.00	9,343.00	0.00	9,343.00	0.00	9,443.00	0.00	9,443.00	100.00
Employee		Claim Number Ope 04-27-053-19	en <u>Departmen</u>	<u>Date of Injury</u> 34 03/14/2019		ry Description e running various drills an	d obstacles course,	"tweeked" his kr	nee.	
Nature STRAIN		<u>Cause</u> TWISTING	Body Part KNEE							
2019	37	1,417.66	3,821.66	0.00	5,239.32	1,417.66	3,821.66	0.00	5,239.32	0.00
Employee		Claim Number Close 04-27-068-19	ed <u>Departmen</u>	Date of Injury 34 04/06/2019		ry Description njured while arresting resis	sting suspect. Injury to	right hand knuckles.		
Nature CONTUSION		CAUSE STRUCK OR INJURED, NOC(INCLUDES KICKED, STABBED, BIT, ETC.)	Body Part HAND							
2019	19	16,102.80	20,831.35	150.00	37,084.15	16,202.80	20,831.35	250.00	37,284.15	200.00
Employee		<u>Claim Number</u> Ope 04-27-066-19	<u>Departmen</u>	Date of Injury 34 04/17/2019		ry Description processing a crime scene	e, IW stepped in a hole	and fell, injury to left s	shoulder.	SETTLED
Nature CONTUSION		<u>Cause</u> FALL, SLIP OR TRIP, NOC	Body Part SHOULDER(S	5)						

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Pald Indemnity		Pald xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2019	0	0.00	979.75	0.00	979,75	0.00	1,701.20	0.00	1,701.20	721.45
Mature NO PHYSICAL INJURY)	Claim Number Open 04-27-089-19 Cause OTHER THAN PHYSICAL CAUSE OF INJURY	<u>Department</u> 34 <u>Body Part</u> MULTIPLE BODY F BODY SYSTEMS A	Date of Injury 04/17/2019 PARTS (INCLUDING ND BODY PARTS)	Emp	ry <u>Pescription</u> loyee was involved in a criti is incident.	ical incident, and expe	rienced a panic attachi	c from the stress	
2019	0	0.00	0.00	0.00	0.00	0.00	500.00	0.00	500.00	500.00
Nature STRAIN		<u>Claim Number</u> Open 04-27-083-19 <u>Cause</u> STRAIN OR INJURY BY, NOC	<u>Department</u> 34 <u>Body Part</u> KNEE	<u>Date of Injury</u> 05/01/2019	behi			vasion suspect through right knee was bent th		
2019	24	4,840.15	6,399.27	150.00	11,389.42	5,090.15	6,495.67	250.00	11,835.82	446.40
Natura CONTUSION		Claim Number Open 04-27-092-19 Cause STRUCK OR INJURED, NOC(INCLUDES KICKED, STABBED, BIT, ETC.)	<u>Department</u> 34 <u>Body Part</u> KNEE	Date of Injury 05/07/2019		r <u>y Description</u> lice dog collided with IW's r	ight knee during bite v	vork.		SETTLED
2019	0	0.00	162.21	0.00	162.21	0.00 .	162.21	0.00	162.21	0.00
Nature STRAIN		Claim Number Closed 04-27-082-19 Cause STRAIN OR INJURY BY, NOC	<u>Pepartment</u> 34 <u>Body Part</u> LOWER BACK ARE AND LUMBO-SACR	•		r <u>y Description</u> elt back pop when taking à	side step during live fi	re drill at the range.		
2019	0	0.00	3,253.48	110.00	3,363.48	0.00	3,349.08	210.00	3,559.08	195.60
Employee Nature STRAIN		<u>Claim Number</u> Open 04-27-086-19 <u>Cause</u> STRAIN OR INJURY BY, NOC	<u>Department</u> 34 <u>Body Part</u> LOWER BACK ARE AND LUMBO-SACR	•		ry <u>Description</u> vas effecting an arrest of a d	combative suspect and	strained lower back.		

All Claims

Worker's Comp

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Pald . Indemnity		Paid xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2019	0	0.00	644.47	0.00	644.47	0.00	722.27	0.00	722.27	77.80
Employee Nature STRAIN	•	<u>Claim Number</u> Open 04-27-099-19 <u>Cause</u> FALL, SLIP OR TRIP, NOC	<u>Department</u> 34 <u>Body Part</u> KNEE	<u>Pate of Injury</u> 07/26/2019		ury Description le attempting to arrest a su	ispect on a foot pursuil	t, employee injured his	i rìght knee.	
2019	0	0.00	2,353.54	0.00	2,353.54	0.00	2,445.98	0.00	2,445.98	92.44
Employee Nature STRAIN	•	<u>Claim Number</u> Open 04-27-102-19 <u>Cause</u> STRIKING AGAINST OR STEPPING ON, NOC	<u>Department</u> 34 <u>Body Part</u> WRIST(S) & HAND	<u>Pate of Injury</u> 07/31/2019 (S)	IW ·	ury <u>Description</u> was participating in an O.C njured his right wrist/hand.		l, and while punching	a boxing pad/mat,	
2019	0	0.00	1,346.74	0.00	1,346.74	0.00	1,446.74	0.00	1,446.74	100.00
Employee Nature CONTUSION	•	Claim Number Open 04-27-107-19 Cause STRUCK OR INJURED, NOC(INCLUDES KICKED, STABBED, BIT, ETC.)	<u>Department</u> 34 <u>Body Part</u> SOFT TISSUE	<u>Date of Injury</u> 08/06/2019	IW	ury <u>Description</u> was participating in a stimu ne ground the following day	_	s struck in the head 3	times. IW also feil	
2019	0	0.00	413.03	0.00	413.03	0.00	500.00	0.00	500,00	86.97
Employee Nature SPRAIN		Claim Number Open 04-27-109-19 Cause STRAIN OR INJURY BY, NOC	<u>Department</u> 34 <u>Body Part</u> FINGER(S)	<u>Date of Injury</u> 08/16/2019		<u>iry Description</u> suffered a sprain to his left	middle finger while att	empting to subjue a co	ombative suspect.	
2019	0	0.00	184.83	0.00	184.83	0.00	500.00	0.00	500.00	315.17
Employee Nature STRAIN	•	<u>Claim Number</u> Open 04-27-116-19 <u>Cause</u> STRAIN OR INJURY BY, NOC	<u>Department</u> 34 <u>Body Part</u> HAND	<u>Date of Injury</u> 09/04/2019	 -	i ry <u>Description</u> ry occured while IW was at	tempting to arrest a re	sisting subject.		

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity	Paid Medical	Pald Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2019	0	0.00	1,322.41	0.00	1,322.41	0.00	1,420.50	0.00	1,420.50	98.09
Employee		<u>Claim Number</u> Op: 04-27-117-19		Date of Injury 34 09/10/2019	· · · · · · · · · · · · · · · · · · ·	<u>Description</u> processing evidence ar	nd was pokd by a used	hypodermic needle.		
Nature PUNCTURE		Cause Cut, Puncture, Scrape NOC	Body Part FINGER(S)							
2019	0	0.00	284.93	0.00	284.93	0.00	500.00	0.00	500,00	215.07
Employee Nature		04-27-123-19 <u>Cause</u>	Body Part	Date of Injury 34 09/18/2019		<u>Description</u> ed suspect in a foot pu	rsuit and got the susp	ect's blod on left forea	rm.	
NO PHYSICAL INJURY		OTHER THAN PHYSICAL CAUSE OF INJURY	LOWER ARM	·			· · · · · · · · · · · · · · · · · · ·		-	
2019	0	0.00	203.46	0.00	203.46	0.00	500.00	0.00	500.00	296.54
Employee		<u>Claim Number</u> Ope 04-27-127-19	<u>-</u>	Date of Injury 34 10/11/2019	·	<u>Description</u> ed a fleeing suspect an	nd received scrapes on	hls left arm and possil	oly a cracked rib.	
<u>Nature</u> MULTIPLE PHYSICAL IN ONLY	Duries	Cause STRUCK OR INJURED, NOC(INCLUDES KICKED, STABBED, BIT, ETC.)		DY PARTS (INCLUDING AS AND BODY PARTS)						
2019	0	0.00	289.73	0.00	289.73	0.00	500,00	0.00	500.00	210.27
Employee		Claim Number Ope 04-27-134-19		Date of Injury 34 10/24/2019	IW was p	Description Darticipating in various at a strain in his neck.	drills and physical acti	vity at the p	. IW	
<u>Nature</u> Strain		<u>Cause</u> STRAIN OR INJURY BY, N	Body Part OC SOFT TISSUE			o d sudii iii iio iiceni				
2019	0	0.00	306.20	0.00	306.20	0.00	500.00	0.00	500.00	193,80
Employee Nature STRAIN		<u>Claim Number</u> Ope 04-27-132-19 <u>Cause</u> PUSHING OR PULLING		Date of Injury 34 10/31/2019		Description empting to arrest a res	sisting suspect, claimar	nt injured his left thum	b.	

hello

Worker's Comp

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity	Paid Medical I	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2019	25	20,397.56	8,118.02	150.00	28,665.58	20,497.56	8,170.24	250.00	28,917.80	252.22
Employee Nature CONTUSION		Claim Number Open 04-27-144-19 Cause STRUCK OR INJURED, NOC(INCLUDES KICKED, STABBED, BIT, ETC.)	<u>Department</u> 34 <u>Body Part</u> HAND	<u>Date of Iniury</u> 12/02/2019		ry <u>Description</u> as attempting to stop an r.	evading (on foot), wani	ted subject, injured lei	ft hand/ Index	SETTLED
2019	0	0.00	227.10	0.00	227.10	0.00	500.00	0.00	500.00	272.90
Mature CONTUSION	•	<u>Claim Number</u> Open 04-27-148-19 <u>Cause</u> FALL, SLIP OR TRIP, NOC	<u>Department</u> 34 <u>Body Part</u> KNEE	<u>Date of Injury</u> 12/09/2019		ry Description Il while attempt to pick u	p a box and injured his	ieft knee.		
2019	0	0.00	709.81	0.00	709.81	0.00	809.81	0.00	809.81	100.00
Employee Nature STRAIN		<u>Claim Number</u> Open 04-27-153-19 <u>Cause</u> • STRAIN OR INJURY BY, NOC	<u>Department</u> 34 <u>Body Part</u> FINGER(S)	<u>Date of Injury</u> 12/18/2019		n y Description as in a fight with a suspe	ct; During the fight, the	IW's right pinky was	injured.	
2019	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Nature CONTUSION		Claim Number Closed 04-31-001-19 Cause CUT, PUNCTURE, SCRAPE, NOC	Department 38 Body Part LOWER LEG	<u>Date of Injury</u> 01/04/2019	IW w	y Description as using a hammer to kn ne was cut by a nail from		concreate wall. When	the board came	
2019	0	0.00	305,28	0.00	305.28	0.00	500.00	0.00	500.00	194.72
Employee Nature STRAIN		<u>Claim Number</u> Open 04-31-126-19 <u>Cause</u> STRAIN OR INJURY BY, NOC	<u>Department</u> 38 <u>Body Part</u> ANKLE	<u>Date of Injury</u> 10/14/2019		y Description oticed pain in left ankle; F	ain got worse over the	course of the day.		

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

All States

Claim Year	Days Lost	Paid Indemnity	•	Paid kpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2019	0	0.00	269.62	0.00	269.62	0,00	269.62	0,00	269,62	0.00
Nature CONTUSION	•	Claim Number Closed 04-34-048-19 Cause STRAIN OR INJURY BY, NOC	Department 40 Body Part MULTIPLE BODY P BODY SYSTEMS AI	<u>Date of Injury</u> 02/28/2019 PARTS (INCLUDING ND BODY PARTS)	En lan	jury Description nployee was working compa ge limb and flipped the limb ntact with employee's right	through the side glass			
2019	0	0.00	742.32	0.00	742.32	0.00	838.82	0.00	838.82	96,50
Employee Nature CONTUSION	•	<u>Claim Number</u> Open 04-34-151-19 <u>Cause</u> FALL, SLIP OR TRIP, NOC	Department 40 Body Part FOOT	<u>Date of Injury</u> 12/26/2019	IW	jury <u>Description</u> slipped and fell getting off zer.Supervisor instructed hi	-	-		
2019	0	0.00	516.88	0.00	516.86	0.00	616.88	0.00	616.88	100,00
Employee Nature CRUSHING		Claim Number Open 04-35-105-19 Cause HAND TOOL OR MACHINE IN USE	<u>Department</u> 41 <u>Body Part</u> WRIST(S) & HAND	<u>Date of Injury</u> 08/06/2019 (S)	IW	iury <u>Description</u> attempted to swat away de ainst the bed by the automa		e can and right hand/v	wrist was pinned	
2019	0	0.00	62.67	0.00	62.87	0.00	162,87	0.00	162.87	100.00
Employee Nature ALL OTHER SPECIFICATION	C INJURIES	Claim Number Open 04-42-056-19 Cause OTHER - MISCELLANEOUS, NOC	<u>Department</u> 46 <u>Body Part</u> ANKLE	<u>Date of Injury</u> 02/12/2019	IW	iury Description says he injured his right an jinning on January 27, 2019			gout attack	
2019	0	0.00	0.00	0.00	0.00	0.00	500.00	0.00	500.00	500.00
Employee Nature ALL OTHER SPECIFING	C INJURIES	Claim Number Open 04-43-101-19 CRUSE RUBBED OR ABRADED, NOC	<u>Department</u> 47 <u>Body Part</u> MULTIPLE UPPER E	Date of Injury 07/31/2019 EXTREMITIES		ury <u>Description</u> was using a chain saw to c	ut a tree; made contact	with poison ivy on bo	th arms.	

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Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Oays Lost	Paid Indemnity	Pald Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2019	0	0.00	214.13	0,00	214.13	0.00	214.13	0.00	214.13	0.00
Employee Nature STRAIN	•	Claim Number Cl 04-47-054-19 Cause TWISTING	Body Part WRIST	<u>Date of Injury</u> 51 03/20/2019	EE	urv Description was carvinh, sculpting, san er repetitve motion.	nding, multiple pleces for	EE's w	rist began to ache	
2019	0	0.00	1,071.71	0.00	1,071.71	0.00	1,158.51	0.00	1,158.51	86.80
Employee Makure STRAIN	•	<u>Claim Number</u> Op 04-47-055-19 <u>Cause</u> STRAIN OR INJURY BY, I		51 Date of Injury 51 03/20/2019 DDY PARTS (INCLUDING MS AND BODY PARTS)	Rep	ury Description peated leaning over at work ids and feet and about to p		y with severe back pai	n, numbness in	
2019	0	0.00	625.75	0.00	625.75	0.00	625.75	0.00	625.75	0.00
Employee CONTUSION		Claim Number Claim		Date of Injury 51 06/12/2019 DDY PARTS (INCLUDING MS AND BODY PARTS)	IW	ury Description was walking down hill to so I and fell hitting his elbow a	-	placement and lost fo	oting on a steep	
2019	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mature ALL OTHER SPECIFINOC	IC INJURIES	Claim Number Claim O4-072-080-19 Cause FELLOW WORKER, PATIENT-NOT IN ACT OF		Date of Injury 66 03/26/2019 DDY PARTS (INCLUDING MS AND BODY PARTS)		ury <u>Description</u> worker made contact and th	nreats of physical violenc	e towards IW.		
2019	0	0.00	831.19	0.00	831. 1 9	0.00	831,19	0.00	831.19	0.00
Employee A Natura BURN		Claim Number Oc 04-72-072-19 Cause CONTACT WITH, NOC	<u>Body Part</u> HAND	Date of Injury 66 04/25/2019	Was pres was	ury Description s deflating a sewer pipe plu soure against the plug caus holding to get pulled throu ns to his hands.	ed it to get sucked throu	igh the pipe, causing (the rope that IW	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

All States

2019 Employee Nature FOREIGN BODY 2019 Employee	0	0.00 Claim Number 04-72-085-19 Cause CONTACT WITH, NO 0.00 Claim Number 04-73-012-19 Cause TWISTING	Open C	267.69 Department 66 Body Part MOUTH 158.94 Department	0.00 Date of Injury 04/25/2019 0.00	IW in	0.00 •• Description gested waste water when he pump. 0.00	500.00 the discharge valve was 156.94	0.00 as removed and started	500.00 ad flowing back 158.94	232.31
Nature FOREIGN BODY 2019 Employee	0	04-72-085-19 Cause CONTACT WITH, NO 0.00 Claim Number 04-73-012-19 Cause	c	66 Body Part MOUTH 156.94 Department	04/25/2019	IW in into t	gested waste water wher he pump,				
Employee Nature		Claim Number 04-73-012-19 Cause	Closed	Department		156.94	0.00	156,94	0.00	158 Q4	
lature		04-73-012-19 <u>Cause</u>	Closed		Duta of Indian					130.54	0.00
STRAIN		1 4472 1440		67 <u>Body Part</u> MULTIPLE TRUNK	<u>Pate of Injury</u> 02/06/2019		ny <u>Description</u> as shoveling dirt, feit a sh	arp pain in his back.			
2019	0	0.00		864.49	0.00	864.49	0.00	911.47	0.00	911.47	46.98
Employee Nature ACERATION		Ctaim Number 04-73-065-19 Cause OBJECT HANDLED	Open	<u>Department</u> 67 <u>Body Part</u> FINGER(S)	<u>Pate of Injury</u> 04/16/2019	IW, v	y Description while undloading a manho een the cover and truck.			ght/pinched	
2019	12	10,605.40	•	17,408.88	150.00	28,164.26	10,705.40	17,492.45	400.00	28,597.85	433.57
inployee		Claim Number 04-73-090-19 Cause PUSHING OR PULLIN	Open •	<u>Department</u> 67 <u>Body Part</u> SHOULDER(S)	<u>Pate of Injury</u> 06/03/2019		y Description using a digging bar to re der.	move concrete from a I	nanhole, employee rel	njured left	SETTLED
2019	0	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employee Nature STRAIN		Claim Number 04-74-007-19 Cause ON ICE OR SNOW	Closed	<u>Department</u> 68 <u>Body Part</u> MULTIPLE TRUNK	<u>Pate of Injury</u> 01/21/2019	-	y Description as stepping out of truck a	nd slipped on ice hurtin	g his back.		
2019	0	0,00		336.96	0.00	336,96	0.00	336.96	0.00	338.96	0.00
Employee Nature CONTUSION		Ctalm Number 04-74-077-19 Causa Animal or insect	Closed	<u>Department</u> 68 <u>Body Part</u> HAND	<u>Date of Xnjury</u> 05/01/2019		y <u>Description</u> as turning on water at a c	ustomer's home, the ne	eighbor's dog ran over	and bit his right	

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Worker's Comp

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity		Paid xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2019	0	0.00	0.00	0.00	0.00	0.00	500.00	0.00	500.00	500.00
Employee Nature ALL OTHER SPECIFING	IC INJURIES	Claim Number Open 04-74-094-19 Cause CONTACT WITH, NOC	Department 68 Body Part WRIST(5) & HAND	<u>Date of Injury</u> 06/24/2019		ury <u>Description</u> was repairing a setter gask	et and came in contact	with poison ivy.		
2019	0	0.00	559.13	0.00	559.13	0.00	655.74	0.00	655.74	96.61
Employee Mature STRAIN		<u>Claim Number</u> Open 04-74-122-19 <u>Cause</u> STRAIN OR INJURY BY, NOC	Department 68 Body Part SHOULDER(S)	<u>Date of Injury</u> 09/23/2019	IW	ury Description nurt right shoulder while in oling.	stallig back flow, IW he	ard a pop in shoulder	while tightening	
2019	0	, 0.00	1,536.31	0.00	1,536.31	0.00	1,630.28	0.00	1,630.28	93.97
Employee Nature CONTUSION	•	<u>Claim Number</u> Open 04-74-135-19 <u>Cause</u> FALLING OR FLYING OBJECT	<u>Department</u> 68 <u>Body Part</u> MULTIPLE UPPER I	Date of Injury 11/11/2019 EXTREMITIES	Whi	ury Description le using hydro excavator, f swards, hurting his chin, bo			chin, knicking him	
2019	0	0.00	662.80	0.00	662.80	0.00	662.80	0.00	662,80	0.00
Employee Nature FOREIGN BODY		Claim Number Closed 04-72-073-19 Cause CONTACT WITH, NOC	<u>Department</u> 69 <u>Body Part</u> MOUTH	<u>Date of Injury</u> 04/25/2019	IW v	ury Description vas replacing valves in hea back into the station. IW in the repair.		•		
2019	0	0.00	145.11	0,00	145.11	0.00	145.11	0.00	145.11	0.00
Employee Nature STRAIN	•	Claim Number Closed 04-82-009-19 Cause FALL, SLIP OR TRIP, NOC	Department 70 Body Part LOWER BACK AREA AND LUMBO-SACR	•	IW v	ory Description was moving a old residentia bing pain in lower back.	al tank with a co-worker	; they took 8 steps an	d IW felt a	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity		Paid spense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2019	0	0.00	69.25	0.00	69.25	0,00	500.00	0.00	500.00	430.75
Nature ALL OTHER SPECIFINOC	IC INJURIES	Claim Number Open 04-72-059-19 Cause CONTACT WITH, NOC	<u>Department</u> 70 <u>Body Part</u> MULTIPLE UPPER B	Date of Injury 04/02/2019 EXTREMITIES	IW	urv Description was washing off bearings in tingling and had a rash on				
2019	0	0.00	850.60	0.00	850.60	0.00	850.60	0.00	850.60	0.00
Employee Nature STRAIN		<u>Claim Number</u> Closed 04-82-074-19 <u>Cause</u> PUSHING OR PULLING	<u>Department</u> 70 <u>Body Part</u> LOWER ARM	<u>Date of Injury</u> 04/29/2019	IW s	urv Description was pulling pumper hose up . The burning was felt at hi aarm.		_	•	
2019	0	0.00	186.51	0.00	186.51	0.00	500.00	0.00	500.00	313.49
Employee Nature STRAIN		<u>Cialm Number</u> Open 04-82-113-19 <u>Cause</u> STRAIN OR INJURY BY, NOC	<u>Department</u> 70 <u>Body Part</u> KNEE	<u>Date of Injury</u> 08/23/2019		ury <u>Description</u> was walking down a hill to t le.	he worksite and stepp	ed in a covered hoke,	twisting right	
2019	0	0.00	83.81	0.00	83,81	0.00	500.00	0.00	500.00	416.19
Employee Nature STRAIN	•	<u>Claim Number</u> Open 04-48-121-19 <u>Cause</u> HOLDING OR CARRYING	<u>Department</u> 84 <u>Body Part</u> LOWER BACK AREA AND LUMBO-SACRA			<u>urv Description</u> 1 in lower back/abdomen afl	er helping carry	that was appro	oximently 20 lbs,	
2019	0	0.00	1,030.98	0.00	1,030.98	0.00	1,030.98	0.00	1,030.98	0.00
Employee Nature STRAIN		Claim Number Closed 04-94-016-19 Cause LIFTING	<u>Department</u> 678 <u>Body Part</u> MULTIPLE BODY PA BODY SYSTEMS AN	•		ury Description Bloyee twisted back and hip	loading and unloading	wheelcharis.		

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity	Paid Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2019	0	0.00	213.03	0.00	213.03	0.00	500.00	0.00	500.00	286.97
Employee Nature STRAIN	· 	<u>Claim Number</u> Open 04-94-119-19 <u>Cause</u> PUSHING OR PULLING	678 <u>Body Part</u>	REA (LUMBAR AREA	IW	ur v <u>Description</u> was pulling large passenge lower right back causing p		then he feit a pop and	pulled a muscle in	
2019	84	4,923.70	9,719.64	0.00	14,643.34	5,023.70	9,793.93	0.00	14,817.63	174.29
Employee Nature STRAIN		<u>Claim Number</u> Open 04-28-002-19 <u>Cause</u> PUSHING OR PULLING	<u>Department</u> 862 <u>Body Part</u> ABDOMEN INCL		IW d	ury <u>Description</u> a 5" hose back a little pain in the navel, al s tender to touch.				
2019	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employee Nature SPRAIN	•	Claim Number Close 04-28-022-19 Cause PUSHING OR PULLING	d <u>Department</u> 862 <u>Body Part</u> SHOULDER(S)	<u>Date of Injury</u> 01/25/2019	Whi	ury <u>Description</u> de performing uider.	left shoulder popped	and had immediate pa	ain to top of	
2019	70	4,903.95	6,943.85	0.00	11,847.80	4,903.95	6,943.85	0.00	11,847.60	0.00
Employee Nature STRAIN	•	Claim Number Close 04-28-014-19 Cause FALL, SLIP OR TRIP, NOC	Department - 862 Body Part KNEE	<u>Date of Injury</u> 02/01/2019	IW I	was on and climb and landed hard on right l			issed the second	
2019	0	0.00	578.00	0.00	578.00	0.00	578.00	0.00	578.00	0.00
Employee Nature CRUSHING	•	Claim Number Close 04-28-010-19 Cause CAUGHT IN, UNDER OR BETWEEN, NOC	d <u>Department</u> 862 <u>Body Part</u> THUMB	<u>Date of Injury</u> 02/06/2019	IW j	ary <u>Description</u> ust got up in the crew cab no handle on the inside of		-	and shut it, was	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

All States

Claim Year	Days Lost	Paid Indemnity	-	Paid spense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2019	0	0.00	132.77	0.00	132.77	0.00	132.77	0.00	132.77	0.00
Nature FOREIGN BODY	,	<u>Claim Number</u> Closed 04-28-021-19 <u>Cause</u> FOREIGN MATTER (BODY) IN <u>EYE(S)</u>	<u>Department</u> 862 <u>Body Part</u> EYE(S)	<u>Date of Injury</u> 02/13/2019		ury <u>Description</u> hay dust and stray in right eye	e during overhaul on	a 1		
2019	32	2,381.53	7,386.13	0.00	9,767.66	2,381.53	7,386.13	0.00	9,767.66	0.00
Employee Nature PUNCTURE		Claim Number Closed 04-28-020-19 Cause OBJECT BEING LIFTED OR HANDLED	<u>Department</u> 862 <u>Body Part</u> HAND	<u>Date of Injury</u> 02/14/2019	Char	iry Description nging a light indicator on buck coess, object slipped and went			oject was needed	
2019	0	0.00	146.65	0.00	146.65	0.00	146.65	0.00	146,65	0.00
Employee Nature INFECTION	•	Claim Number Closed 04-28-025-19 Cause OTHER - MISCELLANEOUS, NOC	<u>Department</u> 862 <u>Body Part</u> MULTIPLE BODY PA BODY SYSTEMS AN	-		ory Description soure to	•			
2019	0	0.00	78.43	0.00	78.43	0.00	78.43	0.00	78.43	0.00
Nature INFECTION		Claim Number Closed 04-28-042-19 Cause OTHER - MISCELLANEOUS, NOC	<u>Department</u> 862 <u>Body Part</u> MULTIPLE BODY P/ BODY SYSTEMS AN	•		ury <u>Description</u> osure to neisseria meningitidis		·		
2019	12	1,068.18	3,862.73	0.00	4,930.91	1,068.18	3,862.73	0.00	4,930.91	0.00
Employee Nature STRAIN	•	Claim Number Closed 04-28-050-19 Cause • HOLDING OR CARRYING •	<u>Department</u> 862 <u>Bedy Part</u> KNEE	<u>Date of Injury</u> 03/10/2019		i <u>ry Description</u> e carrying a ladder on structur	e fire, employee fost	footing and injured r	ight knee.	

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Injury Date Range: 01/01/2010 to 12/31/2019

· Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity		Paid xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2019	0	0.00	794.80	0.00	794.80	0.00	794.80	0.00	794.80	0,00
Employee Nature PUNCTURE		Claim Number Closed 04-28-058-19 Cause CUT, PUNCTURE, SCRAPE, NOC	<u>Department</u> 862 <u>Body Part</u> LOWER LEG	<u>Date of Injury</u> 03/31/2019	Whi	ury Description le stabilizing the arm of a o outer portion of his left cal	•	ler to start an IV, the	patient bit IW on	
2019	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employee Nature SPRAIN		<u>Claim Number</u> Closed 04-28-067-19 <u>Cause</u> HOLDING OR CARRYING	Department 862 Body Part KNEE	<u>Pate of Injury</u> 04/10/2019	IW	ary <u>Pescription</u> was assisting carrying an u uddy bank IW's knee twiste	•	ide to the ambulance	. While walking on	
2019	81	3,984.77	21,944.71	0.00	25,929.48	3,984.77	21,944.71	0.00	25,929.48	0.00
Employee V Nature STRAIN	i.	<u>Claim Number</u> Closed 04-28-069-19 <u>Cause</u> PUSHING OR PULLING	Department 862 Body Part SHOULDER(S)	<u>Date of Injury</u> 04/25/2019	IW	<u>iry Description</u> was starting chainsaw for n ething pop in his right sho		illing on the starter, I	N felt and heard	
2019	0	0.00	764.82	0.00	764.82	0.00	764.82	0.00	764.62	0.00
Employee Nature SPRAIN	\$	Claim Number Closed 04-28-087-19 Cause Strain or Injury by, Noc	862 Body Part	•	IW s	ury Description stepped into water meter h ig on both knees into the c		twisting right knee a	nd ankle, and	
2019	0	0.00	125.31	0.00	125.31	0.00	500.00	0.00	500.00	374.69
Employee Nature CONTUSION		Claim Number Open 04-28-095-19 Cause Falling or Flying object	862 Body Part	<u>Date of Injury</u> 07/19/2019		<u>iry Description</u> ection of extension ladder	hit the tip of right foot.			

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity	Pald Medical	Pald Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2019	0	0.00	183,18	0.00	183,18	0.00	500.00	0.00	500.00	316.82
Employee Nature STRAIN		<u>Claim Number</u> 0 04-28-115-19 <u>Cause</u> REACHING	Departmen Body Part SHOULDER(5)	362 09/02/2019	IW	was crawling through an ampt to free self from obsta			up and back in	
2019	0	0.00	1,331.62	0.00	1,331.62	0.00	1,423.63	0,00	1,423.63	92.01
Employee Nature STRAIN		Claim Number 04-28-125-19 Cause LIFTING	Body Part	<u>Pate of Inlury</u> 362 10/10/2019 CLUDING GROIN	IW	ury Description was removing the hydraulic as IW was removing it, IW	•		s compartment	
2019	0	0.00	5,323,39	0.00	5,323.39	0.00	5,369.56	0.00	5,369.56	46,17
Employes Nature RESPIRATORY DISOR	RDERS	Claim Number 0 04-28-142-19 Cause CONTACT WITH, NOC	Body Part	Date of Injury 162 11/21/2019 MS AND MULTIPLE BODY	IW r	ury <u>Description</u> responded mutual ald to a n and	at a team at scene; while n	; worke nedical screen, IW sho		
2019	0	0.00	5,876.26	0.00	5,876.26	0.00	5,953.65	0.00	5,953.65	77.39
Nature ALL OTHER SPECIFIC	INJUR I ES	Claim Number 04-28-143-19 Cause ABSORPTION, INGESTION OR INHALATION, NOC	Body Part	Date of Injury 162 11/21/2019 MS AND MULTIPLE BODY	IW r	ery Description esponded to a mutal aid fi ce on top of the engine; wi sure heart rate high due to	hile in medical monitori			
2019	0	0.00	3,468.51	0.00	3,468.51	0.00	3,566.31	0.00	3,566.31	97,80
Employee Nature DISLOCATION		<u>Claim Number</u> C 04-28-150-19 <u>Cause</u> FALL, SLIP OR TRIP, NO	Body Part	<u>Date of Injury</u> 62 12/23/2019	After had	iry <u>Description</u> r training IW was assitng p gotten into the back of the of bed of truck dislocating i	truck and when driver			

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity	Pald Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2019	0	0.00	130.29	0.00	130.29	0.00	130.29	0.00	130.29	0.00
Nature CONTUSION		Claim Number C 04-85-017-19 Cause FALLING OR FLYING OR		3,414 02/13/2019	Wh	ury Description ille employee was retractin ist, right upper side of nose		hit employee in the r	right thigh, left	
2018	0	0.00	1,128.10	0.00	1,128.10	0.00	1,128.10	0.00	1,128.10	0.00
Employee Nature FRACTURE		<u>Claim Number</u> C 04-06-022-18 <u>Cause</u> FALL, SLIP OR TRIP, NO	• <u>Body Pa</u> • WRIST	14 03/14/2018		ury Description on black ice in parking lot	and hurt/fractured wrist			
2018	0	0.00	0.00	0.00	0.00	0.00	0.00	0,00	0.00	0.00
Employee Nature CONTUSION		<u>Claim Number</u> C 04-06-065-18 <u>Cause</u> FROM LIQUID OR GREA SPILLS	losed <u>Departr</u> <u>Body Pa</u> SE KNEE	14 09/10/2018	IW	ury Description was walking flo und in front of carpet area		ue to rain; IW slipped	l and fell on	
2018	0	0.00	7,226.13	0.00	7,226.13	0.00	7,585.45	0.00	7,585.45	359.32
Nature STRAIN		Claim Number 0 04-06-069-18 Cause FROM LIQUID OR GREA SPILLS		14 09/21/2018	Em	ury Description ployee was walking down h sed him to slip and fall, inj			of water which	
2018	0	0.00	1,312.32	0.00	1,312.32	0.00	1,312.32	0.00	1,312.32	0.00
Nature ALL OTHER CUMULATIVE INJURY, NOC		Claim Number C 04-18-006-18 Cause CUMULATIVE, NOC (ALL OTHER)	losed <u>Departy</u> <u>Body Pa</u> MULTIPL	25 01/30/2018	Rep	ury <u>Pescription</u> vetitive use of hand tools or arms.	ver time; loss of strength	, numbness and tingl	in in both hands	

Warker's Camp

Injury Date Range: 01/01/2010 to 12/31/2019

- Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity	Paid Medical E	Paid xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2018	0	0.00	2,561.19	0.00	2,561.19	0.00	2,561.19	0.00	2,561.19	0.00
Mature STRAIN		Claim Number Closed 04-18-018-18 Cause COLLISION OR SIDESWIPE WITH ANOTHER VEHICLE	Department 25 Body Part MULTIPLE BODY I BODY SYSTEMS A	Date of Injury 02/28/2018 PARTS (INCLUDING ND BODY PARTS)	IW	was driving Was driving Was making left turn Wer side of the			end hit the	
2018	0	0.00	124,57	0.00	124.57	0.00	124.57	0.00	124.57	0.00
Employes Nature STRAIN		<u>Claim Number</u> Closed 04-19-034-18 <u>Cause</u> PUSHING OR PULLING	<u>Department</u> 26 <u>Body Part</u> UPPER ARMS	<u>Date of Injury</u> 04/03/2018	IW	ury Description went to pull dom closed with arm.	n left hand and it starte	ed burning with pain th	hat shot through	
2018	1	9,283.14	7,387.05	150.00	16,820.19	9,383.14	7,480.32	250.00	17,113,46	293.27
Employee Nature STRAIN		Claim Number Open 04-19-079-18 Cause STRAIN OR INJURY BY, NOC-	<u>Department</u> 26 <u>Body Part</u> ANKLE	<u>Date of Injury</u> 10/18/2018	īW	ury <u>Description</u> reached up to tap gutter for the concrete slab, he rolled h		epped down and foot v	was on the edge	SETTLED
2018	1	5,735.48	1,240.88	150.00	7,126.36	5,735.48	1,240.88	150.00	7,126.36	0.00
Employee Nature CONTUSION		Claim Number Open 04-27-002-18 Cause CUT, PUNCTURE, SCRAPE, NOC	<u>Department</u> 34 <u>Body Part</u> FINGER(S)	<u>Date of Iniury</u> 01/17/2018		ur y Description struck prisoner with closed f	ist to prevent assautl.	Injury to right thump	and index finger.	SETTLED
2018	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Nature ALL OTHER SPECIFIC	C INJURIES	Claim Number Closed 04-27-011-18 Causa OTHER - MISCELLANEOUS, NOC	<u>Department</u> 34 <u>Body Part</u> SOFT TISSUE	<u>Date of Injury</u> 02/23/2018		ury Description ing a prisoner arrest, suspec	t spit in IW's face.			

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity	Paid Medical E	Paid xpense	Total Paíd	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2018	0	0,00	178.60	0.00	178.60	0.00	178,60	0.00	178.60	0.00
Employee Nature STRAIN		Claim Number Closed 04-27-012-18 Cause TWISTING	<u>Department</u> 34 • <u>Body Part</u> MULTIPLE TRUNK	<u>Date of Injury</u> 02/24/2018		<u>urv Description</u> ployee injured back getting	out of patrol car, twist	ed back earlier during	an arrest.	
2018	0	0.00	707.37	0.00	707.37	0.00	707.37	0.00	707.37	0.00
Nature MULTIPLE PHYSICA ONLY	L INJURIES .	Claim Number Closed 04-27-025-18 Cause PERSON IN ACT OF A CRIME (ROBBERY OR CRIMINAL ASSAULT)	34 Body Part	Date of Injury 03/29/2018 PARTS (INCLUDING ND BODY PARTS)	IW refu	ury Description was attempting to take an used to comply and IW atte shoulder and right foot.	,	•	., ,	
2018	0	0.00	764.28	0.00	764.28	0.00	764.28	0.00	764.28	0.00
Employee Nature STRAIN		Claim Number Closed 04-27-028-18 Cause FALL, SLIP OR TRIP, NOC	<u>Department</u> 34 <u>Body Part</u> MULTIPLE TRUNK	<u>Date of Injury</u> 04/08/2018	_	<u>ury Description</u> attempted to chase after su	uspect, stepped in a ho	le and felt a pull in ba	ck.	
2018	0	0.00	1,112.97	0.00	1,112.97	0.00	1,112.97	0.00	1,112.97	0.00
Employee Nature LACERATION	,	Claim Number Closed 04-27-030-18 Cause CUT, PUNCTURE, SCRAPE, NOC	Department 34 Body Part SOFT TISSUE	<u>Date of Injury</u> 04/17/2018	IW	ury <u>Description</u> was involved in a motor vel sing a minor laceration duri	•	struck a brace within t	he	
2018	0	0.00	634.09	0.00	634.09	0.00	634.09	0.00	634.09	0.00
Employee Nature LACERATION		Claim Number Closed 04-27-033-18 Cause CUT, PUNCTURE, SCRAPE, NOC	<u>Department</u> 34 <u>Body Part</u> FINGER(S)	<u>Date of Injury</u> 04/21/2018	IW	ury Description use of force arrest, suspect oth causing injury to the mo a cut made at the time, to	ount of the suspect and	the suspects blood to	•	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

All States

Claim Year	Days Lost	Paid Indemnity		Paid Medical	Pald Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2018	0	0.00		1,125.03	0.00	1,125.03	0.00	1,125.03	0,00	1,125.03	0.00
Employee Nature STRAIN		<u>Claim Number</u> 04-27-040-18 <u>Cause</u> STRAIN OR INJURY	Closed BY, NOC	<u>Department</u> 34 <u>Body Part</u> MULTIPLE UPPER	Date of Injury 05/05/2018 R EXTREMITIES		ntury Description uring an arrest, IW sustained	Injury to right hand an	d left arm during fighl	: .	
2018	0	0.00		1,157.03	0.00	1,157.03	0.00	1,157.03	0.00	1,157.03	0.00
Employee Nature CONTUSION		<u>Claim Number</u> 04-27-043-18 <u>Cause</u> ON SAME LEVEL	Closed	<u>Department</u> 34 <u>Body Part</u> SHOULDER(S)	<u>Date of Intury</u> 06/28/2018	_	ijury Description as attempting an arrest after	foot chase and fell on	shoulder.		
2018	0	0.00	•	740.52	0.00	740.52	0.00	740.52	0.00	740.52	0.00
Nature ALL OTHER SPECIFINOC	C INJURIES	Claim Number 04-27-044-18 Cause CONTACT WITH, NO	Closed	<u>Department</u> 34 <u>Body Part</u> EYE(S)	<u>Date of Injury</u> 06/28/2018		niury Description I was arresting a suspect and	i the suspect spat bloom	d on his face and poss	ibly in IW's eyes.	
2018	0	0.00		830,25	0.00	830.25	0.00	830,25	0.00	630.25	0.00
Nature CONTUSION		<u>Claim Number</u> 04-27-045-18 <u>Cause</u> ON SAME LEVEL	Closed	<u>Department</u> 34 <u>Body Part</u> SHOULDER(S)	<u>Date of Injury</u> 07/08/2018		niury <u>Description</u> / was attempting to arrest a	subject and fell on his s	houlder.		
2018	0	0.00		422.95	0.00	422.95	0.00	422.95	0.00	422.95	0.00
Employee Nature ALL OTHER SPECIFINOC	C INJURIES	Claim Number 04-27-046-18 Cause PERSON IN ACT OF (ROBBERY OR CRIM ASSAULT)		<u>Department</u> 34 <u>Body Part</u> MULTIPLE HEAD	<u>Date of Injury</u> 07/15/2018 INJURY		<u>iury Description</u> uing prisoner transport, susp	ect spit in officer's face			

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity	• Pald Medical E	Paid xpense	Total Pald	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2018	29	10,010.70	9,326.83	150.00	19,487.53	10,110.70	9,424.63	250,00	19,785.33	297.80
Employee Nature MULTIPLE PHYSICAL ONLY	INJURIES	Claim Number Open 04-27-056-18 Cause MOTOR VEHICLE, NOC	<u>Department</u> 34 <u>Body Part</u> MULTIPLE BODY I BODY SYSTEMS A	Date of Injury 08/27/2018 PARTS (INCLUDING ND BODY PARTS)		<u>jury Description</u> spect feloniously hit and ran t	the officer (IW) causin	ig multiple bodily injurl	es.	SETTLED
2018	0	0.00	1,231.86	0.00	1,231.86	0.00	1,331.86	0.00	1,331.86	100.00
Nature CONTUSION	,	Claim Number Open 04-27-064-18 Cause STRIKING AGAINST OR STEPPING ON, NOC	<u>Department</u> 34 <u>Body Part</u> HAND	<u>Pate of Injury</u> 09/08/2018		urv Description struck resisting suspect with	left hand for complian	nce.		
2018	0	0.00	351.52	0.00	351.52	0.00	351.52	0.00	351.52	0.00
Nature STRAIN		Claim Number Closed 04-27-082-18 Cause MOTOR VEHICLE, NOC	<u>Department</u> 34 <u>Body Part</u> MULTIPLE NECK I	<u>Date of Intury</u> 11/02/2018 NJURY	<u> Z</u> oj	ury Description				
2018	0	0.00	1,246.05	0.00	1,246.05	0.00	1,246,05	0.00	1,246.05	0.00
Employee Nature STRAIN		Claim Number Closed 04-27-095-18 Cause STRAIN OR INJURY BY, NOC	34 Body Part	Date of Injury 12/03/2018 PARTS (INCLUDING ND BODY PARTS)	IW stru	ury <u>Description</u> was attempting to arrest a si iggle, IW received an injury t o has pain in her upper right	o her left hand and th			
2018	0	0.00	251.52	0.00	251.52	0.00	251.52	0.00	251.52	0.00
Employee Nature CONTUSION		Claim Number Closed 04-27-098-18 Cause STRIKING AGAINST OR STEPPING ON, NOC	<u>Department</u> 34 <u>Body Part</u> HAND	<u>Date of Injury</u> 12/26/2018	IW	ury <u>Description</u> was assisting in the arrest of ring right hand.	a combative subject,	IW struck the suspect	several times	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity	Paid Medical E	Paid xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2018	0	0.00	371.37	0.00	371,37	0.00	371.37	0.00	371.37	0.00
<u>Nature</u> STRAIN	•	Claim Number Closed 04-31-086-18 Cause USING TOOL OR MACHINER	38 Body Part	<u>Pate of Injury</u> 11/08/2018 EA (LUMBAR AREA RAL)		lury <u>Description</u> was shoveling dirt and pul	led muscle in his back.			
2018	0	0.00	184.65	0.00	184.65	0.00	184.65	0.00	184.65	0.00
Employee Nature CRUSHING		<u>Claim Number</u> Closed 04-31-092-18 <u>Cause</u> MACHINE OR MACHINERY	<u>Department</u> 38 <u>Body Part</u> FINGER(S)	<u>Date of Injury</u> 12/11/2018	Cre	ury Description w was replacing salt machi lipment. A co-worker pulled shed the fingers of the IW.	f the lock-pin out and th			
2018	10	932.92	8,250.23	0.00	9,183.15	1,032.92	8,350.23	0.00	9,383.15	200.00
Employee Nature STRAIN		<u>Claim Number</u> Open 04-33-052-18 <u>Cause</u> PUSHING OR PULLING	<u>Department</u> 39 <u>Body Part</u> UPPER ARMS	<u>Date of Injury</u> 08/16/2018		ury Description was pulling a trash can and	d felt his left bicep musc	le pop.		<u>.</u>
2018	0	0.00	1,971.53	0.00	1,971.53	0.00	1,971.53	0.00	1,971.53	0.00
Employee Nature PUNCTURE		Claim Number Closed 04-33-058-18 Cause CUT, PUNCTURE, SCRAPE, NOC	<u>Department</u> 39 <u>Body Part</u> MOUTH	<u>Date of Injury</u> 08/30/2018	IW	ury <u>Description</u> was picking up garbage on I stung him on the lip;		when a bee fle	w in the window	
2018	0	0.00	4,819.21	0.00	4,819.21	0.00	4,819.21	0.00	4,819.21	0.00
Employee Nature MULTIPLE PHYSICAL I ONLY	Njuries	Claim Number Closed 04-35-017-18 Cause FALL, SLIP OR TRIP, NOC	41 Body Part	Date of Injury 03/05/2018 PARTS (INCLUDING ND BODY PARTS)	IW	ury <u>Pescription</u> was getting into truck on d t slipped off the top step ar the step and head his the h	nd landed on the paveme	ent. His left ankle turn	ed. Right knee	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity	Pald Medical E	Paid xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2018	421	26,661.33	63,545.74	2,730.00	92,937.07	26,761.33	63,550.35	2,830.00	93,141.68	204.61
Nature CONTUSION		Claim Number Open 04-36-061-18 Cause FROM LADDER OR SCAFFOLDING	<u>Department</u> 42 <u>Body Part</u> MULTIPLE LOWER	Date of Injury 09/07/2018 R EXTREMITIES	IW	iury Description was climbing a ladder on the ded on his left side on the p		is hand slipped off of t	he handle and IW	
2018	0	0.00	291.90	0.00	291.90	0.00	291.90	0,00	291,90	0.00
Employee Nature CONTUSION	·	Claim Number Closed 04-36-083-18 Cause OBJECT BEING LIFTED OR HANDLED	Department 42 Body Part UPPER LEG	<u>Date of Injury</u> 10/29/2018		i ury Description was picking up recycling ca	rt, when the garbage c	art fell over hitting the	inside of his right	
2018	0	0.00	152.19	0.00	152,19	0.00	152.19	0.00	152,19	0.00
Employee Nature PUNCTURE		Claim Number Closed - 04-47-085-18 Cause CUT, PUNCTURE, SCRAPE, NOC	<u>Department</u> 51 <u>Body Part</u> FOOT	<u>Date of Injury</u> 10/25/2018		ury Description stepped on discarded nail a	nd punctered her foot.			
2018	0	0.00	1,614.60	0.00	1,614.80	0.00	1,614.80	0.00	1,614.60	0.00
Employee Nature ALL OTHER SPECIFIC	C INJURIES	Claim Number Closed 04-72-021-18 Cause STRUCK OR INJURED, NOC(INCLUDES KICKED, STABBED, BIT, ETC.)	Department 66 Body Part MULTIPLE BODY R BODY SYSTEMS A	Date of Injury 03/14/2018 PARTS (INCLUDING ND BODY PARTS)	IW	ury Description was remvoing a blockage fr n the hose knocked him bad	•	•	•	
2018	0	0.00	129.46	0.00	129.46	0.00	129,46	0.00	129.46	0.00
Employee Nature FOREIGN BODY	•	Claim Number Closed 04-73-055-18 Cause FOREIGN MATTER (BODY) IN EYE(S)	<u>Department</u> 67 <u>Body Part</u> EYE(S)	<u>Date of Iniury</u> 08/23/2018		<u>ury Des⊊ription</u> while leaving gas pump are	a, a tractor trailer blew	dust into IW's eye.		

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

All States

Claim Year	Days Lost	Paid Indemnity	Paid Medical I	Pald Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2018	19	9,122.40	19,600.03	0.00	28,722.43	9,222.40	19,700.03	0.00	28,922.43	200.00
Employee Nature CONTUSION		Claim Number Open 04-73-072-18 Cause FALL, SLIP OR TRIP, NOC	<u>Department</u> 67 <u>Body Part</u> MULTIPLE UPPER		IV	njury Description V pulled pump out of hole, wa nd landed on right shoulder a	_	ipped over	IW fell	SETTLED
2018	943	57,066.44	39,326.08	1,973.40	98,365.92	57,166.44	39,347.45	2,073,40	98,587.29	221.37
Nature STRAIN		<u>Claim Number</u> Open 04-73-076-18 <u>Cause</u> STRAIN OR INJURY BY, NOC	<u>Department</u> 67 <u>Body Part</u> KNEE	<u>Date of Injury</u> 09/28/2018	IV	ntury Description V, while stepping out of a true it. It now swells and hurts w		his left knee pap whe	en he put wight	
2018	0	0.00	397.83	0.00	397.83	0.00	397.83	0.00	397,83	0.00
Nature STRAIN		<u>Claim Number</u> Closed 04-73-077-18 <u>Cause</u> STRAIN OR INJURY BY, NOC	<u>Department</u> 67 <u>Body Part</u> KNEE	<u>Date of Injury</u> 10/16/2018	IV Pl	ntury Description V was replacing a manhole lid ace, he slipped, the lid hit his ft knee.		•		
2018	0	0.00	121,40	0.00	121.40	0.00	121.40	0.00	121.40	0.00
Employee Nature CRUSHING		<u>Claim Number</u> Closed 04-73-091-18 <u>Cause</u> OBJECT BEING LIFTED OR * HANDLED	<u>Department</u> 67 <u>Body Part</u> HAND	<u>Date of Injury</u> 12/07/2018		<u>tjury Description</u> hile hammering a plpe sleeve	onto the pope, IW hit	his left hand with the I	hammer.	
2018	0	0.00	0.00	0.00	0.00	0.00	. 0.00	0.00	0.00	0.00
Nature CRUSHING		Claim Number Closed 04-74-004-18 Cause MACHINE OR MACHINERY	Department 68 Body Part FINGER(S)	<u>Date of Injury</u> 01/18/2018		riury Description V was changing out registers	on meters and mashed	pinky finger with pipe	wrench.	
2018	0	0.00	282.57	0.00	282.57	0.00	282.57	0.00	282.57	0.00

hello . .

hello

Worker's Comp

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity		Paid spense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
Employee Nature LACERATION		Claim Number Close 04-74-027-18 Cause CUT, PUNCTURE, SCRAPE, NOC	d <u>Department</u> 68 <u>Body Part</u> THUMB	<u>Date of Injury</u> 04/05/2018	IW w	y Description as reaching around hims ced his thumb on the lef			rough his pocket;	
2018	0	0.00	2,783.77	0.00	2,783.77	0.00	2,783.77	0.00	2,783.77	0.00
Employee Nature CONTUSION		Claim Number Close 04-74-059-18 Cause MOTOR VEHICLE	d <u>Department</u> 68 <u>Body Part</u> MULTIPLE UPPER I	Date of Injury 09/04/2018 EXTREMITIES	IW w	v Description as on gett ack of his work truck.	ing ready to turn onto ⁴	and a	vehicle hit him in	
2018	0	0.00	322.83	0.00	322.83	0.00	322.83	0.00	322.83	0.00
Employee Nature LACERATION		<u>Claim Number</u> Close 04-74-094-18 <u>Cause</u> FALL, SLIP OR TRIP, NOC	d <u>Department</u> 68 <u>Body Part</u> MULTIPLE HEAD IN	<u>Date of Injury</u> 12/13/2018 IJURY		v Description as testing back-flow devi d car.	ce in a dark area; miss	ed a step and fell hittir	ng head/face on a	
2018	0	0,00	2,040.66	0.00	2,040.66	0.00	2,040.66	0.00	2,040.66	0.00
Employee Nature SPRAIN		Claim Number Close 04-74-099-18 Cause FALL, SLIP OR TRIP, NOC	d <u>Department</u> 68 <u>Body Part</u> ANKLE	<u>Date of Injury</u> 12/28/2018	Injury Description IW was stepping off side walk and twisted his right leg and ankle.					
2018	0	0.00	363,41	0.00	363.41	0.00	363.41	0.00	363.41	0,00
Employee Nature STRAIN		Claim Number Close 04-81-049-18 Cause FALL, SLIP OR TRIP, NOC	d <u>Department</u> 69 <u>Body Part</u> MULTIPLE BODY PART BODY SYSTEMS AN	•		v Description Is weed eting high areas	, slipped on bank, felt p	oain in back and hip.		
2018	0	0.00	208.38	0.00	208.38	0.00	208.38	0.00	208.38	0.00
Employee Nature STRAIN		<u>Claim Number</u> Close 04-82-031-18 <u>Cause</u> USING TOOL OR MACHINER	70 Body Part	<u>Date of Injury</u> 04/20/2018		<u>v Description</u> enched back while filling	up vacall truck.			

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Worker's Comp

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

All States

Claim Year	Days Lost	Paid Indemnity	Paid Medical	Paid Exper		Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2018	0	0.00	Ò.00		0.00	0.00	0.00	0,00	0.00	0,00	0.00
Employee Nature STRAIN	•	Claim Number 04-82-097-18 Cause LIFTING	<u>Bod</u> LOW		Date of Injury 12/17/2018 UMBAR AREA		ory <u>Description</u> vas trying to open a man-ho	ole lid with a sledge ha	mmper, wrenched ba	ck in lower area.	
2018	0	0.00	2,028.72		0.00	2,028.72	0.00	2,028.72	0.00	2,028.72	0.00
Employee Nature STRAIN		<u>Claim Number</u> 04-90-015-18 <u>Cause</u> LIFTING	Bod		Date of Injury 03/02/2018 GROIN	Whil	ny Description In proper that proper out around the			nd. there was a	
2018	0	0,00	1,278,39	· -	0.00	1,278.39	0.00	1,278.39	0.00	1,278.39	0.00
Employee Nature MULTIPLE PHYSICAL ONLY	INJURIES	<u>Claim Number</u> 04-90-037-18 <u>Cause</u> FALL, SLIP OR TRIP,	NOC . MUL		•	IW v	ry Des <u>cription</u> vas installing solar panels ar plaining of paln on his right		nit onto his right side.	He was	
2018	0	0.00	334,35		0.00	334.35	0.00	334.35	0.00	334.35	0.00
Employee Nature STRAIN		<u>Claim Number</u> 04-94-047-18 <u>Cause</u> STRAIN OR INJURY	Bod		<u>Date of Injury</u> 07/25/2018	IW w	Description as on bus us, and when she went ove diately felt her back pain;	-	e literally came out of		
2018	0	0.00	44.02		0.00	44.02	0.00	44.02	0.00	44.02	0.00
Nature ALL OTHER SPECIFIC NOC	: INJURIES	Claim Number 04-28-001-18 Cause OTHER - MISCELLAN NOC	Bod	862 0 v Part	<u>Date of Injury</u> 01/01/2018	IW w	ry Description oke up to a fire alarm, stoo ling. IW went to mined he was probably in A	to assess him; A	fter taking vitals,		

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity	Pald Medical E	Paid xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2018	0	0.00	3,426.95	0.00	3,426.95	0.00	3,426.95	0.00	3,426.95	0.00
Employee Nature STRAIN		Claim Number Clos 04-28-016-18 Cause LIFTING	862 Body Part	Date of Injury 03/01/2018 PARTS (INCLUDING ND BODY PARTS)		ury Description ding a patient in the back of	the ambulance, felt p	oain in lower back, left	flank, and left	
2018	0	0.00	387.26	0.00	387.26	0.00	387.26	0.00	387.26	0.00
Nature PUNCTURE		Claim Number Clos 04-28-020-18 Cause CUT, PUNCTURE, SCRAPE, NOC	862 <u>Body Part</u>	<u>Date of Injury</u> 03/13/2018	IW	ury <u>Pescription</u> was attempting to move a si ent, and dog bit IW on left i	-	ence that was prevent	ing access to	
2018	0	. 0.00	2,916.03	0.00	2,916.03	0.00	2,916.03	0.00	2,916.03	0.00
Employee Nature STRAIN		<u>Claim Number</u> Clos 04-28-039-18 <u>Cause</u> FROM DIFFERENT LEVEL	ed <u>Department</u> 862 <u>Body Part</u> ANKLE	<u>Date of Injury</u> 05/02/2018		ury <u>Description</u> was fighting a car fire and st k.	repped off the urb spr	aining ankle, then tum	ibled down a	
2018	0	0.00	195.26	0.00	195.26	0.00	195.26	0.00	195.26	0.00
Employee Nature CONTUSION	•	Claim Number Clos 04-28-050-18 Cause FALL, SLIP OR TRIP, NOC	ed <u>Department</u> 862 <u>Body Part</u> KNEE	<u>Date of Injury</u> 08/09/2018		was performing annual test of IWI tripped	•	ucing the pressure at t the ground; IW landed	• • •	
2018	35	4,241.40	1,299.64	0.00	5,541.04	4,241.40	1,299.64	0.00	5,541.04	0.00
Employee Nature CRUSHING		Claim Number Clos 04-28-063-18 Cause FALLING OR FLYING OBJEC	862 Body Part	<u>Date of Injury</u> 09/11/2018		ury Description ece of the marble wall in the	bathroom stall fell or	nto IW's left foot.		

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Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity	Paid Medical I	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2018	0	0.00	242.55	0.00	242.55	0.00	242.55	0.00	242.55	0.00
Employee Nature STRAIN		Claim Number Closed 04-28-067-18 Cause STRAIN OR INJURY BY, NOC	<u>Department</u> 862 <u>Body Part</u> SHOULDER(S)	<u>Date of Injury</u> 09/18/2018	w	urv Description was crawling through the to uider popped and started h		area when IW pushed	through and right	
2018	0	0.00	2,732.40	0.00	2,732.40	0.00	2,748.17	0.00	2,748.17	15.77
Employee Nature STRAIN		Claim Number Open 04-28-084-18 Cause STRAIN OR INJURY BY, NOC	<u>Department</u> 862 <u>Body Part</u> FOOT	<u>Date of Injury</u> 10/11/2018	IW,	ury <u>Pescription</u> while training, was running and discomfort increased		nen IW got a sharp pa	in in right foot,	
2018	0	0.00	172.82	0.00	172.82	0.00	172.82	0.00	172.82	0.00
Mature STRAIN	,	Claim Number Closed 04-28-096-18 Cause LIFTING	<u>Department</u> 862 <u>Body Part</u> SHOULDER(S)	<u>Date of Injury</u> 12/16/2018	IW	ary Description was assisting in lifting a particle of IV sed the overextension of IV		e stretcher, the patient	slipped and	
2017	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Nature FRACTURE		Claim Number Closed 04-12-050-17 Cause FALL, SLIP OR TRIP, NOC	<u>Department</u> 20 <u>Body Part</u> CHEST	<u>Date of Injury</u> 06/04/2017	IW e show land	Injury Description IW entered the shower on her hotel room. She turned to reach out of the shower for her shower gel. the shower floor was slick and her feet slipped out from under her causing her to land on the edge of the bathtub. IW landed on her ribcage. The fall caused pain, difficulty breathing and significant bruising and a fractured rib.				
2017	0	0.00	207.32	0.00	207.32	0.00	207.32	. 0.00	207.32	0.00
Employee Nature FOREIGN BODY		Claim Number Closed 04-16-023-17 Cause FOREIGN MATTER (BODY) IN EYE(S)	<u>Department</u> 23 <u>Body Part</u> EYE(S)	<u>Date of Injury</u> 03/08/2017		ary <u>Description</u> was unfoading decorations	in a storage facility and	got debris in his right	eye.	
2017	0	0.00	0.00	0.00	0.00	0,00	0.00	0.00	0,00	0.00
Nature FOREIGN BODY		Claim Number Closed 04-19-006-17 Cause FALLING OR FLYING OBJECT	<u>Department</u> 26 Body Part EYE(S)	<u>Date of Injury</u> 01/19/2017		ury <u>Description</u> was blowing leaves out of f	lower bed with BackPac	ck Blower when limb h	it him in left eye.	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

All States

Claim Year	Days Lost	Paid Indemnity	Pald Medical E	Paid xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2017	0	0.00	2,339.18	0.00	2,339.18	0.00	2,339.18	0.00	2,339.18	0.00
Nature LACERATION		Claim Number Closes 04-19-020-17 Cause HAND TOOL OR MACHINE II USE	26 Body Part	<u>Pate of Intury</u> 03/03/2017	In po	cident location was on strict into the ground with a pought on the t post causing the	st driver. On the last po	st, the driver came do		
2017	0	0.00	150.86	0.00	150.86	0.00	150.86	0.00	150.86	0.00
Nature SPRAIN		Claim Number Closes 04-19-053-17 Cause STRAIN OR INJURY BY, NOC	26 Body Part	<u>Date of Injury</u> 06/20/2017	IM	viury Description If got off tractor to check bus whit foot.	sh hog. Walking back to	tractor he stepped in	a hole injuring his	
2017	0	0.00	490.90	0.00	490.90	0.00	490.90	0.00	490,90	0.00
Employee Nature STRAIN		Claim Number Closed 04-19-095-17 Cause FROM DIFFERENT LEVEL	Department 26 Body Part LOWER BACK ARE AND LUMBO-SACE	· · · · · · · · · · · · · · · · · · ·	Iniury Description IW was loading tables and chairs out of a double-wide trailer at state slipped downsteps and slid under the truck hurting his back, he was holding onto the handrall when feel slipped from under him.					
2017	0	0.00	451.84	0.00	451.84	0.00	451.84	0.00	451.84	0.00
Nature ALL OTHER SPECIFIC	C INJURIES	Claim Number Closed 04-25-009-17 Causa PERSON IN ACT OF A CRIME (ROBBERY OR CRIMINAL ASSAULT)	32 <u>Body Part</u>	Date of Injury 01/25/2017 PARTS (INCLUDING ND BODY PARTS)	IW	jury <u>Description</u> I was standing at the bars of the face.	f the special cell when a	prisioner spit through	them, hitting IW	
2017	0	0.00	209.56	0.00	209,56	0.00	209.56	0.00	209.56	0.00
Nature FOREIGN BODY		Claim Number Closed 04-25-013-17 · Cause FOREIGN MATTER (BODY) I EYE(S)	32 Body Part	<u>Date of Injury</u> 02/10/2017		<u>jury Description</u> tring the intake process, pris	oner was speaking and l	his saliva flew into IW	's eyes.	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity	Pald Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2017	0	0.00	112.19	0.00	112.19	0.00	112.19	0.00	112.19	0.00
Employee Nature FOREIGN BODY		<u>Claim Number</u> 04-25-033-17 <u>Cause</u> FOREIGN MATTER (B	Closed <u>Departm</u> Body Par DDY) IN EYE(S)	32 04/29/2017		Description s putting an intoxicated	person in the Cell and t	he Intoxicated person	spit In IW's eyes.	
		EYE(S)					 			
2017	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employee Nature STRAIN	•	Claim Number 04-26-028-17 Cause PUSHING OR PULLING	Closed <u>Departm</u> <u>Body Par</u> LOWER LE	33 04/06/2017	IW was	Pescription s on duty driving a city of them he observed a strangle He contacted dispatch and the shoulder of the road,	nded vehicle and stopped to render a	e stopped in the road id. While pusing the s	tranded vehicle	
2017	0	0.00	356.95	0.00	356.95	0.00	356.95	0.00	356.95	0.00
Employee Nature STRAIN	•	<u>Claim Number</u> 04-27-011-17 <u>Cause</u> STRAIN OR INJURY B	Closed <u>Department</u> Body Par Y, NOC LOWER LE	34 01/26/2017		r <u>Description</u> Fred his right calf during	physical training at		•	·
2017	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employee Nature CONTUSION		Claim Number 04-27-015-17 Cause FELLOW WORKER, PATIENT-NOT IN ACT CRIME	Closed <u>Departme</u> <u>Body Part</u> NOSE OF A	34 02/17/2017		Description a boxing drill, IW was s	truck in the nose,			
2017	0	0.00	2,289.26	0.00	2,289.26	0.00	2,289,26	0.00	2,289.26	0.00
Employee Nature ALL OTHER SPECIFICATION	IC INJURIES	Claim Number 04-27-014-17 Cause PERSON IN ACT OF A (ROBBERY OR CRIMIN ASSAULT)		34 02/20/2017		<u>Pescription</u> physical altercation and	a foot pursuit, IW had a	a heart issue.		

Injury Date Range: 01/01/2010 to 12/31/2019

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Claim Year	Days Lost	Paid Indemnity	Paid Medical	Pald Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2017	0	0.00	470.47	0,00	470.47	0.00	470.47	0.00	470,47	0.00
Employee Nature STRAIN	•	Claim Number Cl 04-27-017-17 Cause TWISTING	osed <u>Department</u> Body Part KNEE	<u>Date of Injury</u> 34 02/22/2017		iury Description was pursuing, on foot, a m	entally ill Individual, Tw -	isted his left knee.		
2017	0	0.00	942.08	0.00	942.08	0.00	942.08	0.00	942.08	0.00
Mature CONTUSION		<u>Claim Number</u> Cl 04-27-024-17 <u>Cause</u> FALL, SLIP OR TRIP, NO	Body Part	<u>Pate of Injury</u> 34 03/24/2017	IW	lury Description was chasing a burglary sus ired his right hand which be		eckled the suspect, dur	ring the fall he	
2017	0	0.00	2,195.20	0.00	2,195.20	0.00	2,295.20	0.00	2,295.20	100,00
Nature LACERATION	•	Ciaim Number Op 04-27-025-17 Cause CUT, PUNCTURE, SCRAPI NOC	Body Part	<u>Date of Injury</u> 14 03/24/2017	IW	ury Description was in foot pursuit of a sus his left hand, in the soft tis				
2017	0	0.00	639.56	0.00	639.56	0.00	639.56	0.00	639.56	0.00
Nature ALL OTHER SPECI	FIC INJURIES	Claim Number Claim O4-27-027-17 Cause PERSON IN ACT OF A CR (ROBBERY OR CRIMINAL ASSAULT)	<u>Body Part</u> IME FINGER(S)	<u>Date of Injury</u> 4 04/04/2017	IW cau on i	ury Description was chasing a suspect that sing a laceration to his arm. his right hand, The suspect his right hand where he was	. While handcuffing the advised he is HIV positi	suspect the IW got th	e suspect's blood	
2017	0	0.00	370.12	0.00	370.12	0.00	370.12	0.00	370.12	0.00
Nature SPRAIN		Claim Number Clo 04-27-030-17 Cause PERSON IN ACT OF A CR (ROBBERY OR CRIMINAL ASSAULT)	<u>Body Part</u> IME HAND	<u>Date of Injury</u> 4 04/19/2017		<u>ury Description</u> was arresting a subject and	they resisted causing I	W to injure his right h	and.	

Injury Date Range: 01/01/2010 to 12/31/2019

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Claim Year	Days Lost	Paid Indemnity	Paid Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2017	0	0.00	53,58	0.00	53.58	0.00	53.58	0.00	53.58	0.00
Employes Nature SPRAIN	;	Claim Number Closed 04-27-031-17 Cause ON STAIRS	<u>Department</u> 34 <u>Body Part</u> WRIST(5) & HAI		IW	ury Description was climbing the front step self with her hands injuring			She caught	
2017	0	0.00	359.93	0.00	359.93	0,00	359.93	0.00	359,93	0.00
Employee Nature LACERATION		Claim Number Closed 04-27-047-17 Cause PERSON IN ACT OF A CRIME (ROBBERY OR CRIMINAL ASSAULT)	<u>Department</u> 34 <u>Body Part</u> LOWER LEG	<u>Date of Injury</u> 05/22/2017	IW a	ury Description answered a disturbance ca ied, IW cut his right lower i		pect became combati	ve. A fight	
2017	0	0.00	1,274.55	0.00	1,274.55	0.00	1,274.55	0.00	1,274.55	0.00
Employee Nature STRAIN	7	<u>Claim Number</u> Closed 04-27-044-17 <u>Cause</u> STRAIN OR INJURY BY, NOC		Date of Injury 05/22/2017 PARTS (INCLUDING AND BODY PARTS)	IW v	ury <u>Description</u> was training on the baton. ulder and neck. Now has p	_	ercise, IW heard a pop	o In his left	
2017	0	0.00	2,277.19	0.00	2,277.19	0.00	2,373.74	0.00	2,373.74	96.55
Nature ALL OTHER SPECIFIC NOC	i Injuries	Claim Number Open 04-27-055-17 Cause PERSON IN ACT OF A CRIME (ROBBERY OR CRIMINAL ASSAULT)		<u>Date of Injury</u> 06/27/2017 PARTS (INCLUDING AND BODY PARTS)	IW whe	wry Description was attempting to arrest su n IW grabbed his hand, sh ised IW that he was	e got blood on her hand			
2017	0	0.00	152.62	0.00	152.62	0.00	152.62	0.00	152.62	0,00
Employee Nature SPRAIN		Claim Number Closed 04-27-060-17 Cause JUMPING	<u>Department</u> 34 <u>Body Part</u> UPPER BACK ARI	Date of Injury 07/20/2017 EA (THORACIC AREA)	IW v	ury <u>Description</u> was assisting in serving a w oulding and attempted to ju tly after.	_	-	_	

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Worker's Comp

Injury Date Range: 01/01/2010 to 12/31/2019

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City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity		Paid Medical I	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2017	0	0.00		1,026.04	0.00	1,026.04	0.00	1,026.04	0.00	1,026.04	0.00
Employee Nature STRAIN		<u>Claim Number</u> 04-27-062-17 <u>Cause</u> STRAIN OR INJURY	Closed BY, NOC	<u>Department</u> 34 <u>Body Part</u> UPPER LEG	<u>Date of Injury</u> 08/05/2017	_	injury <u>Pescription</u> W was in foot pursuit of suspr	ect on highway when fe	it "pop" in hamstrings		
2017	0	0.00	+	155.54	0.00	155.54	0.00	155.54	0.00	155.54	0.00
Employee Nature CONTUSION	1	<u>Claim Number</u> 04-27-078-17 <u>Cause</u> FALL, SLIP OR TRIP	Closed+	<u>Department</u> 34 <u>Body Part</u> KNEE	<u>Date of Injury</u> 10/14/2017	I	injury Description W, was attempt truggle ensured; During strug javed parking lot, IW injured r		fell down an embank		
2017	0	0.00		326.55	0.00	326.55	0,00	326,55	0.00	328.55	0.00
Nature ALL OTHER SPECIF	IC INJURIES	<u>Claim Number</u> 04-27-081-17 <u>Cause</u> FALL, SLIP OR TRIP,	Closed , NOC		Date of Injury 10/23/2017 PARTS (INCLUDING AND BODY PARTS)	I	niury Description W was attempting to apprehe nuring his r-arm and Heg.	nd a fleeing suspect do	wn hill in the rain; IW	lost footing	
2017	0	0.00		252.47	0.00	252.47	0.00	252,47	0.00	252.47	0.00
Employee Nature ALL OTHER SPECIFINGC	FIC INJURIES	Claim Number 04-27-084-17 Cause MOTOR VEHICLE, N	Closed		Date of Injury 11/07/2017 PARTS (INCLUDING AND BODY PARTS)	_	niury Description W was involved in a traffic acc	cident, complaint of left	arm pain and he struc	ck his head.	
2017	103 .	48,682.11		43,849.79	150.00	92,681.90	48,782.11	43,997.63	250.00	93,029.74	347.84
Employee Nature PUNCTURE	•	Claim Number 04-27-085-17 Cause STRUCK OR INJURE NOC(INCLUDES KIC STABBED, BIT, ETC.	KED,		<u>Date of Injury</u> 11/09/2017 PARTS (INCLUDING AND BODY PARTS)	_	<u>njury Description</u> W was ambushed by man with	n shotgun and was shot	in the leg and back.		SETTLED

Injury Date Range: 01/01/2010 to 12/31/2019

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Claim Year	Days Lost	Paid Indemnity	Paid Medicai I	Paid Expense	Total Pald	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2017	192	43,094.80	24,822.73	150.00	68,067.53	43,194.80	24,920.04	250.00	68,364.84	297.31
Employee Nature CONTUSION	•	Claim Number Open 04-33-079-17 Cause FROM DIFFERENT LEVEL	• <u>Department</u> 39 <u>Body Part</u> LOWER LEG	<u>Date of Injury</u> 10/20/2017	1	Injury Description W was getting in the back of was in the knee area,	a tractor trailer and los	t his footing, hurting h	nís right leg, paín	SETTLED
2017	0	0.00	333.72	0.00	333.72	0.00	333.72	0.00	333.72	0.00
Employee Nature STRAIN	1	Ctalm Number Closed 04-34-056-17 Cause USING TOOL OR MACHINERY	40 <u>Body Part</u>	<u>Pate of Injury</u> 07/06/2017	I	Infury Description W was assisting in changing i sharp pain on right side of rib		ng a 1" impact gun wh	en he noticed	
2017	0	0.00	761.66	0.00	761.66	0.00	761.66	0.00	761.66	0.00
Employee Nature CONTUSION		Claim Number Closed 04-34-074-17 Cause FALL, SLIP OR TRIP, NOC	40 <u>Body Part</u> MULTIPLE BODY	Date of Injury 09/29/2017 PARTS (INCLUDING ND BODY PARTS)	I	injury Description W was exiting the inside the lausing him to lose his balancock and the ladder hitting him	e and causing a fall; IW	hit his the left side of		
2017	0 .	0.00	797.10	0.00	797.10	0.00	797.10	0.00	797.10	0.00
Employee Nature CONTUSION		Claim Number Closed 04-42-055-17 Cause FROM LIQUID OR GREASE SPILLS	46 <u>Body Part</u> MULTIPLE BODY	Date of Injury 07/03/2017 PARTS (INCLUDING ND BODY PARTS)	I	<u>niury Description</u> W was using bathroom and ci feguarding in stand. Employe	• • • • •	_	iployee was	
2017	-233	10,832.96	22,455.78	510.00	33,798.74	11,166.95	25,000.00	610.00	36,776.95	2,978.21
Enudovee Nature STRAIN		<u>Claim Number</u> Open 04-46-003-17 <u>Cause</u> TWISTING	Department 50 Body Part MULTIPLE BODY BODY SYSTEMS A	Date of Injury 01/11/2017 PARTS (INCLUDING ND BODY PARTS)	_	njury Description W was painting and stated th	at his back and leg hurt	from painting,		SETTLED

Injury Date Range: 01/01/2010 to 12/31/2019

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Claim Year	Days Lost	Paid Indemnity	Paid Medical	Pald Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2017	0	0.00	1,495.22	0.00	1,495.22	0.00	1,495.22	0.00	1,495.22	0.00
<u>Nature</u> SPRAIN		<u>Claim Number</u> Close 04-47-021-17 <u>Cause</u> FALL, SLIP OR TRIP, NOC	d <u>Pepartment</u> 51 <u>Body Part</u> WRIST	<u>Date of Injury</u> 03/02/2017	IW v	rry <u>Description</u> vas moving a heavy bag of self with right wrist.	trash when he stumble	ed and fell against wal	II. He caught	
2017	0	0.00	191.94	0.00	191.94	0.00	191.94	0.00	191.94	0.00
Employee Nature CONTUSION		Claim Number Close 04-48-012-17 Cause FROM DIFFERENT LEVEL	52 Body Part	<u>Date of Injury</u> 02/13/2017 ER EXTREMITIES	IW v	vas going down steps to step. She fell forward landi				·
2017	0	0,00	616,03	0.00	616.03	0.00	616.03	0.00	616,03	0.00
Employee Nature FRACTURE		<u>Claim Number</u> Close 04-73-022-17 <u>Cause</u> MACHINE OR MACHINERY	d <u>Department</u> 67 <u>Body Part</u> FINGER(S)	<u>Date of Injury</u> 03/07/2017	Putti the b	ry Description ng borehog in the ditch to corehog & crew leader the ht between the water line	other end. When settin	g the borehog down,	IW's fingers got	
2017	0	0.00	559.99	0.00	559.99	0.00	559.99	0.00	559.99	0.00
Employee Nature SPRAIN	•	Claim Number Close 04-73-059-17 Cause FALL, SLIP OR TRIP, NOC	d <u>Department</u> 67 <u>Body Part</u> FOOT	<u>Date of Injury</u> 07/13/2017		r <u>y Description</u> ping off bumper truck - pu	t welght on left foot and	I twisted and fell. Hur	t left foot.	
2017	0	0.00	237,38	0.00	237.38	0.00	237.38	0.00	237.38	0.00
Nature SPRAIN		Claim Number Close 04-82-035-17 Cause OBJECT BEING LIFTED OR HANDLED	d <u>Department</u> 70 <u>Body Part</u> THUMB	<u>Date of Injury</u> 05/03/2017	While	ry Description e using the applicator to apset the pressure and injured		ed pressure to release	e the product, it	
2017	0	0.00	152.54	0.00	152.54	0.00	152.54	0.00	152.54	0.00

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Injury Date Range: 01/01/2010 to 12/31/2019

- Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

All States

Claim Year	Days Lost	Paid Indemnity		Paid Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
Employee Nature DERMATITIS		Claim Number 04-82-064-17 Cause OTHER - MISCELLAN NOC	Closed		Date of Injury 0 08/16/2017 Y PARTS (INCLUDING AND BODY PARTS)		Injury Description While loading a manhole, IW shoulder and neck. Also, his r			welts on left	
2017	0	0.00		107.97	0.00	107.97	7 0.00	107.97	0.00	107.97	0.00
Employee Nature LACERATION		<u>Claim Number</u> 04-90-004-17 <u>Cause</u> MACHINE OR MACHI	Closed	<u>Department</u> 7: <u>Body Part</u> SOFT TISSUE	<u>Pate of Injury</u> 01/09/2017		Injury Description IW was removing chute on sa of IW's head and broke glasse		• -		
2017	0	0.00	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employee Nature STRAIN		<u>Claim Number</u> 04-90-005-17 <u>Cause</u> STRAIN OR INJURY E	Closed BY, NOC	<u>Department</u> 71 <u>Body Part</u> UPPER BACK AR	Date of Injury 01/13/2017 EA (THORACIC AREA)		Injury Description IW was servicing care and wh side.	ile removing the oil filte	er and plug, he felt sev	ere pain in right	
2017	0	0.00		1,808,16	0.00	1,808.16	0.00	1,808.16	0.00	1,808.16	0.00
Employee Nature STRAIN		<u>Claim Number</u> 04-32-007-17 <u>Cause</u> PUSHING OR PULLIN	Closed	<u>Department</u> 704 <u>Body Part</u> SHOULDER(S)	<u>Date of Injury</u> 01/20/2017		Intury Description IW was opening a fire hydrant and he had to pull harder than	•			
2017	0	0.00		1,145.63	0.00	1,145.63	0.00	1,145.63	0.00	1,145.63	0.00
Employee Nature ALL OTHER SPECIFIC (NOC	NJURIES	Claim Number 04-32-075-17 Cause OTHER - MISCELLANI NOC	Closed		Date of Injury 09/28/2017 PARTS (INCLUDING AND BODY PARTS)		Injury Description IW was driving a sweeper truc to the side of the road when b			ray and moved it	
2017	0	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Nature ALL OTHER SPECIFIC INOC	njuries	<u>Claim Number</u> 04-28-018-17 <u>Cause</u> OTHER - MISCELLANI NOC	Closed	<u>Department</u> 862 <u>Body Part</u> CHEST	<u>Pate of Injury</u> 02/22/2017		Intury Description IW was seated at the time he notified his supervisor of the Is ride to the ER for further evalu	sue. He was checked b			

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Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity	Paid Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2017	0	0.00	224.71	0.00	224.71	0.00	224,71	0.00	224.71	0.00
Nature FOREIGN BODY		Claim Number Cla 04-28-034-17 Cause FOREIGN MATTER (BODY EYE(S)	Department 86 Body Part () IN EYE(S)	<u>Pate of Injury</u> 2 05/01/2017	Whi	ury Description lle lifting a patient onto col IW's face and possibly left	•	nt spit/cleared throat	and saliva/sputum	
2017	0	0,00	619.65	0.00	619.65	0.00	619.65	0.00	619.65	0.00
Nature ALL OTHER SPECIFIC	C INJURIES	<u>Claim Number</u> Cla 04-28-038-17 <u>Cause</u> DUST, GASES, FUMES OF VAPORS		Date of Injury 05/12/2017 PARTS (INCLUDING AND BODY PARTS)	IW	ury Description entered home to remove a utes.	victim of cárdiac arrest	. Exposed to carbon n	nonoxide for 5-10	
2017	0	0.00	619.65	0.00	619.65	0.00	619.65	0.00	619.65	0.00
Employee Nature ALL OTHER SPECIFIC NOC	CINJURIES	Claim Number Clo 04-28-039-17 Cause DUST, GASES, FUMES OF VAPORS		Date of Injury 05/12/2017 PARTS (INCLUDING AND BODY PARTS)	IW	ury <u>Description</u> entered house to remove a 5-10 minutes.	e victim of cardiac arrest	t. IW was exposed to o	carbon monoxide	
2017	0	0.00	269.84	0.00	269.84	0.00	269.84	0.00	269.84	0.00
Employee Nature STRAIN		Claim Number Clo 04-28-051-17 Cause PUSHING OR PULLING	osed <u>Department</u> 862 <u>Body Part</u> SHQULDER(S)	<u>Date of Injury</u> 2 05/18/2017	Whi	ury <u>Description</u> le working a structure fire, ulder.	IW pulled a hose to rel	ocate equipment and i	had pain in his left	
2017	0	0.00	2,047.73	0.00	2,047.73	0.00	2,139.14	0.00	2,139.14	91.41
Employee Nature STRAIN		Claim Number Op 04-28-043-17 Cause TWISTING	en • <u>Department</u> 862 <u>Body Part</u> ANKLE	Date of Injury 05/19/2017	IW	u ry Description was moving a patient onto Iful pop in right inside ankl	–	•	_	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity	Paid Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2017	0	0.00	851.17	0.00	851.17	0.00	851.17	0.00	851.17	0.00
Nature ALL OTHER SPECIFICATION	C INJURIES	Claim Number Clo 04-28-046-17 Cause STRUCK OR INJURED, NOC(INCLUDES KICKED, STABBED, BIT, ETC.)	<u>Body Part</u> MULTIPLE BO	Date of Injury 62 06/02/2017 DY PARTS (INCLUDING IS AND BODY PARTS)		ry Description 9 Bag Valve Mask to venti	late patient. Sprayed sp	outum, vomit, salavia c	on face and arm.	
2017	0	0.00	0.00	0.00	0.00	ó.00	0.00	0.00	0.00	0.00
Employee Nature INFLAMMATION	•	Claim Number Clo 04-28-052-17 Cause ANIMAL OR INSECT	sed <u>Department</u> 8 • <u>Body Part</u> FOOT	<u>Date of Injury</u> 52 06/12/2017	· · · · · · · · · · · · · · · · · · ·	ry Description oke up at 6 a.m. at Statio ot.	on in the	and found 4 bites on hi	s left foot, - Top	
2017	1	B,11B.00	1,720.47	150.00	9,988.47	8,118.00	1,720.47	150.00	9,988.47	0.00
Employee Nature STRAIN		Claim Number Clo 04-28-061-17 Cause FALL, SLIP OR TRIP, NOC	Body Part	<u>Pate of Injury</u> 52 07/20/2017	IW w 130 a	ry Description as at a City event at a attendees and IW was in the pile of gravel and slid on	the gorup walking, as h	e turned down a hill, h	e stepped in a	SETTLED
2017	0	0.00	376.74	0.00	376.74	0.00	376.74	0.00	376.74	0.00
Employee Nature FRACTURE		Claim Number Clo 04-28-073-17 Cause STATIONARY OBJECT		<u>Date of Injury</u> 52 09/17/2017	A fire	y <u>Description</u> alarm came in, As IW wa not on a chair in the bedre		espond, he stumped h	is right 4th	
2017	0	0.00	711.02	0.00	711.02	0.00	711.02	0.00	711.02	0.00
Employee Natura BURN		<u>Claim Number</u> Clo 04-28-076-17 <u>Cause</u> FIRE OR FLAME	sed <u>Department</u> 80 <u>Body Part</u> UPPER ARMS	Date of Injury 52 10/03/2017	-	y <u>Description</u> uring firefighting operatio	ons, upper left arm was	exposed to radient he	at.	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Pald Indemnity	, Pald Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2017	0	0.00	223.08	0.00	223.06	0.00	223.08	0.00	223.08	0.00
Employee Nature STRAIN		<u>Claim Number</u> C 04-85-019-17 <u>Cause</u> STRAIN OR INJURY BY,	Body Part	414 02/22/2017	IW	ury <u>Description</u> was flagging traffic, When uider.	n he raised is arm to stop	traffic, he felt a sharp	o pain in his left	
2017	0	0.00	849.81	0.00	849.81	0.00	849.81	0.00	849.81	0.00
Employee Nature LACERATION		<u>Claim Number</u> C 04-85-045-17 <u>Cause</u> FALL, SLIP OR TRIP, NC	Body Part	Date of Injury 414 06/01/2017	WI.	ury Description was getting a pipe band a forearm.	and he tripped and fell or	the pipe band causin	g a laceration to	
2016	0	0.00	252,52	0.00	252.52	0.00	252.52	0.00	252.52	0.00
Employee Mature LACERATION		Claim Number C 04-18-080-16 Cause OBJECT BEING LIFTED HANDLED	Body Part OR FINGER(S)	Date of Injury 25 10/19/2016	IW	ury <u>Description</u> used fish tape's to get thro middle finger. (Did cut glo	-	sped, it popped and hi	it index finger	
2016	0	0.00	267.28	0.00	267.28	0.00	287.28	0.00	267.28	0.00
Nature FOREIGN BODY		Ciaim Number C 04-19-014-16 CRUSE COLLISION OR SIDESW WITH ANOTHER VEHIC	• •	<u>Date of Injury</u> 26 02/29/2016	IW v	was driving on the same through driver's sl			reaking mirror .	
2016	0	0.00	1,176.13	0.00	1,176.13	0.00	1,176.13	0.00	1,176.13	0.00
Nature CONTUSION		<u>Claim Number</u> C 04-19-028-16 <u>Cause</u> FALL, SLIP OR TRIP, NO	Body Part	26 04/26/2016	IW the	ury Description was mowing the median a mower to pick up the met jammed his elbow.	•		_	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity	Pald Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2016	0	0.00	438.82	0.00	438.82	0.00	438,82	0.00	438.82	0.00
Employee Nature ALL OTHER SPECIF	IC INJURIES	Claim Number Classification Classifi		26 Date of Injury 26 06/06/2016 DDY PARTS (INCLUDING MS AND BODY PARTS)	IW a	<u>ary Description</u> and crew were picking up cle hit the back end of th		road with	a grabber when a	
2016	0	0.00	• 3,624.53	0.00	3,624.53	0.00	3,624.53	0.00	3,624.53	0.00
Employee Nature CONTUSION	•	<u>Claim Number</u> Cla 04-19-044-16 <u>Cause</u> FALLING OR FLYING OBJ	Body Part ECT MULTIPLE H	26 06/20/2016	IW v	vas cuting a branch with the limb was under such and tooth.		•		
2016	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employee Nature FOREIGN BODY	>	<u>Claim Number</u> Cla 04-19-048-16 <u>Cause</u> FALLING OR FLYING OBJ	Body Part ECT EYE(S)	<u>Date of Injury</u> 26 07/28/2016		<u>rry Description</u> nad debri fly Into eyes wh	ile mowing.			
2016	0	0.00	560.07	0.00	560.07	0,00	560.07	0.00	560,07	0.00
Employee Nature STRAIN	•	<u>Claim Number</u> Ck 04-19-067-16 <u>Cause</u> USING TOOL OR MACHIN	Body Part ERY ELBOW	25 09/07/2016	IW g	iry Description ot off mower to get a dri rienced pain in his right o	•	ile sitting back on mo	wer, he	
2016	0	0.00	928.82	0.00	928.82	0.00	928,82	0.00	928.82	0.00
Employee Nature STRAIN	•	<u>Claim Number</u> Clo 04-025-008-16 <u>Cause</u> LIFTING	Body Part ELBOW	<u>Date of Injury</u> 32 02/16/2016	IW p	i ry Description Dicked up a child care seal Prienced sharp pain on up			•	
2016	56	0.00	2,046.08	0.00	2,046.08	0.00	2,046.08	0,00	2,046.08	0.00

hello

Worker's Comp

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

All States

Claim Year	Days Lost	Paid Indemnity		Paid Medical E	Pald expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
Employee Nature CONTUSION		Claim Number 04-25-022-16 Cause OTHER - MISCELLAN NOC	Closed	<u>Department</u> 32 <u>Body Part</u> CHEST	<u>Date of Injury</u> 04/01/2016		Injury Description IW was demonstrating a bar the move mocks climbing the			physical training.	
2016	0	0.00		1,402.56	0.00	1,402.5	6 0.00	1,402.56	0.00	1,402.56	0.00
Nature FRACTURE		<u>Claim Number</u> 04-25-089-16 <u>Cause</u> FALL, SLIP OR TRIP,	Closed	<u>Department</u> 32 <u>Body Part</u> HAND	<u>Pate of Injury</u> 12/30/2016		Injury Description IW had went to East on sidewalk adjacent to to catch herself and broke her		e. As she was returning ed and fell. As she fell,	-	
2016	0	0.00		475.66	0.00	475.6	6 0.00	549.68	0.00	549.68	74.02
Nature CONTUSION		Claim Number 04-27-025-16 Cause STRUCK OR INJUREI NOC(INCLUDES KICK STABBED, BIT, ETC.	ŒD,	<u>Department</u> 34 <u>Body Part</u> ELBOW	<u>Date of Injury</u> 04/10/2016		Injury Description IW answered a fight call and of After catching the suspect, he Suspect had blood on his hand forearm above the wrist. IW a	continued to resist arre ds from an earlier flight.	est and punched IW in IW got suspects blood	the face.	
2016	0	0.00		382.15	0.00	382.1	5 0.00	382.15	0.00	382.15	0.00
Nature LACERATION		Claim Number 04-27-026-16 Cause STATIONARY OBJEC	Closed	Department 34 Body Part SOFT TISSUE	<u>Date of Injury</u> 04/18/2016		<u>Injury Description</u> Hit head on a rafter searching	for a suspect.			
2016	0	0.00		510.72	0.00	510.7	2 0.00	510.72	0,00	510.72	0.00
Employee Nature STRAIN		<u>Claim Number</u> 04-25-031-16 <u>Cause</u> STRAIN OR INJURY	Closed BY, NOC	<u>Department</u> 34 <u>Body Part</u> KNEE	<u>Date of Injury</u> 05/05/2016		Injury Description IW had attended the hallway. As he turned the advised that he did not slip an	corner, his right knee p	opped causing immedi	ate pain. IW	
2016	27	29,979.26		28,809.25	150.00	58,938.5	3 30,079.28	28,902.38	250.00	59,231.66	293.13
Nature STRAIN		Claim Number 04-27-045-16 Cause COLLISION OR SIDE WITH ANOTHER VEH			Date of Injury 07/09/2016 PARTS (INCLUDING ND BODY PARTS)		Iniury Description IW was injured in an automob and when a cruiser, causing injury to his n	vehicle veered off of ¶			SETTLED

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Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity	Paid * Medical i	Paid xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2016	0	0.00	1,864.34	0.00	1,864.34	0.00	1,864.34	0.00	1,864.34	0.00
Employee Nature STRAIN		Claim Number Close 04-27-053-16 Cause PERSON IN ACT OF A CRIM (ROBBERY OR CRIMINAL ASSAULT)	34 Body Part	<u>Date of Injury</u> 08/10/2016	IW	ury Description was arresting a suspect tha twisted or forced backward		I during the struggle,	herright thumb	
2016	0	0.00	206.65	0.00	206.65	0.00	206.65	0.00	206.65	0.00
Employee Nature STRAIN		Claim Number Close 04-27-068-16 Cause FALL, SLIP OR TRIP, NOC	ed <u>Department</u> 34 <u>Body Part</u> MULTIPLE TRUNK	<u>Date of Injury</u> 09/04/2016	IW atte	was working for one or one o	uck during the accident	started to fall to the	ground. While	
2016	0	0.00	466.94	0.00	466.94	0.00	466.94	0.00	466,94	0.00
Employee Nature LACERATION		. <u>Claim Number</u> Close 04-27-065-16 <u>Cause</u> FALL, SLIP OR TRIP, NOC	ed <u>Department</u> 34 <u>Body Part</u> FINGER(S)	Date of Injury 09/05/2016	IW	ury <u>Description</u> was assisting on o the slide, his right middle a				
2016	_0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employee Nature NO PHYSICAL INJURY		Claim Number Denii 04-85-046-16 Cause OTHER - MISCELLANEOUS, NOC	38 Body Part	<u>Date of Injury</u> 07/21/2016	IW	ury Description was opening his truck door ught it was a bee but saw a		the Inside of his arm a	at his elbow. He	
2016	0	0.00	1,470.58	0.00	1,470.58	0.00	1,470.58	0.00	1,470.58	0.00
Employee Nature SPRAIN		Claim Number Close 04-33-009-16 Cause STRIKING AGAINST OR STEPPING ON, NOC	ed <u>Pepartment</u> 39 <u>Body Part</u> ANKLE	<u>Date of Iniury</u> 02/22/2016	IW	ury Description was stepping off of truck to re and turned his left ankle o		n he stepped on an u	neven storm	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity	Pald Medical E	Paid xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2016	15	2,939.00	8,101.40	150.00	11,190.40	3,039.00	12,000.00	250,00	15,289.00	4,098.60
Employes Nature SPRAIN		Claim Number Open 04-33-029-16 Cause CAUGHT IN, UNDER OR BETWEEN, NOC	<u>Department</u> 39 <u>Body Part</u> KNEE	<u>Pate of Iniury</u> 04/28/2016		Iniury Pescription IW was getting out of the truc on the grate twisting his knee	•	er before emptying it a	nd his shoe hung	SETTLED
2016	0	0.00	0.00	0.00	0.00	0.00	0,00	0.00	0.00	0.00
Employee Nature STRAIN	•	<u>Cialm Number</u> Closed 04-33-041-16 <u>Cause</u> LIFTING	Department 39 Body Part ABDOMEN INCLUE	<u>Pate of Injury</u> 06/23/2016 DING GROIN		Injury Description IW was lifting a garbage cart a cart and then started complea 2:30.			•	
2016	0	0.00	361.75	0.00	361.75	0.00	361.75	0.00	361.75	00,0
Employee Nature SPRAIN	•	Claim Number Closed 04-33-064-16 Cause MOTOR VEHICLE, NOC	<u>Department</u> 40 <u>Body Part</u> WRIST	<u>Date of Injury</u> 09/02/2016		Injury Description IW sprained his left wrist wher out of the truck, landing on his	•	P he was in caught fir	re and he jumped	
2016	48	24,642.50	18,459.35	260.00	43,361.85	24,742.50	18,559.35	460.00	43,761.85	400.00
Employee Nature STRAIN		Claim Number Open 04-40-030-16 Cause LIFTING	Department 44 Body Part LOWER BACK ARE AND LUMBO-SACR	•		Injury Description Maintenance staff was preparir Team lifting pieces of fence, IV felt a pain sensation in his bac	W and we		•	SETTLED
2016	0	0.00	534.45	0.00	534.45	0.00	534.45	0.00	534.45	0.00
Employee Nature STRAIN	•	Claim Number Closed 04-41-043-16 Cause STRAIN OR INJURY BY, NOC	45 <u>Body Part</u>	Date of Injury 07/01/2016 PARTS (INCLUDING ND BODY PARTS)		Injury Description IW was playing a running/tag; IW was on the baseline getting expecting a bump so when she left knee. She also hit her hea	ready to run and her i was hit, her left went	egs were locked as she	e was not	

hello

Worker's Comp

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity	Pa Med		aid pense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2016	0	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employee Nature STRAIN		Claim Number 04-42-027-16 Cause TWISTING	Closed	<u>Department</u> 46 <u>Body Part</u> ANKLE	<u>Pate of Injury</u> 03/05/2016		Injury Description IW was getting down from ankle wrong and fell landing or		s balance at bottom st	ep, turned right	
2016	0	0.00		441.97	0.00	441.97	0.00	441.97	0.00	441.97	0.00
Nature LACERATION		<u>Clajm Number</u> 04-42-018-16 <u>Cause</u> FROM LADDER OR SCAFFOLDING	Closed	<u>Department</u> 46 <u>Body Part</u> LOWER LEG	<u>Date of Injury</u> 03/15/2016		Injury Description IW was getting into pool to do on a pool ladder.	a mock rescue and slip;	ped on a grate, scrapii	ng his lower leg	
2016	0	0.00	;	354.37	0.00	354.37	0.00	354.37	0.00	354.37	0.00
Employee Nature STRAIN		<u>Claim Number</u> 04-18-024-16 <u>Cause</u> LIFTING	Closed	<u>Department</u> 50 <u>Body Part</u> LOWER BACK AREA AND LUMBO-SACRA	•	;	<u>Injury Description</u> IW was taking tables down and tables, IW felt pain in back.	d moving them. While lif	ting a table on to cart	with other	
2016	0	0.00		293.14	0.00	293.14	0.00	293.14	0.00	293.14	0.00
Employee Mature SPRAIN		Claim Number 04-47-047-16 Cause HOLDING OR CARRY	Closed	Department 51 Body Part WRIST(S) & HAND(S	<u>Date of Injury</u> 07/26/2016		<u>Injury Description</u> IW twisted left wrist while mov	ing 2 X 4's and cleaning			
2016	0	0.00	2,0	023,51	0.00	2,023.51	0.00	2,023.51	0.00	2,023.51	0.00
Employee Nature SPRAIN	•	Claim Number 04-81-004-16 Cause PUSHING OR PULLIN	Closed G	<u>Department</u> 69 <u>Body Part</u> MULTIPLE LOWER E	Date of Injury 01/06/2016 XTREMITIES	1	Injury Description IW was moving a and leg	into a tight	very tight space and to	wisted his knee	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity		Paid xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2016	65	12,160.70	9,663.72	150.00	21,974.42	22,095.76	10,000.00	250.00	32,345.76	10,371.34
Employee Nature STRAIN		<u>Claim Number</u> Open 04-81-063-16 <u>Cause</u> STRAIN OR INJURY BY, NOC	<u>Department</u> 69 <u>Rody Part</u> KNEE	<u>Date of Injury</u> 08/24/2016	IW s	ury Description was doing routing check of und level, about 1 foot. He nediately had extreme pain	planted his left leg to s			SETTLED
2016	0	0.00	155,35	0.00	155.35	0.00	155.35	0.00	155.35	0.00
Nature LACERATION		Claim Number Closed 04-82-003-16 Cause CUT, PUNCTURE, SCRAPE, NOC	<u>Department</u> 70 <u>Body Part</u> FINGER(S)	<u>Date of Injury</u> 02/05/2016	IW.	ury <u>Description</u> working inside of a manho d near thumb,	le and hit right hand on	pipe and got a 1/2 inc	ch cut on right	
2016	0	0.00	12.16	0.00	12.16	0.00	12.16	0.00	12,16	0.00
Employee Nature SPRAIN		Claim Number Closed 04-73-042-16 Cause FALL, SLIP OR TRIP, NOC	70 Body Part	Date of Injury 06/28/2016 PARTS (INCLUDING ND BODY PARTS)	Whi	ury <u>Description</u> le setting up tri-pod, IW st ining his neck.	epped into manhole with	n left leg spraining his	ankle and	
2016	0	0.00	8,760.88	0.00	8,760.88	0.00	8,803.74	0.00	8,803.74	42.86
Nature DERMATITIS		Claim Number Open 04-82-050-16 Cause CONTACT WITH, NOC	Department 70 Body Part MULTIPLE BODY P BODY SYSTEMS A	<u>Date of Injury</u> 08/18/2016 ARTS (INCLUDING ND BODY PARTS)	IW I	ury <u>Description</u> had to pull lid off MH cover ds, arms, and right eye.	ed with poison lvy to do	TV inspection. He go	t polsion on both	
2016	0	0.00	422,69	0.00	422.69	0.00	422.69	0.00	422.69	0.00
Nature STRAIN		Claim Number Closed 04-90-073-16 Cause STRAIN OR INJURY BY, NOC	71 Body Part	<u>Date of Injury</u> 09/21/2016		ury Description while working on street sw	veeper, stepped off truci	c and twisted left knee	2.	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

All States

Claim Year	Days Lost	Paid Indemnity		Paid edical I	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2016	0	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Nature LACERATION	,	Claim Number 04-94-072-16 Cause FALL, SLIP OR TRIP,	Closed	<u>Department</u> 678 <u>Body Part</u> HAND	<u>Date of Iniury</u> 09/09/2016	A h: P:	niury Description s IW was walking towards the and. er conversation on day of inci rayel embedded in hand, and	dent between	and	on lunch break,	
2016	0	0.00		721.21	0.00	721.21	0.00	721.21	0.00	721.21	0.00
Nature PUNCTURE		Claim Number 04-28-005-16 Cause HAND TOOL, UTENS POWERED	Closed .	<u>Department</u> 862 <u>Body Part</u> THUMB	<u>Date of Injury</u> 02/07/2016	I	niury Description V was assisting in administeri umb.	ing patient care when he	e received a needle sti	ck into his left	
2016	0	0.00		377.62	0.00	377.62	0.00	377,62	0.00	377.62	0.00
Employee Nature STRAIN		<u>Claim Number</u> 04-28-017-16 <u>Cause</u> STRAIN OR INJURY	Closed BY, NOC	<u>Department</u> 862 <u>Body Part</u> LOWER LEG	<u>Date of Infury</u> 03/09/2016	IV	niury Description V was removing cones from t em. He hit the calf of his righ	_		•	
2016	0	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employee Nature SPRAIN	•	Claim Number 04-28-023-16 Cause STRAIN OR INJURY	Closed BY, NOC	<u>Department</u> 862 <u>Body Part</u> KNEE	<u>Pate of Injury</u> 03/28/2016	IV	njury Description V was stepping off of the fire Instant pain that was felt in	-		e pop and had	
2016	73	8,863.28		8,981.92	150.00	17,995.20	8,963.28	9,079.22	250.00	18,292.50	297.30
Employee Nature SPRAIN		<u>Claim Number</u> 04-28-032-16 <u>Cause</u> LIFTING	Open	<u>Department</u> 862 <u>Body Part</u> ELBOW	<u>Date of Injury</u> 05/13/2016	IV	niury <u>Description</u> V was assisting co-worker lift Imerous times.	into the back of	rehab bus when his ri	ght arm popped	SETTLED
2016	0	0.00		163.99	0.00	163.99	0.00	163.99	0.00	163.99	0.00
Employee Nature LACERATION		Claim Number 04-28-035-16 Causa BROKEN GLASS	Closed	<u>Department</u> 862 <u>Body Part</u> FINGER(S)	<u>Date of Injury</u> 05/27/2016	IV	<u>vjury Description</u> V was conducting morning du nuckle of right forefinger.	ties at station. While wa	shing dishes, a glass b	oroke and cut his	

hello

09/15/2020

Injury Date Range: 01/01/2010 to 12/31/2019

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Claim Year	Days Lost	Paid Indemnity	Pald Medical E	Pald xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2016	0	0.00	607.93	0.00	607.93	0.00	704.90	0.00	704.90	98.97
<u>Nature</u> STRAIN		Claim Number Open 04-28-036-16 Cause LIFTING	<u>Department</u> 862 <u>Body Part</u> SHOULDER(S)	<u>Pate of Injury</u> 05/31/2016	Wi	riury Description hile lifting the stretcher with the hable to fully lift the stretcher osing the engine door after th	all the way with little (
2016	0	0.00	182.34	0.00	182.34	0.00	182.34	0.00	182.34	0.00
Employee Nature STRAIN	•	<u>Claim Number</u> Close 04-28-040-16 <u>Cause</u> LIFTING	d <u>Department</u> 862 <u>Body Part</u> LOWER BACK ARE AND LUMBO-SACE	•	IW	viury Description / bent over to pick up a box in e hallway, his lower back pop	•		ning to carry it to	
2016	0	0.00	382,59	0.00	382,59	0.00	382.59	0.00	382.59	0.00
Mature CONTUSION		Claim Number Close 04-28-059-16 Cause STRIKING AGAINST OR STEPPING ON, NOC	<u>Department</u> 862 <u>Body Part</u> FOOT	<u>Date of Injury</u> 08/16/2016	W	niury Description hile participating in child resco e pool.	ue from a swimming po	ools, IW injured his he	el on the bottom of	
2016	0	0,00	1,890.28	0.00	1,B90.28	0.00	1,890.26	0.00	1,890.28	0.00
Employee Nature STRAIN		Claim Number Closer 04-28-069-16 Cause USING TOOL OR MACHINER	862 Body Part	<u>Date of Injury</u> 09/06/2016	Wi	jury Description hile operating at a house fire d a sharp pain and a pop sou hurt throughout the shift.		W was trying to start a He continued to work		
2016	0	0.00	222.08	0.00	222.08	0.00	222,08	0.00	222.08	0.00
Employee Nature CONTUSION	•	Claim Number Close 04-28-081-16 Cause STATIONARY OBJECT	d <u>Department</u> 862 <u>Body Part</u> SOFT TISSUE	<u>Date of Injury</u> 10/28/2016	W	njury Description hile IW was bending over to p e exaust system control box n	_		he hit his head on	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

All States

Claim Year	Days Lost	Paid Indemnity	Paid Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2016	0	0.00	1,540.80	0.00	1,540.80	0.00	1,540.80	0.00	1,540,80	0.00
Nature RESPIRATORY DISOR	DERS	Claim Number Clos 04-28-087-16 Cause DUST, GASES, FUMES OR VAPORS	ed <u>Pepartment</u> 862 <u>Body Part</u> LUNGS	<u>Date of Injury</u> 11/28/2016	Wh	ury Description ile fighting a brush fire, the piratory system was compro	_		e the IW. IW's	
2016	0	0.00	1,733.19	0.00	1,733.19	0.00	1,733.19	0.00	1,733.19	0.00
Employee Nature SPRAIN	•	Claim Number Clos 04-28-088-16 Cause USING TOOL OR MACHINE	862 Body Part	<u>Date of Injury</u> 12/09/2016	Wh	ury <u>Description</u> ille using extrication tools to point pain to wrist lateral as angth.				
2016	0	0.00	1,694.54	0.00	1,694.54	0.00	1,694.54	0.00	1,694,54	0.00
Employee Nature FRACTURE		Claim Number Clos 04-85-002-16 Cause ON ICE OR SNOW	ed <u>Department</u> 3,414 <u>Body Part</u> ANKLE	<u>Date of Injury</u> 01/28/2016	IW	ury Description worker was setting up a roa ture of his left foot.	ad work sign when he s	slipped on ice and fell	resulting in a	
2016	0	0.00	295.67	0.00	295.67	0.00	295.67	0.00	295,67	0.00
Employee Nature SPRAIN		Claim Number Clos 04-85-084-16 Cause FALL, SLIP OR TRIP, NOC	ed <u>Department</u> 3,414 <u>Body Part</u> ANKLE	<u>Date of Infury</u> 11/14/2016	IW	ury Description was carrying a box from			walk through. He	
2015	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employee Nature LACERATION		Claim Number Clos 04-12-070-15 Cause CUT, PUNCTURE, SCRAPE, NOC	ed <u>Department</u> 20 <u>Body Part</u> SOFT TISSUE	<u>Date of Injury</u> 10/12/2015		ury <u>Description</u> had a seizure and fell from	her chair and struck he	er head, causing it to b	eed	

09/15/2020

Injury Date Range: 01/01/2010 to 12/31/2019

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Claim Year	Days Lost	Paid Indemnity	Pald Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2015	17	1,404.81	9,019.00	110.00	10,533.81	2,000.00	9,048.77	210.00	11,258.77	722.98
Employee Nature SPRAIN		<u>Claim Number</u> 0 04-16-006-15 <u>Cause</u> TWISTING	Department Body Part KNEE	23 01/20/2015	IV	niury Description V was getting out of work v nee and has had continual p		-	isted/bent her left	
2015	0	0.00	11,486.11	0.00	11,488.11	0.00	11,486.11	0.00	11,488.11	0.00
Employee Nature STRAIN		Claim Number C 04-16-035-15 Cause TWISTING		23 05/07/2015	IV	njury Description V remving sign from his truc nee and hip.	ck when IW turned arou	nd and started feeling	pain in his right	
2015	0	0.00	195.12	0.00	195.12	0.00	195.12	0.00	195.12	0.00
Employee Nature STRAIN		Claim Number C 04-16-055-15 Cause PUSHING OR PULLING	Departme Body Part LOWER BAI AND LUMBI	23 08/10/2015 CK AREA (LUMBAR AREA	IV	<u>niury Description</u> V was hooking up a piece of as been 17 hours since and	• •		nis lower back; It	
2015	0	0.00	10,317.26	0.00	10,317.28	0.00	10,414.45	0.00	10,414.45	97.19
Employee Nature STRAIN		<u>Claim Number</u> C 04-18-015-15 <u>Cause</u> LIFTING	pen <u>Departme</u> <u>Body Part</u> LOWER BAI AND LUMBI	25 03/08/2016 CK AREA (LUMBAR AREA	IV	niury Description V was installing a metal slee e sleeve to place it through	_	•	ft. When picking up	
2015	0	0.00	359,66	0.00	359.66	0.00	359.66	0.00	359.86	0.00
Employee Nature LACERATION		<u>Claim Number</u> C 04-19-009-15 <u>Cause</u> HAND TOOL, UTENSIL, POWERED	losed <u>Departme</u> Body Part NOT HAND	nt <u>Date of Injury</u> 26 02/05/2015	IV	<u>njury Description</u> V was cutting rubber belting s right hand.	for a mower and while	cutting the utility knife	e slipped and cut	

Injury Date Range: 01/01/2010 to 12/31/2019

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Claim Year	Days Lost	Pald Indemnity	Paid Medical E	Paid xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2015	0	0.00	345.20	0.00	345.20	0,00	345.20	0.00	345.20	0.00
Nature CONTUSION		Claim Number Close 04-19-026-15 Cause OTHER - MISCELLANEOUS, NOC	26 <u>Body Part</u> MULTIPLE BODY	Date of Injury 03/27/2015 PARTS (INCLUDING IND BODY PARTS)	IW	ury <u>Description</u> was mowing on riding lawn buttock areas.	n mower down hill and i	t flipped causing IW to	o hurt head, arm	
2015	0	0.00	250.20	0.00	250.20	0.00	250.20	0.00	250.20	0.00
Nature FOREIGN BODY		Claim Number Close 04-19-044-15 Cause OTHER - MISCELLANEOUS, NOC	d <u>Department</u> 26 <u>Body Part</u> EYE(S)	<u>Pate of Injury</u> 06/26/2015		ury <u>Description</u> weedeating on right-of-way	y (side of roadway) and	something got into le	ft eye.	
2015	85	16,792.28	11,463.52	150.00	28,405.80	16,892.28	16,000.00	250.00	33,142.28	4,736.48
Employee Nature SPRAIN	.	Claim Number Oper 04-25-061-15 Cause TWISTING	<u>Department</u> 32 <u>Body Part</u> KNEE	Date of Injury 08/13/2015		ury Description was getting out of a vehicle	e and twisted his knee.			SETTLED
2015	0	0.00	1,211.71	0.00	1,211.71	0.00	1,211.71	0.00	1,211.71	0.00
Employee Nature NO PHYSICAL INJURY	_	Chaim Number Close 04-27-004-15 Cause OTHER - MISCELLANEOUS, NOC	Department 34 Body Part HAND	<u>Date of Injury</u> 01/19/2015	IW v	ury Description was detaining a subject wh t hand. IW had a previous	•	_	•	
2015	0	0.00	448.45	0.00	448.45	0.00	448.45	0.00	448.45	0.00
Employee Nature CONTUSION		Claim Number Close 04-27-010-15 Cause ON SAME LEVEL	d <u>Department</u> 34 <u>Body Part</u> MULTIPLE UPPER	Date of Injury 02/10/2015 EXTREMITIES	IW v	was on scene of a house all ing around the house	arm call and slipped on	moss-covered brick p	avers while	

Injury Date Range: 01/01/2010 to 12/31/2019

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Claim Year	Days Lost	Pald Indemnity	Pald Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2015	1	2,008.22	21,617.53	983.58	24,609.33	2,008.22	21,710.63	983.58	24,702.43	93.10
Employee Nature STRAIN		Cialm Number Op 04-27-011-15 Cause MOTOR VEHICLE	en <u>Pepartment</u> <u>Bódy Part</u> MULTIPLE NE	34 02/17/2015	_	Injury Description IW was struck by another velocities traffic on	icle from the rear while	she was sitting in it w	then she was	SETTLED
2015	0	0.00	1,319.34	0.00	1,319.34	0.00	1,319.34	0.00	1,319.34	0.00
Employee Nature STRAIN		Claim Number Claim 04-27-016-15 Cause FALL, SLIP OR TRIP, NO	Body Part	Date of Injury 34 02/24/2015		<u>Injury Description</u> IW was working a traffic crasifell the foot folded back (the torest adop of the foot.		_	• •	
2015	0	0.00	674.84	0.00	674.84	0.00	674.84	0.00	674.84	0.00
Employee Nature CONTUSION		Claim Number Co 04-27-020-15 Cause OTHER - MISCELLANEOL NOC	Body Part KNEE	<u>Date of Injury</u> 34 02/26/2015		Injury Description IW was talking with a suicidal window. The IW tackled him on something.				
2015	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employee Nature CONTUSION		<u>Claim Number</u> Cle 04-027-030-15 <u>Cause</u> FROM DIFFERENT LEVEL	<u>Body Part</u> LOWER LEG	Date of Injury 34 04/05/2015		Injury Description IW was leaving his apartment and injuring his leg.	to go to work and miss	ed the last step, causi	ng himself to fall	
2015	94	7,991.24	17,224.87	260.00	25,476.11	8,091.24	26,203.41	360.00	34,654.65	9,178.54
Nature CONTUSION		<u>Claim Number</u> Op 04-27-029-15 <u>Cause</u> FROM DIFFERENT LEVEL	en <u>Department</u> <u>Body Part</u> KNEE	<u>Date of Injury</u> 34 04/12/2015	. !	Iniury Description IW responded to a domestic of the state of the sta	thout procvocation, the o W was sturck three time	charged out	of the ed. During the	SETTLED

Injury Date Range: 01/01/2010 to 12/31/2019

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Claim Year	Days Lost	Pald Indemnity	Paid Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2015	42	19,418.16	14,461.76	370.00	34,249.92	19,518.16	22,000.00	470.00	41,988.16	7,738.24
Employee Nature STRAIN)	<u>Claim Number</u> 0 04-27-031-15 <u>Cause</u> ANIMAL OR INSECT	pen <u>Departmen</u> <u>Body Part</u> KNEE	<u>Date of Injury</u> 34 04/21/2015	IV	viury Description V was training a police dog of the was de e same knee				SETTLED
2015	0	0.00	1,401.91	0.00	1,401.91	0.00	1,401.91	0.00	1,401.91	0.00
Employeg Nature STRAIN	•	<u>Claim Number</u> C 04-27-041-15 <u>Cause</u> LIFTING	losed <u>Departmen</u> <u>Body Part</u> LOWER BACI AND LUMBO	34 05/19/2015 CAREA (LUMBAR AREA	IN	<u>liury Description</u> / while in training exercise in id loading a drag training du	-	escue, IW injured lowe	r back while lifting	
2015	0	0,00	4,961.08	0,00	4,961.08	0.00	4,961.08	0.00	4,961.08	0.00
Employee Nature PUNCTURE		Claim Number Cl 04-027-037-15 Cause CUT, PUNCTURE, SCRAP NOC	Departmen Body Part FINGER(S)	t <u>Pate of Injury</u> 34 05/22/2015	IW	<u>Jury Description</u> / was searching an arestee a ddle finger.	and was stuck by an un	wrapped needle to th	e lower left	
2015	0	0.00	221.34	0.00	221.34	0.00	221.34	0.00	221.34	0.00
Employee V & Nature STRAIN		<u>Claim Number</u> Cl 04-027-039-15 <u>Cause</u> FALL, SLIP OR TRIP, NO	osed <u>Departmen</u> <u>Body Part</u> C KNEE	<u>Date of Injury</u> 34 05/26/2015	IM	iury Description I while in persuit of a suspective out from under him.	t, jumped a chain link	fence, landing on his f	eet and right knee	
2015	0	0.00	774.54	0.00	774.54	0.00	774.54	0.00	774.54	0.00
Employee Nature LACERATION		Claim Number Cl 04-27-045-15 Cause CUT, PUNCTURE, SCRAP NOC	Departmen Body Part UPPER ARMS	34 07/01/2015	IW	jury <u>Description</u> I while attempting to arrest a ratching; suspect scrated the			nd kicking and	

All Claims

Worker's Comp

Injury Date Range: 01/01/2010 to 12/31/2019

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2015	20	1,412.70	38,226.94	0.00	39,639.64	1,512.70	38,282.22	0.00	39,794.92	155.28
Employee Nature MULTIPLE PHYSICAL IN	NJURIES	Claim Number Open - 04-27-057-15 Cause FALL, SLIP OR TRIP, NOC	34 Body Part	Date of Injury 08/11/2015 PARTS (INCLUDING ND BODY PARTS)	I	niury Description W was riding in the passenge iround the corner, the passen the rolled and hit her arms, he	ger door flew open, thr	owing IW out of the m	noving vehicle.	
2015	0	0.00	1,154.90	0.00	1,154.90	0.00	1,154.90	0.00	1,154.90	0.00
Nature FOREIGN BODY		Claim Number Closed 04-27-069-15 Cause CONTACT WITH, NOC	<u>Department</u> 34 <u>Body Part</u> NO PHYSICAL INJ	<u>Date of Injury</u> 10/03/2015 URY	I	njury Description W was trying to arrest a susp nouth.	ect when the suspect s	pit in IW's face and it o	entered his	
2015	0	0.00	492.99	0.00	492.99	0.00	492.99	0.00	492.99	0.00
Employee Nature FOREIGN BODY		Claim Number Closed 04-27-074-15 Cause ABSORPTION, INGESTION OR INHALATION, NOC	<u>Department</u> 34 <u>Body Part</u> MULTIPLE UPPER	Date of Injury 10/30/2015 EXTREMITIES	I	njur <u>y Description</u> W was assisting to stop bleed rms.	ing from a patient's ned	ck and got the patients	s blood all over his	
2015	0	0.00	1,356.46	0.00	1,356.46	0.00	1,356.46	0.00	1,356.46	0.00
Employee Nature NO PHYSICAL INJURY		Claim Number Closed 04-27-077-15 Cause OTHER - MISCELLANEOUS, - NOC	<u>Department</u> 34 <u>Body Part</u> MULTIPLE HEAD I	<u>Pate of Injury</u> 11/06/2015 NJURY	r	njury <u>Description</u> W transported prisoner to ER pat In IW's face.	for medical clearance, :	suspect became uncoo	operative and	
2015	0	0.00	856.96	0.00	856.96	0.00	856.96	0.00	856,96	0.00
Employee Nature SPRAIN		Claim Number Closed 04-27-084-15 Cause OTHER - MISCELLANEOUS, NOC	<u>Department</u> 34 <u>Body Part</u> FINGER(S)	<u>Date of Iniury</u> 12/06/2015		ntury Description W, while subduing a combativ	e individual, sprained h	ils middle finger on his	right hand.	

Injury Date Range: 01/01/2010 to 12/31/2019

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Claim Year	Days Lost	Paid Indemnity		Paid xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2015	0	0.00	349.64	0.00	349.64	0,00	349.64	0.00	349.64	0.00
Employee Nature STRAIN		Claim Number Closed 04-27-007-15 Cause STRAIN OR INJURY BY, NOC	34 Body Part	<u>Date of Injury</u> 02/08/2016		ry Description njured his left foot during a	a physical training obst	acle course at		
2015	٥	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0,00
Employee Nature STRAIN		<u>Claim Number</u> Closed 04-31-068-15 <u>Cause</u> STRAIN OR INJURY BY, NOC	• 38 Body Part	•		ry <u>Description</u> vas bent over to tie his boo ack.	it, when he sat back up	o he felt a pain in the l	ower right side of	
2015	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employee Nature PUNCTURE		Claim Number Closed 04-33-022-15 Cause CUT, PUNCTURE, SCRAPE, NOC	Department 39 Body Part LOWER LEG	<u>Date of Injury</u> 03/09/2015		r <u>y Description</u> ias picking up garbage who	en dog came out of ya	rd and bit him on the s	ight leg	
2015	0	ġ.00	938.17	0.00	938.17	0.00	938.17	0.00	938.17	0.00
Employee Nature PUNCTURE		Claim Number Closed 04-32-040-15 Cause CUT, PUNCTURE, SCRAPE, NOC	Department 40 Body Part LOWER LEG	<u>Date of Injury</u> 05/29/2015	IW w	ry <u>Description</u> as using a leaf blower on t It a stick to his leg then loo	•	_		
2015	0	0.00	165.31	0.00	165.31	0.00	165.31	0.00	165.31	0.00
Nature STRAIN		<u>Claim Number</u> Closed 04-42-051-15 <u>Cause</u> LIFTING	<u>Department</u> 46 <u>Body Part</u> MULTIPLE TRUNK	<u>Date of Injury</u> 08/06/2015	· · · · · · · · · · · · · · · · · · ·	y <u>Pescription</u> elping associate move a lai	rge 300lb air gas tank (down the stiars, strain	ed back.	

Injury Date Range: 01/01/2010 to 12/31/2019

· Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity	Pald Medical I	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2015	0	0.00	436.88	0.00	436.68	0.00	436.88	0.00	436.88	0.00
Nature CONTUSION		Claim Number Close 04-73-042-15 Cause STRUCK OR INDURED, NOC(INCLUDES KICKED, STABBED, BIT, ETC.)	<u>Department</u> 67 <u>Body Part</u> BUTTOCKS	<u>Date of Injury</u> 06/01/2015	IW I	ury Description pouring concrete, pulling w and he landed on is left hi		tool door opened and	hit IW in right	
2015	2	36,000.00	409.38	0.00	38,409,36	36,000.00	409,36	0.00	35,409,36	0.00
Nature ALL OTHER SPECIFINOC	C INJURIES	Claim Number Closes 04-74-038-15 Cause OTHER - MISCELLANEOUS, NOC	<u>Department</u> 68 <u>Body Part</u> KNEE	<u>Pate of Injury</u> 05/26/2015		rry <u>Description</u> vorking on water meter, st	ood up and felt pop in I	eft knee		SETTLED
2015	0	0.00	778.90	0.00	778.90	0.00	778.90	0.00	778.90	0.00
Nature MULTIPLE PHYSICA	L INJURIES	Claim Number Closer 04-74-047-15 CRUSSE COLLISION OR SIDESWIPE WITH ANOTHER VEHICLE	68 Body Part MULTIPLE BODY	Date of Injury 07/08/2015 PARTS (INCLUDING AND BODY PARTS)	IW is	iry <u>Description</u> n motor vehicle accident; a force of impact, neck sna		•	eering wheel and	
2015	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employee Nature LACERATION		Claim Number Closed 04-74-085-15 Cause BROKEN GLASS	<u>Department</u> 68 <u>Body Part</u> HAND	<u>Date of Injury</u> 11/25/2015		n y Description hanging meter register an	d cut left hand with a pl	ece of glass off of reg	ister.	
2015	0	0.00	448.44	0.00	448.44	0.00	448.44	0.00	448.44	0.00
Employee Nature STRAIN	•	Claim Number Closed 04-81-021-15 Cause ON STAIRS	69 <u>Body Part</u> MULTIPLE BODY	Date of Injury 03/02/2015 PARTS (INCLUDING NND BODY PARTS)	IW w	ery <u>Description</u> vas descending on wooden ox 7th step from the botto ack, arm and both shoulde	m and fell while holding	-	• •	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

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All States

Claim Year	Days Lost	Paid Indemnity		Paid xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2015	0	0.00	3,596.16	0.00	3,596.16	0.00	3,596.16	0.00	3,596.16	0.00
Employee Nature PUNCTURE	·	Claim Number Close 04-82-053-15 Cause CUT, PUNCTURE, SCRAPE, NOC	d <u>Department</u> 70 <u>Body Part</u> FINGER(S)	<u>Date of Injury</u> 08/07/2015		Injury Description IW was jetting main line and rei hit finger and stung; IW remove blood; exposure				
2015	0	0.00	220.55	0.00	220.55	0.00	220.55	0.00	220.55	0.00
Employee Nature SPRAIN		<u>Claim Number</u> Close 04-73-076-15 <u>Cause</u> STRAIN OR INJURY BY, NO	70 Body Part	<u>Date of Injury</u> 11/06/2015		Injury Description IW was walking along eastment his right foot, injuring the top of		when he stepped into	a hidden hole with	
2015	0	0.00	256.87	0.00	256.87	0.00	256,87	0.00	256.87	0.00
Nature LACERATION		Claim Number Close 04-90-071-15 Cause HAND TOOL, UTENSIL, NOT	71 Body Part	<u>Date of Injury</u> 10/22/2015		<u>Injury Description</u> IW was using a razor knife to cu the loom and cut IW's left palm.	-	he wires when the knii	fe slipped off of	
2015	0	0.00	2,827.88	0.00	2,827.86	0.00	2,827.86	0.00	2,827.86	0.00
Employee Nature CONTUSION		Claim Number Close 04-94-015-15 Cause ON ICE OR SNOW	<u>Department</u> 678 <u>Body Part</u> SKULL	<u>Date of Injury</u> 02/24/2015	:	<u>Injury Description</u> IW was walking from parking lot head and shoulder	t into work when he si	ipped on an icy patch	and felf, hitting his	
2015	0	0.00	312.57	0.00	312.57	0.00	312.57	0.00	312.57	0.00
Nature CONTUSION		Claim Number Close 04-028-001-15 Cause OTHER - MISCELLANEOUS, NOC	Department 862 Body Part UPPER ARMS	<u>Date of Injury</u> 01/03/2015	:	Injury Description IW woke up for a medical call ar streak running up his arm.	nd his right arm had a	red bite mark of some	e kind with a red	

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Injury Date Range: 01/01/2010 to 12/31/2019

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Claim Year	Days Lost	Paid Indemnity			Paid xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2015	0	0.00		2,912.85	0.00	2,912.85	5 0.00	2,912.85	0.00	2,912.85	0.00
Mature CONTUSION		Claim Number 04-028-002-15 Cause ON ICE OR SNOW	Closed	<u>Department</u> 862 <u>Body Part</u> KNEE	<u>Date of Injury</u> 01/11/2015		Injury Description IW was on a sturcture fire call slipped on ice and fell injuring		ı steep hill carrying eq	ulpment, he	
2015	10	864.00		1,830.66	0.00	2,694.66	3 864.00	1,830,68	0.00	2,694.66	0.00
Employee Nature CONTUSION		Claim Number 04-28-003-15 Cause FROM DIFFERENT LE	Closed	<u>Department</u> 862 <u>Body Part</u> KNEE	<u>Date of Injury</u> 01/17/2015		Injury Description IW was leaving the back of an resulted in a 4-5 foot fall from steep incline		•		
2015	0	0.00		759.41	0.00	759.41	0.00	759.41	0.00	759.41	0.00
Employee Nature STRAIN		<u>Claim Number</u> 04-28-019-15 <u>Cause</u> STRAIN OR INJURY 6	Closed BY, NOC	<u>Department</u> 862 <u>Body Part</u> LOWER BACK ARE AND LUMBO-SACE	•		Injury Description IW was fighting a structure fire not sure of exact cause of inju the interior attack.	•			
2015	22	1,788.26		7,469.13	0.00	9,257.39	1,788.26	7,469.13	0.00	9,257.39	0.00
Employee Nature STRAIN		Claim Number 04-28-043-15 Cause LIFTING	Closed	<u>Department</u> 862 <u>Body Part</u> ABDOMEN INCLUI	Date of Injury 06/23/2015 DING GROIN		Injury Description IW responded to EMS call, fou pain in the groin area.	nd a male that needed	help; after helping the	man up, IW felt	
2015	0	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Nature ALL OTHER SPECIFIC	INJURIES	Claim Number 04-28-046-15 Cause OTHER - MISCELLAN NOC	Closed	<u>Department</u> 862 <u>Body Part</u> UPPER LEG	<u>Date of Injury</u> 07/07/2015		Injury Description IW woke up in to his thigh area of left leg and		found he had unknow?	type of bug bites	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

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Claim Year	Days Lost	Paid Indemnity	Pald Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2015	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employee Nature LACERATION		<u>Claim Number</u> C 04-28-048-15 <u>Cause</u> BROKEN GLASS	losed <u>Department</u> Body Part SOFT TISSU	862 07/09/2015	•	ury Description was struck in the face and	right arm with glass.			
2015	0	0.00	273.39	0.00	273.39	0.00	273,39	0.00	273.39	0.00
Employee Nature STRAIN		<u>Claim Number</u> C 04-28-064-15 <u>Cause</u> HOLDING OR CARRYING	Body Part	862 08/29/2015 K AREA (LUMBAR AREA	IW v	e ry <u>Description</u> was carrying water jug bac ere pain in lower back dow	•	n he felt his lower back	s pop then had	
2015	0	0.00	326.67	0.00	326.67	0.00	326.67	0.00	326.67	0,00
Employee Nature CONTUSION		Claim Number Cl 04-28-075-15 Cause ON STAIRS	<u>Body Part</u> MULTIPLE B	Date of Injury 11/02/2015 DDY PARTS (INCLUDING MS AND BODY PARTS)	IW v	nry <u>Description</u> vas walking down the step c injuring his back and left		en he slipped and fell l	anding under a fire	
2015	0	0.00	321.03	0.00	321.03	0.00	321.03	0.00	321.03	0.00
Employee Nature STRAIN		<u>Claim Number</u> Cl 04-28-079-15 <u>Cause</u> STRAIN OR INJURY BY,	Body Part	<u>Date of Injury</u> 862 11/13/2015		ry Description wisted ankle while checkln	g building during fire a	larm.		
2015	0	0.00	1,979.10	0.00	1,979.10	0.00	1,979.10	0.00	1,979.10	0.00
Employee Nature MULTIPLE PHYSICAL ONLY	INJURIES	Claim Number Cl 04-28-083-15 Cause FROM DIFFERENT LEVEL	Body Part MULTIPLE B	B62 Date of Injury 11/25/2015 DDY PARTS (INCLUDING MS AND BODY PARTS)	IW w	ry Description vas in gear and while exitir wards onto char and a bor ead, back, left ribs and rig	of medical supplies th			

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity	Pald Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2015	0	0.00	0.00	0.00	0.00	0.00	0,00	0.00	0.00	0.00
Nature ALL OTHER SPECIFIC INOC	INJURIES	Claim Number Clos 04-11-056-15 Cause OTHER - MISCELLANEOUS NOC	8 <u>Body Part</u> , · MULTIPLE BOI	Pate of Injury 08/11/2015 DY PARTS (INCLUDING IS AND BODY PARTS)	IW h	ury <u>Description</u> helping to open a manhole rmed and stung IW on the		_	the manhold	
2014	0	0.00	- 224.00	0.00	224.00	0.00	224.00	0.00	224.00	0,00
Employee Nature SPRAIN	• 	Claim Number Clos 04-06-075-14 Cause FALL, SLIP OR TRIP, NOC		<u>Pate of Injury</u> 14 09/05/2014	IW a	entered conidor of didentered conidor of didentered conidor of didentered constant didentered control of the co				
2014	0	0.00	550.93	0.00	550,93	0.00	550.93	0.00	550.93	0.00
Employee Nature PUNCTURE	,	Claim Number Clos 04-18-007-14 Cause HAND TOOL OR MACHINE USE	Body Part	<u>Date of Injury</u> 25 01/16/2014		<u>ry Description</u> icked up trash can to emp	oty & got stuck by need	le on his left pointer fi	inger.	
2014	0	0.00	. 0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employee Nature DERMATITIS		Claim Number Closs 04-19-037-14 Cause ABSORPTION, INGESTION OR INHALATION, NOC	<u>Body Part</u> MULTIPLE BOD	Date of Injury 06 04/22/2014 DY PARTS (INCLUDING S AND BODY PARTS)		r v Description e IW was pulling weeds h	e came in contact with p	poison ivy, spread to h	nis arms, legs &	
2014	0	0.00	361.50	0.00	361.50	0.00	361.50	0.00	361.50	0.00
Nature FOREIGN BODY	•	Claim Number Close 04-19-048-14 Cause FOREIGN MATTER (BODY) EYE(S)	Body Part	<u>Date of Injury</u> 26 06/17/2014		r <u>v Description</u> e IW was mowing someth	ing got in his left eye, e	ye is swollen and red.		

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

All States

Claim Year	Days Lost	Paid Indemnity	Paid Medical	Pald Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2014	0	0.00	230.41	0.00	230.41	0.00	230.41	0.00	230.41	0.00
Employee Nature LACERATION	•	Claim Number Clos 04-19-058-14 <u>Cause</u> FOREIGN MATTER (BODY) EYE(S)	2 <u>Body Part</u>	<u>Date of Injury</u> 5 07/21/2014		iny <u>Description</u> e IW was mowing a twig bo	ounced off tree hitting	his left eye.		
2014	0	0.00	195.54	0.00	195.54	0.00	195.54	0.00	195.54	0.00
NATURE POISONING - GENER OR CUMULATIVE IN	•	Claim Number Clos 04-19-073-14 Cause ANIMAL OR INSECT	ed <u>Department</u> 20 <u>Body Part</u> MOUTH	<u>Date of Injury</u> 5 08/28/2014	IW w	ry Description vas working on taking dowr stung on upper lip.	a dead tree, when cr	rew stirred up a yellow	v jacket nest IW	
2014	0	0.00	372.95	0.00	372.95	0.00	372.95	0.00	372.95	0.00
Employee Nature FOREIGN BODY		Claim Number Clos 04-25-012-14 Cause FOREIGN MATTER (BODY) EYE(S)	Body Part	<u>Date of Injury</u> 2 02/12/2014	While	ry Description e conducting duty of jail lau hed into her right eye.	indry IW was adding b	pleach to the ma c hine	and a small bit	
2014	0	0.00	451.44	00,0	451.44	0.00	451.44	0.00	451.44	0.00
Nature ALL OTHER SPECIFIC	C INJURIES	Claim Number Clos 04-25-074-14 Cause FOREIGN MATTER (BODY) EYE(S)	Body Part	<u>Date of Injury</u> 2 09/02/2014		ry <u>Description</u> ner spat in direction of IW i	face, hitting her in the	left eye		
2014	0	0.00	701.76	0.00	701.76	0.00	701.76	0.00	701.76	0.00
Employee Mature STRAIN		Claim Number Clos 04-25-079-14 Cause STRAIN OR INJURY BY, NO	Body Part	<u>Date of Injury</u> 2 09/24/2014	IW w	ry Description as participating in a state to another IW began to li ight and he had trouble wa	mp and stated he felt	and while move like something hit his		

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Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

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Claim Year	Days Lost	Paid Indemnity	Pald Medic		Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2014	0	0.00	1,38	5.65	0.00	1,385.65	0.00	1,385.65	0.00	1,385.65	0.00
Employee Nature STRAIN	•	Claim Number 04-025-090-14 Cause OTHER - MISCELLANEO		Department 32 Body Part ELBOW	<u>Date of Injury</u> 11/17/2014	ľ	iniury Description W was in physical training and omething tear in his left elbov	_	foot rope by hand whe	n he heard/felt	
2014	0	0.00	. 65	1.22	0.00	651.22	0.00	651.22	0.00	651.22	0.00
Employee Nature NO PHYSICAL INJURY	• ·	Claim Number 04-27-004-14 Cause OTHER - MISCELLANEO		Department 34 Body Part MULTIPLE HEAD		-	njury Description W was spat on by compative s	suspect.			
2014	76	10,719.55	14,592	2.36	3,567.42	28,879.33	10,719.55	25,000.00	3,667.42	39,386.97	10,507.64
Employee Nature Strain		Claim Number 04-27-030-14 Cause PERSON IN ACT OF A ((ROBBERY OR CRIMIN ASSAULT)	CRIME	<u>Department</u> 34 <u>Body Part</u> KNEE	<u>Date of Injury</u> 03/28/2014	I	ntury Description W was in foot pursuit of suspented in the suspented in		a back yard in the dark	. TW stepped	SETTLED
2014	0	0.00	1,253	3.10	0.00	1,253.10	0.00	1,253.10	0.00	1,253.10	0.00
Employee Nature MULTIPLE PHYSICAL I	injuries	Claim Number 04-27-029-14 Cause PERSON IN ACT OF A (ROBBERY OR CRIMINAL ASSAULT)	CRIME		Date of Injury 03/28/2014 PARTS (INCLUDING AND BODY PARTS)	v	niury Description Vhile IW arrested violent susp uspect unexpectedly slammed	•		ransport car, the	
2014	0	0.00	628	3.98	0.00	628.98	0.00	628.98	0.00	628.98	0,00
Employee Nature STRAIN		Claim Number 04-27-052-14 Cause REACHING		<u>Department</u> 34 <u>Body Part</u> KNEE	<u>Date of Injury</u> 04/02/2014	-	niury Description W was assisting with	and while catching	IW twisted his knee	e.	

All Claims

Worker's Comp

Injury Date Range: 01/01/2010 to 12/31/2019

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Claim Year	Days Lost	Pald Indemnity		Paid xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2014	0	0.00	198.37	0.00	198.37	0.00	198.37	0.00	198.37	0.00
Nature ALL OTHER SPECIFIC	: INJURIES	Claim Number Closed 04-27-036-14 Cause OTHER - MISCELLANEOUS, NOC	<u>Department</u> 34 <u>Body Part</u> ANKLE	<u>Date of Intury</u> 05/01/2014		ry Description ras involved in physical fitr	ness training, and durin	g a run he hurt his rigi	nt ankle.	
2014	0	0.00	940.57	0.00	940.57	0.00	940.57	0.00	940.57	0.00
Employee Nature SPRAIN		Claim Number Closed 04-27-041-14 Cause STRIKING AGAINST OR STEPPING ON, NOC	•	<u>Date of Injury</u> 05/08/2014		ry Description ras involved in self defense	e training and injured h	is right shoulder		
2014	0	0.00	562.15	0.00	582.15	0.00	562.15	0.00	562.15	0.00
Employee Nature DERMATITIS		Claim Number Closed 04-27-045-14 Cause ABSORPTION, INGESTION OR INHALATION, NOC	34 Body Part	Date of Injury 05/31/2014 ND MULTIPLE BODY	While	ry Description e pursuing a suspect throu , hands and face.	ght a wooded area, IW	was exposed to poison	n ivy on his	
2014	0	0.00	201.35	0.00	201.35	0.00	201.35	0.00	201,35	0.00
Employee Nature CONTUSION		Claim Number Closed 04-27-054-14 Cause FROM DIFFERENT LEVEL	<u>Department</u> 34 <u>Body Part</u> KNEE	<u>Date of Injury</u> 06/26/2014		ry Description : IW was climbing out of	utility truck du	ring training class, he i	fell onto his right	
2014	18	3,251.65	5,915,71	0.00	9,167.36	3,351.65	9,500.00	0.00	12,851.65	3,684.29
Employee Nature CONTUSION		Claim Number Open 04-27-080-14 Cause OTHER - MISCELLANEOUS, NOC	<u>Department</u> 34 <u>Body Part</u> KNEE	<u>Date of Injury</u> 07/07/2014	IW's	ry <u>Description</u> left knee impacted the par that tore through his pant	_		aping of the	SETTLED

All Claims

Worker's Comp

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All States

Claim Year	Days Lost	Paid Indemnity			Paid xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2014	0	0.00		458.48	0.00	458.48	0.00	458.48	0.00	458.48	0.00
Employee Nature LACERATION		Claim Number 04-27-064-14 Cause FELLOW WORKER, PATIENT-NOT IN AC CRIME	Closed	<u>Department</u> 34 <u>Body Part</u> SOFT TISSUE	<u>Pate of Injury</u> 08/12/2014	Wh	iury <u>Description</u> alle IW was participating in apon and IW fell forward o				
2014	0	0.00		3,256.41	0.00	3,256.41	0.00	3,256.41	0.00	3,258.41	0.00
Mature MULTIPLE PHYSICAL DNLY	INJURIES	Claim Number 04-26-065-14 Cause MOTOR VEHICLE	Closed	<u>Department</u> 34 <u>Body Part</u> MULTIPLE BODY P BODY SYSTEMS AI	Date of Injury 08/13/2014 PARTS (INCLUDING ND BODY PARTS)	Wh	iury Description ile IW was driving, an onco 's vehicle to roll over on par	_	_	-	
2014	0	0.00		1,805.27	0.00	1,805.27	0.00	1,805.27	0.00	1,805.27	0.00
Employee Nature MULTIPLE PHYSICAL DNLY	INJURIES	Claim Number 04-26-066-14 Cause MOTOR VEHICLE	Closed	Department 34 Body Part BODY SYSTEMS AI SYSTEMS	Date of Injury 08/13/2014 ND MULTIPLE BODY	Wh	iury Description ille IW was a passenger of a ilcle causing IW's vehicle to n.			-	
2014	0	0.00		260.75	394.77	655,52	0.00	260.75	394.77	655,52	0.00
Employee Nature CONTUSION)	Ctalm Number 04-27-069-14 Cause OBJECT BEING LIFTE HANDLED	Closed .	<u>Department</u> 34 <u>Body Part</u> THUMB	<u>Date of Injury</u> 08/18/2014	IW	iury <u>Description</u> was assisting in a search fo ling hatch fell and struck his	•			
2014	0	0.00		461.69	0.00	461.69	0.00	461.69	0.00	461.69	0.00
Employee Nature Multiple Physical Only	INJURIES	Claim Number 04-27-088-14 Cause COLLISION OR SIDES WITH ANOTHER VEH		<u>Degartment</u> 34 <u>Body Part</u> MULTIPLE BODY P BODY SYSTEMS A	Date of Injury 11/13/2014 ARTS (INCLUDING ND BODY PARTS)	IE	i <u>ury Description</u> was a front seat passenger other vehicle, injuring his up		s riding In sturck the re	ar end of	

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Claim Year	Days Lost	Paid Indemnity	Paid Medical I	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2017	0	0.00	490.72	0.00	490.72	0.00	490.72	0.00	490.72	0.00
Nature PUNCTURE		Claim Number Closed 04-27-087-17 Cause OBJECT BEING LIFTED OR HANDLED	<u>Department</u> 34 <u>Body Part</u> LOWER LEG	<u>Pate of Injury</u> 11/09/2017		ury <u>Description</u> was ambushed by man wit	h shotgun;	was shot in the left le	eg.	
2017	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employee Nature PUNCTURE	•	Claim Number Closed 04-27-088-17 Cause CUT, PUNCTURE, SCRAPE, NOC	<u>Department</u> 34 <u>Body Part</u> HAND	<u>Date of Injury</u> 11/14/2017		ury <u>Description</u> was stuck by a hypodermic	needle, on his left hand	d, while doing a pat d	lown of a suspect.	
2017	0	0.00	657.07	0.00	657.07	0.00	657.07	0.00	657.07	0.00
Employee Nature STRAIN		<u>Claim Number</u> Closed 04-27-090-17 <u>Cause</u> FROM DIFFERENT LEVEL	<u>Department</u> 34 <u>Body Part</u> KNEE	<u>Date of Injury</u> 11/28/2017	IW	ury <u>Description</u> was walking down steps of fell down steps twisting and			caught a step and	
2017	0	0.00	262.01	0.00	262.01	0.00	262.01	0.00	262.01	0.00
Employee Nature STRAIN	1	Claim Number Closed 04-27-091-17 Cause STRAIN OR INJURY BY, NOC	<u>Department</u> 34 <u>Body Part</u> KNEE	<u>Date of Injury</u> 12/02/2017	IW regi	ury Description was at a traffic stop when istation of other vehicle; wi sted and gave a little experi	nen he started to sit dov	on in the patrol care, I	his left knee	
2017	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Nature ALL OTHER SPECIFIC NOC	INJURIES	Claim Number Closed 04-31-071-17 Cause ABSORPTION, INGESTION OR INHALATION, NOC		Date of Injury 08/24/2017 PARTS (INCLUDING AND BODY PARTS)	IW	<u>ury Description</u> was pumping a sprayer co ayer exploded. Solvent spra			•	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

All States

Claim Year	Days Lost	Paid Indemnity	Paid Medical E	Paid xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2014	0	0.00	1,162.64	0.00	1,162.64	0,00	1,162.64	0.00	1,162.64	0.00
Employee Nature MULTIPLE PHYSICAL II ONLY	NJURIES	Claim Number Closed 04-27-089-14 Cause COLLISION OR SIDESWIPE WITH ANOTHER VEHICLE	Department 34 Body Part MULTIPLE UPPER	Date of Injury 11/13/2014 EXTREMITIES	IW v	ry Description was driving when car in fro ele to stop and struck the o			deer. 1W was	
2014	0	0.00	604.70	0.00	604.70	0.00	604.70	0.00	604.70	0.00
Employee Nature NO PHYSICAL INJURY		Claim Number Closed 04-27-095-14 Cause OTHER - MISCELLANEOUS, NOC	Department 34 Body Part SOFT TISSUE	<u>Date of Injury</u> 12/16/2014		ry Description ras transporting a prisoner	r on the jail elevator wh	en the prisoner spat in	nto the IW face	
2014	0	0.00	177.33	0.00	177.33	0.00	177,33	0.00	177,33	0.00
Employee Nature CONTUSION		<u>Claim Number</u> Closed 04-31-006-14 <u>Cause</u> FALLING OR FLYING OBJECT	38 Body Part	<u>Date of Iniury</u> 01/14/2014	IW a	ry Description nd co-worker were remov truck, co-worker took a ha to other side of truck whe	ammer to drive the pin	on through, when the		
2014	0	0.00	1,209.95	0.00	1,209.95	0.00	1,209.95	0.00	1,209.95	0.00
Employee Nature SYNCOPE		Claim Number Closed 04-36-049-14 Cause OTHER - MISCELLANEOUS, NOC	Department 38 Body Part INSUFFICIENT INI IDENTIFY-UNCLAS		IW w	ry Description as shoveling asphalt when ing and the cold air hit hin	-			
2014	0	0.00	642.01	0.00	642.01	0.00	642.01	0.00	642.01	0.00
Employee Nature INFLAMMATION		Claim Number Closed 04-31-094-14 Cause FALL, SLIP OR TRIP, NOC	Department 38 Body Part KNEE	<u>Date of Injury</u> 11/25/2014	IW w	ry <u>Description</u> as stepping out of dump t tep cuasing his leg to twis		-	• • • • • • • • • • • • • • • • • • • •	

09/15/2020

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity			Paid xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2014	0	0.00	•	176,09	0,00	176.0	9 0.00	176.09	0.00	176.09	0.00
Employee Nature STRAIN		<u>Claim Number</u> 04-33-050-14 <u>Cause</u> LIFTING	Closed	Department 39 Body Part MULTIPLE BODY 9 BODY SYSTEMS A	Date of Injury 06/16/2014 PARTS (INCLUDING ND BODY PARTS)		Injury Description 6/16/2014, IW and helper pick pain under his left arm & going 6/20/2014 IW was pulling a lev his side.	down his side.	•		
2014	134	22,895.88	;	31,294.41	300.00	54,490.2	9 22,995.88	35,000.00	350.00	58,345.88	3,855.59
Employee Nature STRAIN	•	Claim Number 04-33-055-14 Cause LIFTING	Open	<u>Department</u> 39 <u>Body Part</u> LOWER BACK ARE AND LUMBO-SACE	•		Injury Description A can fell in the hopper, when back.	IW went to pitch it off	the truck. He felt a po	p in hIs lower	SETTLED
2014	23	4,848.46		15,056.84	610.00	50,515.3	0 4,94B.46	45,059.92	710.00	50,718.38	203.08
Employee Nature MULTIPLE PHYSICA ONLY	L INJURIES	Claim Number 04-33-059-14 Cause VEHICLE UPSET (OVERTURNED OR JACKKNIFED)	Open	Department 39 Body Part BODY SYSTEMS A SYSTEMS	<u>Date of Injury</u> 07/30/2014 ND MULTIPLE BODY		Injury Description IW was a passenger in a garba rolled over. IW was partially e neck, and upper extremities. I	ected from the passen	ger window. Numbnes		SETTLED
2014	0	0.00	-	427.44	0.00	427.4	4 0.00	427.44	0.00	427.44	0.00
Employee Nature CONTUSION		Claim Number 04:35-01:4-14 Cause ON ICE OR SNOW	Closed	<u>Department</u> 41 <u>Body Part</u> SHOULDER(S)	Date of Injury 02/14/2014		<u>Injury Description</u> IW was walking around truck w with left arm to break fall, injur		road. He started to fal	l and reached out	
2014	0	0.00		120.90	0.00	120.9	0.00	120.90	0.00	120.90	0.00
Employee Nature DERMATITIS		Claim Number 04-40-051-14 Cause ABSORPTION, INGES OR INHALATION, NO		Department 42 Body Part MULTIPLE BODY F BODY SYSTEMS A	<u>Date of Iniury</u> 06/19/2014 PARTS (INCLUDING ND BODY PARTS)		<u>Injury Description</u> IW was weedeating and got po	ison ivy on his arms, h	ead, chest & back.		

Worker's Comp

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

All States

Claim Year	Days Lost	Paid Indemnity	Paid Medical I	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2014	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Nature FOREIGN BODY		Claim Number Closed 04-42-009-14 Cause FOREIGN MATTER (BODY) IN EYE(S)	<u>Department</u> 46 <u>Body Part</u> EYE(S)	<u>Date of Injury</u> .01/24/2014	IW a	IIV Description and another coworker were was accidentally sprayedin	-	-	•	
2014	0	0.00	181.43	0.00	181.43	0.00	181,43	0.00	181,43	0.00
Employee Nature CONCUSSION		Claim Number Closed 04-42-091-14 Cause STRIKING AGAINST OR STEPPING ON, NOC	<u>Department</u> 46 <u>Body Part</u> SKULL	<u>Pate of Injury</u> 11/20/2014	IW v	ory <u>Description</u> was cleaning algae on the b out the pool on her own, b				
2014	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employee Nature FOREIGN BODY		Claim Number Closed 04-40-034-14 Cause FOREIGN MATTER (BODY) IN EYE(S)	<u>Department</u> 47 <u>Body Part</u> EYE(S)	<u>Pate of Injury</u> 04/24/2014	IW g	ry Description ot something in his left ey morning.	e, had discomfort in ev	eingin & woke up to e	ye very swollen	
2014	0	0.00	3,733.11	1,389.00	5,122.11	0.00	3,733,11	1,389.00	5,122.11	0.00
Employee Nature STRAIN		Claim Number Closed 04-43-092-14 Cause STRAIN OR INJURY BY, NOC	<u>Department</u> 47 <u>Body Part</u> SHOULDER(S)	<u>Date of Injury</u> 11/26/2014	IW w	ry Description as getting ready to work of the planks. As they turned is anything about it and kep	t over, IW felt a pulling			
2014	0	0.00	470.83	0.00	470.83	0.00	470.83	0.00	470.83	0.00
Employee Nature LACERATION		Claim Number Closed 04-46-016-14 Cause OBJECT BEING LIFTED OR HANDLED	<u>Pepartment</u> 50 <u>Body Part</u> FINGER(S)	<u>Pate of Injury</u> 02/19/2014	IW w	ry Description was reaching in between the een the top of the seat and	•	for the seat belt and o	out her finger in	

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Worker's Comp

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity		Pald xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2014	0	0.00	43,050.23	0.00	43,050.23	0.00	43,150.23	0.00	43,150.23	100.00
Employes Nature PUNCTURE		Claim Number Open 04-47-028-14 Cause HAND TOOL OR MACHINE IN USE	<u>Department</u> 51 <u>Body Part</u> FINGER(S)	<u>Pate of Xniury</u> 03/18/2014	IW t	was assisting in each to with the needle used to d, finger is numb.		ched to pick stuck her middle finge		
2014	0	0.00	484.09	0.00	484.09	0.00	484.09	0.00	484.09	0.00
Employee Nature LACERATION		Claim Number Closed 04-47-086-14 Cause OTHER - MISCELLANEOUS, .	<u>Department</u> 51 <u>Body Part</u> HAND	<u>Date of Injury</u> 10/16/2014	IW	ury <u>Description</u> was hammering post into the od his had below the knuckl	_	ssed and left hand hit	another post and	
2014	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employee Mature STRAIN		Claim Number Closed 04-73-011-14 Cause REACHING	<u>Department</u> 67 <u>Body Part</u> LOWER BACK ARE AND LUMBO-SACR		W hi	<u>ury Description</u> le IW was standing in a ditu er side, IW felt pain in lowe		ved a generator from s	side of ditch to	
2014	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0,00
Employee Nature CONTUSION		Claim Number Closed 04-73-042-14 Cause MOVING PART OF MACHINE	<u>Pepartment</u> 67 <u>Body Part</u> ELBOW	<u>Date of Injury</u> 05/01/2014	Due	ery <u>Description</u> to tarp handle turned side elbow on it, causing sharp p	• •	when getting out of ve	hicle & caught his	
2014	0	0.00	876.63	0.00	876.63	0,00	876.63	0.00	876.63	0.00
Employee Nature POISONING - GENERAL OR CUMULATIVE INJUR	•	Claim Number Closed 04-73-047-14 Cause ANIMAL OR INSECT	<u>Department</u> 67 <u>Body Part</u> ABDOMEN INCLUD	Date of Injury 06/17/2014 DING GROIN		a <u>ry Pescription</u> was stung by a bee in 4 pla	ces on his stomach			

Worker's Comp

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity	Paid Medical E	Paid xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2014	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Nature POISONING - GENEROR CUMULATIVE INJ	•	Claim Number Closed 04-73-067-14 Cause ANIMAL OR INSECT	<u>Department</u> 67 <u>Body Part</u> HAND	<u>Date of Injury</u> 08/19/2014		ury <u>Description</u> was preparing hydrant and	was stung on his right	hand by a yellow jack	et.	
2014	0	0.00	330.42	150.00	480.42	0.00	330,42	150,00	480.42	0,00
Employee Nature STRAIN		Claim Number Closed 04-73-083-14 Cause STRAIN OR INDURY BY, NOC	67 Body Part	<u>Date of Injury</u> 10/08/2014	IW.	ery <u>Description</u> was loading backhoe on tra ng grip with right hand and				
2014	0	0.00	1,142.64	0.00	1,142.64	0.00	1,142.64	0.00	1,142.64	0.00
Employee Nature LACERATION		Claim Number Closed 04-74-063-14 Cause OBJECT BEING LIFTED OR HANDLED	Department 68 Body Part HAND	<u>Date of Injury</u> 08/12/2014	Whi	ury Description le IW was changing meter l right hand.	box (concrete), a piece	of wire in box broke, s	striking inside of	
2014	0	0.00	1,933.24	0.00	1,933.24	0.00	1,933.24	0.00	1,933.24	0.00
Employee Nature STRAIN)	Claim Number Closed 04-81-013-14 Cause TWISTING	69 Body Part	Date of Injury 01/25/2014 PARTS (INCLUDING ND BODY PARTS)	IW i	ery Description nad to repair an manual a v le doing so IW twisted his k er to get the valve , so IW o	ower back & left hip wh	ile climbing around an		
2014	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Nature NO PHYSICAL INJURY		Claim Number Closed 04-28-003-14 Cause OTHER - MISCELLANEOUS, NOC	<u>Department</u> 862 <u>Body Part</u> INSUFFICIENT INI IDENTIFY-UNCLAS		IW t	ery <u>Description</u> became dehydrated, causing s from EMS. IW returned t		atment on scene. IW	recleved IV	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity	Paid Medical	Pald Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2014	0	0.00	603.67	0.00	603.67	0.00	603.67	0.00	603,67	0.00
Employee Nature SPRAIN	•	Claim Number 04-28-017-14 Cause TWISTING	Closed <u>Department</u> Body Part KNEE	<u>Date of Injury</u> 862 01/06/2014	While	ry Description IW was working on a fire the lost his footing and t		g around engine which	was sumounded	
2014	0	0.00	248.55	0.00	248.55	0.00	248.55	0.00	248.55	0.00
Employee Nature MULTIPLE PHYSICA ONLY	AL INJURIES	Claim Number 04-28-002-14 · Cause ON ICE OR SNOW		Date of Injury 862 01/06/2014 ODY PARTS (INCLUDING EMS AND BODY PARTS)	After	ry Description IW had just finished extir t was covered in ice, whil d on his back striking the	e IW walked to the eng	line he slipped and fel		
2014	0	0.00	956.65	0.00	956.65	0.00	956.65	0.00	956,65	0.00
Employee Nature ALL OTHER SPECIF NOC	FIC INJURIES	Claim Number 04-28-001-14 Cause OTHER - MISCELLANEO	Department Body Part DUS, CHEST	<u>Date of Injury</u> 862 01/07/2014		r <u>y Description</u> fighting fire IW started ex	periencing chest discor	nfort.		
2014	0	0.00	1,398.18	0,00	1,398.18	0.00	1,398.18	0.00	1,398.18	0.00
Employee Nature CONTUSION		<u>Claim Number</u> (04-28-005-14 <u>Cause</u> PUSHING OR PULLING	Closed <u>Department</u> • <u>Body Part</u> KNEE	<u>Date of Injury</u> 862 01/13/2014	Step	ny Description on engine would not come ng/straining his right knee		oull step up with right	foot,	
2014	0	0.00	615.25	0.00	615.25	0.00	615.25	0.00	615,25	0.00
Employee Nature LACERATION		Claim Number (04-28-020-14 Cause CUT, PUNCTURE, SCRA	Department Body Part BODY Part THUMB	<u>Date of Injury</u> 862 03/11/2014	IW w	ny <u>Description</u> as riding with to a d and he had a small lace , IW's gloves were also bl	ation on his thumb after		_	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Pald Indemnity	-		Paid rpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2014	0	0.00		159.81	0.00	159.81	0.00	159.81	0.00	159.81	. 0.00
Employee Nature LACERATION		Claim Number 04-28-023-14 Cause STRIKING AGAINST (STEPPING ON, NOC	Closed	<u>Department</u> 862 <u>Body Part</u> SOFT TISSUE	<u>Date of Injury</u> 03/11/2014	Ra	<u>viury Description</u> izor wire was hanging from fe iad.	ence, low enough that	IW walked into the wir	e and cut his	
2014	0	0.00		768.48	0.00	768.48	0.00	768.48	0.00	768.48	0.00
Nature FOREIGN BODY		Claim Number 04-28-026-14 Cause ABSORPTION, INGES OR INHALATION, NO		<u>Department</u> 862 <u>Body Part</u> MULTIPLE HEAD IN	Date of Injury 03/16/2014		viury Description hile IW was treating PT he vo	mited into IW's face a	nd eyes.		
2014	0	0.00		100.66	0,00	100.66	0.00	100.66	0.00	100.66	0.00
Employee Nature FOREIGN BODY		Claim Number 04-28-039-14 Cause ABSORPTION, INGES OR INHALATION, NO		Department 862 Body Part MULTIPLE BODY PA BODY SYSTEMS AN	•	IW	jury Description / was exposed to ce, pt's blood came into conta	_	sputum and urine, Spu nd urine came in conta		
2014	0	0.00		100.66	0.00	100.66	0.00	100.66	0.00	100.66	0.00
Nature FOREIGN BODY		Claim Number 04-28-040-14 Cause ABSORPTION, INGES OR INHALATION, NO		Department 862 Body Part MULTIPLE BODY P/ BODY SYSTEMS AN	•	IW	<u>dury Description</u> / assisted bagging a vent pt v , possible exposure to mening		_	ssisted setting up	
2014	4	861.39		595.46	0.00	1,456.85	861.39	8,000.00	0.00	8,861.39	7,404.54
Nature MULTIPLE PHYSICAL IN	UURIES	<u>Cialm Number</u> 04-28-044-14 <u>Cause</u> FALL, SLIP OR TRIP,	Open	Department 862 Body Part MULTIPLE BODY PA BODY SYSTEMS AN	•	Pa	jury Description cking fire hose, and exiting to earm and injuring thumb.	p of fire truck; foot go	t caught and he fell st	iking his right	SETTLED

Injury Date Range: 01/01/2010 to 12/31/2019

. Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity	Paid Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2014	0	0.00	421.97	0.00	421.97	0.00	421.97	0.00	421,97	0.00
Employee Nature LACERATION		Ctalm Number C 04-28-057-14 Cause OBJECT BEING LIFTED O HANDLED	Body Part	862 07/20/2014		ury Description le IW was lifting a car root	a plece of metal cut h	er arm. ·		
2014	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employee Nature STRAIN	•	Claim Number C 04-28-072-14 Cause PUSHING OR PULLING	Department Body Part SHOULDER(862 07/25/2014	Whil	ury Description le IW was doing push-ups ful to move his shoulder b			oain which made it	
2014	0	0.00	242.42	0.00	242.42	0.00	242.42	0.00	242.42	0.00
Employee Nature STRAIN	•	<u>Claim Number</u> C 04-28-070-14 <u>Cause</u> LIFTING	Body Part	862 08/16/2014 CAREA (LUMBAR AREA	Whil	ery <u>Description</u> e IW was responding to n felt pain in his lower right		g & twisting a cardiac	monitor from truck	
2014	0	0.00	278.12	0.00	278.12	0.00	278.12	0.00	278,12	0.00
Employee Nature STRAIN		<u>Claim Number</u> C 04-028-001-14 <u>Cause</u> LIFTING	Body Part	862 08/16/2014 CAREA (LUMBAR AREA	While	ery <u>Description</u> le IW was attempting to a tion wholh wrenched his lo	-	call he had to lift pt in	an awkward	
2014	0	0.00	1,775.24	0.00	1,775.24	0.00	1,775.24	0.00	1,775. 2 4	0,00
Employee Nature CONCUSSION		Claim Number Cl 04-28-078-14 Cause STRIKING AGAINST OR STEPPING ON, NOC	Body Part	Date of Injury 862 09/21/2014 PPER EXTREMITIES	IW h	ery Description ait head on low hanging bo cussive syndrome with acu	•	in a dimly lit basement	causing a post	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity	-		Paid (pense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2014	0	0.00		748.73	0.00	748.7	3 0.00	748.73	0.00	748.73	0.00
Nature STRAIN		<u>Claim Number</u> 04-28-097-14 <u>Cause</u> LIFTING	Closed.	<u>Department</u> 862 <u>Body Part</u> UPPER BACK AREA	Date of Injury 11/23/2014 (THORACIC AREA)		<u>Injury Description</u> While lifting a	patient, IW felt a sharp	pain between his shol	der blades	
2014	0	0.00		0.00	0.00	0.0	0.00	0.00	0.00	0.00	0,00
Employee Nature CONTUSION		Claim Number 04-11-015-14 Cause ON ICE OR SNOW	Closed	<u>Department</u> 864 <u>Body Part</u> SHOULDER(S)	<u>Date of Injury</u> 01/29/2014		<u>Injury Description</u> IW walking across icy parkin	ng lot, slipped on ice and i	fell on right shoulder		
2014	0	0.00		288.30	0.00	288,30	0.00	288.30	0,00	288,30	0.00
Nature FOREIGN BODY		<u>Claim Number</u> 04-13-019-14 <u>Cause</u> FOREIGN MATTER (E EYE(S)	Closed	Department 2,420 Body Part EYE(S)	<u>Date of Injury</u> 02/26/2014		Injury Description IW was sitting at a table and eye.	d when the HVAC system	turned on a foreign ma	atter flew into his	
2014	0	0,00		204.68	0.00	204.68	8 0.00	204,68	0.00	204.68	0.00
Employes Nature STRAIN		Claim Number 04-13-022-14 Cause STRAIN OR INJURY I	Closed BY, NOC	Department 2,420 Body Part MULTIPLE BODY PA BODY SYSTEMS AN	•		Injury Description While IW was throwing boxe back & hip.	es and bending over in a o	cramped space, IW spr	ained his lower	
2014	0	0.00	• 3,	738.66	0.00	3,738.66	6 0.00	3,738.66	0.00	3,738.66	0.00
Nature MULTIPLE PHYSICAL I	NJURIES	<u>Claim Number</u> 04-85-031-14 <u>Cause</u> FALL, SLIP OR TRIP,	Closed	Department 3,414 Body Part MULTIPLE BODY PA BODY SYSTEMS AN	•		Injury Description IW was marking sidewalk for	r repairs, tripped & fell on	i his left shoulder & bui	mped his head.	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Pald Indemnity	Paid Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2014	21	15,243.70	29,289.28	700.00	45,232.98	15,343.70	33,000.00	800.00	49,143.70	3,910.72
Mature CONTUSION		Claim Number 0 04-85-053-14 Cause STATIONARY OBJECT	<u>Body Par</u> MULTIPLE	3,414 07/01/2014	Iw	ury <u>Description</u> was working on catch basin st hit the catch basin	n prying on metal when	hammer slipped and b	ooth arms, left	SETTLED
2014	0	0.00	565,09	0.00	585.09	0.00	565.09	0.00	565.09	0.00
Employee Nature LACERATION		Claim Number C 04-85-056-14 Cause OBJECT BEING LIFTED HANDLED	Body Par	3,414 07/16/2014		ury <u>Description</u> was taking strap off pipe, s	strap pulled right middle	efinder in pipe cutting	it.	
2014	0	. 0.00	781.92	0.00	781.92	0.00	781.92	0.00	781,92	0.00
Employee Nature MULTIPLE PHYSICAL ONLY	INJURIES	Claim Number C 04-85-060-14 Cause VEHICLE UPSET (OVERTURNED OR JACKKNIFED)	· <u>Body Par</u> MULTIPLE	3,414 07/30/2014	IW t	ury <u>Description</u> was involved in vehicle acc ing a tree and vehicle rolled at and left heel & ankle,		_		
2013 Employee Nature STRAIN	o .	0.00 Claim Number C 04-04-036-13 Cause FALL, SLIP OR TRIP, NO		12 06/03/2013	IW s	0.00 ury Description slipped on floor in lobby of ght herself with one wrist; hips are sore				0.00
2013	0	0.00	12,894.59	0.00	12,894.59	0.00	12,894.59	0.00	12,894.59	0.00
Employee Nature STRAIN		Cialm Number C 04-12-008-13 Cause FROM LIQUID OR GREA SPILLS	Body Part SE ANKLE	20 01/24/2013	Iwv	walked out of and Iw fell on floor.	and floor had been	mopped. Iw feet flew o	out from under	

All Claims

Worker's Comp

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity	Paid Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2013	0	0.00	350.36	0.00	350.36	0.00	350.36	0,00	350.36	0.00
Nature LACERATION		Claim Number CO 04-19-010-13 Cause STRUCK OR INJURED, NOC(INCLUDES KICKED, STABBED, BIT, ETC.)	Body Part FINGER(S)	<u>Date of Injury</u> 26 01/30/2013	Iw	ury Description was using a polesaw trimm king Iw's left hand, ripping ves.				
2013	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employee Nature SPRAIN	•	Claim Number Cl 04-81-060-13 Cause TWISTING	osed <u>Department</u> Body Part KNEE	<u>Date of Injury</u> 26 09/06/2013	IW t	ury Description was walking down steps, u ards the truck and when h he weekend IW stated it c	e did his knee twisted a	nd he lift a catch in it.		
2013	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employee Nature FOREIGN BODY		Claim Number Cl 04-19-081-13 Cause FOREIGN MATTER (BOD EYE(S)	Body Part	<u>Date of Injury</u> 6 11/19/2013	IW	ury <u>Description</u> was using a pole-saw; 1W (left eye	did have on safety equi	pment (PPE); wind ble	ew saw dustinto	
2013	. 0	0.00	298.86	0.00	298.86	0.00	298.86	0.00	298,86	0.00
Employee Nature MULTIPLE PHYSICAL I	INJURIES	Claim Number Claim O4-26-022-13 Cause MOTOR VEHICLE, NOC	<u>Body Part</u> MULTIPLE BOD	Date of Injury 3 04/07/2013 BY PARTS (INCLUDING AND BODY PARTS)		ury <u>Description</u> was involved in a traffic ac	cident and has pain in b	oack, headaches, dizzi	ness	
2013	0	0.00	904.42	0.00	904.42	0.00	904.42	0.00	904.42	0.00
Employee Nature CONTUSION		Ctalm Number Clo 04-26-082-13 Cause STRIKING AGAINST OR STEPPING ON, NOC	Department 3 Body Part THUMB	<u>Date of Injury</u> 3 11/19/2013	Whil	ury Description le IW was attempting to se later noticed pain and swel			nis arm and hand.	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity		Paid opense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2013	1	1,254.48	1,527.74	0.00	2,782.22	1,254.48	1,527.74	0.00	2,782.22	0.00
Employee Nature STRAIN		Claim Number Closed 04-27-009-13 Cause STRIKING AGAINST OR STEPPING ON, NOC	Department 34 Body Part FOOT	<u>Date of Injury</u> 01/29/2013	IV W	dury <u>Description</u> I while investigating a traffic nen IW stepped onto roadwa ot started to swell almost im	y head a popping soun			SETTLED
2013	20	16,506.44	35,887.40	0.00	52,393.84	16,506.44	50,000.00	0.00	66,506.44	14,112.60
Employee Nature STRAIN		Claim Number Open 04-27-019-13 Cause LIFTING	<u>Department</u> 34 <u>Body Part</u> SHOULDER(S)	<u>Date of Injury</u> 02/12/2013	_	jury Description Ilfted his canine partner into	o a barn while tracking	a suspect and injured	his shoulder.	SETTLED
2013	0	0.00	126,74	0.00	126.74	0.00	126.74	0.00	126.74	0.00
Employee Nature CONTUSION		Claim Number Closed 04-27-011-13 Cause FALL, SLIP OR TRIP, NOC	<u>Department</u> 34 <u>Body Part</u> KNEE	<u>Date of Injury</u> 03/07/2013	IW	jury Description I was riding in trailer when d ee buckled under.	river stopped suddently	thus IW slipped in tra	aller; IW right	
2013	0	0.00	383,99	0.00	383,99	0.00	383.99	0.00	383.99	0.00
Employee Nature LACERATION		Claim Number Closed 04-27-016-13 Cause OTHER - MISCELLANEOUS, NOC	<u>Department</u> 34 <u>Body Part</u> HAND	<u>Pate of Injury</u> 03/16/2013	_	<u>jury Description</u> cut right palm on fence whi	le in pursuit of suspect			
2013	0	0.00	814.50	0.00	814.50	0.00	814.50	0.00	814.50	0.00
Employee Nature STRAIN		Claim Number Closed 04-27-015-13 Cause STRAIN OR INJURY BY, NOC	<u>Department</u> 34 <u>Body Part</u> ANKLE	<u>Date of Injury</u> 03/17/2013	_	<u>jury Description</u> attempting to gain control o	of combative suspect, in	njured his left ankle du	iring struggle.	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Pald Indemnity	Paid Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2013	42	13,781.11	36,265,63	0.00	50,046.74	13,781.11	48,000.00	0.00	61,781.11	11,734.37
Employee Nature CONTUSION		Claim Number 04-27-021-13 Cause STRUCK OR INJURED, NOC(INCLUDES KICKEL STABBED, BIT, ETC.)	Open <u>Pepartmen</u> <u>Body Part</u> HAND O,	t <u>Pate of Injury</u> 34 03/30/2013	WI	ury Description was attempting to arrest a uck suspect's bone with his				SETTLED
2013	0	0.00	221.06	0.00	221.06	0.00	221.06	0.00	221.06	0.00
Employee Nature PUNCTURE		Claim Number (04-27-027-13 Cause CUT, PUNCTURE, SCRA NOC	Body Part PE, LOWER LEG	<u>Date of Infury</u> 34 04/25/2013	IW	ury Description responded to a residence; and bit IW on the calf bre	•	esident answered the	door and dog ran	
2013	. 0	0.00	560.91	0.00	560.91	0.00	560,91	0.00	560.91	0.00
Employee Nature ALL OTHER SPECIFIC	C INJURIES	Claim Number 04-27-026-13 Cause PERSON IN ACT OF A C (ROBBERY OR CRIMINA ASSAULT)		Date of Injury 34 04/27/2013 PPER EXTREMITIES		ury <u>Description</u> arrested a subject that wa	is bleeding and was expo	osed to blood on his h	ands and wrists.	
2013	0	0.00	659.75	0.00	659.75	0.00	659.75	0.00	659,75	0.00
Employee S Nature STRAIN		Claim Number 0 04-27-031-13 Cause OTHER - MISCELLANEO NOC	Body Part US, CHEST	34 05/03/2013	IW	ury Description was assisting by pushing a rain until later when arrest		• • • • • • • • • • • • • • • • • • • •	d he did not feel	
2013	0	0.00	302.67	0.00	302.67	0.00	302.67	0.00	302,67	0.00
Employee Nature ALL OTHER SPECIFIC NOC	C INJURIES	Cialm Number C 04-27-029-13 Cause OTHER - MISCELLANEO NOC	Body Part US, HAND	2 Date of Injury 34 05/07/2013	IW	ury Description while arresting suspect; su sferred from suspect to a		d as well as IW, and b	lood was	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

All States

Claim Year	Days Lost	Pald Indemnity	Paid *Medical E	Pald xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2013	0	0.00	200.96	0.00	200.96	0.00	200.96	0.00	200.96	0.00
Employee Nature LACERATION		Claim Number Close 04-27-032-13 Cause CUT, PUNCTURE, SCRAPE, NOC	d <u>Department</u> 34 . <u>Body Part</u> FINGER(S)	<u>Date of Injury</u> 05/07/2013	U	njury Description pon IW arrival on service call, uspect the IW scraped his left				
2013	0	0.00	328.34	0.00	328.34	0.00	328.34	0.00	328.34	0.00
Nature LACERATION		Claim Number Close 04-27-037-13 Cause CUT, PUNCTURE, SCRAPE, NOC	34 <u>Body Part</u> MULTIPLE BODY	Date of Injury 06/08/2013 PARTS (INCLUDING ND BODY PARTS)	IV hi	njury Description W during foot pursuit, went ov is left hand, right forearm, left ecoming tangled in fence				
2013	1	293.78	826.36	0.00	1,120.14	293.78	2,500.00	0.00	2,793.78	1,673.64
Employee Nature ALL OTHER SPECIFIC NOC	INJURIES	Claim Number Open 04-27-038-13 Cause STATIONARY OBJECT	<u>Pepartment</u> 34 <u>Body Part</u> HAND	<u>Date of Injury</u> 06/11/2013	īv	njury Description W was attempting to break ou asement injuring his left hand.		when his hand struck t	he metal	SETTLED
2013	0	0.00	1,234.59	0.00	1,234.59	0.00	1,234.59	0.00	1,234.59	0.00
Employee Nature LACERATION		Claim Number Close 04-27-046-13 Cause STRUCK OR INJURED, NOC(INCLUDES KICKED, STABBED, BIT, ETC.)	d. <u>Department</u> 34 <u>Body Part</u> UPPER LEG	<u>Date of Injury</u> 07/30/2013	īv	njury Description V sustained a dog bite from K -9 bit IW on right thigh,	-9, when IW got betwe	en K-9 and suspect di	uring an arrest,	
2013	0	0.00	762.08	0.00	762.08	0.00	762.08	0.00	762,08	0.00
Nature PUNCTURE	•	Claim Number Close 04-27-049-13 Cause HAND TOOL, UTENSIL, NOT POWERED	34 Body Part	<u>Date of Injury</u> 08/13/2013	W	niury Description Thile IW was walking arrestee restee's purse, which contains the the needle stuck through the stuck t	ed an uncapped needle	. As the purse swung	against IW's	

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Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity		Paid opense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2013	0	0.00	731.98	0.00	731.98	0.00	731.98	0,00	731,98	0.00
Nature SPRAIN		Claim Number Closed 04-27-052-13 Cause INTO OPENINGS-SHAFTS, EXCAVATIONS, FLOOR OPENINGS, ETC.	<u>Department</u> 34 <u>Body Part</u> ANKLE	<u>Date of Injury</u> 08/22/2013	Wi	<u>iury Description</u> nile IW was running to assist le in a back yard of a residen			, IW stepped in a	
2013	14	946.54	3,469.79	0.00	4,416.33	946.54	3,469.79	0.00	4,416.33	0.00
Employee Nature SPRAIN)	Claim Number Closed 04-27-058-13 Cause STRAIN OR INJURY BY, NOC	<u>Department</u> 34 <u>Body Part</u> LOWER BACK ARE AND LUMBO-SACR	•	Wh	<u>fury Description</u> nile IW was "decoying" for an nsists of wearing protective e				
2013	0	0.00	624.88	0.00	624.88	0.00	624.88	0.00	624.88	0.00
Employee Nature SPRAIN		Claim Number Closed 04-27-063-13 Cause OTHER - MISCELLANEOUS, NOC	<u>Department</u> 34 <u>Body Part</u> FOOT	<u>Date of Injury</u> 09/14/2013	_	<u>jury Description</u> Was exiting his patroi car an	d upon stepping out I	W twisted his left foot	causing Injury.	
2013	0	0.00	180.74	0.00	180.74	0.00	180.74	0.00	180.74	0.00
Nature STRAIN		Claim Number Closed 04-27-072-13 Cause STRAIN OR INJURY BY, NOC	<u>Department</u> 34 <u>Body Part</u> KNEE	<u>Date of Injury</u> 10/01/2013	IW	jury <u>Description</u> was participating in training eeling during training.	exercise she Injured h	er right knee due to r	equired bending &	
2013	0	0.00	221.33	0.00	221.33	0.00	221.33	0.00	221,33	0,00
Mature FOREIGN BODY		Claim Number Closed 04-27-091-13 Cause FOREIGN MATTER (BODY) IN EYE(S)	34 Body Part	<u>Date of Injury</u> 11/18/2013	IW	<u>jury Description</u> was at the hospital with a pr nfected with hepatitis C. IW	•	near his eyes. IW sta	ated that prisoner	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity	Paid Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2013	0	0.00	787.47	0.00	787.47	0.00	787.47	0.00	787.47	0.00
Employes Nature STRAIN		<u>Cialm Number</u> Ci 04-19-083-13 <u>Cause</u> PUSHING OR PULLING	Body Part SHOULDER(S	34 11/21/2013	IW	lury Desc<u>ription</u> using leafe hose sucking up oulder popped	o leaves when hose go	t caught; IW pulled ho	ose and left	
2013	0	0.00	127.13	0.00	127.13	0.00	127,13	0.00	127.13	0.00
Employee Nature CONTUSION		Claim Number Cl 04-31-014-13 Cause OBJECT BEING LIFTED C HANDLED	Body Part	<u>Pate of Injury</u> 38 03/15/2013	IW	<u>(ury Description</u> loading cat roller onto low b 's left side ribs hit the arm re			ement jarring IW;	
2013	0	0.00	305.50	0.00	305.50	0.00	305.50	0.00	305.50	0.00
Employee Nature SPRAIN)	<u>Claim Number</u> Cl 04-31-071-13 <u>Cause</u> SLIPPED, DID NOT FALL	Body Part	<u>Date of Injury</u> 38 10/04/2013	Wh	iury Description ille IW was cleaning area neo Ising him to fall, right heel sy		foot landed on uneve	n pavement	
2013	0	0.00	66,68	0.00	66.68	0.00	66,68	0.00	66.68	0.00
Nature ALL OTHER SPECIFIC	C INJURIES	Claim Number Cl 04-31-077-13 Cause FALL, SLIP OR TRIP, NO	Body Part	<u>Pate of Injury</u> 38 11/11/2013	IW	ury <u>Description</u> was stepping onto low-boy o d; he now has pain in the ce			ne down on it	
2013	0	0.00	136,22	0.00	136.22	0.00	136.22	0.00	136.22	0.00
Employee Nature LACERATION	•	Claim Number Cl 04-33-080-13 Cause BROKEN GLASS	osed <u>Department</u> <u>Body Part</u> THUMB	Date of Injury 39 11/19/2013		ury Description ile IW was breaking	, part of the	cut his right	thumb,	

Injury Date Range: 01/01/2010 to 12/31/2019

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Claim Year	Days Lost	Paid Indemnity	Paid Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2013	0	0.00	668.24	0.00	668.24	0.00	668.24	0,00	668,24	0.00
Nature STRAIN	•	Claim Number Clo 04-33-084-13 Cause USING TOOL OR MACHIN	Body Part	Date of Injury 12/02/2013 AREA (LUMBAR AREA ACRAL)	IW re	ry Description eattaching the double fing now a burning sensation o		uck, there was a pop l	n the lower back	
2013	0	0.00	596.80	0.00	596.80	0.00	596.80	0.00	596,80	0.00
Nature CONTUSION		Claim Number Clos 04-34-004-13 Cause COLLISION OR SIDESWIP WITH ANOTHER VEHICLE	Body Part LOWER ARM	Date of Injury 40 01/18/2013	Durin	r <u>y Description</u> ig snow event, Iw's truck his arm.	was struck by another	vehicle causing a sudo	den jar and Iw	
2013	0	0.00	961.51	0.00	961.51	0.00	961.51	0.00	961.51	0.00
Nature ALL OTHER SPECIFINOC	IC INJURIES	Claim Number Close 04-42-079-13 Cause OTHER - MISCELLANEOUS NOC	Body Part	<u>Date of Injury</u> 16 11/02/2013		r <u>y Description</u> • IW was practicing in wat	er she hurt her should	er while on break		
2013	0	0.00	1,025.72	0.00	1,025.72	0.00	1,025.72	0.00	1,025.72	0.00
Employee Nature MULTIPLE PHYSICAL ONLY	l injuries	Claim Number Clos 04-43-068-13 Cause MOTOR VEHICLE, NOC	Body Part	Date of Injury O9/30/2013 INFO TO PROPERLY LASSIFIED	IW st	ny <u>Description</u> ated he had stopped to m behind causing him to en	•	-	•	
2013	0	0.00	532.09	0.00	532.09	0.00	532.09	0.00	532,09	0.00
Mature CONTUSION		Claim Number Clos 04-47-059-13 Cause OBJECT BEING LIFTED OR HANDLED	Body Part	<u>Date of Injury</u> 31 09/05/2013	While	ny Description IW was hooking up well kle and came in contact w		her right index finger	on her first	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

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Claim Year	Days Lost	Paid Indemnity	Paid Medical	Pald Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2013	0	0.00	293.18	0.00	293.18	0.00	293.18	0.00	293.18	0.00
Employee Nature CONTUSION		Claim Number 04-48-045-13 Cause OBJECT BEING LIFTED HANDLED	Closed <u>Department</u> Body Part O OR FOOT	<u>Date of Injury</u> 52 07/30/2013	IW v	ry Description was moving film projector IW's left foot.	on to book cart and bo	ok cart moved, the pro	ojector fell off cart	
2013	0	0.00	276.41	0.00	276.41	0.00	276.41	0.00	276.41	0.00
Employee Nature ALL OTHER SPECIFINOC	IC INJURIES	Claim Number 04-73-018-13 Cause OTHER - MISCELLANE NOC	Closed <u>Department</u> Body Part OUS, INSUFFICIEN IDENTIFY-UI	67 03/19/2013 T INFO TO PROPERLY	-	ry Description exposed to polson ivy on a	rms, legs stomach and	foot.		
2013	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0,00	0.00
Employee Nature CONTUSION		Claim Number 04-73-057-13 Cause MOTOR VEHICLE	Closed <u>Departmen</u> Body Part KNEE	Date of Injury 67 09/04/2013		ry Description vas hit by a car that ran a	red light, car was golng	g approx. 50mph. injur	ing IW's left	
2013	22	2,622.90	10,872.80	0.00	13,495.70	2,622.90	18,000.00	385.00	21,007.90	7,512.20
Nature STRAIN		<u>Claim Number</u> 04-73-069-13 <u>Cause</u> PUSHING OR PULLING	Open <u>Department</u> Body Part ELBOW	Pate of Injury 67 09/30/2013	While	ry Description 2 IW as turning valve off or 1 burning sensation in his		g he felt a pop in his le	aft elbow, now he	SETTLED
2013	0	0.00	1,062.46	0.00	1,062.46	0.00	1,062.46	0.00	1,062.46	0.00
Employee Nature LACERATION	•	Claim Number 04-73-090-13 Cause Cut, Puncture, Scru NOC	Closed <u>Department</u> Body Part FINGER(S)	<u>Date of Injury</u> 67 12/13/2013		r <u>y Description</u> vas holding hard hat while r.	was cutting lining	out; knife slipped and	cut right index	

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Injury Date Range: 01/01/2010 to 12/31/2019

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Claim Year	Days Lost	Paid Indemnity			Paid xpense	Total Pald	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2013	0	0.00		1,230.35	0.00	1,230.35	5 0.00	1,230.35	0.00	1,230.35	0.00
Employes Nature STRAIN		Claim Number 04-74-007-13 Cause TWISTING	Closed	<u>Department</u> 68 <u>Body Part</u> KNEE	<u>Date of Injury</u> 01/22/2013		Injury Description Iw was cutting water on. Bent and muddy.	t over to get a reading a	and right knee twisted	, Ground was wet	
2013	0	0.00		5,242.26	0.00	5,242.26	6 0.00	5,242.26	0.00	5,242.26	0.00
Employee Nature SPRAIN		<u>Claim Number</u> 04-74-075-13 <u>Cause</u> FALL, SLIP OR TRIP,	Closed	<u>Department</u> 68 <u>Body Part</u> LOWER LEG	<u>Date of Injury</u> 10/24/2013		Injury Description While IW was walking toward IW, when IW turned to dog's left leg below his knee, when	direction he slipped on	wet leaves on meter b	ox lid twisting his	
2013	0	0.00		2,208.42	0.00	2,208.42	2 0.00	2,208.42	0.00	2,208.42	0.00
Employee Nature STRAIN	-	Claim Number 04-81-006-13 Cause STRAIN OR INJURY	Closed BY, NOC	<u>Department</u> 69 <u>Body Part</u> SHOULDER(S)	<u>Date of Injury</u> 01/17/2013		Injury Description Iw pulled muscle in right shou	lder while re-setting ma	in breaker at main pu	mp house at	
2013	0	0.00	•	4,066.55	0.00	4,066.55	5 0,00	4,066.55	0.00	4,066.55	0.00
Mature STRAIN		Claim Number 04-82-041-13 Cause PUSHING OR PULLIN	Closed	<u>Department</u> 70 <u>Body Part</u> LOWER BACK ARE AND LUMBO-SACR	•		Injury Description IW lowering 30;b TV inspectin rod til operator powered line;	-	_ ,	_	
2013	0	0.00		3,835.30	0.00	3,835.30	0.00	3,835.30	0.00	3,835.30	0.00
Employee Nature STRAIN		Claim Number 04-82-048-13 Cause PUSHING OR PULLIN	Closed	Department 70 Body Part SHOULDER(S)	<u>Date of Injury</u> 08/02/2013		Injury Description While IW was pulling on manh his left shoulder.	ole lid to remove it, he	fell backwards and fel	t something pop in	
2013	0	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Worker's Comp

Injury Date Range: 01/01/2010 to 12/31/2019

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Claim Year	Days Lost	Paid Indemnity	Paid Medical	Pald Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
Employee Nature INFLAMMATION		Claim Number 04-90-043-13 Cause OTHER - MISCELLANEO NOC	Depart Body P DUS, EYE(S)	71 07/08/2013	ī	Injury <u>Description</u> Employee noticed left eye irrita and irritated over night,	tion sometime in the a	ftemoon. Eye becam	e Increasingly red	
2013	0	0.00	248.95	0.00	248.95	0.00	248.95	0.00	248.95	0.00
Employee Nature LACERATION		Claim Number 04-90-051-13 Cause HAND TOOL, UTENSIL, POWERED	Closed <u>Depart</u> Body P NOT FINGER	71 08/22/2013 art		Injury <u>Description</u> W was using utility knlfe to cut	plastic and knife slipp	ed and cut IW's left in	ndex finger.	
2013	0	0.00	487.84	0.00	487.84	0.00	487.84	0.00	487.84	0.00
Employee Nature SPRAIN		<u>Claim Number</u> (04-28-005-13 <u>Cause</u> STRAIN OR INJURY BY,	Closed Depart Body P NOC SHOULD	862 01/17/2013 art	Ī	<u>(njury Description</u> While helping a stranded motor thoulder.	ist during a snow storr	ກ, Iw had a sharp bur	ning pain in right	
2013	0	0.00	294.53	0.00	294,53	0.00	294,53	0.00	294.53	0.00
Employee Nature LACERATION		Claim Number (04-28-040-13 Cause Cut, Puncture, Scran	Closed Depart Body P PE, KNEE	862 06/19/2013		i njury Description Diring swim test, IW left knee w	vas cut while performin	ng test	·	
2013	0	0.00	52.49	0.00	52.49	0.00	52.49	0.00	52.49	0.00
Employee Nature CONTUSION		Claim Number (04-28-047-13 Cause OBJECT BEING LIFTED HANDLED	Closed <u>Depart</u> Body P OR WRIST(862 06/24/2013	v	injury Description While IW was extricating pt from	n vehicle, the roof of t	he vehicle was droppe	ed on IW's left	
2013	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employee Nature STRAIN		<u>Claim Number</u> (04-28-042-13 <u>Cause</u> STRAIN OR INJURY BY,	Closed <u>Departs</u> Body P. NOC MULTIP	862 07/08/2013	E	njury <u>Description</u> imployee was participating in fi strain" in his neck immediately hift.	•			

J-0-01 140V

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid . Indemnity		Paid xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2013	0	0.00	186.64	0.00	186.64	4 0.00	186.64	0.00	186.64	0.00
Employee Nature CONTUSION	•	Claim Number Close 04-28-050-13 Cause 08JECT BEING LIFTED OR HANDLED	d <u>Department</u> 862 <u>Body Part</u> THUMB	<u>Date of Injury</u> 08/19/2013		Injury Description While IW was holding a 2.5" hat test, the sudden jerk of the nozz reacted and injured IW's left thu hose, weight of hose jerked.	zle from water pressu	re being exertied on ho	ose, the nozzle	
2013	0	0.00	4,106.84	0.00	4,106.84	4 0.00	4,106.84	0,00	4,106.84	0.00
Employee Nature SPRAIN		Claim Number Closer 04-28-064-13 Cause FALL, SLIP OR TRIP, NOC	Department 862 Body Part WRIST	<u>Date of Injury</u> 09/24/2013		Injury Description IW fell on his hands and hurt his	s wrist while doing ph	yskal fitnesš training.		
2013	107	23,876.14	20,884.93	220.00	44,981.07	23,876.14	40,000.00	320,00	64,196,14	19,215.07
Employee Nature ALL OTHER SPECIFIC NOC	INJURIES	Claim Number Open 04-28-073-13 Cause OTHER - MISCELLANEOUS, NOC	<u>Department</u> 862 <u>Body Part</u> KNEE	<u>Date of Injury</u> 10/08/2013		Injury Description While IW was extricating pt from down in engine IW found swellin			_	SETTLED
2013	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Nature MULTIPLE PHYSICAL ONLY	Injuries	Claim Number Closed 04-11-078-13 Cause FALL, SLIP OR TRIP, NOC	864 Body Part	<u>Pate of Injury</u> 11/12/2013 PARTS (INCLUDING ND BODY PARTS)		Injury Description While IW was surveying through level. IW landed hard on his left his left chest and shoulder took	t side, bls right ankle	and left shin were abra		
2012	0	0.00	9,590.85	0.00	9,590.85	5 0.00	9,590.85	0.00	9,590.85	0.00
Nature CONTUSION		Claim Number Closed 04-09-113-12 Cause STATIONARY OBJECT	<u>Department</u> 17 <u>Body Part</u> KNEE	<u>Pate of Intury</u> 01/05/2012		<u>Injury Description</u> Iw was turning in chair to get out of desk.	ut so they could go ge	t a file. Hit knee pretty	against corner	

All Claims

Worker's Comp

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Pald Indemnity	Pald Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2012	0	0.00	893.74	0.00	893.74	0.00	893.74	0.00	893.74	0.00
Employee Nature STRAIN		Claim Number Clo 04-14-073-12 Cause COLLISION OR SIDESWIR WITH ANOTHER VEHICLE		21 07/12/2012 CAREA (LUMBAR AREA	Iw	ury Description driving p. Has pain in lower back.	and was struck from t	pehind by another veh	icle which falled to	
2012	0	0.00	1,229.90	0.00	1,229.90	0.00	1,229.90	0.00	1,229.90	0.00
Employee Nature STRAIN		<u>Claim Number</u> Clo 04-16-108-12 <u>Cause</u> LIFTING	sed <u>Departmen</u> <u>Body Part</u> LOWER ARM	Date of Injury 23 09/28/2012		ury Description picking up sign metal and s	something pulled in Iw r	ight forearm causing	pain.	
2012	0	0.00	150.94	0.00	150.94	0.00	150.94	0.00	150.94	0.00
Employee Nature CONTUSION		<u>Claim Number</u> Clo 04-16-114-12 <u>Cause</u> FALL, SLIP OR TRIP, NOC		23 10/18/2012 DDY PARTS (INCLUDING MS AND BODY PARTS)	Iw	ury Description was walking to e was scratched up as well	and tripped.	Landed on knees. Wri	st is swollen and	
2012	0	0.00	5,434.10	0.00	5,434.10	0.00	5,434.10	0.00	5,434.10	0.00
Employee Nature SPRAIN		<u>Claim Number</u> Clo 04-18-016-12 <u>Cause</u> STRAIN OR INJURY BY, N	Body Part OC FINGER(S)	Date of Injury 25 02/13/2012	Whi	ury Description le turning steering wheel, t sideways,	left middle finger struck	signal switch, bending	g finger at 2nd	
2012	0	0.00	234.23	0.00	234.23	0.00	234.23	0.00	234.23	0.00
Nature CONTUSION		<u>Claim Number</u> Clo 04-19-013-12 <u>Cause</u> FROM DIFFERENT LEVEL		Date of Injury 26 02/07/2012 DDY PARTS (INCLUDING MS AND BODY PARTS)	Whi	ury <u>Description</u> ile trimming vined around t ight arm and back.	he building, IW stepped	d on a crate which gad	e way, contusion	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Pald Indemnity	Paid Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2012	0	0.00	121.90	0.00	121.90	0.00	121.90	0.00	121.90	0.00
Employee	•	<u>Claim Number</u> Close 04-19-039-12	26	<u>Date of Injury</u> 04/10/2012		iry Description ame in contact with Polsio	n Ivy and spread over t	oody over a period of	days.	
Nature DERMATITIS		Cause OTHER THAN PHYSICAL CAUSE OF INJURY		PARTS (INCLUDING AND BODY PARTS)			· · · · · · · · · · · · · · · · · · ·			
2012	0	0.00	155.65	0.00	155.65	0.00	155.65	0.00	155.65	0.00
Nature DERMATITIS		Claim Number Close 04-19-035-12 Cause CONTACT WITH, NOC	Body Part MULTIPLE BODY	Date of Injury 04/12/2012 PARTS (INCLUDING AND BODY PARTS)		u ry Description on Ivy rash on left arm an	d right hand and both k	egs, while trimming tr	ees.	
2012	0	0.00	188.03	0.00	188.03	0.00	188.03	0.00	188.03	0.00
Employee Nature POISONING - GENER OR CUMULATIVE INJ		Claim Number Close 04-19-052-12 Cause CONTACT WITH, NOC	d <u>Department</u> 26 <u>Body Part</u> NO PHYSICAL II			iry Description ad contact with posion ivy ;.	while trimming brush f	rom alley. All over fac	e, eyes, chest and	
2012	0	0.00	0.00	0.00	0.00	0.00	. 0.00	0.00	0.00	0.00
Employes Nature CONTUSION		Claim Number Close 04-19-056-12 Cause STRIKING AGAINST OR STEPPING ON, NOC	26 <u>Body Part</u> MULTIPLE BODY	Date of Injury 06/06/2012 PARTS (INCLUDING AND BODY PARTS)	Iw u down oppo	inv Description sing a scag mower on side in the hill. It jumped the sl site side of street. When it belt hitting his chest and u	dewalk crossed the stre mower hit curb, it cause	et and crashed into a ed Iw to be thrown for	high curb on ward in his	
2012	0	0.00	176.02	0.00	176.02	0.00	17B,02	0.00	176.02	0.00
Employes Nature CONTUSION		Claim Number Close 04-19-075-12 Cause STRUCK OR INJURED, NOC(INCLUDES KICKED, STABBED, BIT, ETC.)	<u>Department</u> 20 <u>Body Part</u> FOOT	<u>Date of Injury</u> 5 07/17/2012	Iw w	r <u>v Description</u> vas taking down a tree and cced and struck Iw on top		ob off the trunk. It hit	the ground,	·

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid · Indemnity		Paid opense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2012	0	0.00	400.33	0.00	400.33	0.00	400.33	0.00	400.33	0.00
Employee Nature LACERATION		Claim Number Closed 04-19-078-12 Cause CUT, PUNCTURE, SCRAPE, NOC	Department 26 Body Part SOFT TISSUE	<u>Date of Injury</u> 07/20/2012	Iw v	<u>ary Description</u> vas drivin gator and co-wo nands and hit and cut Iw Ir		rels Barro	el slipped out of	
2012	0	0.00	316,76	0.00	316.76	0.00	316.76	0.00	316.76	0,00
Employee Nature SPRAIN		<u>Claim Number</u> Closed 04-19-079-12 <u>Cause</u> STRAIN OR INJURY BY, NOC	<u>Department</u> 26 <u>Body Part</u> ANKLE	<u>Date of Injury</u> 07/24/2012		ury <u>Description</u> tepped off a wall onto a si	dewalk where sidewalk	was raised up and cu	rled left ankle.	
2012	0	0.00	113.59	0.00	113.59	0,00	113.59	0.00	113.59	0.00
Employee Nature LACERATION		Claim Number Closed 04-19-088-12 Cause CUT, PUNCTURE, SCRAPE, NOC	<u>Department</u> 26 <u>Body Part</u> HAND	<u>Date of Injury</u> 08/09/2012	Iw h	ery <u>Description</u> it a plece of rebar (metal) ying area, it cut his right ha	_	ent to throw the piece	out of the	
2012	0	0.00	981.60	0.00	981.60	0.00	981.60	0.00	981.60	0.00
Employee Nature Sprain		Claim Number Closed 04-19-090-12 Cause STRAIN OR INJURY BY, NOC	<u>Department</u> 26 <u>Body Part</u> KNEE	<u>Date of Injury</u> 08/09/2012	Iw w	ery Description ras getting out of tractor for led causing hurting.	or lunch. When getting	out, Iw slipped on ste	p and right knee	
2012	15	633.41	561.14	0.00	1,194.55	633,41	561.14	0.00	1,194.55	0.00
Employee Nature STRAIN		Claim Number Closed 04-19-092-12 Cause STRAIN OR INJURY BY, NOC	<u>Department</u> 26 <u>Body Part</u> LOWER BACK ARE/ AND LUMBO-SACR	•	lw m	oving on allow over the lift tailgate allor, Iw went to lift tailgate		d jarred his back. Whe	n loading mower	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Pald Indemnity	Pald Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2012	0	0.00	387.59	0.00	387.59	0.00	387.59	0.00	387.59	0.00
Employee Nature INFLAMMATION	•	Claim Number Close 04-19-117-12 Cause OBJECT BEING LIFTED OR HANDLED	d <u>Department</u> 2 <u>Body Part</u> EAR(S)	<u>Date of Injury</u> 5 10/25/2012	IW v	ury Descrintion was pulling brush toward h in the ear channel.	nim and turned his head	to shield his face and	a small stick stuck	
2012	0	0.00	316.78	0.00	316.78	0.00	316.78	0.00	316.78	0.00
Employee Nature CONTUSION		Claim Number Close 04-19-120-12 Cause FALLING OR FLYING OBJEC	2 <u>Body Part</u> T MULTIPLE BOD	Date of Injury 10/31/2012 Y PARTS (INCLUDING AND BODY PARTS)	Iw b	<u>Irv Description</u> ent over to pick up limbs, ind fell and struck the back			_	
2012	0	0.00	530,59	0.00	530.59	0.00	530.59	0.00	530.59	0.00
Employee Nature STRAIN		<u>Claim Number</u> Close 04-19-121-12 <u>Cause</u> LIFTING	Body Part	Date of Injury 11/05/2012 REA (THORACIC AREA)		ery <u>Description</u> vas lifting trash out of trasi	h can and strained uppe	r back on left side.		
2012	0	0.00	767.25	0,00	767.25	0.00	767.25	0.00	767.25	0.00
Employee Neture HEARING LOSS OR IM	PAIRMENT	Claim Number Close 04-27-049-12 Cause OTHER THAN PHYSICAL CAUSE OF INJURY	d <u>Department</u> 3. <u>Body Part</u> NO PHYSICAL I			iry <u>Description</u> n close proximity to gunfire	e during a shootout.			
2012	0	0.00	2,451.63	0.00	2,451.63	0.00	2,451.63	0.00	2,451.63	0.00
Employee Nature FOREIGN BODY		Claim Number Close 04-25-053-12 Cause PERSON IN ACT OF A CRIM (ROBBERY OR CRIMINAL ASSAULT)	3 Body Part			iry Description vas speaking to a prisoner	when prisoner spat in Iv	v face.		

Injury Date Range: 01/01/2010 to 12/31/2019

* Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

All States

Claim Year	Days Lost	Paid Indemnity	Paid Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2012	3	21,944.80	7,344.79	0.00	29,289.59	21,944.80	20,000.00	0.00	41,944.80	12,655.21
Employee Nature NO PHYSICAL INJURY		Claim Number Open 04-26-034-12 Cause OTHER THAN PHYSICAL CAUSE OF INJURY	<u>Department</u> 3. <u>Body Part</u> EAR(S)	<u>Pate of Injury</u> 3 03/21/2012		Injury Description Iw attended an elementation of various explosive second day of training, Iw con problem would improve but no	nplained of ringing in ri	-	at all time, but on	SETTLED
2012 -	73	8,979.66	22,399.75	0.00	31,379.41	8,979.66	28,000.00	0.00	36,979.66	5,600.25
Employee Nature SPRAIN		Claim Number Open 04-27-011-12 Cause TWISTING	<u>Department</u> 3 <u>Body Part</u> KNEE	<u>Pate of Injury</u> 4 02/01/2012		Injury Description Iw was participating in a traini with other person, slipped in ti right knee.	-	•		SETTLED
2012	1	1,200.00	2,038.02	0.00	3,238.02	1,200,00	2,038.02	0.00	3,238.02	0.00
Employee Nature CONTUSION		Claim Number Closed 04-27-015-12 Cause PERSON IN ACT OF A CRIME (ROBBERY OR CRIMINAL ASSAULT)	<u>Department</u> 3• <u>Body Part</u> \ THUMB	Pate of Iniury 4 02/13/2012		Injury Description Subject was being placed unde attempts were being made to			-	SETTLED
2012	0	0.00	1,111.84	0.00	1,111.84	0.00 .	1,111.84	0,00	1,111.84	0.00
Mature CONTUSION		Claim Number Closed 04-27-021-12 Cause PERSON IN ACT OF A CRIME (ROBBERY OR CRIMINAL ASSAULT)	<u>Department</u> 34 <u>Body Part</u> FINGER(S)	<u>Date of Injury</u> 02/26/2012		<u>Injury Description</u> Iw was assisting co-worker wh right index finger was injured a	_		g struggle, lw	
2012	0	0.00	2,395.10	0.00	2,395.10	0,00	2,395.10	0.00	2,395.10	0.00
Employee Nature CONTUSION		Claim Number Closed 04-27-020-12 Cause PERSON IN ACT OF A CRIME (ROBBERY OR CRIMINAL ASSAULT)		Date of Injury O2/26/2012 PARTS (INCLUDING AND BODY PARTS)		Injury Description Iw arresting combative suspect receiving lacerations to both an knee.	,	-	•	

09/15/2020

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

All States

Claim Year	Days Lost	Pald Indemnity	Paid Medical E	Paid xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2012	0	0.00	401.76	0.00	401.76	0.00	401.76	0.00	401.76	0.00
Nature CONTUSION		Claim Number Closed 04-27-027-12 Cause PERSON IN ACT OF A CRIME (ROBBERY OR CRIMINAL ASSAULT)	34 Body Part	<u>Date of Injury</u> 03/21/2012	v	niury Description While attempting to arrest a co and causing injury.	mbative suspect, Iw ap	oplied a diversionary st	rike with his right	
2012	1	1,500.00	8,472.41	0.00	9,972.41	1,500.00	10,000.00	0.00	11,500.00	1,527.59
Nature CONTUSION		Claim Number Inactiv 04-27-028-12 Cause OBJECT BEING LIFTED OR HANDLED	<u>Department</u> 34 <u>Body Part</u> FINGER(S)	<u>Date of Injury</u> 03/24/2012	I	niury Description w dismantling a weapon when ttle finger and ring finger of le		d receiver slammed sh	out catching Iw	SETTLED
2012	0	0.00	1,026.61	0.00	1,026.61	0.00	1,026.61	0.00	1,026.61	0.00
Employee Nature LACERATION		Claim Number Closed 04-27-038-12 Cause BROKEN GLASS	Department 34 Body Part HAND	<u>Date of Injury</u> 04/15/2012	I	niury Description w cut by broken glass from a v las contaminated with blood fr	•	uspect. Suspect was al	so cut and Iw	
2012	0	0.00	1,269.32	0.00	1,269.32	0.00	1,269.32	0.00	1,269.32	0.00
Employee Nature STRAIN		Claim Number Closed 04-27-037-12 Cause PERSON IN ACT OF A CRIME (ROBBERY OR CRIMINAL ASSAULT)	<u>Department</u> 34 <u>Body Part</u> SHOULDER(S)	<u>Date of Injury</u> 04/15/2012	I	niury Description w cut by broken class and com ying to sustain suspect.	taminated with suspect	s blood as well. Also st	rained shoulder	
2012	0	0.00	1,324.16	0.00	1,324.16	0.00	1,324.16	0.00	1,324.16	0.00
Employee Nature FOREIGN BODY		Claim Number Closed 04-27-041-12 Cause OTHER THAN PHYSICAL CAUSE OF INJURY	<u>Department</u> 34 <u>Body Part</u> HAND	<u>Date of Injury</u> 04/25/2012	I	niury Description w handcuffing suspect that wa andcuffing, Was exposed to su	-	an abrasion on left ha	nd while	

09/15/2020

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity	Paid Medical E	Paid xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2012	0	0.00	424.16	0.00	424.16	0.00	424.16	0.00	424.16	0.00
Employee		Claim Number Closed 04-27-051-12	Department 34	<u>Date of Injury</u> 06/01/2012		ry Description as doing physical training	during training an	d strained back.		
Nature STRAIN		Cause Strain or injury by, noc	Body Part Lower Back Are And Lumbo-Saci	A (LUMBAR AREA RAL)					· · · · · · · · · · · · · · · · · · ·	
2012	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0,00
Employee Nature STRAIN	-	Claim Number Closed 04-27-055-12 Cause COLLISION OR SIDESWIPE WITH ANOTHER VEHICLE	BODY Part	Date of Injury 06/08/2012 A (THORACIC AREA)		r <u>y Description</u> ar ended in vehicle collisio	n.			
2012	0	0.00	212.13	0.00	212.13	0.00	212.13	0.00	212.13	0.00
Employee		Claim Number Closed 04-27-057-12	<u>Department</u> 34	<u>Date of Injury</u> 06/11/2012		ry Description as lifting and pulling a trail	er to re-hitch it and felt	a pull in his lower ba	ck.	
<u>Nature</u> STRAIN		<u>Cause</u> LIFTING	Body Part LOWER BACK ARE AND LUMBO-SACE	-						
2012	0	0.00	530.15	0.00	530.15	0.00	530.15	0.00	530.15	0.00
Employee		Claim Number Closed 04-27-067-12	Department 34	<u>Date of Injury</u> 06/18/2012		v Description stained injury to right han	d while arresting a resis	sting suspect.		
Nature CONTUSION		Cause PERSON IN ACT OF A CRIME (ROBBERY OR CRIMINAL ASSAULT)	<u>Body Part</u> HAND		 			<u> </u>		
2012	0	0.00	1,169.82	0.00	1,169.82	0.00	1,169.82	0.00	1,169.82	0.00
Employee O Nature NO PHYSICAL INJURY		Claim Number Closed 04-27-065-12 Gause COLLISION OR SIDESWIPE WITH ANOTHER VEHICLE	Department 34 Body Part LOWER BACK ARE AND LUMBO-SACE	•	Iw he	ny Description ading westbound on hit Iw's market ransported	patrol car in rear. Iw o	omplained of minor p	ain in his back. Iw	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity	Pald Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2012	0	0.00	297.49	0.00	297.49	0.00	297.49	0.00	297.49	0.00
Nature FOREIGN BODY		Claim Number Close 04-27-068-12 Cause PERSON IN ACT OF A CRIM (ROBBERY OR CRIMINAL ASSAULT)	34 Body Part	<u>Date of Injury</u> 06/28/2012		<u>ry Description</u> sect intentially slung blood	at and on Iw which lar	nded on right forearm.		
2012	0	0.00	331.55	0.00	331.55	0.00 .	331.55	0.00	331,55	0.00
Nature SPRAIN	•	<u>Claim Number</u> Close 04-27-069-12 <u>Cause</u> STRAIN OR INJURY BY, NO	34 Body Part	<u>Date of Injury</u> 07/06/2012	Iw v	nry <u>Description</u> ras standing gaurd over m novement. Unable to mov			which resticted	
2012	0	0.00	411.58	0.00	411.58	0.00	411.58	0.00	411.58	0.00
Employee Nature SPRAIN	,	Claim Number Close 04-27-123-12 Cause STRAIN OR INJURY BY, NOO	34 Body Part	REA (LUMBAR AREA	Iw w	ry <u>Description</u> vas training K-9 Dogs, and ed his back.	was a decoy for the ot	her teams, During this	process Iw	
2012	0	0.00	279.48	0.00	279.48	0.00	279.48	0.00	279.48	0.00
Employee Nature STRAIN		Claim Number Close 04-31-007-12 Cause LIFTING	38 Body Part	Date of Injury 01/24/2012 EA (THORACIC AREA)	IW v	ry Description was lifting a 'pour pot' used the felt a pain in back betw		into truck, When IW p	oushed it into the	
2012	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employee Nature NO PHYSICAL INJURY		Claim Number Close 04-31-064-12 Cause ANIMAL OR INSECT	<u>Department</u> 38 <u>Body Part</u> NO PHYSICAL II			ry <u>Description</u> as standing under a tree o	luring break and got bi	ig bites up and down l	egs.	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity	Paid Medical	Pald Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2012	0	0.00	19,652.39	0.00	19,652.39	0.00	19,652.39	0.00	19,652.39	0.00
Employee Nature STRAIN	P	<u>Cialm Number</u> 04-31-091-12 <u>Cause</u> TWISTING	Ciosed Depart Body P KNEE	38 08/13/2012	Iw s	ury Description tepped out of parked trucked. Iw said that grass was			nee when he	
2012	0	0.00	195.20	0.00	195,20	0.00	195.20	0.00	195.20	0.00
Employee Nature STRAIN	1	Claim Number 04-31-115-12 Cause REACHING		38 10/24/2012	Iw v	ury Description vas getting a handheld sav is back.	v out of back of the pic	k up and felt pain in ce	enter of lower part	
2012	0	0.00	170.95	0.00	170.95	0.00	170,95	0.00	170.95	0.00
Employee Nature CONTUSION		<u>Claim Number</u> 04-34-025-12 <u>Cause</u> MOVING PART OF MA	Closed <u>Depart</u> Body P CHINE ANKLE	39 03/13/2012		ury Description It End of Loader hit to hard	1, shin hit dash.			
2012	0	0.00	155.81	0.00	155,81	0.00	155,81	0.00	155.81	0.00
Nature PUNCTURE	,	Claim Number 04-33-066-12 Cause Cut, PUNCTURE, SCR NOC	Closed <u>Depart</u> Body P APE, FOOT	39 06/25/2012	Iw w	ury <u>Description</u> vashing out truck, Stepped it out	on a piece of scrap wo	od with a nail. Nall pie	erced foot. Had to	
2012	72	19,051.64	7,161.42	0.00	26,213.06	19,051.64	20,000.00	0.00	39,051.64	12,838.58
Nature STRAIN		<u>Claim Number</u> 04-34-087-12 <u>Cause</u> LIFTING		39 07/26/2012	Iw io	I ry Description bading big tires into trailer g large chunks of wood an			on 7/28 Iw was	SETTLED

All Claims

Worker's Comp

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

All States

Claim Year	Days Lost	Paid Indemnity	Paid Medical I	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2012	. 0	0.00	172.34	0.00	172.34	0.00	172.34	0.00	172.34	0.00
Employee Nature DERMATITIS		Claim Number Closed 04-19-107-12 Cause CONTACT WITH, NOC	<u>Department</u> 39 <u>Body Part</u> LOWER ARM	<u>Pate of Iniury</u> 09/26/2012	Iw v	ury <u>Description</u> was cleaning out fench row Infection on both arms.	at	and came into co	ntact with poison	
2012	0	0.00	299.61	0.00	299.61	0.00	299.61	0.00	299.61	0.00
Employee Nature SPRAIN	•	Claim Number Closed 04-34-098-12 Cause TWISTING	<u>Department</u> 40 <u>Body Part</u> KNEE	Date of Injury 08/29/2012		ury <u>Description</u> was stepping off of dozer 9	Maswhen his foot slipp	ed and Iw twisted rigi	ht knee.	
2012	0	0.00	. 794.80	0.00	794.80	0.00	794.80	0.00	794.80	0.00
Employee Nature CONTUSION)	Claim Number Closed 04-35-054-12 Cause STRUCK OR INJURED, NOC(INCLUDES KICKED, STABBED, BIT, ETC.)	41 <u>Body Part</u> MULTIPLE BODY	Date of Injury 06/06/2012 PARTS (INCLUDING AND BODY PARTS)	Whit	ury <u>Description</u> le operating grabber truck, k and Iw injuring 2 left ribs,	•		om to slam into	·
2012 Employee Nature CONTUSION	0	0.00 Claim Number Closed 04-35-096-12 Cause STRUCK OR INJURED, NOC(INCLUDES KICKED, STABBED, BIT, ETC.)	555,96 Department 41 Body Part SOFT TISSUE	0.00 <u>Pate of Injury</u> 08/29/2012	Iw v	0.00 <u>ary Description</u> was picking up recycling and and Iw slipped and was hit		, , -	555,96 the lid on other	0.00
2012	0	0.00	333.18	0.00	333.18	0.00	333,18	0,00	333.18	0.00
Employee Nature STRAIN	•	Claim Number Closed 04-41-072-12 Cause STRAIN OR INJURY BY, NOC	45 Body Part	<u>Date of Injury</u> 07/10/2012	Iw p	ery <u>Description</u> warticipating in staff vs. kids if pain and swelling in right ing before incident.				

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Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Pald Indemnity	Paid Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2012	0	0.00	29,539.53	0.00	29,539.53	0.00	29,639.53	0.00	29,639.53	100.00
Nature CONTUSION		Claim Number C 04-45-046-12 Cause FALLING OR FLYING OR	Body Part	<u>Date of Injury</u> 99 05/13/2012	Iw be	v moving tables ent over to pick up fallen table v on top right side of head.	when he went le and rest of stack of 8			
2012	0	0.00	806.19	0.00	806.19	0.00	806.19	0.00	806.19	0.00
Employee Nature CONTUSION		Claim Number 0 04-46-044-12 Cause STRIKING AGAINST OR STEPPING ON, NOC	Body Part	<u>Date of Injury</u> 50 05/09/2012	_	<u>tiury Description</u> v hit head on rearview mirror	when raising up from p	oicking up paper towel	s.	
2012	0	0.00	114.63	0.00	114.63	0.00	114.63	0.00	114.63	0.00
Employee Nature STRAIN		<u>Claim Number</u> C 04-47-029-12 <u>Cause</u> LIFTING	Body Part	Date of Injury 03/29/2012 AREA (LUMBAR AREA ACRAL)	Iw	violuty Description violating short pieces of telegen rested for a bit. Went bac			in his back and	
2012	0	0.00	15,003.49	0.00	15,003.49	0.00	15,003.49	0.00	15,003.49	0.00
Employee Nature SPRAIN		Claim Number C 04-47-063-12 Cause FALL, SLIP OR TRIP, NO	Body Part	<u>Date of Injury</u> 51 06/20/2012	Iw	viury Description v walking down sidewalk and ikle popped and Iw fell down		the side of pavement v	with right foot.	
2012	0	0.00	701.84	0.00	701.64	0.00	701.84	0.00	701.84	0.00
Nature CONTUSION		Claim Number CO 04-47-097-12 Cause STRUCK OR INJURED, NOC(INCLUDES KICKED STABBED, BIT, ETC.)	Body Part SOFT TISSUE	<u>Date of Injury</u> 51 08/29/2012		viury <u>Description</u> or cutting trees, and limb struc	ck forehead.			

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

All States

Claim Year	Days Lost	Paid Indemnity	Pald Medical I	Pald Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2012	0	0.00	330.84	0.00	330.84	0.00	330.84	0.00	330.84	0.00
Nature SPRAIN		Claim Number Close 04-47-122-12 Cause STRAIN OR INJURY BY, NO	51 Body Part	<u>Pate of Injury</u> 11/08/2012	Wh	ury Description ile climbing the cargo net, i while landing on zipline ra			ed to do the course	
2012	0	0.00	333.97	0.00	333.97	0.00	333.97	0.00	333.97	0.00
Employee Nature PUNCTURE		Claim Number Close 04-72-104-12 Cause CUT, PUNCTURE, SCRAPE, NOC	<u>Department</u> 66 <u>Body Part</u> THUMB	<u>Date of Injury</u> 09/14/2012		ury <u>Description</u> Clearing hose of City pump	truck when a needle pri	icked his left thumb.		
2012	0	0.00	376.99	0.00	376.99	0.00	376.99	0.00	376.99	0.00
Employee Nature CONTUSION	•	Claim Number Closed 04-73-005-12 Cause SLIPPED, DID NOT FALL	Department 67 Body Part CHEST	<u>Date of Injury</u> 01/19/2012		ury Description foot slipped off truck bum	per. Hit ribs on right sid	e, Has had bad pain o	n left ribs.	
2012	0	0.00	2,670.75	0.00	2,670.75	0.00	2,670.75	0.00	2,670.75	0.00
Employee Nature CONTUSION		Claim Number Closed 04-73-012-12 Cause OBJECT BEING LIFTED OR HANDLED	<u>Department</u> 67 <u>Body Part</u> ABDOMEN INCLU	Date of Injury 02/02/2012 DING GROIN		ury <u>Description</u> ed 6" valve and pulled in bo	ittom left side of stoma	th and every time Iw I	ifted something it	
2012	0	0.00	178.16	0.00	178.16	0.00	178.16	0.00	178.16	0.00
Nature CONTUSION		Claim Number Closed 04-73-022-12 Cause CAUGHT IN, UNDER OR BETWEEN, NOC	Department 67 Body Part FINGER(S)	<u>Date of Injury</u> 02/27/2012		ury <u>Description</u> hed middle finger on left hi	and between binders an	d pipe when securing	plpe to trailer.	

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Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity	Paid Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2012	0	0.00	251.54	0.00	251.54	0.00	251.54	0.00	251.54	0.00
Nature POISONING - GENE	•	Claim Number C 04-73-058-12 Cause CONTACT WITH, NOC	losed <u>Department</u> <u>Body Part</u> NO PHYSICAL	<u>Date of Injury</u> 57 06/04/2012 INJURY		ry <u>Description</u> crieved poision ivy.				
2012	0	0.00	1,624.09	0.00	1,624.09	0.00	1,624.09	0.00	1,624.09	0.00
Nature POISONING - GENEROR CUMULATIVE IN	•	Claim Number Cl 04-73-085-12 Cause Animal or Insect	<u>Body Part</u> MULTIPLE BO	Date of Injury 08/06/2012 DY PARTS (INCLUDING S AND BODY PARTS)		ry <u>Description</u> as tearing down pump hoses.	se and yellow jacket stu	ing left arm and Inside	e ear. Stung up to	
2012	0	0.00	476.05	0.00	476.05	0.00	476.05	0.00	476.05	0.00
Employee Nature STRAIN		Claim Number Cl 04-73-101-12 Cause LIFTING	Body Part FINGER(S)	<u>Date of Injury</u> 57 08/27/2012		ry <u>Description</u> ring water leak. Lifting sec	tion of pipe and straine	d index finger on righ	t hand.	
2012	0	0.00	398.33	0.00	398.33	0.00	398.33	0.00	398.33	0,00
Nature STRAIN	,	Claim Number Cl 04-73-103-12 Cause PUSHING OR PULLING	Body Part	Date of Injury 07 09/14/2012 AREA (LUMBAR AREA ACRAL)	Iw tr	ry <u>Description</u> ying to locate water line. V back,	While pulling probe out	of ground, Iw felt son	nething pull in	
2012	0	0.00	97.96	0.00	97.96	0.00	97.96	0.00	97.96	0.00
Employee Nature LACERATION	.	Claim Number Cl 04-74-095-12 Cause CUT, PUNCTURE, SCRAP NOC	Body Part	<u>Pate of Injury</u> 58 08/23/2012		ry <u>Pescription</u> It left arm at elbow on me	tal building.			

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity		Pald xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2012	0	0.00	646.29	0.00	646.29	0.00	646.29	0.00	646.29	0.00
Employee Nature SPRAIN		<u>Claim Number</u> Closed 04-82-001-12 <u>Cause</u> FALL, SLIP OR TRIP, NOC	<u>Department</u> 70 <u>Body Part</u> ANKLE	<u>Date of Injury</u> 01/03/2012	Set	urv Description ting manhole inside safety b ped off pipe and twisted an				
2012	0	0.00	787.78	0.00	787.78	0.00	787.78	0.00	787.78	0.00
Nature FOREIGN BODY		Claim Number Closed 04-82-026-12 Cause FOREIGN MATTER (BODY) IN EYE(5)	<u>Department</u> 70 <u>Body Part</u> EYE(S)	<u>Date of Injury</u> 03/12/2012	Iw	urv Description got something in right eye, I sses were in use.	Eye irritation, and feeli	ng like something is in	eye. Safety	
2012	0	0.00	370.24	0.00	370.24	0.00	370.24	0.00	370.24	0.00
Employee Nature STRAIN		Claim Number Closed 04-82-033-12 Cause STRAIN OR INJURY BY, NOC	<u>Department</u> 70 <u>Body Part</u> ANKLE	<u>Date of Injury</u> 04/10/2012		ury Description working inside excavation, to	visted left ankle in tren	ch box repairing sewe	er line.	
2012	16	831.88	3,119.04	0.00	3,950.92	831.88	3,119.04	0.00	3,950.92	0.00
Employee Nature STRAIN		Claim Number Closed 04-82-043-12 Cause LIFTING	<u>Department</u> 70 <u>Body Part</u> LOWER BACK ARE AND LUMBO-SACR	•	Ren	ury Description noved lid from manhole and Idn't straighten up. Put came st.				
2012	0	0.00	275.66	0.00	275.66	0.00	275.66	0.00	275.66	0.00
Employee Nature LACERATION		Claim Number Closed 04-82-048-12 Cause CUT, PUNCTURE, SCRAPE, NOC	Department 70 Body Part FINGER(S)	<u>Date of Injury</u> 05/15/2012	Ren	ury <u>Description</u> noving saw blade from walk left index finger at knuckle.			ed left thumb and	•

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity	Paid Medical	Pald Expense	Total Pald	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2012	0	0.00	1,146.19	0.00	1,146.19	0.00	1,146.19	0.00	1,146,19	0.00
Employee Nature STRAIN	_	<u>Claim Number</u> 04-082-126-12 <u>Cause</u> LIFTING	Closed <u>Department</u> Body Part ABDOMEN I	nt <u>Date of Injury</u> 70 12/17/2012 NCLUDING GROIN		r Description nile lifting a manhole cast	ing (without lid), pulled	d groin muscle		
2012	0	0.00	706.92	0.00	706.92	0.00	706.92	0.00	706.92	0.00
Employee Nature STRAIN		<u>Claim Number</u> 04-82-129-12 <u>Cause</u> STRAIN OR INJURY BY	Closed <u>Department</u> Body Part N, NOC LOWER BAC AND LUMBO	70 12/19/2012 K AREA (LUMBAR AREA		<u>r Description</u> Beval saw pipe for repair	and strained lower bac	k. Pre existing conditi	ion	
2012	0	0.00	60.16	0.00	60.16	0.00	60.16	0.00	60.16	0.00
Employee Nature LACERATION		Claim Number 04-90-040-12 Cause CUT, PUNCTURE, SCR	Closed <u>Department</u> Body Part APE, LOWER ARM	71 04/26/2012		<u>Description</u> working on brake lines o	on desired	and scrap	ped arm on	
2012	0	0.00	159.87	0.00	159.87	0,00	159.87	0.00	159.87	0.00
Employee Nature SPRAIN		<u>Claim Number</u> 04-90-059-12 <u>Cause</u> PUSHING OR PULLING		Date of Injury 71 06/11/2012 ODY PARTS (INCLUDING EMS AND BODY PARTS)	Iw was area. I	<u>Description</u> i plugging truck tire. As In w complained of soreness going numb.		• •		
2012	0	0.00	4,942.70	0.00	4,942.70	0.00	4,942.70	0.00	4,942.70	0.00
Employee Nature SPRAIN		<u>Claim Number</u> 04-90-070-12 <u>Cause</u> PUSHING OR PULLING	Closed <u>Department</u> Body Part SHOULDER(71 06/14/2012	Iw was	Description pulling drum from school is having numbmess and		in in shoulder. Now it	is getting worse	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

All States

		-						i in States		
Claim Year	Days Lost	Paid Indemnity	Pald Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2012	0	0.00	340.30	0.00	340,30	0.00	340.30	0.00	340.30	0.00
Employee Nature		Claim Number Clos 04-90-060-12 Cause	7 Body Part		Iw w	ry Description as letting jack down and pinched and also ankle ho	- •	hog and tractor with h	is thigh, Left arm	
CONTUSION		OBJECT BEING LIFTED OR HANDLED		Y PARTS (INCLUDING AND BODY PARTS)						
2012	0	0.00	158.06	0.00	158.06	0.00	158.06	0.00	158.06	0,00
Employee Nature CONTUSION		Claim Number Clos 04-90-083-12 Cause FALLING OR FLYING OBJE	7: <u>Body Part</u>	<u>Pate of Infury</u> 08/03/2012	Iw w	ry Description as removing a chair from de landed on Iw foot.	top of table and chair s	slipped out of hands. It	fell to floor and	
2012	0	0.00	391.93	0.00	391.93	0.00	391.93	0.00	391.93	0.00
Employee Nature FOREIGN BODY		Claim Number Clos 04-90-119-12 Cause FOREIGN MATTER (BODY) EYE(S)	7: Body Part	<u>Date of Injury</u> 10/30/2012		ry <u>Description</u> orking on cutting exhaust	t pipe. Took off safety	glasses to check work	and rust fell into	
2012	0	0.00	1,524.79	0.00	1,524.79	0.00	1,524.79	0.00	1,524.79	0.00
Employee Nature CONTUSION		Claim Number Closs 04-32-030-12 Cause STATIONARY OBJECT	704 <u>Body Part</u> MULTIPLE BOD	Date of Injury 04/01/2012 PARTS (INCLUDING AND BODY PARTS)	Swee	ry <u>Pescription</u> ping at the round about a ng lot and turned around				
2012	1	2,363.72	2,336.62	0.00	4,700.34	2,363.72	2,336.62	0.00	4,700.34	0,00
Employes Andre Strain		Claim Number Close 04-28-019-12 Cause INTO OPENINGS-SHAFTS, EXCAVATIONS, FLOOR OPENINGS, ETC.	ed <u>Department</u> 862 <u>Body Part</u> KNEE	<u>Pate of Injury</u> 2 02/22/2012	After	y Description putting medical equiptme w twisted knee.	ent back on truck from a	a call, foot slipped into	ditch beside truck	SETTLED

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Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

All States

Claim Year	Days Lost	Paid Indemnity	Paid Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2012	0	0.00	199.21	0.00	199.21	0.00	199.21	0.00	199,21	0.00
Employee Nature BURN		<u>Claim Number</u> 04-28-023-12 <u>Cause</u> FIRE OR FLAME	● <u>Body</u>	rtment <u>Date of Injury</u> 862 02/28/2012 Part TISSUE	S	n <u>iury Description</u> uffered 2nd degree burn, ap _l uring interior attack.	prox. size of quater to ri	ght side of face while	escaping fire	
2012	0	0.00	1,263.77	0.00	1,263.77	0.00	1,263.77	0.00	1,263.77	0.00
Employee Nature STRAIN		Claim Number 04-28-076-12 Cause FALL, SLIP OR TRIP,	Body	tment <u>Date of Injury</u> 862 05/16/2012 Part LDER(S)	Iv Ci	njury Description w was removing air pack fron urb and rolled ankle and fell i lso jammed right shoulder ar	to the ground scrapping			
2012	88	7,456.12	15,655.97	0.00	23,112.09	7,456.12	22,000.00	532.70	29,988.82	6,876.73
Employee Nature STRAIN		<u>Claim Number</u> 04-28-074-12 <u>Cause</u> LIFTING	<u>Body</u> LOWE	tment <u>Date of Injury</u> 862 06/13/2012 Part R BACK AREA (LUMBAR AREA UMBO-SACRAL)	W W	njury <u>Description</u> /hile doing bicep and tricep w rong until a couple of days la g.				SETTLED
2012	96	15,477.36	27,108.85	0.00	42,586.21	15,477.36	45,000.00	0.00	60,477.36	17,891.15
Employee Nature STRAIN		<u>Claim Number</u> 04-28-077-12 <u>Cause</u> LIFTING	Body	tment Date of Injury 862 06/21/2012 Part DER(S)	D:	niury Description uring extrication to vehicle or atient on Isb. With limited spa etting him out. Iw hurt left sh	ace to work with and the	•	•	SETTLED
2012	0	0.00	521.14	0.00	521.14	0.00	521.14	0.00	521.14	0.00
Employee Nature STRAIN		<u>Claim Number</u> 04-28-130-12 <u>Cause</u> STRAIN OR INJURY B	Body	tment Date of Injury 862 12/22/2012 Part DER(S)		n <u>iury Description</u> hile Iw was chopping with ar	n axe during a fire, Iw in	njured shoulder.		
2012	0	0.00	445,70	0.00	445.70	0.00	445.70	0.00	445.70	0.00
Employee Nature SPRAIN		<u>Claim Number</u> 04-28-128-12 <u>Cause</u> FALL, SLIP OR TRIP, I	<u>Body</u>			ntury Description I slipped while fetting off fire	truck and pulled right c	alf muscle.		

hello

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Pald Indemnity	Paid Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2012	0	0.00	334.44	0.00	334.44	0.00	334.44	0.00	334.44	0.00
Employee Nature STRAIN		Claim Number C 04-28-131-12 Cause STRAIN OR INJURY BY,	Body	rtment <u>Date of Injury</u> 862 12/31/2012 Part		ury Description was exiting a vehicle and hi	s left foot slipped causir	ng him to hyper exten	d left knee.	
2012	0	0.00	1,722.20	0.00	1,722.20	0.00	1,722.20	0.00	1,722.20	. 0.00
Employee Nature SPRAIN		<u>Claim Number</u> C 04-11-010-12 <u>Cause</u> TWISTING	Body MULT	rtment Date of Injury 3,414 01/30/2012 Part IPLE BODY PARTS (INCLUDING SYSTEMS AND BODY PARTS)		ury <u>Description</u> usting forks on backhow, wi	hile tightening screws IV	W hurt right arm and s	shoulder.	
2012	0	0.00	120.84	0.00	120.84	0.00	120.84	0.00	120.84	0.00
Employee Nature FOREIGN BODY		<u>Claim Number</u> C 04-85-050-12 <u>Cause</u> FALLING OR FLYING OB	Body	-	Iw t	ury Description puilding a catch basin using in Iw right eye.	a hammer and chisel. E	Breaking away old bric	ks when a piece	
2012	0	0.00	176,02	0.00	176.02	0.00	176.02	0.00	176.02	0.00
Employee Nature CONTUSION		<u>Ciaim Number</u> C 04-85-061-12 <u>Cause</u> FALLING OR FLYING OB	Body	rtment <u>Date of Injury</u> 3,414 06/19/2012 <u>Part</u>		ury Description al Plate fell on Iw right foot.				
2012	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employee Nature STRAIN		Claim Number C 04-85-071-12 Cause TWISTING	<u>Body</u> MULT.	atment Date of Iniury 3,414 06/19/2012 Part PLE BODY PARTS (INCLUDING SYSTEMS AND BODY PARTS)	IW i trea this	ury Description initially reported stepping in tment. Reported on 7/3/20: incident. Medical notes wer i prior due to painting. Emp	12 that his shoulder and re obtained showed IW	neck were now hurti	ng because of	

Injury Date Range: 01/01/2010 to 12/31/2019

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Claim Year	Days Lost	Pald Indemnity	Pald Medical E	Paid xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2011	109	9,686.85	12,826.36	0.00	22,513.21	9,686.85	15,000.00	0.00	24,686.85	2,173,64
Nature STRAIN		Claim Number Open 04-16-011-11 Cause STRAIN OR INJURY BY, NOC	<u>Department</u> 23 <u>Body Part</u> KNEE	<u>Date of Injury</u> 02/09/2011	IW	ury Description was standing beside the ro e to hyperextend.	ad and the ground gave	e way underneath him	causing his right	SETTLED
2011	0	0.00	239.29	0.00	239.29	0.00	239.29	0.00	239.29	0.00
Employee Nature LACERATION		Claim Number Closed 04-16-027-11 Cause POWERED HAND TOOL, APPLIANCE	<u>Department</u> 23 <u>Body Part</u> FINGER(S)	<u>Date of Injury</u> 03/11/2011	IW	ury <u>Description</u> was sawing a piece of met finger in two places; one b		v popped out and cut	IW on the left	
2011	0	0.00	329.27	0.00	329.27	0.00	329.27	0.00	329.27	0.00
Employee Nature CONTUSION		Claim Number Closed 04-17-003-11 Cause ON ICE OR SNOW	24 <u>Body Part</u>	Date of Injury 01/10/2011 ARTS (INCLUDING ND BODY PARTS)	IW v	ury <u>Description</u> was walking in parking lot, eft side of body. Hit on hip		/parking lot and fell to	the ground. Hit	
2011	0	0.00	370.82	0.00	370.82	0.00	. 370.82	0.00	370.82	0.00
Employee Nature PUNCTURE		Claim Number Closed 04-18-103-11 Cause HAND TOOL OR MACHINE IN USE	25 <u>Body Part</u>	<u>Date of Injury</u> 09/23/2011	Whil	erry <u>Description</u> e using a drill to screw a d went into index finger on i		the phillips bit slipped	d off the screw	
2011	0	0.00	164.16	0.00	164.16	0.00	164.16	0.00	164.16	0.00
Employee Nature CONTUSION		<u>Claim Number</u> Closed 04-19-007-11 <u>Cause</u> SLIPPED, DID NOT FALL	<u>Department</u> 26 <u>Body Part</u> ELBOW	<u>Date of Injury</u> 01/18/2011	IW o	rry <u>Description</u> Ideaning truck ; climber In the back window to get In the back window to get In the back window to get	•	•	• • • • • • • • • • • • • • • • • • • •	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity		Pald opense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2011	0	0.00	799.53	0.00	799.53	0.00	799.53	0.00	799.53	0.00
Employee Nature STRAIN	•	Claim Number Closed 04-19-041-11 Cause USING TOOL OR MACHINERY	<u>Department</u> 26 <u>Body Part</u> LOWER BACK ARE AND LUMBO-SACR	•	IW's	urv <u>Description</u> i lawn mower slid down a h i back.	nill backwards, A hill an	d sidewalk stopped th	e mower, jarring	
2011	0 .	0.00	324.30	0.00	324.30	0.00	324.30	0.00	324,30	0.00
Employee Nature CONTUSION		Claim Number Closed 04-19-048-11 Cause FALLING OR FLYING OBJECT	Department 26 Body Part SOFT TISSUE	<u>Date of Injury</u> 05/17/2011	IW r	pry Description noving poles from batting of the country of the ground.	cage, top pole broke ar	d fell. Hit IW on the t	op of the head.	
2011	0	0.00	191.08	0.00	191.08	0.00	191.08	0.00	191.08	0.00
Employee Nature SPRAIN	•	Claim Number Closed 04-19-052-11 Cause USING TOOL OR MACHINERY	Department 26 Body Part FINGER(S)	<u>Date of Injury</u> 05/31/2011	IW v	ury <u>Description</u> vas mowing on Salar side id into steering wheel.	bushog, hit a rock, tra	ctor came to a sudder	n stop and finger	
2011	0	0.00	310.83	0.00	310.83	0.00	310.83	0.00	310.83	0.00
Nature CONTUSION		Claim Number Closed 04-19-075-11 Cause HAND TOOL OR MACHINE IN USE	<u>Department</u> 26 <u>Body Part</u> HAND	<u>Date of Injury</u> 07/20/2011	Takir	ory Description ng blades off of bush hog, nced off rod and IW's hand		ammer to knock bolt o	out. hammed	
2011	0	0.00	276.90	0.00	276.90	0.00	276.90	0.00	276,90	0.00
Employee Nature CONTUSION		Claim Number Closed 04-19-133-11 Cause FALL, SLIP OR TRIP, NOC	<u>Department</u> 26 <u>Body Part</u> LOWER BACK AREA AND LUMBO-SACR		Iw h	ry <u>Description</u> elping unload some trees fi uckey of a backhoe.	rom flatbed tractor trail	or. Slipped and fell an	d hit lower back	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity	Paid Medical E	Pald xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2011	0	0.00	2,251.67	0.00	2,251.67	0.00	2,251.67	0.00	2,251.67	0.00
Employee Nature STRAIN		Claim Number Closed 04-27-030-11 Cause ANIMAL OR INSECT	<u>Department</u> 32 <u>Body Part</u> ELBOW	<u>Pate of Injury</u> 03/16/2011	IM	jury Description / was catching a K-9 and was n and possibly injured his rig	•	e tried to catch himse	if with his right	
2011	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employee Nature LACERATION		Claim Number Closed 04-25-057-11 Cause PERSON IN ACT OF A CRIME (ROBBERY OR CRIMINAL ASSAULT)	32 Body Part	<u>Date of Iniury</u> . 04/27/2011	IW	tury Description I was involved in a physical a ceived minor scratches/abras er the wounds became infect	ions to her right foream	n. IW reported that ap	prox 2 weeks	
2011	0	0.00	1,143.80	0.00	1,143.80	0.00	1,143.80	0.00	1,143.80	0.00
Employee Nature CONTUSION		Claim Number Closed 04-25-098-11 Cause FALL, SLIP OR TRIP, NOC	<u>Department</u> 32 <u>Body Part</u> TOES	<u>Date of Injury</u> 07/05/2011	Iw	<u>jury Description</u> got up from chair as toe of I IW took a step, they fell to t	-	a computer cable locat	ted under desk.	
2011	72	19,613.95	12,044.37	0.00	31,658.32	19,613.95	20,000.00	0.00	39,613.95	7,955.63
Employee Nature STRAIN		Claim Number Open 04-27-002-11 Cause LIFTING	<u>Department</u> 34 <u>Body Part</u> LOWER BACK ARI AND LUMBO-SACI	<u>Pate of Injury</u> 01/07/2011 EA (LUMBAR AREA RAL)	IW	iury <u>Description</u> was retrieving weights from riticipating in physical to the physical to th		experienced pain in h	is lower back.	SETTLED
2011	46	19,152.87	46,132.51	0.00	65,285.38	19,152.87	46,195,38	0.00	65,348.25	62.87
Employee Nature STRAIN		<u>Claim Number</u> Open 04-27-009-11 <u>Cause</u> PUSHING OR PULLING	<u>Department</u> 34 <u>Body Part</u> MULTIPLE UPPER	Date of Injury 02/03/2011 EXTREMITIES	IW	iury <u>Description</u> was helping a The State uped, jerking IW's right arm a		accident scene. The ¶		SETTLED

Injury Date Range: 01/01/2010 to 12/31/2019

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City of Kingsport - Municipality

All States

Claim Year	Days Lost	Paid Indemnity	Paid Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2011	0	0.00	255.98	0.00	255,98	0.00	255.98	0.00	255.98	0.00
Employee Nature SPRAIN		Claim Number Close 04-27-029-11 Cause ON SAME LEVEL	34 Body Part	Pate of Injury 03/21/2011 ER EXTREMITIES	IW inte	was working the school car resection when she went to oped into a hole and twister	the vehicle to retrieve	paperwork. When she		
2011	0	0.00	832.53	0.00	832.53	0.00	832.53	0.00	832.53	0.00
Employee Nature SPRAIN	,	Claim Number Close 04-27-039-11 Cause PERSON IN ACT OF A CRIM (ROBBERY OR CRIMINAL ASSAULT)	34 Body Part	<u>Pate of Iniury</u> 04/13/2011	Duri	ury Description ing a struggle with a crimin ring her right hand.	nal suspect to recover e	vidence IW fell in a sn	nall bathroom	
2011	0	0.00	5,860.05	0.00	5,860.05	0.00	5,860.05	0.00	5,860.05	0.00
Employee Nature CONTUSION		Claim Number Close 04-27-055-11 Cause COLLISION OR SIDESWIPE WITH ANOTHER VEHICLE	34 <u>Body Part</u>	<u>Date of Injury</u> 06/10/2011	IW	<u>Iry Description</u> was involved in pursuit of a ked into IW's vehicle.	felony suspect. At the	conclusion of the purs	suit the suspect	
2011	0	0.00	827.74	0.00	827.74	0.00	827.74	0.00	827.74	0.00
Employee Nature DERMATITIS		Claim Number Close 04-27-058-11 Cause CONTACT WITH, NOC	Body Part MULTIPLE BODY	Date of Injury 06/11/2011 PARTS (INCLUDING AND BODY PARTS)		ury <u>Description</u> stling w/suspect. Skin to sk	kin contact was necessa	ary. IW contracted ring	oworm afterward.	
2011	2	76.52	2,165.15	0.00	2,241.67	76.52	2,165.15	0.00	2,241.67	0.00
Nature SPRAIN	1	Claim Number Close 04-27-061-11 Cause INTO OPENINGS-SHAFTS, EXCAVATIONS, FLOOR OPENINGS, ETC.	d <u>Department</u> 34 <u>Body Part</u> ANKLE	<u>Pate of Iniury</u> 06/18/2011	1W v	ury <u>Description</u> vas walking in a yard inves ankle.	tigating a domestic dist	urbance and stepped	in a hole, twisting	

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Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

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All States

Claim Year	Days Lost	Paid Indemnity		Paid xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2011	0	0.00	267.58	0.00	267.58	0.00	267.58	0.00	267.58	0.00
Employee Nature	Þ	Claim Number Closed 04-27-076-11 Cause	<u>Dep</u> artment 34 <u>Body Part</u>	<u>Date of Injury</u> 07/25/2011	-	iury Description g snapped at right hand, gra	azing the back of the ha	and causing an abrasic	n.	
CONTUSION		ANIMAL OR INSECT	HAND							
2011	0	0.00	3,625.60	0.00	3,625.60	0.00	3,625.60	0.00	3,625.60	0.00
Nature CONTUSION		Claim Number Closed 04-27-099-11 Cause FALL, SLIP OR TRIP, NOC	34 Body Part	Date of Injury 08/02/2011 PARTS (INCLUDING ND BODY PARTS)	Wh	ivry Description nen chasing a suspect, suspe gotiate stairs, falling to grour or to incident.				
2011	0	0.00	289.65	0.00	289,65	0,00	289.65	0.00	289.65	0.00
Employee Nature PUNCTURE		Claim Number Closed 04-27-092-11 Cause ANIMAL OR INSECT	<u>Department</u> 34 <u>Body Part</u> HAND	<u>Date of Injury</u> 09/02/2011	IW	iury Description was participating in a K-9 Ti K-9 to bite the hand causing		om one hand to anoth	er which caused	
2011	0	0.00	682.98	0.00	682.98	0.00	682.96	0,00	682.96	0.00
Nature POISONING - CHEMITHAN METALS)	CAL,(OTHER	Claim Number Closed 04-27-093-11 Cause DUST, GASES, FUMES OR VAPORS	<u>Department</u> 34 <u>Body Part</u> LUNGS	<u>Date of Injury</u> 09/04/2011	-	(u ry Description pane possibly leaking from p	oropane powered car. Fo	umes/Vapors inhaled	while driving.	
2011	0	0.00	2,872.93	0.00	2,672.93	0.00	2,872.93	0.00	2,872.93	0.00
Employee Nature SPRAIN		Claim Number Closed 04-27-106-11 Cause PERSON IN ACT OF A CRIME (ROBBERY OR CRIMINAL ASSAULT)	<u>Department</u> 34 <u>Body Part</u> KNEE	<u>Date of Injury</u> 10/01/2011		ury Description ee injury sustained during foo	ot pursuit of fleeing sus	pect.		

hello

09/15/2020

Injury Date Range: 01/01/2010 to 12/31/2019

· Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity		Pald xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2011	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0,00
Employee Nature STRAIN		Claim Number Closed 04-27-114-11 Cause MOTOR VEHICLE, NOC	<u>Department</u> 34 <u>Body Part</u> LOWER BACK ARE AND LUMBO-SACR	•	Acc	ury <u>Description</u> Ident No Fault Int wheel.		. Impact passenger	side doors and	
2011	0	0,00	1,005.28	0.00	1,005.28	0.00	1,005.28	0.00	1,005,28	0.00
Employee Nature LACERATION	· •	Claim Number Closed 04-27-117-11 Cause CUT, PUNCTURE, SCRAPE, NOC	<u>Department</u> 34 <u>Body Part</u> FINGER(S)	<u>Date of Injury</u> 10/18/2011	Iw	ury <u>Description</u> was searching a suspect and covered it.	found a razor blade in	n suspects back pocke	it, cut finger when	
2011	0	0.00	1,700.57	0.00	1,700.57	0.00	1,700.57	0.00	1,700.57	0.00
Employee Nature PUNCTURE		Claim Number Closed 04-25-123-11 Cause OBJECT BEING LIFTED OR HANDLED	Department 34 Body Part FINGER(S)	<u>Date of Injury</u> 11/03/2011	IW	ury <u>Pescription</u> allowed an inmate to test his identally punctured in the rig	-	was retrieving the te	st kit and was	
2011	0	0.00	1,678.34	0.00	1,678.34	0.00	1,678.34	0.00	1,678.34	0.00
Nature CONTUSION		Claim Number Closed 04-27-136-11 Cause SLIPPED, DID NOT FALL	<u>Department</u> 34 <u>Body Part</u> MULTIPLE BODY F BODY SYSTEMS A	<u>Date of Injury</u> 12/07/2011 PARTS (INCLUDING ND BODY PARTS)	Iw	ury Description was walking on his front pore was walking in Juring his left in	nd fell catching his upp	er left arm at the arm		
2011	0	0.00	796.08	0.00	796.08	0.00	796.08	0.00	796.08	0.00
Employed Nature FOREIGN BODY		Claim Number Closed 04-31-021-11 Cause FOREIGN MATTER (BODY) IN EYE(S)	<u>Department</u> 38 <u>Body Part</u> EYE(S)	<u>Pate of Injury</u> 02/11/2011	Met	ury <u>Description</u> tal in eye from either off glov . Had safety glasses on.	es, off hat or out of ha	air. Not known while w	vorking in welding	

Injury Date Range: 01/01/2010 to 12/31/2019

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All States

Claim Year	Days Lost	Paid Indemnity	Paid Medicai	Paid Expense	Total Pald	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2011	0	0.00	373.38	0.00	373.38	0.00	373.38	0.00	373.38	0.00
Employee Nature CONTUSION		Claim Number 04-31-034-11 Cause FELLOW WORKER, PATIENT-NOT IN ACT O	Department Body Part BUTTOCKS	<u>t</u> <u>Date of Injury</u> 38 04/06/2011	IW v	ury <u>Description</u> vas standing in line to cloc ed IW in the rear-end with		nto clockroom and wil	th no warning	
2011	0	0.00	191.08	0.00	191.08	0.00	191.08	0.00	191.08	0.00
Employee Nature SPRAIN		Claim Number 04-31-038-11 Cause CAUGHT IN, UNDER OF	Closed <u>Department</u> Body Part; FINGER(S)	t <u>Date of Injury</u> 38 04/13/2011	IW v	ry <u>Description</u> vas turning the steering wi ht the seal that goes arou				
2011	0	0.00	551.76	0.00	551.76	0,00	551.76	0.00	551.76	0.00
Employee Nature STRAIN		<u>Claim Number</u> 04-31-044-11 <u>Cause</u> LIFTING	Closed <u>Department</u> Body Part SHOULDER(:	38 05/11/2011	IW w	ry <u>Description</u> vas working on the asphall r, he then felt a tug on his			put it back on the	
2011	238	37,964.01	67,895.01	0.00	105,859.02	37,964.01	67,934.99	0.00	105,899.00	39.98
Employee Nature STRAIN		Claim Number (04-31-050-11 Cause PUSHING OR PULLING	Departmen Body Part LOWER BACK AND LUMBO	38 05/22/2011 CAREA (LUMBAR AREA	IWw	ry Description as called back to check or allroad cross tie in roadwa			found	SETTLED
2011	0	0.00	216.71	0.00	216.71	0.00	216,71	0.00	216.71	0.00
Employee Nature POISONING - GENERA OR CUMULATIVE INJU		Claim Number 04-31-059-11 Cause ANIMAL OR INSECT	Departmen Body Part SOFT TISSUI	38 06/14/2011	IW w	ry Description ras paving on whooks swollen and infected	nen he got bitten by a sp 	older on the left side o	of his neck. It	

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09/15/2020

Injury Date Range: 01/01/2010 to 12/31/2019

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Claim Year	Days Lost	Paid Indemnity		Pald Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2011	13	10,819.92		16,258.02	0.00	27,077.94	10,819.92	20,000.00	0.00	30,819.92	3,741.98
Employee Nature CONTUSION		Claim Number 04-31-070-11 Cause MOTOR VEHICLE	Open	<u>Department</u> 38 <u>Body Part</u> KNEE	<u>Date of Injury</u> 0 07/11/2011	A c	iury Description car went around road closed r from progressing, 2 emplo ap and bruising.	-		•	SETTLED
2011	0	0.00		158.49	0.00	158.49	0.00	158.49	0.00	158.49	0.00
Employee Nature SPRAIN)	Claim Number 04-31-084-11 Cause TWISTING	Closed	<u>Department</u> 38 <u>Body Part</u> ANKLE	<u>Date of Injury</u> 08/19/2011		iury Description Stepped out of dump truck	as right foot and ankle	twisted due to unever	n payment	
2011	0	0.00		509.22	0,00	509.22	0.00	509,22	0.00	509.22	0.00
Employee Nature STRAIN		<u>Claim Number</u> 04-31-100-11 <u>Cause</u> TWISTING	Closed	<u>Department</u> 38 <u>Body Part</u> LOWER BACK AF AND LUMBO-SAG	REA (LUMBAR AREA	Iw	jury <u>Description</u> was removing a chain bindd bbing pain in lower back, ri	_	When turning to set it	down, iw felt a	
2011	0	0.00		277.37	0.00	277.37	0.00	277.37	0.00	277.37	0.00
Employee Nature STRAIN		<u>Claim Number</u> 04-31-104-11 <u>Cause</u> PUSHING OR PULLIN	Closed .	<u>Department</u> 38 <u>Body Part</u> SHOULDER(S)	<u>Date of Injury</u> 09/26/2011	Iw	jury Description was pulling forms frm sidev oped at left shoulder.	valk and went to pull co	increte pln out of grou	nd and back	
2011	0	0.00		122.39	0.00	122,39	0.00	122.39	0.00	122.39	0.00
Employee Nature CONTUSION		Claim Number 04-33-018-11 Cause OBJECT BEING LIFTE HANDLED	Closed ED OR	<u>Department</u> 39 <u>Body Part</u> THUMB	<u>Date of Injury</u> 02/11/2011	IW	i <u>ury Description</u> was retreiving a garbage ca skin and blacking the nail.		uck and he sma s hed h	is thumb; tearing	

Injury Date Range: 01/01/2010 to 12/31/2019

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Claim Year	Days Lost	Paid Indemnity	Pai Med		ald pense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2011	0	0.00	1,4	124.01	0.00	1,424.0	1 0.00	1,424.01	0.00	1,424.01	0.00
Employee Nature	.	Claim Number 04-33-102-11 Cause	Closed	<u>Department</u> 39 <u>Body Part</u>	<u>Date of Injury</u> 09/23/2011		<u>Injury Description</u> Iw was driving a truck that rol after the roll-over.	led over on	t side of bod	y was hurting	
CONTUSION	<u>-</u>	VEHICLE UPSET (OVERTURNED OR JACKKNIFED)	<u> </u>	MULTIPLE BODY PA BODY SYSTEMS AN	-						
2011	0	0.00	9	343.07	0.00	943.07	7 0.00	943.07	0.00	943.07	0.00
Employed Nature		Claim Number 04-34-032-11 Cause	Closed	<u>Department</u> 40 Body Part	<u>Date of Injury</u> 03/30/2011		<u>Injury Description</u> IW was stepping out of City to had a pop and stinging feeling				
STRAIN		TWISTING		LOWER BACK AREA AND LUMBO-SACRA	•		hung up in back.				
2011	4	312.76	1	198.12	0.00	510.88	312,76	198.12	0.00	510.88	0.00
Employee Nature STRAIN		<u>Claim Number</u> 04-34-110-11 <u>Cause</u> PUSHING OR PULLIN	Closed G •	Department 40 Body Part ABDOMEN INCLUDI	Date of Injury 10/12/2011 NG GROIN		Injury Description Pulling bag of grass out of brus and felt a pull and burning pair		• •	s on shale ground	
2011	. 0	0,00	9	965.86	0.00	965.86	0.00	965.86	0.00	965.86	0.00
Employee	•	<u>Claim Number</u> 04-36-073-11	Closed	<u>Department</u> 42	<u>Date of Injury</u> 07/19/2011		Injury Description Using the tire derimmer and tire	re came over, cut and p	inched middle finger o	on left hand.	
Nature CRUSHING		<u>Cause</u> OBJECT HANDLED		Body Part FINGER(S)				· · · · · · · · · · · · · · · · · · ·			
2011	0	0.00	1	45.28	0.00	145.28	0.00	145,28	0.00	145.28	0.00
Nature DERMATITIS		Claim Number 04-19-111-11 Cause CONTACT WITH, NO	Closed .	Department 43 Body Part INSUFFICIENT INFO IDENTIFY-UNCLASS			Injury Description Paison Ivy while cutting wood				

Injury Date Range: 01/01/2010 to 12/31/2019

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Claim Year	Days Lost	Paid Indemnity	Pald Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2011	0	0.00	191.08	0.00	191.08	0.00	191.08	0.00	191.08	0.00
Employee Nature CONTUSION	B	Claim Number Close 04-42-051-11 Cause OBJECT HANDLED	d <u>Department</u> 46 Body Part FINGER(S)	<u>Pate of Intury</u> 5 05/31/2011	IW	lury Description smashed finger in water planger in wat		lifting the plate to the	e drain, the plate	
201Í	0	0.00	53.58	0.00	53.58	0.00	53.58	0.00	53,58	0.00
Employee Nature LACERATION)	Claim Number Close 04-46-107-11 Cause FALL, SLIP OR TRIP, NOC	d <u>Department</u> 50 <u>Body Part</u> FINGER(S)	<u>Date of Injury</u> 0 09/30/2011	Rig	lury Description tht knee gave way and she for the country of t	ost her balance, cut fin	ger (left index) In fall -	unsure of what	
2011	28	1,759.32	6,643.69	0.00	8,403.01	1,759.32	6,643.69	0.00	8,403.01	0.00
Nature ALL OTHER OCCUPA DISEASE INJURY, NO		Claim Number Close 04-47-031-11 Cause REPETITIVE MOTION - CALLOUS, BLISTER, ETC.	d <u>Department</u> 51 <u>Body Part</u> MULTIPLE UPPE		IW	ury Description 's right arm, elbow and hand libits for the herpetarium a l		nb. He's been working	on carving new	
2011	0 .	0.00	180.37	0.00	180.37	0.00	180.37	0.00	180.37	0.00
Employee Nature STRAIN		<u>Claim Number</u> Close 04-47-108-11 <u>Cause</u> FALL, SLIP OR TRIP, NOC	d <u>Department</u> 51 <u>Body Part</u> ANKLE	<u>Date of Injury</u> 10/03/2011	Iw	ury <u>Description</u> was training on a mountian _{bining} her ankle.	board and took a fall. I	ler foot didn't come o	ut of foot straps	
2011	0	0.00	1,418.49	0.00	1,418.49	0.00	1,418.49	0.00	1,418.49	0.00
Employee Nature SPRAIN		Claim Number Close 04-47-124-11 Cause STRAIN OR INJURY BY, NO	Body Part	<u>Date of Injury</u> 11/04/2011	<u>Ini</u> fell.	•	tepped on vacuum hosi	e lying in floor, ankle t	wisted and Iw	
2011	0	0.00	135.96	0.00	135.96	0.00	135.96	0.00	135.96	0.00

hello

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

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Claim Year	Days Lost	Paid Indemnity		Paid Iedicai	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
Employee		<u>Claim Number</u>	Closed	Department	Date of Injury		Injury Description				
		04-47-132-11		51	11/22/2011		While lifting wood beam, it sli	pped and struck left an	kle and lower leg.		
Nature		Cause		Body Part							
CONTUSION		OBJECT BEING LIFT	ED OR		PARTS (INCLUDING						
					AND BODY PARTS)	455.55					
2011	0	0.00		120.52	0.00	120.52	0.00	.120.52	0.00	120.52	0.00
Employee		Claim Number	Closed	Department	Date of Injury	1	Injury Description				
		04-48-071-11		52	07/09/2011	1	Flea bite on both ankles and f	eet.			
<u>Nature</u>		<u>Cause</u>		Body Part							
INFECTION		ANIMAL OR INSECT		MULTIPLE LOW	R EXTREMITIES						
2011	0	0.00		422.32	0.00	422.32	0.00	422.32	0.00	422.32	0.00
Employee		Claim Number	Closed	Department	Date of Injury	2	Injury Description				
		04-73-010-11	•	67			Dump truck overturned - bruis	sed and sore all over.			
Nature		Cause		Body Part							
CONTUSION		VEHICLE UPSET		MULTIPLE BODY	PARTS (INCLUDING						
• • • • • • • • • • • • • • • • • • • •		(OVERTURNED OR		BODY SYSTEMS	AND BODY PARTS)						
		JACKKNIFED)	-	4.000.70	0.00	4.040.04		4.000.75			
2011	1	82.91		1,233.70	0.00	1,316.61	82.91	1,233.70	0.00	1,316.61	0.00
Employee		Claim Number	Closed	Department	Date of Injury	1	Injury Description				
		04-73-033-11		67	04/04/2011		W was replacing water line, p	_	backhoe bucket, hit o	enter of face	
Nature	_	Cause		Body Part		t	preaking nose and hitting fore	head and cheeks.			
CONTUSION		FALLING OR FLYING	OBJECT	MULTIPLE HEAD	INJURY						
2011	0	0.00		588.19	0.00	588.19	0.00	588.19	0.00	588.19	0.00
Employee		Claim Number	Closed	Department	Date of Injury	2	Injury Description				
Della		04-74-096-11		68	09/10/2011	9	Sawing 12" pipe. 5park flew u	p under safety glasses l	nto IW left eye.		
Nature	•	Cause		Body Part							
NO PHYSICAL INJURY		FOREIGN MATTER (E EYE(S)	BODY) IN	EYE(S)							
2011	0	0.00		704.82	0.00	704.82	0.00	704.82	0.00	704.82	0.00
Employee		Claim Number	Closed	Department	Date of Injury	1	njury Description				
		04-74-119-11		68	10/25/2011	I	w getting out of truck and tw	isted left ankle and ankl	e popped.		
Nature		Cause		Body Part							
STRAIN		STRAIN OR INJURY	BY, NOC	ANKLE							
							÷				

hello

Comments.

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity	_ Paid Medica		Paid pense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2011	541	126,016.42	75,170	0.34	0.00	201,186.76	126,016.42	78,000.00	0.00	204,016.42	2,829.66
Employee Nature STRAIN	•	<u>Claim Number</u> 04-81-040-11 <u>Cause</u> PUSHING OR PULLIN	•	Department 69 Body Part LOWER BACK AREA	Date of Injur 04/14/2011 (LUMBAR AREA		<u>jury Description</u> / was raising lid on pump sta	ition when he pulled the	e muscles in back,		SETTLED
2011	D	0.00	1,64	AND LUMBO-SACRA	0.00	1,641.08	0.00	1,641.08	0.00	1,641,08	0.00
Employee Nature LACERATION	•	Claim Number 04-72-109-11 Cause OBJECT HANDLED		Department 69 Body Part FINGER(S)	Date of Injur 09/30/2011	_	jury Description opped a piece of pipe. Finge	r caught between pipe a	and truck bed.		
2011	446	78,980.47	122,223	3,23	0,00	201,203.70	79,080.47	130,000.00	0.00	209,080.47	7,876.77
Mature SPRAIN		Claim Number 04-81-118-11 Cause PUSHING OR PULLIN	l G	Department 69 Body Part LOWER BACK AREA AND LUMBO-SACRA	•		<u>lury Description</u> was pulling pump that was	in akward position whic	h caused injury to bad	k	SETTLED
2011	0	0.00	333	3.01	0.00	333.01	0.00	333.01	0.00	333,01	0.00
Employee Nature STRAIN	•	Claim Number 04-82-036-11 Cause ON STAIRS	•	Department 70 Body Part LOWER BACK AREA AND LUMBO-SACRA	•	IW	jury Description was exiting truck backward ded flat footed on roadway				
2011	0	0.00	721	1.23	0.00	721.23	0.00	. 721.23	0.00	721,23	0.00
Employee Nature CRUSHING	•	Claim Number 04-82-045-11 Cause OBJECT HANDLED		Department 70 Body Part THUMB	<u>Pate of Injury</u> 05/11/2011	Re	<u>lury Description</u> moving suction tube from tr imb; tube weighs 30lbs.	uck and tube fell	over (top heavy) and	mashed right	

hello

Worker's Comp

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity	Paid Medical	Pald Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2011	0	0.00	352,80	0.00	352.80	0.00	352.80	0.00	352.80	0.00
Employee Nature STRAIN	•	<u>Claim Number</u> 04-82-053-11 <u>Cause</u> PUSHING OR PULLING	Body	rtment <u>Date of Inju</u> 70 06/01/2011 <u>Part</u> LDER(S)	Whi	Iry Description le putting suction hoses b under right shoulder.	ack on pumper truck and	d securing them with a	rope, felt extreme	
2011	0	0.00	2,164.63	0.00	2,164.63	0.00	2,164.63	0.00	2,164.63	0.00
Employee Nature STRAÏN	•	Claim Number 04-82-054-11 Cause LIFTING	<u>Body</u> LOWE	rtment <u>Date of Iniu</u> 70 06/07/2011 <u>Part</u> R BACK AREA (LUMBAR AREA LUMBO-SACRAL)	IW a	ary Description adjusting manhole and lift t. Did not notice pain unti Ing lift. Est. weight 150 lb	l after work. Pain no bett			
2011	15	7,087.68	2,971.47	0,00	10,059.15	7,087.68	5,000.00	0.00	12,087.68	2,028.53
Employee Nature STRAIN		Claim Number 04-82-062-11 Cause LIFTING	Body	rtment <u>Pate of Inju</u> 70 06/17/2011 Part A ARMS	IW v	ery Description was filling water tank on \ cle cramp. Pain lasted 15- 11.		_		SETTLED
2011	0	0.00	109.40	0.00	109.40	0.00	109.40	0.00	109.40	0.00
Employee Nature DERMATITIS		Claim Number 04-82-072-11 Cause CONTACT WITH, NOC	Body	rtment <u>Pate of Inj</u> u 70 07/14/2011 <u>Part</u> IPLE LOWER EXTREMITIES	In rig	iry Description ght of way making repair. waist to feet.	. Came into chiggers and	polson ivy. Severe itv	hing on both legs	
2011	0	0.00	229.64	0.00	229.64	0.00	229.64	0.00	229.64	0.00
Employee Nature STRAIN	•	Claim Number 04-82-078-11 Cause LIFTING	Body	rtment <u>Date of Injul</u> 70 07/28/2011 <u>Part</u> LDER(S)		ory Description oved Sewer Manhole lid, s Stiff	felt pain in left shoulder :	10 to 15 minures later	. 7.29,11 Sore	
2011	0	0.00	496.69	0.00	496.69	0.00	496.69	0.00	496.69	0.00

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity	Paid Medical E	Pald xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
Nature POISONING - GENE OR CUMULATIVE II	•	Claim Number Closed 04-82-088-11 Cause ANIMAL OR INSECT	70 Body Part	<u>Pate of Injury</u> 08/22/2011 A (THORACIC AREA)		Injury Description Working on swere repairs in equivalent in equivalent insect.	asement area behind a	partments and was bit	ten on back by	
2011	0	0.00	210.37	0.00	210.3	0.00	210.37	0.00	210,37	0.00
Nature SPRAIN		Claim Number Closed 04-82-086-11 Cause INTO OPENINGS-SHAFTS, EXCAVATIONS, FLOOR OPENINGS, ETC.	<u>Department</u> 70 <u>Body Part</u> ANKLE	<u>Pate of Injury</u> 08/22/2011		Intury Description Working in grown up thicket a Injured left ankle.	rea IW Stepped into	a hole covered by veg	atation and	
2011	0	. 0.00	135.27	0.00	135.2	7 0.00	135.27	0.00	135.27	0.00
Employee Nature SPRAIN		Claim Number Closed 04-82-121-11 Cause INTO OPENINGS-SHAFTS, EXCAVATIONS, FLOOR OPENINGS, ETC.	Department 70 Body Part FOOT	<u>Date of Injury</u> 10/28/2011		Injury Description Helping repair sewer line. Step toes.	ped into unseen hole a	nd hurt left foot betwe	een ankle and	
2011	0	0.00	153.90	0.00	153.9	0.00	153.90	0.00	153.90	0.00
Nature CONTUSION	•	Claim Number Closed 04-82-125-11 Cause OBJECT BEING LIFTED OR HANDLED	<u>Department</u> 70 <u>Body Part</u> SHOULDER(S)	<u>Pate of Injury</u> 11/07/2011		<u>Injury Description</u> Working in trench box 11" Dee trench box. Hit IW on right sho diameter.		•		
2011	0	0.00	326.99	0.00	326.9	9 0.00	326,99	0.00	326.99	0.00
Employee Nature PUNCTURE		Claim Number Closed 04-82-135-11 Cause CUT, PUNCTURE, SCRAPE, NOC	<u>Department</u> 70 <u>Body Part</u> FINGER(S)	<u>Pate of Injury</u> 12/02/2011		<u>Xniury Description</u> Cleaning debri from inside M.H gloves (latex and rubber) enter			•	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

All States

Claim Year	Days Lost	Paid Indemnity	Paid Medical	Pald Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2011	0	0.00	1,592.67	0.00	1,592.67	0.00	1,690.22	0.00	1,690.22	97.55
Employee		<u>Claim Number</u> 04-82-138-11	Open <u>Departm</u>	<u>Pate of Injury</u> 70 12/14/2011	-	ry Description a lady pulled into oncomin	ng traffic. Hit another c	ar and was knocked in	nto city vehícle.	
Nature CONTUSION		Cause Collision or Sidesw With Another Vehic		<u> </u>						
2011	0	0.00	795.53	0.00	795.53	0.00	795.53	0,00	795.53	0.00
Nature CONTUSION		Claim Number 04-90-004-11 Cause ON ICE OR SNOW	•	71 01/10/2011		ry <u>Pescription</u> valking to car and fell on ic	e hitting back and hea	d on pavement.		
2011	0	0.00	188.46	0.00	188.46	0.00	188.46	0.00	188.46	0.00
Employee Nature		<u>Claim Number</u> (04-90-063-11 <u>Cause</u>	Closed <u>Departm</u>	71 05/22/2011		ry Description as lifting tire and wheel ar	nd felt sharp pain in te	sticles.		
STRAIN		LIFTING	ABDOMEN	INCLUDING GROIN						
2011	0	0.00	315.78	0.00	315.78	0.00	315,78	0.00	315.78	0.00
Employee Nature INFLAMMATION		Claim Number (04-90-090-11 Cause ANIMAL OR INSECT	Department Properties	71 08/25/2011		ry Description ble (spider_ insect bite in a	middle of forehead with	n swelling of face.		
2011	0	0.00	303.31	0.00	303.31	0.00	303.31	0.00	303.31	0.00
Nature FOREIGN BODY		Claim Number (04-90-137-11 Cause FOREIGN MATTER (BOI EYE(S)	Department Body Part DY) IN EYE(S)	71 12/08/2011		r <u>y Description</u> of metal fell off shield and	d got in eye while remo	oving face shield.		

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Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity			Paid opense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2011	0	0.00		827.81	0.00	827.81	0,00	827.81	0.00	827.81	0.00
Employee Nature STRAIN		Claim Number 04-32-005-11 Cause PUSHING OR PULLIN	Closed	Department 704 Body Part LOWER BACK ARE AND LUMBO-SACR	•		ury <u>Description</u> the dump truck, pulled my	self up. Lower back pair	.		
2011	0	0.00		200.32	0.00	200.32	0.00	200.32	0.00	200.32	0.00
Employee Nature STRAIN		<u>Claim Number</u> 04-32-025-11 <u>Cause</u> PUSHING OR PULLIN	Closed	Department 704 Body Part SHOULDER(S)	<u>Date of Injury</u> 03/06/2011		ury <u>Description</u> pulling on hoses on pump	where we were pumpin	g water for flood.		
2011	0	0.00		875.63	0.00	875.63	0.00	875,63	0.00	875.63	0.00
Employes Nature SPRAIN		<u>Claim Number</u> 04-28-023-11 <u>Cause</u> FROM DIFFERENT LE	Closed	<u>Department</u> 862 <u>Body Part</u> ANKLE	<u>Date of Injury</u> 02/21/2011		<u>ury Description</u> was walking on treadmill, s	tepped off and twisted	ankle.		
2011	0	Ò.00		183.21	0.00	183.21	0.00	183.21	0.00	183.21	0.00
Employee Nature CONTUSION		Claim Number 04-28-042-11 Cause FROM DIFFERENT LE	Closed	Department 862 Body Part ELBOW	Date of Injury 04/29/2011	IW	ury Description was weedeating the back p wall and injured right elbor		along the retaining	g wall and fell off	
2011	0	0.00		155.34	0.00	155.34	0.00	155.34	0.00	155.34	0.00
Employee Nature STRAIN		<u>Claim Number</u> 04-28-065-11 <u>Cause</u> USING TOOL OR MAG	Closed	Department 862 Body Part SHOULDER(S)	Date of Injury 06/30/2011	Bike	ury <u>Description</u> e wreck during annual bike o striking instructor. I hit th st.				
2011	0	0.00		101.21	0.00	101.21	0.00	101.21	0.00	101.21	0.00
Employee Nature NO PHYSICAL INJURY		Claim Number 04-28-067-11 Cause CONTACT WITH, NO	Closed ~	<u>Pepartment</u> 862 <u>Body Part</u> NO PHYSICAL INJL	<u>Pate of Injury</u> 07/03/2011		ury Description medical call and was poss	bly exposed to	•		

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Pald Indemnity	Paid Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2011	0	0.00	108.25	0.00	108.25	0.00	108.25	0.00	108.25	0.00
Employee		Claim Number Cl 04-28-068-11	osed <u>Departme</u>	862 07/04/2011		ury Description an medical call and was p	ossibly exposed to			
<u>Nature</u> NO PHYSICAL INJURY		Cause Contact With, NOC	Body Part NO PHYSI	CAL INJURY					<u> </u>	
2011	0	0,00	0.00	. 0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employee Nature NO PHYSICAL INJURY		Claim Number Cl 04-28-069-11 Cause CONTACT WITH, NOC	Body Part NO PHYSIO	862 07/04/2011	_	an medical call and was p	eossibly exposed to			
2011	0	0.00	2,740.90	0.00	2,740.90	. 0.00	2,740.90	0.00	2,740.90	0.00
Employes Nature STRAIN		<u>Claim Number</u> Cl 04-28-066-11 <u>Cause</u> STRAIN OR INJURY BY, I	Department Body Part NOC LOWER LE	862 07/05/2011		ory <u>Description</u> vas getting a ladder for th alf.	e firefighter and when c	oming back up the hil	I, IW felt a pop in	
2011	0	0.00	167.70	0.00	167.70	0.00	167.70	0.00	167.70	0.00
Employee Nature SPRAIN		Claim Number Clause 04-28-115-11 Cause LIFTING	Body Part LOWER BA	862 10/16/2011 CK AREA (LUMBAR AREA	While	ry <u>Description</u> e lifting a pt. on backboar r back followed by pain.	d on a sloped gravely dr	iveway next to car, fe	it pop in my	
2011	74	10,584.92	24,733.02	0.00	35,297.94	10,564.92	30,000.00	0.00	40,564.92	5,266.98
Employee Nature STRAIN	•	Claim Number Op 04-28-126-11 Cause LIFTING	Departmo Body Part SHOULDER	862 11/12/2011		r y Description lifting ladder to roof at tra	aining excercise when Iv	v felt pain in Left shou	lder.	SETTLED
2011	0	0.00	651.26	0.00	651.26	0.00	651.26	0.00	651,26	0.00

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity	4	Paid fedical	Paid Expense	Total Paid	-	ected emnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
Employee		Claim Number	Closed	Department	Date of Injury		Injury Descri	otion				
		04-28-127-11		862	11/13/2011		_	on Pt Tourniquit	tte was released caus	ing residual Blood to s	platter into Iw	
Nature FOREIGN BODY		<u>Cause</u> Foreign Matter (i eye(s)	BODY) IN_	Body Part SOFT TISSUE			face.					
2011	0	0.00		140.99	0.00	140.9	99	0.00	140.99	0.00	140.99	0.00
Employee		Claim Number	Closed	Department	Date of Injury		Injury Descrip	otion				
		04-28-128-11		862	11/14/2011		-			was sore. On 11/15 no	ticed it got worse	
<u>Nature</u>		<u>Cause</u>		Body Part			and started to s	well. 11/16 had	swollen area on wrist	and pain was worse.		
SPRAIN		HOLDING OR CARRY	ING	WRIST								
2011	0	0.00		683.81	0.00	663.6	31	0.00	663.81	0.00	663.81	0.00
Employee		Claim Number	Closed	Department	<u>Date of Injury</u>		Injury Descrip	otion				
-		04-28-129-11		862	11/18/2011					ost. Iw was inside vehi	•	
Nature		Cause		Body Part			off while placing metal.	patient on spin	e board and IW head	came in contact with	sharp plece of	
LACERATION		CUT, PUNCTURE, SC NOC	RAPE,	SOFT TISSUE			metal.					
2011	0	0.00		90.86	0.00	90.8	16	0.00	90.86	0.00	90,86	0.00
Employee		<u>Claim Number</u> 04-28-131-11	Closed	<u>Department</u> 862	<u>Date of Injury</u> 11/22/2011		<u>Xnjury Descrip</u> While running to		, felt pop and sharp p	ain in lower left calf.		
Nature	•	Cause		Body Part								
STRAIN		STRAIN OR INJURY	BY, NOC	LOWER LEG								
2010	0	0.00		0.00	0.00	0.0	0	0.00	0.00	0.00	0.00	0.00
Employee		Claim Number	Closed	<u>Department</u>	Date of Injury		Injury Descrip	tion				
		04-14-047-10		21	05/10/2010		IW was rear-end	ded by a mini-va	n on t	p .		
Nature		Cause		Body Part								
STRAIN		COLLISION OR SIDE WITH ANOTHER VEH		MULTIPLE UPPER	EXTREMITIES							
2010	0	0.00		1,090.46	0.00	1,090.4	6	0.00	1,090.46	0.00	1,090.46	0.00
Employee		Claim Number	Closed	Department	Date of Injury		Injury Descrip	tion				
(11)		04-15-011-10		22	02/04/2010		-			on black ice with his	-	
Nature		Cause		Body Part			his balance and	landed flat on hi	s back. He also hit his	head on the pavemen	ıt.	
CONTUSION		ON ICE OR SNOW			PARTS (INCLUDING IND BODY PARTS)							

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

All States

Claim Year	Days Lost	Pald Indemnity		Pald pense	Total Pald	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2010	0	0.00	1,895.80	0.00	1,895.80	0.00	1,895.80	0.00	1,895.80	0.00
Employee Nature CONTUSION		Claim Number Closed 04-15-054-10 Cause FROM DIFFERENT LEVEL	<u>Department</u> 22 <u>Body Part</u> HAND	<u>Date of Injury</u> 06/02/2010	IW	iury <u>Description</u> foot got caught on tread the ded on the side of left hand	•	. Lost balance and fel	I forward and	
2010	33	3,686.64	12,228.90	0.00	15,915.54	3,686.64	15,000.00	0.00	18,686.64	2,771.10
Nature CARPAL TUNNEL SYN	DROME	Claim Number Open 04-16-002-10 Cause REPETITIVE MOTION CARPAL TUNNEL SYNDROME	<u>Department</u> 23 <u>Body Part</u> WRIST(S) & HAND	<u>Date of Injury</u> 01/12/2010 (S)	IW ha	lury Description has been having pain, numb nds - due to driving posts wit corations, pulling ropes and l	th manual post driver,			SETTLED
2010	0	0.00	98.86	0.00	98.86	0.00	98.86	0.00	98.86	0.00
Nature FOREIGN BODY		Claim Number Closed 04-16-008-10 Cause FOREIGN MATTER (BODY) IN EYE(S)	<u>Department</u> 23 <u>Body Part</u> EYE(5)	<u>Date of Injury</u> 01/27/2010	IW	iury <u>Description</u> was driving a sign post and ald not get it out.	a piece of metal flew o	ff and landed in his le	ft eye and he	
2010	0	0.00	306.04	0.00	306.04	0.00	306.04	0.00	308.04	0.00
Nature CONTUSION		Claim Number Closed 04-16-110-10 Cause OBJECT BEING LIFTED OR HANDLED	<u>Department</u> 23 <u>Body Part</u> THUMB	<u>Date of Injury</u> 10/15/2010	IW	iury <u>Description</u> was drilling sign metal and t him on the left thumb causir		_	spin around and	
2010	0	0.00	1,041.21	0.00	1,041.21	0.00	1,041.21	0.00	1,041.21	0.00
Nature CONTUSION		<u>Claim Number</u> Closed 04-18-015-10 <u>Cause</u> SLIPPED, DID NOT FALL	<u>Department</u> 25 <u>Body Part</u> THUMB	<u>Date of Injury</u> 02/05/2010	Inj	<u>ury Pescription</u>				

. 09/15/2020

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity	-	Pald edical E	Pald xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2010	0	0.00	1	1,397.26	0.00	11,397.26	0.00	11,397.26	0.00	11,397.26	0.00
Employee Nature		<u>Claim Number</u> 04-18-019-10 <u>Cause</u>	Closed	<u>Department</u> 25 <u>Body Part</u>	<u>Date of Injury</u> 02/26/2010		i ry Description Ilpped on ice. Fell on left ar	m - water was left on	by contractors.		
STRAIN		ON ICE OR SNOW		LOWER ARM							
2010	0	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Nature ALL OTHER SPECIFIC	: INJURIES	Claim Number 04-18-022-10 Cause COLLISION OR SIDES WITH ANOTHER VEH		Department 25 Body Part INSUFFICIENT INF IDENTIFY-UNCLAS			r <u>y Description</u> vas a passenger in a van th	at was hit in the back l	ру а		
2010	0	0.00		0,00	0.00	0,00	0.00	0.00	0.00	0.00	0.00
Employee Nature ALL OTHER SPECIFIC NOC	INJURIES	Claim Number 04-18-023-10 Cause COLLISION OR SIDES WITH ANOTHER VEH	_	<u>Department</u> 25 <u>Body Part</u> INSUFFICIENT INF IDENTIFY-UNCLAS			ry Description ras stopped on to	o turn left and was hit	in the rear end by		
2010	0	0.00		474,29	0.00	474.29	0.00	474.29	0.00	474.29	0.00
Employee Nature STRAIN		Claim Number 04-19-016-10 Cause HOLDING OR CARRYI	Closed	<u>Department</u> 26 <u>Body Part</u> LOWER BACK ARE AND LUMBO-SACR	•	IW p	ry Description cicking up and carrying char carrying one of the grills,	-		•	
2010	0	0.00		810.94	0.00	810.94	0.00	810.94	0.00	810.94	0.00
Nature CONTUSION		Claim Number 04-19-042-10 Cause FALLING OR FLYING	Closed	<u>Department</u> 26 <u>Body Part</u> SOFT TISSUE	<u>Pate of Injury</u> 04/28/2010		r <u>y Description</u> saw fell from shelf hitting I	W on forehead above l	eft eye.		

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Pald Indemnity		Paid opense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2010	56	1,949.50	1,493.21	0.00	3,442.71	1,949.50	1,493.21	0.00	3,442.71	0.00
Nature CONTUSION		Claim Number Closed 04-19-045-10 Cause OBJECT BEING LIFTED OR HANDLED	<u>Department</u> 26 <u>Body Part</u> FOOT	<u>Pate of Injury</u> 05/12/2010	IV	dury <u>Description</u> I and coworker were unhookir t jack when machine kicked to		•	pin on machine to	
2010	0	0.00	148.73	0.00	148.73	0.00	148.73	0.00	148.73	0.00
Employee Nature DERMATITIS	•	Claim Number Closed 04-19-069-10 Cause CONTACT WITH, NOC	<u>Department</u> 26 <u>Body Part</u> LOWER ARM	Date of Injury 07/16/2010	_	jury Description / had to clean off ralling on wa	alkway getting poison	ivy on right and left ar	m.	
2010	0	0.00	348.19	0.00	348.19	0,00	348.19	0.00	348.19	0.00
Employee Nature SPRAIN		Claim Number Closed 04-19-072-10 Cause STEPPING ON SHARP OBJECT	<u>Department</u> 26 <u>Body Part</u> FOOT	<u>Date of Injury</u> 07/24/2010		<u>iury Description</u> stepped on a sharp rock, hur	ting his left foot.			
2010	30	838.76	1,703.57	0.00	2,542.33	838,76	1,703.57	0.00	2,542.33	0,00
Nature STRAIN		Claim Number Closed 04-19-090-10 Cause INTO OPENINGS-SHAFTS, EXCAVATIONS, FLOOR OPENINGS, ETC.	Department 26 Body Part LOWER BACK AREA AND LUMBO-SACRA	•	W	dury Description The weedeating behind the description of the descrip			IW started to fall	
2010	0	0.00	515.05	0.00	515.05	0.00	515.05	0.00	515.05	0.00
Employee Nature PUNCTURE	-	Claim Number Closed 04-19-115-10 Cause ANIMAL OR INSECT	<u>Department</u> 26 <u>Body Part</u> HAND	<u>Pate of Injury</u> 11/01/2010	IW	walking in picking u the right hand.	ip loose litter when 2	dogs ran up and circle	d IW and bit him	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity	Pald Medical I	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2010	0	0.00	417.47	0.00	417.47	0.00	417.47	0.00	417.47	0.00
Employee Nature STRAIN	•	Claim Number Close 04-19-118-10 Cause PUSHING OR PULLING	26 Body Part	EA (LUMBAR AREA	IW w	ry Description orking on grounds with leterate clogged, trying to uncloses.). Feit lower back pain	log hose (you have to		-	
2010	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employee Nature STRAIN		Claim Number Close 04-19-122-10 Cause PUSHING OR PULLING	26 <u>Body Part</u>	Date of Injury 11/23/2010 EA (LUMBAR AREA RAL)		r <u>y Description</u> aking out a ditch line, felt s	shooting pain from mid	dle of back down to lo	ower back.	
2010	0	0.00	438.93	0.00	438.93	0.00	438.93	0.00	438.93	0.00
Employee Nature SPRAIN	•	Claim Number Close 04-19-125-10 Cause STRAIN OR INJURY BY, NO	26 Body Part	<u>Date of Injury</u> 11/29/2010	IW w	ry Description as vacuuming leaves out o rt and caught herself with	•	,	•	
2010	0	0.00	899.80	0.00	899.80	0.00	899.80	0.00	899.80	0.00
Employee Nature LACERATION	•	Claim Number Close 04-25-071-10 Cause PERSON IN ACT OF A CRIM (ROBBERY OR CRIMINAL ASSAULT)	32 <u>Body Part</u> MULTIPLE BODY	Date of Injury 07/13/2010 PARTS (INCLUDING AND BODY PARTS)	IW wa	ny <u>Description</u> as attempting to restrain a and an abrasion on his left rm scratch.				
2010	122	1,999.92	5,642.25	0.00	7,642.17	1,999.92	5,642.25	0.00	7,642.17	0.00
Nature CONTUSION		Claim Number Close 04-25-120-10 Cause ON SAME LEVEL	32 <u>Body Part</u> MULTIPLE BODY	<u>Date of Injury</u> 11/19/2010 PARTS (INCLUDING AND BODY PARTS)	IW watowar	as on the state of the west side of the her left behind". She fell to her left 21 stitches and a fracture	She stated stated stated stated severe to	ed 4 children and was le "had a sensation of oruising to her face, a	being pushed	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity		Paid xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2010	0	0.00	316.54	0.00	316.54	0.00	316.54	0.00	316.54	0.00
Employee Nature SPRAIN		Claim Number Closed 04-27-024-10 Cause FALL, SLIP OR TRIP, NOC	<u>Department</u> 34 <u>Body Part</u> ANKLE	<u>Date of Injury</u> 03/03/2010	i f	Iniury Description While conducting school zone or uneven with pavement and roll fell, due to pain and instability pavement.	led her left ankle, took a	another step and rolle	d it again and	
2010	. 0	0.00	3,543.83	0.00	3,543.83	0.00	3,543.83	0.00	3,543.83	0.00
Employee Nature STRAIN	•	Claim Number Closed 04-27-032-10 Cause STRAIN OR INJURY BY, NOC	<u>Department</u> 34 <u>Body Part</u> ANKLE	<u>Date of Injury</u> 03/24/2010	E	Injury Description Employee was walking through parking lot / sidewalk curb.	the parking lot and tur	ned his right ankle af	ter stepping on a	
2010	0	0.00	425.60	0.00	425.60	0.00	425.60	0.00	425,60	0.00
Employee Nature STRAIN		Claim Number Closed 04-27-034-10 Cause STRAIN OR INJURY BY, NOC	<u>Department</u> 34 <u>Body Part</u> MULTIPLE LOWER	Date of Injury 03/25/2010 EXTREMITIES	E	Injury Description Employee got out of crulser du concrete culvert injuring his rig		and inadvertently step	oped into a	
2010	0	0.00	399.13	0.00	399,13	0.00	399.13	0.00	399.13	0.00
Employee Nature STRAIN)	Claim Number Closed 04-27-064-10 Cause FELLOW WORKER, PATIENT-NOT IN ACT OF A CRIME	Department 34 Body Part SHOULDER(S)	<u>Date of Injury</u> 04/29/2010	ī	<u>Injury Description</u> W reinjured his shoulder and v veek, due to being put into too		-	nsive tactics	
2010	0	0.00	231.93	0.00	231.93	0.00	231.93	0.00	231.93	0.00
Employee Nature CONTUSION	•	Claim Number Closed 04-27-044-10 Cause COLLISION OR SIDESWIPE WITH ANOTHER VEHICLE	<u>Department</u> 34 <u>Body Part</u> MULTIPLE BODY P BODY SYSTEMS AR	•	I'	injury <u>Description</u> W was Involved in an automob ollislon, Injury to right ankle, si aag.			W could not avoid earms from air	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Pald Indemnity	Paid Medical E	Pald xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2010	0	0.00	1,360.99	0.00	1,360.99	0.00	1,360.99	0.00	1,360.99	0.00
Nature SPRAIN		Claim Number Closed 04-27-059-10 Cause INTO OPENINGS-SHAFTS, EXCAVATIONS, FLOOR OPENINGS, ETC.	<u>Department</u> 34 <u>Body Part</u> ANKLE	<u>Date of Injury</u> 06/15/2010	IW	ury Description encountered two subjects be se and fell into a hole injurin		The two fled on foot. I	W attempted to	-
2010	0	0.00	1,280.00	0.00	1,280.00	0.00	1,280.00	0.00	1,280.00	0.00
Employee Nature STRAIN		Claim Number Closed 04-27-057-10 Cause PUSHING OR PULLING	<u>Department</u> 34 <u>Body Part</u> SHOULDER(S)	<u>Date of Injury</u> 07/10/2010	IW	ury <u>Description</u> was conducting vehicle main ulder.	itenance with a vacuu	n and stretched or ov	er-extended	
2010	0	0.00	270.79	0.00	270.79	0.00	270,79	0.00	270.79	0.00
Employee Nature SPRAIN		Claim Number Closed 04-27-068-10 Cause STRIKING AGAINST OR STEPPING ON, NOC	<u>Department</u> 34 <u>Body Part</u> ANKLE	<u>Date of Iniury</u> 07/12/2010	- - -	ury <u>Description</u> or Guard practice, IW was n de.	narching and stepped	on uneven concrete a	nd sprained right	
2010	0	0.00	89.62	0.00	89.62	0.00	89.62	0.00	89.62	0.00
Employee Nature FRACTURE		Claim Number Closed 04-27-084-10 Cause OTHER - MISCELLANEOUS, NOC	Department 34 Body Part TOES	<u>Date of Injury</u> 08/11/2010	IW	ury Description was participating in a defens wertently suffered a fracture		right foot.	and	
2010	0	0.00	1,917.43	0.00	1,917.43	0.00	1,917.43	0.00	1,917.43	0.00
Employee Nature SPRAIN	•	Claim Number Closed 04-27-113-10 Cause INTO OPENINGS-SHAFTS, EXCAVATIONS, FLOOR OPENINGS, ETC.	34 Body Part	Date of Injury 09/19/2010 EXTREMITIES	Whi	ury <u>Description</u> le attempting to serve a warr roximately 18" deep, When s el.	• • •			

Injury Date Range: 01/01/2010 to 12/31/2019

- Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity	Paid Medical E	Paid xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2010	0	0.00	2,162.41	0.00	2,162.41	0.00	2,162.41	0.00	2,162.41	0.00
Employee	,	Claim Number Closed 04-27-111-10	<u>Department</u> 34	<u>Date of Intury</u> 10/15/2010		iry Description was kicked in the face by a	resisting arrestee.			
Nature CONTUSION		Cause Person in act of a crime (Robbery or Criminal Assault)	<u>Body Part</u> MULTIPLE HEAD 1	INJURY						
2010	0	0.00	291.92	0.00	291.92	0.00	291,92	0.00	291.92	0.00
Employee Nature PUNCTURE		Claim Number Closed 04-27-129-10 Cause ANIMAL OR INSECT	<u>Department</u> 34 <u>Body Part</u> UPPER LEG	<u>Date of Injury</u> 12/15/2010	IW	ery Description vas engaged in K9 suspect ve and bit employee in the		The dog avoided the	protective bite	
2010	0	0.00	421.03	0.00	421.03	0.00	421.03	0.00	421.03	0.00
Employee Nature SPRAIN	•	Claim Number Closed 04-27-130-10 Cause PERSON IN ACT OF A CRIME (ROBBERY OR CRIMINAL ASSAULT)	<u>Department</u> 34 <u>Body Part</u> HAND	<u>Date of Injury</u> 12/19/2010	IW v	ory Description was attempting to arrest an ing the suspect.	Intoxicated suspect wi	no became violent. IW	injured his hand	
2010	0	0.00	596.77	0.00	596.77	0.00	596.77	0.00	596.77	0.00
Employee Nature STRAIN)	<u>Claim Number</u> Closed 04-31-014-10 <u>Cause</u> PUSHING OR PULLING	<u>Department</u> 38 <u>Body Part</u> UPPER BACK ARE	Date of Injury 02/09/2010 A (THORACIC AREA)	IW v	ry <u>Description</u> was raking leaves in een shoulder blades. Not a			is upper back	
2010	0	0.00	417.06	0.00	417.08	0.00	417.06	0.00	417.06	0.00
Employee Nature STRAIN		Claim Number Closed 04-31-021-10 Cause STRAIN OR INJURY BY, NOC	<u>Department</u> 38 <u>Body Part</u> MULTIPLE UPPER	Date of Injury 03/01/2010 EXTREMITIES	-	ry Description vas mixing a bag of concret	e and hurt his left arm			

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity	Paid Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2010	0	0.00	982.82	0,00	982.82	0.00	982.82	0.00	982.82	0,00
Employes Nature STRAIN		Claim Number C 04-31-028-10 Cause PUSHING OR PULLING	Body Part	38 03/16/2010 AREA (LUMBAR AREA	1	Injury Description (W was rolling a very heavy ga back and felt something pop.	rbage can to the truck a	and strained somethic	ng in his lower	
2010	0	0.00	399.01	0.00	399.01	0.00	399.01	0.00	399.01	0.00
Employee Nature STRAIN	•	Claim Number C 04-31-033-10 Cause LIFTING	Body Part	38 03/22/2010 AREA (LUMBAR AREA	_	<u>Injury Description</u> W was lifting recycling bin and	he twisted his back.			
2010	0	0.00	1,009.95	0.00	1,009.95	0.00	1,009.95	0,00	1,009.95	0.00
Nature DERMATITIS	•	Claim Number C 04-31-048-10 Cause CONTACT WITH, NOC	losed <u>Department</u> Body Part LOWER ARM	Date of Injury 05/10/2010	1	Injury Description W drove a garbage truck on the syone and is spreading.	nis day. A rash develope	d on his right arm. It	keeps getting	
2010	0	0.00	2,245.91	0.00	2,245.91	0.00	2,245.91	0.00	2,245,91	0.00
Employee Nature STRAIN		Claim Number Cl 04-31-052-10 Cause STRAIN OR INJURY BY,	Body Part	Date of Injury 38 05/25/2010	I' e	Injury Description W was picking up a recycling bedge of a driveway that was uno swell overnight.	•	_		
2010	25	16,100.88	* 23,323.20	0.00	39,424.08	16,100.88	25,000.00	0.00	41,100.88	1,676.80
Nature CONTUSION		Claim Number 0, 04-31-053-10 Cause INTO OPENINGS-SHAFT: EXCAVATIONS, FLOOR OPENINGS, ETC.	Body Part	<u>Date of Injury</u> 05/28/2010	r	injury Description W stepping over hoses on Low If trailer. He put hands out to t	•	-		SETTLED

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity	Paid Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2010	0	0.00	1,795.49	0.00	1,795.49	0.00	1,795.49	0.00	1,795.49	0.00
Nature CONTUSION		Claim Number Closed 04-31-055-10 Cause STRIKING AGAINST OR STEPPING ON, NOC	38 Body Part	REA (LUMBAR AREA	IW	ury <u>Description</u> was picking up a plece of w ved back hit the cab of the t			it moved and he	
2010	0	0.00	1,444.73	0.00	1,444.73	0.00	1,444.73	0,00	1,444.73	0.00
Nature NO PHYSICAL INJURY		Claim Number Closed 04-31-085-10 Cause FOREIGN MATTER (BODY) I EYE(5)	38 Body Part	, -	Wh	ury <u>Description</u> Ile working on garbage crew face and front side of body.	. IW was dumping a c	an and got some of wh	natever it was in	
2010	0	0.00	110.35	0.00	110.35	0.00	110.35	0.00	110.35	0.00
Employee Nature LACERATION		Claim Number Closed 04-31-091-10 Cause OBJECT BEING LIFTED OR HANDLED	<u>Department</u> 38 <u>Body Part</u> FINGER(S)	<u>Date of Injury</u> 09/01/2010		ury Description was picking up trash bag on	and cut	his finger.		
2010	186	31,518.42	31,685.91	55,334.82	118,539.15	31,518.42	35,000.00	55,434.82	121,953.24	3,414.09
Employee Nature CONTUSION		<u>Claim Number</u> Open 04-31-098-10 <u>Cause</u> FROM DIFFERENT LEVEL	<u>Department</u> 38 <u>Body Part</u> MULTIPLE TRUN	. ,	Per grav	ury <u>Description</u> IW: Coworker was driving, h vel driveway which caused th shoulder and lower back.				SETTLED
2010	0	0.00	654.84	0.00	654.84	0.00	654.84	0.00	654.84	0.00
Employee Nature LACERATION		Claim Number Closed 04-33-003-10 Cause CAUGHT IN, UNDER OR BETWEEN, NOC	<u>Department</u> 39 <u>Body Part</u> FOOT	<u>Date of Injury</u> 01/18/2010	Emp	ury <u>Description</u> oloyee was trying to avoid ar oloyee's feet until employer v			ng blade to trap	

hello

Worker's Comp

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity		Paid opense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2010	0	0.00	366.43	0.00	366.43	0.00	366.43	0.00	366.43	0.00
Employee Nature STRAIN	•	Claim Number Closed 04-33-030-10 Cause MOTOR VEHICLE, NOC	<u>Department</u> 39 <u>Body Part</u> LOWER BACK AREA AND LUMBO-SACR	•	The	ury Description roadway gave way causing back.	truck to drop into a th	ree foot hole, jarring l	IW and jamming	
2010	0	0.00	296.57	0.00	296.57	0.00	296.57	0.00	296.57	0.00
Employee Nature CONTUSION		Claim Number Closed 04-33-038-10 Cause FROM DIFFERENT LEVEL	Department 39 Body Part HIP	<u>Date of Injury</u> 04/07/2010	IW	ury <u>Description</u> was climbing out of truck at i sed scale, fell Into guardrall v		; steppin	ng down to scale,	
2010	48	1,250.91	7,294.45	0.00	8,545.36	1,250.91	7,294.45	0.00	8,545.36	0.00
Employee Mature STRAIN		Claim Number Closed 04-34-101-10 Cause USING TOOL OR MACHINERY	<u>Department</u> 39 <u>Body Part</u> HAND	<u>Date of Injury</u> 04/20/2010		ury Description le using 1" Impact gun to tigl	hten bolts on dozer, pi	ushed on arms & hurt	right hand.	
2010	0	0.00	153.95	0.00	153.95	0.00	153.95	0.00	153.95	0.00
Employee Nature STRAIN		Claim Number Closed 04-33-079-10 Cause FROM DIFFERENT LEVEL	<u>Department</u> 39 <u>Body Part</u> SHOULDER(S)	<u>Date of Injury</u> 08/17/2010	IW o	ury Description Climbed up the side of the ga ned and caught himself hurtin		the hopper on the wa	y back down he	
2010	0	0.00	229.28	0.00	229.28	0.00	229.28	0.00	229,28	0.00
Nature DERMATITIS		Claim Number Closed 04-33-095-10 Cause ABSORPTION, INGESTION OR INHALATION, NOC	<u>Department</u> 39 <u>Body Part</u> INSUFFICIENT INFO IDENTIFY-UNCLASS			ory <u>Description</u> ng weeds, got polson ivy.				

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

All States

Claim Year	Days Lost	Paid Indemnity	Paid Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2010	0	0.00	178.65	0.00	178.65	0.00	178.65	0.00	178,65	0.00
Employee Nature SPRAIN		<u>Claim Number</u> 04-34-089-10 <u>Cause</u> PUSHING OR PULLIN	Closed <u>Department</u> Body Part WRIST	40 08/30/2010		y Description opped a can into the aut	omated garbage truck a	nd while getting it ou	t, hurt right wrist.	
2010	0	0.00	294.10	0.00	294.10	0.00	294.10	0.00	294.10	0.00
Employee Nature SPRAIN	•	<u>Claim Number</u> 04-34-108-10 <u>Cause</u> LIFTING	Closed <u>Department</u> Body Part HAND	40 10/07/2010	IW wa	y <u>Description</u> s picking up a heavy tire is a knot and swelling, a		er and felt sting on to	p right hand.	
2010	0	0,00	590.06	0.00	590.06	0.00	590.06	0.00	590,06	0.00
Employee Nature CONTUSION	•	<u>Claim Number</u> 04-34-124-10 <u>Cause</u> FROM DIFFERENT LE	Closed <u>Department</u> Body Part VEL UPPER BAC	40 11/26/2010		/ Description Iting in truck, slipped on	running board. Fell on 1	right side rib cage.		
2010	0	0,00	2,952.13	0.00	2,952.13	0,00	2,952.13	0.00	2,952.13	0,00
Employee Nature STRAIN		Claim Number 04-36-013-10 Cause TWISTING	Closed <u>Department</u> Body Part ANKLE	42 02/08/2010		y Description s stepping out of a recycle.	ling truck and stepped o	onto uneven pavemen	it. His right ankle	·
2010	0	0.00	1,266.23	0.00	1,266.23	0.00	1,266.23	0.00	1,266.23	0.00
Employee Nature LACERATION		<u>Claim Number</u> 04-36-017-10 <u>Cause</u> FALLING OR FLYING	Closed Department Body Part OBJECT EAR(S)	42 02/19/2010	IW sta	v Description tes a "paper roll spool" a oll edge that cut his left e	• • •	er during his work the	ere. The spool has	
2010	158	69,155.06	52,191.45	11,752.32	133,098.83	69,155.06	60,000.00	11,852.32	141,007.38	7,908.55
Employee Nature STRAIN		<u>Claim Number</u> 04-36-037-10 <u>Cause</u> PUSHING OR PULLIN	Open <u>Department</u> Body Part G LOWER BA AND LUMB	42 04/06/2010 CK AREA (LUMBAR AREA	IW pick	<u>r Description</u> ked up a bin full of news up bin. IW was picking (l back when he	SETTLED

09/15/2020

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

All States

Claim Year	Days Lost	Paid Indemnity	Paid Medical	Pald Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2010	0 .	0.00	225,85	0.00	225.85	0.00	225.85	0.00	225,85	0.00
Employee Nature STRAIN		<u>Claim Number</u> 04-37-009-10 <u>Cause</u> STRAIN OR INJURY B'	Closed <u>Depart</u> Body F Y, NOC KNEE	43 01/27/2010	_	iry <u>Description</u> e weeding flower beds he	hurt his righ knee.			
2010	0	0.00	146,04	0.00	146.04	0.00	146.04	0.00	146.04	0.00
Employee Nature DERMATITIS		Claim Number 04-37-062-10 Cause CONTACT WITH, NOC	Closed <u>Depart</u> Body F LOWER	43 06/15/2010 art		rry Description e pruning trees IW came i	nto contact with poison	ivy.		
2010	0	0.00	335,56	0.00	335,56	0.00	335.56	0.00	335.56	0,00
Nature DERMATITIS		Claim Number 04-37-063-10 Cause CONTACT WITH, NOC		43 06/21/2010		ry Description veeding at G	ot into poison ivy.			
2010	0	0.00	181.55	0,00	181.55	0.00	181.55	0,00	181.55	0.00
Mature CRUSHING		Claim Number 04-37-096-10 Cause OBJECT HANDLED	Closed <u>Depart</u> <u>Body P</u> FINGER	43 09/16/2010 art		ry <u>Description</u> e trimming trees IW mashe	ed his third finger of righ	nt hand between limb	and tree trunk.	
2010	0	0.00	589.62	0.00	589.82	0,00	589.62	0.00	589.62	0.00
Employee Nature STRAIN		Claim Number 04-41-109-10 Cause LIFTING	Closed <u>Depart</u> Body P KNEE	45 10/11/2010	IW N	ry Description fted stair to move to stora behind her knee,	ge (they have wheels on	back). Used legs to I	ift, felt stinging	
2010	0	0,00	902.19	0.00	902.19	0.00	902.19	0.00	902.19	0.00
Employee Nature STRAIN		Claim Number 04-42-058-10 Cause FROM DIFFERENT LEV	Closed Depart Body P (FL KNEE	46 06/03/2010	IW w	ry Description ent to sit on chair at regis ed his left knee. Guards ne				

197.61.6

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity	-	Paid Medical E	Paid xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2010	0	0.00		1,171.34	0.00	1,171.3	4 0.00	1,171.34	0.00	1,171,34	0.00
Employee Nature ELECTRIC SHOCK		<u>Claim Number</u> 04-42-057-10 <u>Cause</u> ELECTRICAL CURREN	Closed	Department 46 Body Part MULTIPLE BODY I BODY SYSTEMS A	Date of Injury 06/15/2010 PARTS (INCLUDING ND BODY PARTS)		Injury Description IW was checking the filter tank pool water. IW was holding on sending a shock through him.			_	
2010	0	0.00	-	595.52	0.00	595.52	2 0.00	595.52	0.00	595.52	0.00
Employee Nature STRAIN		Claim Number 04-43-121-10 Cause LIFTING	Closed	<u>Department</u> 47 <u>Body Part</u> MULTIPLE UPPER	Date of Injury 11/19/2010 EXTREMITIES		Injury Description IW lifting heavy green chairs o shoulder and neck.	ff a stack its an old inju	ury that happened in th	ne City. Hurt	
2010	1	9,953.16		17,107.40	0.00	27,060.56	9,953.16	25,000.00	0.00	34,953.16	7,892.60
Nature STRAIN	•	Claim Number 04-45-082-10 Cause LIFTING	Open	<u>Department</u> 49 <u>Body Part</u> MULTIPLE NECK I	Date of Injury 07/21/2010		Injury Description We unloaded large microwaves in office. Small amount of pain	•		and put	SETTLED
2010	0	0,00		406.15	0.00	406.15	5 0.00	406.15	0.00	406.15	0.00
Employee Nature MULTIPLE PHYSICAL I	NJURIES	Claim Number 04-47-012-10 Cause ON ICE OR SNOW	Closed	<u>Department</u> 51 <u>Body Part</u> MULTIPLE BODY F BODY SYSTEMS A	Date of Injury 02/08/2010 PARTS (INCLUDING NO BODY PARTS)		Injury Description Front walk of nature center wa his ankle.	s icy. IW fell on left kna	ee, cutting knee and p	ossibly sprained	
2010	53	3,588.49		4,356.90	0.00	7,945.39	3,588.49	4,454.67	0.00	8,043.16	97.77
Employee Nature SPRAIN		Claim Number 04-47-056-10 Cause TWISTING	Open	<u>Department</u> 51 <u>Body Part</u> ANKLE	<u>Date of Injury</u> 06/04/2010		<u>Injury Description</u> IW tranquilizing deer, stepped of	on a rock twisting ankli	e and fell. Ankle was s	wollen.	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

All States

Claim Year	Days Lost	Paid Indemnity	Paid Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2010	37	2,691.70	5,928.25	0.00	8,619.95	2,691.70	5,928.25	0.00	8,619.95	0.00
Employee Nature SPRAIN		Claim Number 04-47-080-10 Cause LIFTING	Closed <u>Department</u> Body Part WRIST	<u>Date of Injury</u> 51 08/12/2010	IW w	ry Description has helping lift a heavy pole but a visable knot appeare pain ansd swelling occurre	d in the wrist above th			
2010	0	0.00	5.96	0.00	5.96	0.00	5.96	0.00	5,96	0.00
Nature CONTUSION		Claim Number 04-47-112-10 Cause VEHICLE UPSET (OVERTURNED OR JACKKNIFED)	Closed <u>Department</u> <u>Body Part</u> INTERNAL OR	<u>Date of Injury</u> 51 10/26/2010 GANS	Bruis	ry Description ed left kidney; IW crossing e and tires were wet, and i		wheeler got too close t	to the edge, the	
2010	0	0.00	1,621.88	0.00	1,621.88	0.00	1,621.88	0.00	1,621.88	0.00
Nature FRACTURE		Claim Number 04-48-007-10 Cause ON STAIRS	Closed <u>Department</u> Body Part ANKLE	<u>Date of Injury</u> 52 01/27/2010		r <u>y Description</u> as going down stairs, slipp	ed on one and fell to t	he bottom. Fractured	right ankle.	
2010	0	0.00	802.05	0.00	802.05	0.00	802,05	0.00	802.05	0.00
Employee Nature PUNCTURE		<u>Claim Number</u> 04-73-036-10 <u>Cause</u> ANIMAL OR INSECT	Closed <u>Department</u> Body Part LOWER ARM	<u>Date of Injury</u> 57 04/05/2010		ry Description lew in window and stung I	W on left forearm.			
2010	0	0.00	1,119.78	0.00	1,119.78	0.00	1,119.78	0.00	1,119.78	0.00
Employee Nature SPRAIN	•	Claim Number 04-73-040-10 Cause PUSHING OR PULLING	Body Part	<u>Date of Injury</u> 57 04/19/2010		<u>y Description</u> as lowering himself getting	, off backhoe, his left t	wrist buckled and popi	ped.	

09/15/2020

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity		Pald xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2010	0	0.00	484.71	0.00	484.71	0.00	484.71	0.00	484.71	0,00
Employee Nature STRAIN		Claim Number Closed 04-73-066-10 Cause PUSHING OR PULLING	Department 67 Body Part ELBOW	<u>Date of Injury</u> 06/30/2010		ury <u>Description</u> Burt his right elbow by work W.	king in a deep meter bo	ox. He says he hyper-e	extended his right	
2010	0	0.00	242.38	0.00	242.38	0.00	242.38	0.00	242.38	0.00
Employee Nature FOREIGN BODY		Claim Number Closed 04-73-097-10 Cause FOREIGN MATTER (BODY) II EYE(S)	67 <u>Body Part</u>	<u>Date of Intury</u> 09/16/2010		ry Description hrowing dirt and straw - so	mething blew into left	eye.		
2010	0	0.00	0.00	0.00	0.00	. 0.00	0.00	0.00	0.00	0.00
Nature CONTUSION		Claim Number Closed 04-73-104-10 Cause COLLISION OR SIDESWIPE WITH ANOTHER VEHICLE	Department 67 Body Part MULTIPLE UPPER	Date of Injury 09/30/2010 EXTREMITIES	A tru	r y Description ick ran red light hitting City is sideways, Scratch on left		front passenger side	knocking dump	
2010	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Nature CONTUSION		Claim Number Closed 04-73-103-10 Cause COLLISION OR SIDESWIPE WITH ANOTHER VEHICLE	<u>Department</u> 67 <u>Body Part</u> LOWER LEG	<u>Date of Injury</u> 09/30/2010	Drive	ry <u>Description</u> er of other truck struck righ p truck.	t front of dump truck. 1	TW struck right calf on	dump valve on	
2010	. 0	0.00	3,884.25	0.00	3,884.25	0.00	3,884.25	0.00	3,884.25	0.00
Nature STRAIN		Claim Number Closed 04-74-025-10 Cause FALL, SLIP OR TRIP, NOC	Department 68 Body Part MULTIPLE BODY P BODY SYSTEMS A	•	Custo	ry <u>Description</u> omer's dog came out of (ur njuring left knee.	nder) fence causing IW	to fall backwards hurt	itng right hand	

hello

Worker's Comp

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

All States

Claim Year	Days Lost	Pald Indemnity	Pald Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2010	0	0.00	272,21	0.00	272.21	0.00	272.21	0.00	272.21	0.00
Employee Nature STRAIN	•	Claim Number Clos 04-74-035-10 Cause PUSHING OR PULLING	ed <u>Department</u> 68 <u>Body Part</u> ELBOW	<u>Pate of Injury</u> 03/31/2010	IW	ury Description changing meter, wrench ca inst the bank where we had			right arm up	
2010	0	0.00	484.06	0.00	484.06	0.00	484.06	0.00	484.06	0.00
Employee Nature STRAIN		Claim Number Clos 04-74-061-10 Cause PUSHING OR PULLING	68 Body Part	<u>Date of Injury</u> 06/17/2010 EA (LUMBAR AREA RAL)	IW	ury <u>Description</u> bent over on small incline to cted is lower back.	o break meter loose wi	nen lower back popped		
2010	0	0.00	677.72	0.00	677.72	0.00	677.72	0.00	677.72	0.00
Employee Nature LACERATION		Claim Number Close 04-74-107-10 Cause FALLING OR FLYING OBJEC	68 Body Part T MULTIPLE BODY	Date of Injury 10/04/2010 PARTS (INCLUDING AND BODY PARTS)	Whi	ury Description lie exiting fire line pit, vault der scraping forehead. In re trating right thumb. Require	action to lid falling, IW			
2010	97	28,487.34	12,529.45	150.00	41,166.79	30,587.34	25,000.00	250.00	55,837.34	14,670.55
Employee Nature STRAIN		<u>Claim Number</u> Oper 04-74-114-10 <u>Cause</u> PUSHING OR PULLING	Department 68 Body Part . KNEE	<u>Pate of Injury</u> 11/01/2010	IW	ury <u>Description</u> was attempting to pull mete knee; he could not get back		change cutoff and pulls	ed something In	SETTLED
2010	0	0.00	342.92	0.00	342.92	0.00	342.92	0.00	342.92	0,00
Employee Nature CONTUSION	•	Claim Number Close -04-82-001-10 Cause REACHING	ed <u>Department</u> 70 <u>Body Part</u> CHEST	<u>Date of Injury</u> 01/07/2010	IW	<u>ury Description</u> was laying on ground reach ing on ribcage. Has paln ma		move cap on check val	ve. Weight	

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Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity	Paid Medical I	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2010	17	934.70	2,368.84	0.00	3,303.54	934.70	2,368.84	0.00	3,303,54	0.00
Employes Nature CONTUSION	,	Claim Number Closed 04-82-020-10 Cause INTO OPENINGS-SHAFTS, EXCAVATIONS, FLOOR OPENINGS, ETC.	<u>Department</u> 70 <u>Body Part</u> KNEE	<u>Date of Injury</u> 02/26/2010	IW i	ny Description nspecting manhole steppin i into opposite bank injurin	-	k gave away. Lost foo	ting jamming right	
2010	0	0.00	3,156.36	3,410.00	6,566.36	0.00	3,156.36	3,410.00	6,566.36	0.00
Employee Nature STRAIN		Claim Number Closed 04-82-027-10 Cause PUSHING OR PULLING	70 Body Part	Date of Injury 03/16/2010 EA (LUMBAR AREA RAL)		ory <u>Description</u> noving pump hose to Impr ack.	ove flow and pulled up	and over on hose and	felt pain in center	
2010	0	0.00	767.10	0.00	767.10	0.00	767.10	0.00	767.10	0.00
Employee Nature STRAIN	•	<u>Claim Number</u> Closed 04-82-041-10 <u>Cause</u> PUSHING OR PULLING	70 <u>Body Part</u> MULTIPLE BODY	Date of Injury 04/20/2010 PARTS (INCLUDING AND BODY PARTS)	IW b	ry Description reaking concrete around n mer to loosen and felt shar				
2010	0	0.00	270.79	0.00	270.79	0.00	270.79	0.00	270.79	0.00
Employee Nature SPRAIN		Claim Number Closed 04-82-060-10 Cause FROM DIFFERENT LEVEL	<u>Department</u> 70 <u>Body Part</u> MULTIPLE LOWE	Date of Injury 06/16/2010 R EXTREMITIES	IW c	ry Description limbing Into Vac-All Truck It fell backwards landing or led up.			-	
2010	0	0.00	165.23	0.00	165.23	0.00	165,23	0.00	165,23	0.00
Employee Nature SPRAIN		Claim Number Closed 04-82-076-10 Cause TWISTING	<u>Department</u> 70 <u>Body Part</u> ANKLE	<u>Date of Injury</u> 08/09/2010		ry Description tepped in a hole. Twisted i	eft ankle.	-		

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity	Paid Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2010	0	0.00	172.17	0.00	172.17	0.00	172.17	0.00	172.17	. 0.00
Nature SPRAIN		<u>Claim Number</u> Clo 04-82-083-10 <u>Cause</u> FROM DIFFERENT LEVEL	sed <u>Department</u> 7 <u>Body Part</u> ANKLE	Date of Injury 0 08/24/2010		ury Description Ing dump truck and stepp	ed into ditch line in narro	ow alley and twisted le	ift ankle.	
2010	0	0.00	3,607.09	0.00	3,607.09	0.00	3,607.09	0.00	3,607,09	0.00
Nature STRAIN		Claim Number Clo 04-82-087-10 Cause USING TOOL OR MACHIN	Body Part	Date of Injury 0 08/26/2010 NREA (LUMBAR AREA NCRAL)	IW	ury Description using asphalt breaker, felt mated time on hammer - 2		at belt line in center	of back.	
2010	0	0.00	379.83	0,00	379.83	0.00	379.83	0.00	379,83	0.00
Employee Nature CONTUSION		Claim Number Clo 04-82-099-10 Cause FROM DIFFERENT LEVEL	Body Part MULTIPLE BOD	Date of Injury 0 09/17/2010 Y PARTS (INCLUDING 5 AND BODY PARTS)	16"	ury Description water main blew out wash red with rock and gravel.	-	ween the pipe. His wh	nole body was	
2010	547	108,383.74	72,350.31	0.00	180,734.05	108,383.74	75,000.00	0.00	183,383.74	2,649.69
Employee Nature STRAIN		<u>Claim Number</u> Op 04-82-102-10 <u>Cause</u> PUSHING OR PULLING	7 <u>Body Part</u>	Date of Injury 0 09/20/2010 ER EXTREMITIES	Cont	irv Description inual shovel motion for lo nger. Hurt right shoulder		g roots, digging rocks	for 1-1/2 hours	SETTLED
2010	0	0.00	508.06	0.00	508.06	0.00	508.06	0.00	508.06	0.00
Nature FOREIGN BODY		Claim Number Clo 04-90-005-10 Cause FOREIGN MATTER (BODY EYE(S)	7 Body Part	<u>Date of Injury</u> 1 01/20/2010	Emp	ory <u>Description</u> loyee was positioning him nto his eyes.	self under truck to perfor	m work. He bumped t	frame and debris	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

Claim Year	Days Lost	Paid Indemnity		Paid opense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2010	0	0.00	2,538.84	0.00	2,538.84	0.00	2,538.84	0.00	2,538.84	0.00
Employee Nature SPRAIN		Claim Number Closed 04-90-039-10 Cause ON SAME LEVEL	<u>Department</u> 71 <u>Body Part</u> FOOT	<u>Date of Injury</u> 04/12/2010	IW	ury Description was working on a vehicle w lip and fall to floor injuring		frame came down. Th	nis caused the IW	
2010	0	0.00	110.35	0.00	110.35	0.00	110.35	0.00	110.35	0.00
Nature FOREIGN BODY		Claim Number Closed 04-90-117-10 Cause FOREIGN MATTER (BODY) IN EYE(S)	<u>Department</u> 71 <u>Body Part</u> EYE(S)	<u>Pate of Inlury</u> 11/12/2010		ury <u>Description</u> checking small engine and	upon starting, somethin	ng flew into his eye.		
2010	37	3,510.31	14,078.98	0.00	17,589.29	3,510.31	20,000.00	0.00	23,510.31	5,921.02
Nature POISONING - GENERA	•	Claim Number Open 04-28-049-10 Cause ANIMAL OR INSECT	<u>Department</u> 862 <u>Body Part</u> FINGER(S)	<u>Date of Injury</u> 05/13/2010		<u>ury Description</u> sible spider bite on pinky fir	nger of right hand. Dr.	said this app	pears to a spider	SETTLED
2010	0	0.00	331.86	0.00	331.86	0.00	331.86	0.00	331.86	0.00
Nature PUNCTURE		Claim Number Closed 04-28-070-10 Cause OBJECT BEING LIFTED OR HANDLED	<u>Department</u> 862 <u>Body Part</u> HAND	<u>Date of Injury</u> 07/17/2010	A n	ury Description eedle was sticking out of the stuck by the needle, Stuck		IW was picking up the	box when he	
2010	0	0.00	525.20	0.00	525.20	0.00	525.20	0.00	525.20	0.00
Nature PUNCTURE		Claim Number Closed 04-28-073-10 Cause ANIMAL OR INSECT	<u>pepartment</u> 862 <u>Body Part</u> KNEE	<u>Date of Injury</u> 07/21/2010		u ry Description en or stung by something o	n left knee while workin	ng at		

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

All States

Claim Year	Days Lost	Paid · Indemnity	Paid Medicai	Pald Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2010	0	0.00	105.10	0.00	105.10	0.00	105.10	0.00	105.10	0,00
Employee Nature NO PHYSICAL INJURY		Claim Number Close 04-28-092-10 Cause CONTACT WITH, NOC	d <u>Department</u> 862 <u>Body Part</u> HAND	<u>Date of Injury</u> 08/30/2010		ury <u>Description</u> medical call to HMG night o	clinic unresponsive, erre	exposure	.	
2010	0	0.00	124.28	0.00	124.28	0.00	124.28	0.00	124.28	0.00
Employee Nature NO PHYSICAL INJURY		Claim Number Close 04-28-093-10 Cause CONTACT WITH, NOC	d <u>Department</u> 862 <u>Body Part</u> LUNGS	<u>Pate of Injury</u> 08/30/2010		ury <u>Description</u> medical call to HMG night c	:linic unresponsive arre	exposure,		
2010	O	0.00	124.28	0.00	124.28	0.00	124.28	0.00	124.28	0.00
Employee Nature NO PHYSICAL INJURY		Claim Number Close 04-28-094-10 Cause CONTACT WITH, NOC	d <u>Department</u> 862 <u>Body Part</u> LUNGS	<u>Pate of Injury</u> 08/30/2010		<u>ury Description</u> medical call to HMG night c	finic unresponsive arres	exposure.		
2010	18	243.80	1,680.51	0.00	1,924.31	243.80	1,680.51	0.00	1,924.31	0.00
Nature STRAIN		Claim Number Close 04-28-123-10 Cause TWISTING	862 <u>Body Part</u>	Date of Injury 11/25/2010 EA (LUMBAR AREA RAL)	IW I	ury <u>Description</u> responded to a fire call who anything serious at the tin			ack. Didn't think it	
2010	0	0.00	201.59	0.00	201.59	0.00	201.59	0.00	201.59	0.00
Nature STRAIN		Claim Number Close 04-13-065-10 Cause LIFTING	2,420 <u>Body Part</u>	Date of Injury 05/30/2010 EA (LUMBAR AREA RAL)		u rv <u>Pescription</u> stra ined back while removir	ng equipment boxes fro	m wali.		

All Claims

Worker's Comp

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - Municipality

All States

Claim Year	Days Lost	Paid Indemnity		Paid Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2009	569	60,963.64		84,450.54	0.00	145,434.18	3 0.00	64,539.76	0.00	84,539.76	-60,694.42
Employee Nature FOREIGN BODY		<u>Claim Number</u> 04-31-114-09 <u>Cause</u> RUBBED OR ABRADE	Open D, NOC	Department 3 Body Part EYE(S)	Date of Init 8 10/06/2019		Injury Description IW was filling sand bags wi something blew in it.	hen eye was irritated and	went to rub his eyes w	then he thinks	SETTLED

Summary

# of_	<u>Davs</u>	Paid	Paid	<u>Paid</u>	<u>Total</u>	Expected	Expected_	Expected	Expected	Reserve
claims	<u>Lost</u>	Indemnity	Medical	Expense	<u>Paid</u>	Indemnity	Medical	Expense	Total	Balance
739	7063	1,369,904.07	2,263,230.59	87,685.31	3,720,819.97	1,324,734.67	2,518,508.28	91,803.01	3,935,045.96	214,225.99

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

Claim Year	Days Lost	Pald Indemnity		Paid pense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2020	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Nature MENTAL DISORDER		Claim Number Denied 04-51-023-20 Cause OTHER - MISCELLANEOUS, NOC	<u>Department</u> 54 <u>Body Part</u> NO PHYSICAL INJU	<u>Date of Injury</u> 12/15/2019 RY	A st	ury Pescription udent confided to claiman lent went into graphic det				
2019	0	0.00	184.04	0.00	184.04	0.00	184.04	0.00	184.04	0.00
Employee Nature SPRAIN		Claim Number Closed 04-52-006-19 Cause STRIKING AGAINST OR STEPPING ON, NOC	<u>Department</u> 54 <u>Body Part</u> WRIST(S) & HAND	<u>Date of Injury</u> 01/18/2019 (S)	-	<u>iry Description</u> Jent repeatedly hit IW's wi	rist with his fist.			
2019	0	0.00	799.66	0.00	799.66	0.00	799.66	0.00	799.86	0.00
Employee Nature CRUSHING		Claim Number Closed 04-51-008-19 Cause CAUGHT IN, UNDER OR BETWEEN, NOC	<u>Department</u> 54 <u>Body Part</u> WRIST(S) & HAND	<u>Pate of Injury</u> 01/25/2019		i ry Description hand was slammed in ca	door while loading stud	dent into car.	·	
2019	0	0.00	373,51	0.00	373.51	0.00	373.51	0.00	373.51	0.00
Nature LACERATION		Claim Number Closed 04-51-049-19 Cause CUT, PUNCTURE, SCRAPE, NOC	Department 54 - Body Part FINGER(S)	<u>Date of Injury</u> 03/01/2019	Emp	ry <u>Description</u> loyee was conducting a se loyee silced finger and gla		ent had a razor blade i	in her pocket and	
2019	0	0.00	2,555.01	0.00	2,555.01	0,00	2,555.01	0.00	2,555.01	0.00
Employee Nature STRAIN	r	Claim Number Closed 04-51-051-19 Cause LIFTING	<u>Department</u> 54 <u>Body Part</u> SHOULDER(S)	<u>Date of Injury</u> 03/11/2019	Emp	r <u>y Description</u> loyee was trying to put a d ed left shoulder because s				

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

Claim Year	Days Lost_	Paid Indemnity	Paid Medical E	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2019	0	0,00	469.32	0,00	469.32	0.00	469.32	0.00	469.32	0.00
Employee Nature STRAIN		<u>Claim Number</u> Close 04-51-052-19 <u>Cause</u> TWISTING	d <u>Department</u> 54 <u>Body Part</u> WRIST	<u>Date of Injury</u> 03/18/2019	•	<u>lury Description</u> Incident occured during a ba o fingers back on the left har		s blocking the basketb	oall when bending	
2019	0	0.00	128.72	0.00	128.72	0.00	128.72	0.00	128,72	0.00
Employee Nature LACERATION		Claim Number Close 04-51-060-19 Cause CUT, PUNCTURE, SCRAPE, NOC	d <u>Department</u> 54 <u>Body Part</u> THUMB	<u>Pate of Iniury</u> 04/05/2019	IW	iury <u>Description</u> reached into a drawer, look wer with the blade facing up			-	
2019	0	0.00	397.71	0.00	397.71	0.00	397.71	0.00	397.71	0.00
Employee Nature CONTUSION		Claim Number Close 04-51-062-19 Cause FALL, SLIP OR TRIP, NOC	54 <u>Body Part</u> MULTIPLE BODY	Date of Injury 04/10/2019 PARTS (INCLUDING AND BODY PARTS)	IW	iury Description tripped over a student's legs k and shoulder.	that were in an aisle.	IW fell and hit left ell	bow, left hip,	
2019	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employee Nature FOREIGN BODY	_	<u>Claim Number</u> Close 04-51-063-19 <u>Cause</u> FOREIGN MATTER (BODY) I EYE(S)	54 Body Part	<u>Date of Injury</u> 04/11/2019	Stu	ury <u>Description</u> dent slammed fist thru glass o IW's face and eyes.	window as Employee v	was hanging a curtain	glass few back	
2019	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employee Nature CONTUSION		<u>Ciaim Number</u> Close 04-51-075-19 <u>Cause</u> FALL, SLIP OR TRIP, NOC	d <u>Department</u> 54 <u>Body Part</u> HIP	<u>Pate of Injury</u> 04/26/2019	IW	<u>ury Description</u> was walking up stairs of the Ight on her hip.	stage to retrieve scrips	s and tripped. IW land	led with her full	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

Claim Year	Days Lost	Paid Indemnity		Pald xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2019	0	0.00	274.92	0.00	274.92	0.00	500.00	0.00	500.00	225.08
Employee Nature MULTIPLE PHYSIC ONLY	CAL INJURIES	Claim Number Open 04-51-071-19 Cause FALL, SLIP OR TRIP, NOC	<u>Department</u> 54 <u>Body Part</u> MULTIPLE BODY P BODY SYSTEMS A	Date of Injury 04/29/2019 PARTS (INCLUDING ND BODY PARTS)	Son	urv Description nething wet in hallway and i er back.	IW slid and fell, hurting	left knee, left should	er, left hand and	
2019	0	0.00	27,542.21	360.00	27,902.21	0.00	27,638.70	460.00	28,098.70	198.49
Mature SPRAIN	•	Claim Number Open 04-51-078-19 Cause TWISTING	<u>Department</u> 54 <u>Body Part</u> ANKLE	<u>Pate of Injury</u> 05/06/2019	-	ury <u>Description</u> was on field trip with studer le.	nt at T track. While w	alking, stepped in a ho	ole and twisted	
2019	0	0.00	213.40	0.00	213.40	0.00	213.40	0.00	213,40	0.00
Nature CONTUSION	•	Claim Number Closed 04-51-081-19 Cause STRUCK OR INJURED, NOC(INCLUDES KICKED, STABBED, BIT, ETC.)	Department 54 Body Part LOWER ARM	<u>Date of Injury</u> 05/08/2019	IW	ury <u>Description</u> was assisting with putting st d or study card,	tudent in restraint and	was hit with either ba	ck of students	
2019	0	0.00	345.50	0.00	345.50	0.00	500.00	0.00	500.00	154.50
Employee Nature STRAIN		Claim Number Open 04-51-098-19 Cause LIFTING	<u>Department</u> 54 <u>Body Part</u> MULTIPLE TRUNK	<u>Pate of Injury</u> 07/24/2019	IW	ury <u>Description</u> was pulling a plant out of th she felt something pull in h		, when she lifted up, h	Her back popped	
2019	0	0.00	1,694.05	0.00	1,694.05	0.00	1,790.86	0.00	1,790.86	96.81
Employee Nature CONTUSION		Claim Number Open 04-51-103-19 Cause STRUCK OR INJURED, NOC(INCLUDES KICKED, STABBED, BIT, ETC.)	<u>Department</u> 54 <u>Body Part</u> HAND	<u>Date of Injury</u> 08/05/2019	Stud sque IW,	ury Description fent was obsessed over prin ezed IW's left hand, IW pul IW moved arms back, stude student lowered his hands/a	lled away, student bang ent stood up, charging	ged table with both fis with both arms in air,	ts trying to hit IW raised hands	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

All States

Claim Year	Days Lost	Paid Indemnity		Paid pense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2019	21	2,692.65	18,002.10	0.00	20,694.75	2,792.65	18,099.46	0.00	20,892.11	197.36
Employee Nature STRAIN	·	<u>Claim Number</u> Open 04-51-104-19 <u>Cause</u> PUSHING OR PULLING	<u>Department</u> 54 <u>Body Part</u> SHOULDER(S)	<u>Pate of Injury</u> 08/05/2019	I ra s	niury Description W prompted student to all alsed; IW shut the door, stude tudent pulled several times, le ame immediately to open it, IN	nt tried to open the do t go, hit the door with	or, IW tried to keep d both hands causing it	oor closed, to jam, custodian	
2019	0	0.00	325.72	0.00	325.72	0.00	500.00	0.00	500.00	174.28
Nature CONTUSION		Claim Number Open 04-51-108-19 Cause STRUCK OR INJURED, NOC(INCLUDES KICKED, STABBED, BIT, ETC.)	<u>Department</u> 54 <u>Body Part</u> MULTIPLE UPPER E	Date of Injury 08/09/2019 EXTREMITIES	S d b	ntury Description itudent was agitated about dol room to calm down; sb eghan hitting her left arm with reaking her applie watch.	udent walked toward h	er, backing her into a	student cart and	
2019	0	0.00	188.94	0.00	188.94	0.00	500.00	0.00	500.00	311.06
Employee Nature STRAIN		<u>Claim Number</u> Open 04-51-128-19 <u>Cause</u> LIFTING	<u>Department</u> 54 <u>Body Part</u> MULTIPLE TRUNK	<u>Date of Injury</u> 10/22/2019	_	<u>njury Description</u> W was moving a table and felt	pain in back and leg fi	rom lifting table.		
2019	0	0.00	334.92	0.00	334.92	0.00	500.00	0.00	500.00	165.08
Mature STRAIN		Claim Number Open 04-51-129-19 Cause STRAIN OR INJURY BY, NOC	<u>Department</u> 54 <u>Body Part</u> KNEE	<u>Date of Injury</u> 10/24/2019	I	n <u>fury Description</u> W silpped in fruit juice on the 4 f fall.	floor, left leg	went straight/right kne	ee took full force	
2019	0	0.00	0.00	0.00	0.00	0.00	500.00	0.00	500.00	500.00
Employee Nature CONTUSION		Claim Number Open 04-51-141-19 Cause CUT, PUNCTURE, SCRAPE, NOC	<u>Pepartment</u> 54 <u>Body Part</u> ANKLE	<u>Date of Injury</u> 11/11/2019	D	ntury Description uring implementation of restra ausing an abrasion.	int, a student rubbed t	heir shoe against IW's	left ankle	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

All States

Claim Year	Days Lost	Paid Indemnity	Paid Medical I	Pald Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2019	0	0.00	2,357.57	0.00	2,357.57	0.00	2,456.47	0.00	2,456.47	98.90
Employee Nature STRAIN		<u>Claim Number</u> Open 04-51-137-19 <u>Cause</u> FROM LIQUID OR GREASE · <u>SPILLS</u>	<u>Department</u> 54 <u>Body Part</u> MULTIPLE LOWE	Date of Injury 11/19/2019 R EXTREMITIES	IW	urv Description was walking toward the do			o correct their	
2019	0	0.00	478.51	0.00	478.51	0.00	500.00	0.00	500,00	21.49
Employee Nature PUNCTURE		Claim Number Open 04-51-138-19 Cause CUT, PUNCTURE, SCRAPE, NOC	<u>Department</u> 54 <u>Body Part</u> LOWER ARM	<u>Date of Injury</u> 11/19/2019	Chil	ury Description d was being noncompliant to the groung (?) the child		s, then swung at IW.	Once child and IW	
2019	0	0.00	0.00	0.00	0.00	0.00	500.00	0.00	500.00	500.00
Nature CONTUSION		<u>Claim Number</u> Denied 04-51-140-19 <u>Cause</u> FALL, SLIP OR TRIP, NOC	<u>Department</u> 54 <u>Body Part</u> SKULL	<u>Date of Injury</u> 11/19/2019	Dur	ury Description ing student performance, IV d on a chair.	W picked up a child and	I turned, lost footing,	slid and fell hitting	
2019	0	0.00	437.89	0.00	437.89	0.00	500.00	0.00	500.00	62.11
Nature CONTUSION		Claim Number Open 04-51-145-19 Cause OTHER - MISCELLANEOUS, NOC	<u>Department</u> 54 <u>Body Part</u> LOWER ARM	<u>Pate of Injury</u> 12/04/2019	IW a mot righ	ury Description and assistant principal was her because he refused to e t arm. Arm is swollen and s n cleaned and ice applied.	exit the car. As student	was entering the buil	ding he bit IW's	
2019	0	0.00	89.67	0.00	89.67	0.00	500.00	0.00	500.00	410.33
Mature MULTIPLE PHYSICAL ONLY	L INJURIES	Claim Number Open 04-51-146-19 Cause STRUCK OR INJURED, NOC(INCLUDES KICKED, STABBED, BIT, ETC.)		<u>Date of Injury</u> 12/05/2019 PARTS (INCLUDING IND BODY PARTS)	Stud	ury <u>Description</u> dent grabbed claimant from dent kicked claimant on her		it on the back, claima	nt turned and	

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

Claim Year	Days Lost	Paid Indemnity		Pald pense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2019	0	0.00	1,222.10	0.00	1,222.10	0.00	1,222.10	0.00	1,222.10	0.00
Employee Nature MULTIPLE PHYSICA ONLY	L INJURIES	Claim Number Closed 04-52-011-19 Cause FALL, SLIP OR TRIP, NOC	<u>Department</u> 55 <u>Body Part</u> MULTIPLE BODY PA BODY SYSTEMS AN	•	_	iury <u>Description</u> pped on tile floor while enterin	ng building, Injured ba	ick/arm.		
2019	0	0.00	403.81	0.00	403.81	0.00	403.81	0.00	403.81	0.00
Nature ALL OTHER SPECIF	IC INJURIES	Claim Number Closed 04-55-097-19 Cause OTHER - MISCELLANEOUS, NOC	<u>Department</u> 58 <u>Body Part</u> MULTIPLE BODY PA BODY SYSTEMS AN	•	IW	<u>lury Description</u> / had a anaphylactic allergic retire body with hives, swelling in	-		h reacton to	
2019	-317	2,909,88	10,638.29	0.00	13,748.17	3,009.88	10,850,17	0.00	13,860.05	111.88
Employee Nature SPRAIN	•	Claim Number Open 04-51-070-19 Cause STRAIN OR INJURY BY, NOC	<u>Department</u> 58 <u>Body Part</u> KNEE	<u>Date of Injury</u> 04/25/2019	_	<u>jury Description</u> asing a student off campus IV	/'s right knee popped.			
2019	0	0.00	163.80	0.00	163.80	0.00	163.80	0.00	163.80	0.00
Employee Nature STRAIN		Claim Number Closed 04-56-004-19 Cause FALL, SLIP OR TRIP, NOC	<u>Department</u> 59 <u>Body Part</u> HAND	<u>Date of Injury</u> 01/17/2019		iurv Description I was draining IW had th nd.	ne cover off of drain, s	stepped into it and fell	. Injured right	
2019	0	0.00	3,876.17	0.00	3,876.17	0.00	3,676.17	0.00	3,876.17	0.00
Employee Nature CONTUSION	•	Claim Number Closed 04-56-013-19 Cause FALL, SLIP OR TRIP, NOC	<u>Department</u> 59 <u>Body Part</u> MULTIPLE BODY PA	•	IW	<u>iury Description</u> I fell from stepping on sticky s ees.	ubstance and falling h	itting her mouth and s	scraped her	

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

Claim Year	Days Lost	Paid Indemnity	Paid Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2019	0	0.00	174.49	0.00	174.49	0.00	174.49	0.00	174.49	0.00
Employee		<u>Claim Number</u> 04-56-057-19	Closed <u>Department</u>	Date of Injury 59 04/03/2019		ry Description	and pulled muscle in low	er back,		
<u>Nature</u> STRAIN		Cause Lifting		CK AREA (LUMBAR AREA IO-SACRAL)					· ——————	
2019	0	0.00	253.38	0.00	253.38	0.00	500.00	0.00	500.00	246.62
Employee Nature STRAIN	•	<u>Claim Number</u> 04-56-064-19 <u>Cause</u> LIFTING		59 04/12/2019 E CK AREA (LUMBAR AREA		ry Description ras lifting rates and	strained her back.			
2019	0	0.00	220.45	0.00	220.45	0.00	500.00	0.00	500.00	279.55
Employee Nature LACERATION		Claim Number 04-56-136-19 Cause HAND TOOL, UTENSI POWERED	Open <u>Department</u> Body Part NOT FINGER(S)	59 11/19/2019	IW w	ry <u>Description</u> as using a meat cutting a b hit the blade with her n		she looked away for a	moment causing	
2019	117	2,945.24	2,782.56	0.00	5,727.80	3,045.24	2,879.37	0.00	5,924.61	196.81
Nature CONTUSION		<u>Claim Number</u> 04-57-106-19 <u>Cause</u> FROM DIFFERENT LE	Open <u>Departme</u>	60 08/04/2019		ry <u>Description</u> as cleaning the school b u	is and fell out the back o	loor landing on her he	ad and shoulder.	
2019	13	418.68	4,725.72	0.00	5,144.40	518.68	4,803.11	0.00	5,321.79	177.39
Employee Nature CONTUSION	•	<u>Claim Number</u> 04-57-149-19 <u>Cause</u> ON STAIRS	Open <u>Department</u> <u>Body Part</u> SOFT TISS	60 12/06/2019	IW w	ry Description as stepping onto the bus were wet.	, missed second step and	d scarped and bruled (eft side of chin.	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

All States

Claim Year	Days Lost	Paid Indemnity	Paid Medical E	Pald xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2019	42	1,986.00	5,557.13	0.00	7,543.13	2,086.00	5,654.91	460.00	8,200.91	657.78
Employee		<u>Claim Number</u> Open 04-59-047-19	Department 61	Date of Injury 02/26/2019		ry Description e cutting a sign post with a	a grinder, the grinder k	icked back cutting the	left index finger.	
Nature LACERATION		Cause POWERED HAND TOOL, APPLIANCE	Body Part FINGER(S)						_	
2019	126	5,074.44	1,026.11	0.00	6,100.55	5,074.44	1,026.11	0.00	6,100.55	0.00
Employee	•	Claim Number Closed 04-58-076-19	. <u>Department</u> 61	<u>Date of Intury</u> 04/30/2019		ry Description fted vacuum from custodia	al cart, lost grip and vac	ouum landed on right f	oot.	
<u>Nature</u> CONTUSION		Cause OBJECT BEING LIFTED OR HANDLED	Body Part FOOT					·		
2019	0	0.00	203.82	0.00	203.82	0.00	500,00	0.00	500.00	296,18
Employee Nature CONTUSION	-	<u>Claim Number</u> Open 04-51-111-19 <u>Cause</u> FALL, SLIP OR TRIP, NOC	<u>Department</u> 94 <u>Body Part</u> CHEST	Date of Injury 08/12/2019	Duri	ry <u>Description</u> ng football practice IW was w pressed into his ribs.	s showing a drill and sli	pped and fell. IW hit ti	he ground and his	
2019	0	0.00	133.23	0.00	133.23	0.00	500.00	0.00	500.00	366.77
Employee Nature CONTUSION	•	Claim Number Open 04-51-112-19 Cause STRIKING AGAINST OR STEPPING ON, NOC	<u>Department</u> 94 <u>Body Part</u> FOOT	<u>Date of Injury</u> 08/12/2019	IW w	ny Description nas moving desks and hit ti days later foot was swollen		n the foot of the desk	. Felt a little pain	
2019	0	0.00	0.00	0.00	0.00	0.00	500.00	0.00	500.00	500.00
Employee Nature STRAIN		<u>Claim Number</u> Open 04-51-114-19 <u>Cause</u> STRAIN OR INJURY BY, NOC	<u>Pepartment</u> 94 <u>Body Part</u> LOWER LEG	<u>Date of Injury</u> 08/28/2019	IW fo	ry <u>Description</u> elt a pop in his left achilles etball with	tendon when he was v	valking down the steps	after playing	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

All States

Claim Year	Days Lost	Pald Indemnity	Pald Medical I	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2019	0	0.00	83.81	0.00	83.81	0.00	500.00	0.00	500.00	416.19
Employed Nature MULTIPLE PHYSICA ONLY	L INJURIES	Claim Number Oper 04-51-118-19 CRUSE STRUCK OR INJURED, NOC(INCLUDES KICKED, STABBED, BIT, ETC.)	94 <u>Body Part</u> MULTIPLE BODY	Date of Injury 09/11/2019 PARTS (INCLUDING AND BODY PARTS)	Stud	ry <u>Description</u> ent was removed from cla Ime student began hitting		•	vent running. At	
2019	0	.0.00	255.94	0.00	255.94	0.00	500.00	0.00	500.00	244.06
Employee Nature CONTUSION	•	Claim Number Oper 04-51-139-19 Cause STRUCK OR INJURED, NOC(INCLUDES KICKED, STABBED, BIT, ETC.)	Department 94 Body Part FOOT	<u>Date of Injury</u> 11/18/2019		ry <u>Description</u> ing from Care to class	sroom, student asked to	go to bathroom and s	stopped on IW's	
2019	0	0.00	200.81	0.00	200.81	0.00	200.81	0.00	200.81	0.00
Employee Nature STRAIN		Claim Number Close 04-58-005-19 Cause LIFTING	ed <u>Department</u> 3,219 <u>Body Part</u> MULTIPLE TRUNI	<u>Date of Injury</u> 01/16/2019		ry <u>Description</u> vas cleaning tables and lif	ting tables to clean; pull	ed back on left side.		
2019	-216	11,144.22	4,282.97	421.20	15,848.39	11,244.22	4,379.60	521.20	16,145.02	296.63
Employee Nature MULTIPLE PHYSICA ONLY	L INDURIES	<u>Claim Number</u> Oper 04-58-096-19 <u>Cause</u> FALL, SLIP OR TRIP, NOC	3,219 <u>Body Part</u> MULTIPLE BODY	Date of Injury 07/10/2019 PARTS (INCLUDING AND BODY PARTS)		r <u>y Description</u> ipped in wet floor wax an	d hit his head and back			
2019	0	0.00	2,348.86	- 0.00	2,348.86	0.00	2,445.81	0.00	2,445.81	96.95
Employee Nature CONTUSION		Claim Number Oper 04-58-099-19 Cause ON STAIRS	<u>Department</u> 3,219 <u>Body Part</u> MULTIPLE UPPER	<u>Date of Injury</u> 07/28/2019 R EXTREMITIES	IW w	ry <u>Pescription</u> as moving a ing elbow and knee.	file cabinet downstairs, a	and fell forward face fi	irst Injuring nose,	

20-20173-2

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

Claim Year	Days Lost	Paid Indemnity	Paid Medical I	Paid Expense	Total Pald	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2019	0	0.00	761.63	0.00	761.63	0.00	765.29	0.00	765.29	3.66
Employee Nature CONTUSION		<u>Claim Number</u> Oper 04-58-120-19 <u>Cause</u> FALL, SLIP OR TRIP, NOC	<u>Department</u> 3,219 <u>Body Part</u> LOWER ARM	<u>Date of Injury</u> 09/24/2019		ury Description was trying not to step on o	child and lost balance, fi	ell on left arm and han	d.	
2019	0	0.00	676.24	0.00	676.24	0.00	771.74	0.00	771.74	95.50
Employee Nature CRUSHING		Claim Number Oper 04-58-152-19 Cause - STRUCK OR INJURED, NOC(INCLUDES KICKED, STABBED, BIT, ETC.)	<u>Department</u> 3,219 <u>Body Part</u> HAND	<u>Date of Injury</u> 12/30/2019		ur y Description was moving a "L" shaped o	desk back against a wal	l and hand got smashe	d.	
2018	0	0.00	1,282.14	0.00	1,282.14	0.00	1,282.14	0.00	1,282.14	0.00
Employee Nature MULTIPLE PHYSICAL I ONLY	NJURIES	Claim Number Close 04-50-023-18 Cause ON STAIRS	53 <u>Body Part</u> MULTIPLE BODY	Date of Injury 03/27/2018 PARTS (INCLUDING AND BODY PARTS)	IW (ury Description was walking down stairs ca all; Fell on left side hitting		•		
2018	0	0.00	5,445.41	0.00	5,445.41	0.00	5,445.41	0.00	5,445.41	0.00
Employee Nature CONCUSSION		Claim Number Close 04-50-093-18 Cause ON ICE OR SNOW	Department 53 Body Part SKULL	<u>Date of Injury</u> 12/11/2018		ury Description fell while walking into work	at	Slipped on Ice.		
2018	0	0.00	240.72	0.00	240.72	0.00	240.72	0.00	240.72	0.00
Employee Nature STRAIN		<u>Claim Number</u> Close 04-51-007-18 <u>Cause</u> PUSHING OR PULLING	d <u>Department</u> 54 <u>Body Part</u> HAND	<u>Date of Injury</u> 02/02/2018	Emp	ury Description Noyee was assisting a child t hand.	l pulling up very tight so	ocks worn under), felt a pop in	

hello

Worker's Comp

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

Claim Year	Days Lost	Paid Indemnity	Paid Medical I	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2018	0	0.00	148.94	0.00	148.94	0.00	148.94	0.00	148.94	0.00
Nature CONTUSION		<u>Claim Number</u> Closed 04-51-008-18 <u>Cause</u> FROM DIFFERENT LEVEL	<u>Department</u> 54 <u>Body Part</u> ELBOW	<u>Date of Injury</u> 02/14/2018	Stu	iury Description Ident ran into employee in the Ided on right elbow.	knocking emp	loyee out of chair; em	ployee fell and	
2018	0	0.00	127.94	0.00	127.94	0.00	127.94	0.00	127.94	0.00
Nature LACERATION		Claim Number Closed 04-51-009-18 Cause CUT, PUNCTURE, SCRAPE, NOC	Department 54 Body Part SOFT TISSUE	<u>Date of Injury</u> 02/16/2018	An	iury <u>Description</u> assistant threw a ball ar a juice bottle and cut the righ	-	•		
2018	0	0.00	266.33	0,00	266.33	0.00	266.33	0.00	266.33	0.00
Nature CONTUSION		Claim Number Closed 04-51-010-18 Cause ON SAME LEVEL	<u>Department</u> 54 <u>Body Part</u> KNEE	<u>Date of Injury</u> 02/23/2018	IW	iury <u>Description</u> was carrying a large box of b re on the floor; IW landed on			ook boxes that	
2018	0	0.00	400.34	0.00	400.34	0.00	400.34	0.00	400.34	0.00
Employee Nature STRAIN)	Cipim Number Closed 04-51-013-18 Cause STRAIN OR INJURY BY, NOC	54 Body Part	<u>Pate of Injury</u> 03/01/2018	Stu	iury Description Ident became agitated and pu ainst her arms, injuring right h	-	, bent hand back as he	e was pushing	
2018	0	0.00	2,173.18	0.00	2,173.18	0.00	2,173.18	0.00	2,173.18	0.00
Employee Nature STRAIN		Claim Number Closed 04-51-014-18 Cause STRUCK OR INJURED, NOC(INCLUDES KICKED, STABBED, BIT, ETC.)	<u>Department</u> 54 <u>Body Part</u> KNEE	<u>Pate of Injury</u> 03/01/2016	Stu	<u>lury Description</u> dent was brought back to clas dent took all of his body welg perextend and buckle to side.		•		

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

Claim Year	Days Lost	Paid Indemnity		ald dical E	Paid xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2018	0	0.00	_	220.65	0,00	220.65	0.00	220.65	0.00	220,65	0.00
Employee Nature		Claim Number 04-51-019-18 Cause	Closed	<u>Department</u> 54 Body Part	<u>Date of Injury</u> 03/09/2018	IW w	y Description as escorting a student wit d lip, head-butted in nose			IW in the face,	
CONTUSION		STRUCK OR INJURED NOC(INCLUDES KICK STABBED, BIT, ETC.	KED,		PARTS (INCLUDING ND BODY PARTS)						
2018	0	0.00		832.48	0.00	832.48	0.00	832.48	0.00	832,48	0.00
Employee	,	<u>Claim Number</u> 04-51-024-18	Closed	<u>Department</u> 54	<u>Date of Injury</u> 03/27/2018	IW wa	y Description as hit by a door, in the ba		cefully pushed open th	e door. IW has	
Nature CONTUSION		Cause Struck or injured Noc(includes kick Stabbed, bit, etc.)	KED,	Body Part UPPER BACK AREA	A (THORACIC AREA)	some	musice pain and tightnes	s in back.			
2018	0	0.00		214.63	0,00	214.63	0.00	214.63	0.00	214.63	0.00
Employee)	<u>Claim Number</u> 04-51-029-18	Closed	Department 54	<u>Pate of Injury</u> 04/09/2018		y Description as directing/assisting a stu	udent to a	from floor, student	: kicked IW	
<u>Nature</u> CONTUSION		<u>Cause</u> Struck or injured NOC(INCLUDES KICK STABBED, BIT, ETC.)	ŒD,	<u>Body Part</u> KNEE		direct	ly in the right knee cap.				
2018	0	0.00		343.06	0.00	343.06	0.00	343.06	0.00	343.06	0.00
Employee Nature CONTUSION		<u>Claim Number</u> 04-51-036-18 <u>Cause</u> FALL, SLIP OR TRIP,	Closed	Department 54 Body Part MULTIPLE BODY F BODY SYSTEMS A	Date of Injury 04/13/2018 PARTS (INCLUDING ND BODY PARTS)	IW wa scann back t baland	y Description Ilking with students during ing the road as her line who check students who we be landing on the ground. oth hands.	as approaching the dri	ve in front of the schoolipped off of side walk	ol, IW turned and IW lost	
2018	0	0.00		527.22	0.00	527.22	0.00	527.22	0.00	527.22	0.00
Employee Nature STRAIN		Claim Number 04-51-032-18 Cause FALL, SLIP OR TRIP,	Closed NOC	<u>Department</u> 54 <u>Body Part</u> ANKLE	<u>Date of Injury</u> 04/20/2018		y <u>Description</u> opped on water in the	Injuring right ankl	e and foot.		

hello

Worker's Comp

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

All States

Claim Year	Days Lost	Paid Indemnity	Paid Medical E	Paid xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2018	0	0.00	562.71	0.00	562.71	0.00	562.71	0.00	562.71	0.00
Employee Nature CONTUSION	•	Claim Number Closed 04-51-035-18 Cause FALL, SLIP OR TRIP, NOC	Department 54 Body Part SOFT TISSUE	<u>Date of Injury</u> 04/20/2018		v Description as liking students up from	n recess when she tripp	ed on sidewalk, fell ar	d hit head, right	
2018	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employee Nature STRAIN		Claim Number Closed 04-51-048-18 Cause FROM LIQUID OR GREASE SPILLS	54 Body Part	Date of Injury 08/06/2018 PARTS (INCLUDING ND BODY PARTS)	IW st	y Description epped in water and fell or rurally causing some back	•	ent under IW and uppo	er body twisted	
2018	0	0.00	184,63	0.00	1B4.63	0.00	184.63	0.00	184.63	0.00
Nature CONTUSION	A Service	Claim Number Closed 04-51-054-18 Cause CAUGHT IN, UNDER OR BETWEEN, NOC	<u>Department</u> 54 <u>Body Part</u> TOES .	<u>Date of Injury</u> 08/20/2018		y Description byee was opening	door, left foot/ties g	ot jammed under the	door.	
2018	0	0.00	136.00	0,00	136.00	0.00	136.00	0.00	136.00	0.00
Employee Nature CONTUSION		Claim Number Closed 04-51-062-18 Cause STRUCK OR INJURED, NOC(INCLUDES KICKED, STABBED, BIT, ETC.)	54 Body Part	Date of Injury 09/10/2018 PARTS (INCLUDING ND BODY PARTS)	IW wa	y <u>Description</u> as escorting student to cla d, student continued to h		ed IW and IW fell on f	ace; once on	
2018	72	3,921.71	15,429.38	150.00	19,501.09	4,021.71	15,505.27	210.00	19,736.98	235.89
Employee Nature CONTUSION	•	Claim Number Open 04-51-071-18 Cause FALLING OR FLYING OBJECT	<u>Department</u> 54 <u>Body Part</u> SHOULDER(S)	<u>Date of Injury</u> 09/21/2018	Emplo	<u>v Description</u> oyee was tossing a frisbee udent turned and hit emp			ee growled back;	SETTLED

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

All States

Claim Year	Days Lost	Paid Indemnity	Paid Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2018	0	0.00	935.29	0.00	935.29	0.00	935.29	0.00	935,29	0.00
Nature CONTUSION		<u>Claim Number</u> Cla 04-51-070-18 <u>Cause</u> FALLING OR FLYING OBJ	Body Part ECT SKULL	Date of Injury 54 09/24/2018		urv Description dent threw ball and hit emp	ployee in the back of th	e head.		
2018	0	0.00	518.42	0,00	518.42	0.00	518.42	0.00	518,42	0.00
Employee Nature PUNCTURE		Claim Number Claim Number Claim Number Claim Number Claim Cause CUT, PUNCTURE, SCRAPI NOC	Body Part SHOULDER(S	54 09/28/2018	Stud	ury <u>Pescription</u> Jent A tackled student B wi ent b hit employee on the		nployee went to comfo	ort student b,	
2018	0	0.00	441.45	0,00	441.45	0.00	441.45	0.00	441.45	0.00
Employee Nature PUNCTURE		Chaim Number Clo 04-51-074-18 Cause CUT, PUNCTURE, SCRAPE NOC	Body Part	<u>Date of Injury</u> 54 09/28/2018		ury <u>Description</u> lent bit IW on right arm.				
2018	0	0.00	1,226.02	0.00	1,226.02	0.00	1,321.13	0.00	1,321.13	95.11
Employee Nature CONTUSION		Cialm Number Op 04-51-081-18 Cause STRUCK OR INJURED, NOC(INCLUDES KICKED, STABBED, BIT, ETC.)	Body Part	Date of Injury 54 10/26/2018 WER EXTREMITIES	One	iry <u>Description</u> student was pushing anot ie lower/leg/heel of foot w		chair, when the IW wa	is in the back	
2018	0	0.00	1,815.34	0,00	1,815.34	0.00	2,052.21	0,00	2,052.21	236.87
Employee Nature DISLOCATION		<u>Cialm Number</u> Op 04-51-080-18 <u>Cause</u> FALL, SLIP OR TRIP, NOC	Body Part	PER EXTREMITIES		ory Description tured or displaced collar bo	one, due to being struck	s by student.		

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

Claim Year	Days Lost	Paid Indemnity	Paid Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2018	0	0.00	431.20	0.00	431.20	0.00	431,20	0.00	431.20	0.00
Employee		<u>Claim Number</u> Close 04-51-087-18	54	<u>Date of Injury</u> 11/14/2018		ury Description abative student bit IW's han	nd.			
PUNCTURE		Cause CUT, PUNCTURE, SCRAPE, NOC	Body Part HAND							
2018	0	0.00	300.46	0.00	300.46	¹ 0.00	300.46	0.00	300.46	0.00
Employee	•	Claim Number Close 04-51-088-18	54	<u>Date of Injury</u> 11/16/2018		ury Description abative student bit IW on to	p of handbroke the	skin and bled.		
<u>Nature</u> PUNCTURE		Cause CUT, PUNCTURE, SCRAPE, NOC	<u>Body Part</u> HAND							
2018	0	0.00	1,219.75	0.00	1,219.75	0.00	1,219.75	0.00	1,219.75	0.00
Employee)	Claim Number Close 04-51-089-18	ed <u>Department</u> 54	<u>Date of Injury</u> 11/20/2018	IW	rry Description Tipped over a student who	was running ahead of	her, and tripped over	student, twisting	
Nature SPRAIN		Cause FALL, SLIP OR TRIP, NOC	Body Part ANKLE		ankl 	e. 			- <u></u>	
2018	O	0.00	682.19	0.00	682.19	0.00	682.19	0.00	682.19	0.00
Employee Nature CONTUSION		Claim Number Close 04-55-026-18 Cause FALL, SLIP OR TRIP, NOC	ed <u>Department</u> 58 <u>Body Part</u> MULTIPLE UPPER		Stud	ary Description dent was having agressive b self on ground causing 1W's /elbow				
2018	0	Ö.00	91.13	0.00	91.13	0.00	91.13	0.00	91.13	0.00
Employee Nature LACERATION		Claim Number Close 04-56-003-18 Cause HAND TOOL, UTENSIL, NO POWERED	59 Body Part	<u>Date of Injury</u> 01/18/2018		ury <u>Description</u> tut her left thumb while slic	ing meat.			

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

Claim Year	Days Lost	Paid Indemnity	Paid Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2018	0	0.00	480.93	0.00	480.93	0.00	480.93	0.00	480,93	0.00
Employee Nature	1	<u>Claim Number</u> 04-56-005-18 <u>Cause</u>	Closed <u>Department</u> Body Part	Date of Injury 59 01/24/2018		ry Description vas getting out	of oven and burned he	r arm.		
BURN .		HOT OBJECTS OR SUBSTANCES	LOWER ARM	·						
2018	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employee Nature STRAIN		<u>Claim Number</u> 04-56-038-18 <u>Cause</u> FALL, SLIP OR TRIP, N		59 05/01/2018 DDY PARTS (INCLUDING MS AND BODY PARTS)	IW w	r <u>y Description</u> vas throwing a greasy par ed and fell; Left leg and b		n some grease dripped	on the floor,; IW	
2018	0	0.00	302.85	0.00	302.85	0.00	302.85	0.00	302.85	0.00
Employee Nature CONTUSION)	Ciaim Number (04-56-042-18 Cause FALLING OR FLYING O	Departmen Body Part TOES	59 07/02/2018	IW w	ry Description as putting away pan lids toe on right foot.	and picked up a pile off	f of cart and one slid o	ut and hit knuckle	
2018	0	0.00	249.50	0.00	249.50	0.00	249.50	0.00	249.50	0.00
Employee Nature BURN		Claim Number (04-56-053-18 Cause STEAM OR HOT FLUIDS		59 O8/20/2018 DDY PARTS (INCLUDING MS AND BODY PARTS)	IW w	ry Description as getting to m as blisters.	nake	water fell down the let	ft side of body;	
2018	0	0.00	295.27	0.00	295.27	0.00	295.27	0.00	295.27	0.00
Nature LACERATION		Claim Number (04-56-060-18 Cause HAND TOOL, UTENSIL, POWERED	Departmen Body Part NOT FINGER(S)	<u>Date of Injury</u> 59 09/05/2018		r <u>y Description</u> as sharpening a knive and r.	d missed the sharpening	g block and knicked th	e top of her indix	

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Worker's Comp

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

Claim Year	Days Lost	Paid Indemnity		Paid 1edical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2018	0	0.00	_	268.63	0,00	268.63	0.00	268.63	0.00	268.63	0.00
Employee Nature CONTUSION		Claim Number 04-56-066-18 Cause SLIPPED, DID NOT FA	Closed ALL	<u>Department</u> 59 <u>Body Part</u> KNEE	<u>Pate of Injury</u> 09/17/2018	IV	niury Description V was rushing to catch the II in the parking lot on wet le		eleft the premises, and	I IW slipped and	·
2018	0	0.00		275.74	0.00	275.74	0.00	275.74	0.00	275.74	0.00
Employee Nature STRAIN	•	Claim Number 04-56-078-18 Cause LIFTING	Closed	<u>Department</u> 59 <u>Body Part</u> CHEST	<u>Date of Injury</u> 10/04/2018		viury Description V was lifting a box	felt something po	o in rib area.		
2018	0	0.00	-	1,141.71	0.00	1,141.71	0.00	1,141.71	0.00	1,141.71	0.00
Employee Nature STRAIN	-	Claim Number 04-57-057-18 Cause OTHER - MISCELLANE NOC	Closed	<u>Department</u> 60 <u>Body Part</u> KNEE	<u>Date of Injury</u> 08/22/2018		viury Description V was walking down the aisle	on a hill to retrieve a s	student and injured he	r left knee.	
2018	O	0.00		249.76	0.00	249.76	0.00	249.76	0.00	249.76	0.00
Employee Nature STRAIN		<u>Cialm Number</u> 04-57-075-18 <u>Cause</u> FALL, SLIP OR TRIP, I	Closed	<u>Department</u> 60 <u>Body Part</u> KNEE	<u>Date of Injury</u> 10/01/2018	IV	tlury Description If was walking in loose grave Opped.	in parking lot, stated f	oot rolled and knee tw	isted and	
2018	0	0.00		1,189.58	0.00	1,189.58	0.00	1,189.58	0.00	1,189.58	0,00
Employee Nature LACERATION		Claim Number 04-59-051-18 Cause OBJECT HANDLED	Closed	<u>Department</u> 61 <u>Body Part</u> FINGER(S)	<u>Date of Injury</u> 08/15/2018	IV of	iury Description I was helping a co-worker un metal slipped and caught his cutting the middle finger o	finger between the pe			
2018	0	0.00		764.81	0.00	764.81	0.00	764.81	0.00	764.81	0.00

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

All States

Claim Year	Days Lost	Paid Indemnity		Paid Medicai	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
Employee	9	Claim Number 04-59-068-18	Closed		Date of Injury 1 09/19/2018	-	iury Description was soldering copper lines	to:	nd inhaled fumes.		
Nature ALL OTHER SPECIF NOC	TC INJURIES	<u>Cause</u> ABSORPTION, INGE OR INHALATION, N			OY PARTS (INCLUDING S AND BODY PARTS)						<u>.</u>
2018	146	7,902.78		21,839.21	0.00	29,741.99	8,002.78	22,011.18	0.00	30,013.96	271.97
Employes Nature STRAIN	•	Claim Number 04-58-041-18 <u>Cause</u> TWISTING	Open	<u>Department</u> 3,21 <u>Body Part</u> SHOULDER(S)	Date of Injury 9 05/25/2018	IW	iury Description was lifting Items from room ured right shoulder.	n to	iting she was twisting a	and pulled and	
2017	О .	0.00		262.78	0,00	262.78	0.00	262.78	0.00	262.78	0.00
Nature STRAIN	•	<u>Claim Number</u> 04-50-001-17 <u>Cause</u> COLLISION OR SIDE WITH ANOTHER VE		Body Part MULTIPLE BOD	Pate of Injury 3 01/03/2017 BY PARTS (INCLUDING 5 AND BODY PARTS)	IW ligh	iury Description was driving her car from or it. The car behind IW was s ik bumper. IW was thrown	truck in the rear by an	other car, that propelle	• •	
2017	0	0.00		286.46	0.00	286.46	0.00	286.46	0,00	286,46	0.00
Employee Nature STRAIN		<u>Claim Number</u> 04-50-002-17 <u>Cause</u> FALL, SLIP OR TRIP	Closed	Body Part MULTIPLE BOD	Date of Injury 3 01/06/2017 BY PARTS (INCLUDING 5 AND BODY PARTS)		iury <u>Description</u> was moving a chair across	floor, chair fell over, IV	V fell over chair hurting	g wrist and ribs.	
2017	0	0.00		208.20	0.00	208.20	0.00	208,20	0.00	208.20	0.00
Employee Nature LACERATION		<u>Claim Number</u> 04-50-063-17 <u>Cause</u> FALL, SLIP OR TRIP	Closed	<u>Body Part</u> MULTIPLE BOD	Date of Injury 08/09/2017 DY PARTS (INCLUDING S AND BODY PARTS)	IW	iury Description walked into the	and tripped on her ca	ne and fell to the grou	nd. Both knees	
2017	0	0.00		257.38	0.00	257.38	0.00	257,38	0.00	257.38	0.00

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

Claim Year	Days Lost	Paid Indemnity			Paid xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
Employee Nature SPRAIN		Claim Number 04-50-070-17 Cause OBJECT BEING LIFTE HANDLED	Closed D OR	<u>Department</u> 53 <u>Body Part</u> ANKLE	<u>Pate of Injury</u> 08/22/2017		Injury Description IW was folding up a table after	er a meeting. The	eg of the table hit IW's	i right ankle	
2017	0	0.00		262.10	0.00	262.1	0.00	262.10	0.00	262.10	0.00
Employee Nature CONTUSION	•	Claim Number 04-51-008-17 Cause FALL, SLIP OR TRIP,	Closed	Department 54 Body Part MULTIPLE BODY S BODY SYSTEMS A	Date of Injury 01/24/2017 PARTS (INCLUDING ND BODY PARTS)		Injury Description IW slipped in the wet grass w building. Injuring her left hip,			ne front of the	
2017	0	0.00		50.03	0.00	50.0	3 0.00	50.03	0.00	50.03	0,00
Employee Nature CONTUSION	•	Claim Number 04-51-010-17 Cause FELLOW WORKER, PATIENT-NOT IN ACT CRIME	Closed OF A	<u>Department</u> 54 <u>Body Part</u> MOUTH	<u>Date of Injury</u> 01/31/2017		Injury Description A student hit IW in the mouth It busted her lip.	with the back of his he	ead during the process	of HWC restraint.	
2017	1	3,642.30		21,990.48	260.00	25,892.7	8 3,642.30	21,990.48	260,00	25,692.78	0.00
Employee Nature STRAIN	•	Claim Number 04-51-029-17 Cause JUMPING	Closed	<u>Department</u> 54 <u>Body Part</u> KNEE	<u>Date of Injury</u> 04/07/2017		<u>Injury Description</u> IW was playing basketball with inside of leg and popped.	n class, jumped up and	when he landed, his le	ft knee went to	SETTLED
2017	0	0.00		0.00	0.00	0.0	0.00	0.00	0.00	0.00	0.00
Employee Nature SPRAIN	•	Claim Number 04-51-048-17 Cause FALL, SLIP OR TRIP, I	Closed	<u>Department</u> 54 <u>Body Part</u> KNEE	<u>Date of Injury</u> 04/21/2017		Injury Description Student stepped on right foot jerking right knee that previous	_	to desk. TW fell backwa	ard to the floor	
2017	0	0.00		146,82	0.00	146.8	2 0.00	146.82	0.00	146.82	0.00

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

Claim Year	<i>Days</i> Lost	<i>Pald</i> Indemnity	Paid Medical		Paid xpense	Total Pald	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
Nature CONTUSION		<u>Claim Number</u> 04-51-032-17 <u>Cause</u> FALL, SLIP OR TRIP,	<u>Bi</u> NOC MI		Date of Injury 04/26/2017 PARTS (INCLUDING ND BODY PARTS)		Injury Description IW walked out of , stepp teachers were present for distribute the fall, hit right elbow	missal. Twisted left ankle	• • • •		
2017	0	0.00	0.0	00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employee Nature STRAIN		Claim Number 04-51-041-17 <u>Cause</u> PUSHING OR PULLIN	<u>B</u>	epartment 54 ody Part IEE	<u>Date of Injury</u> 05/08/2017		Injury Description IW went to sit oin a (meniscus) pulled.	When pu	shing to the right, the	e left knee	
2017	, 0	0.00	337.4	11	0.00	337.41	0.00	337.41	0.00	337.41	0.00
Employee Nature STRAIN		<u>Claim Number</u> 04-51-036-17 <u>Cause</u> OTHER - MISCELLAN NOC	<u>Ba</u> EOUS, LL	epartment 54 ody Part IMBAR AND/OR S ERTEBRAE NOC	<u>Date of Injury</u> 05/09/2017 SACRAL VERTEBRAE TRUNK)		Injury Description Student came up behind IW to because of jerk.	o give her a hug. Caused	I IW to jerk. IW claim	ed back is hurting	
2017	0	0.00	183.8	10	0.00	183.80	0.00	183.80	0.00	183.80	0.00
Employee Nature STRAIN		Claim Number 04-51-040-17 Cause STRUCK OR INJURED NOC(INCLUDES KICK STABBED, BIT, ETC.)	Bo O, UF	spartment 54 ody Part PPER ARMS	<u>Pate of Injury</u> 05/16/2017		Injury Description IW attempted to prevent a stuback.	udent fight, in doing so, i	a child took her left ar	m and twisted it	
2017	0	0.00	612.6	34	0.00	612.64	0.00	612.64	0.00	612.64	0.00
Employee Nature CONTUSION		Claim Number 04-51-042-17 Cause CAUGHT IN, UNDER BETWEEN, NOC	Be	e <u>partment</u> 54 od v Part JUTIPLE LOWER	Date of Injury 05/19/2017 EXTREMITIES		Intury Description IW was unloading popped up landing on left fool	-	d up a case of water t	& the dolly	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

Claim Year	Days Lost	Paid Indemnity	Paid Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2017	0	0.00	191.94	0,00	191.94	0.00	191.94	0.00	191.94	0.00
Nature CONTUSION		<u>Claim Number</u> Close 04-51-065-17 <u>Cause</u> FALL, SLIP OR TRIP, NOC	d <u>Department</u> 54 <u>Body Part</u> MULTIPLE LOWE		IW	<u>urv Description</u> was walking behind her cla I fell . She hurt her right hij). She tripped over co	rds in the road	
2017	0	0.00	108.05	0.00	108.05	0.00	108.05	0.00	108.05	0.00
Employee Nature Inflammation	P	Claim Number Close 04-51-067-17 Cause CHEMICALS	<u>Department</u> 54 <u>Body Part</u> EYE(S)	<u>Date of Injury</u> 08/23/2017	IW in fr	ury Description was asking a student to re ront of the board and start ome irritated.				
2017	0	0.00	298.59	0,00	298.59	0.00	298.59	0.00	298,59	0,00
Employee Nature SPRAIN	•	Claim Number Close 04-051-066-17 Cause TWISTING	<u>Department</u> 54 <u>Body Part</u> WRIST	<u>Date of Injury</u> 08/23/2017	Dur	ury Description ing a restraint of a special t/arm - Released to safero			oor- twisted right	
2017	394	3,768.00	14,046.35	760.00	18,574.35	3,868.00	14,143.25	860.00	18,871.25	296.90
Employee Nature STRAIN		Claim Number Open 04-51-068-17 Cause FELLOW WORKER, PATIENT-NOT IN ACT OF A CRIME	<u>Department</u> 54 <u>Body Part</u> UPPER ARMS	<u>Date of Injury</u> 08/24/2017	IW a	ery <u>Description</u> and another co-worker had caused IW's left arm to "si		estraint. The student r	rolled over and	SETTLED
2017	0	0.00	800.01	0.00	800.01	0.00	800.01	0.00	800.01	0.00
Employee Nature CONTUSION		Claim Number Close 04-51-072-17 Cause HAND TOOL OR MACHINE I USE	54 <u>Body Part</u>	<u>Date of Injury</u> 09/13/2017	IW v	ury <u>Description</u> was assisting student in po t is bruised; swollen.	werchair in bathroom. S	tudent reversed chair	over right foot.	

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

Claim Year	Days Lost	Paid Indemnity	Paid Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2017	. 0	0.00	0.00	0.00	0.00	0.00	0,00	0.00	0.00	0.00
Employee Nature	•	Claim Number Close 04-51-077-17 Cause	54 Body Part	<u>Date of Injury</u> 10/10/2017	_	urv Description tripped over her own feet d.	and fell hitting counter a	and cut lip and head o	reating a knot on	
CONTUSION	62	FALL, SLIP OR TRIP, NOC 1,432.80	50FT TISSUE 7,438.24	0.00	8,871.04	1,432.80	7,438.24	0.00	8,871,04	0.00
Employee Nature CONTUSION	•	Claim Number Close 04-51-080-17 Cause FALL, SLIP OR TRIP, NOC	,	Date of Injury	<u>Inji</u> IW v mov	was standing, a toddler was standing, a toddler was the body, child fell to the her hand on the file cat	ilked behind IW and pla he floor as did IW in opj	ced a foot between IV	V's legs; IW	
2017	0	0.00	248.70	0.00	248.70	0.00	500.00	0.00	500.00	251,30
Employee Nature STRAIN	•	Claim Number Oper 04-51-083-17 Cause STRUCK OR INJURED, NOC(INCLUDES KICKED, STABBED, BIT, ETC.)	Department 54 Body Part TOES	<u>Pate of Injury</u> 11/06/2017		ary <u>Description</u> Jent pushed door open and	d bent toes back on left	foot of IW.		
2017	0	0.00	1,085.31	0.00	1,085.31	0.00	1,085.31	0.00	1,085.31	0.00
Employee Nature CONTUSION		<u>Claim Number</u> Class 04-51-085-17 <u>Cause</u> FALLING OR FLYING OBJEC	54 Body Part	<u>Date of Injury</u> 11/08/2017		ury Description udent threw a ball and hit	IW in the head.			
2017	0	0.00	180.06	0.00	180.06	0.00	180.06	0.00	180.06	0.00
Nature CONTUSION	•	Claim Number Close 04-51-089-17 Cause FALL, SLIP OR TRIP, NOC	d <u>Department</u> 54 <u>Body Part</u> SACRUM AND CO	, , ,		ury <u>Description</u> was sitting at desk when h	er chair rolled and she fi	ell to the floor onto he	r tailbone.	

hello

Worker's Comp

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

All States

Claim Year	Days Lost	Paid Indemnity	Paid Medical	Pald Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2017	0	0.00	. 0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employee Nature LACERATION		Claim Number Cl 04-51-093-17 Cause CUT, PUNCTURE, SCRAP NOC	Body Part THUMB	<u>Date of Injury</u> 54 12/11/2017		v <u>Pescrintion</u> ing a paper cutter and c	ut the tip of her thumb o			
2017	0	0.00	651.66	0.00	651.66	0.00	651,66	0.00	651.66	0.00
Employee Nature CRUSHING	•	Claim Number Cl 04-51-094-17 Cause CAUGHT IN, UNDER OR BETWEEN, NOC	osed <u>Departmen</u> <u>Body Part</u> FINGER(S)	<u>Pate of Injury</u> 54 12/15/2017	IW wa	y Description as leaving restroom and on it d, door slammed hut on it		o exit; Finger was in	door jam as he	
2017	0	0.00	5,520.42	0.00	5,520.42	0.00	5,520.42	0.00	5,520.42	0.00
Employee	•	Claim Number Cl 04-55-026-17	osed <u>Departmen</u>	58 03/23/2017	IW wa	y Description as sitting with/beside stu				
<u>Nature</u> CONTUSION		Cause FELLOW WORKER, PATIENT-NOT IN ACT O CRIME	Body Part HAND FA		finger	and pulled left thumb do	own. Hit repeatedly later	dates by two other s	tudents.	
2017	0	0.00	5,352.09	0.00	5,352.09	0.00	5,352.09	0.00	5,352.09	0.00
Employee	•	04-55-037-17	osed <u>Departmen</u>	58 05/10/2017	Stude	v Description nt stepped on her right fo arring her right knee,	oot, when she went to to	ake a step, her foot si	ammed on the	
<u>Nature</u> STRAIN		Cause Struck or Injured, Noc(Includes Kicked, Stabbed, Bit, Etc.)	<u>Body Part</u> KNEE							
2017	0	0.00	183.60	0.00	183.80	0.00	183.80	0.00	183.80	0.00
Employee Nature CONTUSION		Claim Number Cl 04-56-016-17 Cause OBJECT HANDLED	osed <u>Departmen</u> <u>Body Part</u> HAND	<u>Pate of Injury</u> 59 02/22/2017		y Description It her hand caught betwe	en the and th	door.		

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

Claim Year	Days Lost	Paid Indemnity	Pald Medical	Pald Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2017	0	0.00	214.54	0.00	214.54	0.00	214.54	0.00	214.54	0.00
Employee Nature		<u>Claim Number</u> 04-56-069-17 <u>Cause</u>	Closed <u>Department</u> Body Part	Date of Injury 59 08/24/2017	IW	ury Description was taking a pan out of ov arm and burned it.	ren ad hit the corner of	fridge which caused p	an to slide up her	
BURN		HOT OBJECTS OR SUBSTANCES	LOWER ARI	4 						
2017	35	1,071.55	975.14	0.00	2,046.69	1,071.55	975.14	0.00	2,046.69	0.00
Employee Nature CONTUSION		Claim Number 04-56-092-17 Cause ON SAME LEVEL		Date of Injury 59 12/07/2017 DODY PARTS (INCLUDING EMS AND BODY PARTS)		ury Description tripped over a fan and land	ded on her knees and hi	t her shoulder		
2017	0	0.00	1,338.42	0.00	1,338.42	0.00	1,338.42	0.00	1,338.42	0.00
Employee Nature CONTUSION		Claim Number 04-57-057-17 Cause FALL, SLIP OR TRIP,	Closed <u>Department</u> Body Part NOC SKULL	<u>Date of Injury</u> 60 07/05/2017	Em _l pull emp	urv Description ployee reports that he was a tree branch that was had ployee arrived at the school his head on the motor cove	nging, and his his left e I, he got dizzy and saus	bow on the window fr	rame. After	
2017	0	0.00	280.91	0.00	280.91	0.00	280.91	0.00	280.91	0.00
Employee Nature CONTUSION		<u>Claim Number</u> 04-58-049-17 <u>Cause</u> FALLING OR FLYING	Closed Department Body Part FOOT	1t <u>Date of Injury</u> 61 06/08/2017	-	ury <u>Description</u> ws moving furniture out of	and table	slipped off dollie fallin	g on left foot.	
2017	0	0.00	372.39	0.00	372.39	0.00	372,39	0.00	372.39	0.00
Employee Nature CONTUSION	·	Claim Number 04-58-058-17 Cause MACHINE OR MACHIN	Body Part	,219 07/13/2017	IW	ury Description was spraying weeds with la er the wheel of the lawn m		• • • • • • • • • • • • • • • • • • • •	her left leg and	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

Claim Year	Days Lost	Paid Indemnity	Paid Medical E	Paid xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2017	0	0.00	383.16	0.00	383.16	0.00	383.16	0.00	383,16	0.00
Employee Nature CONTUSION		<u>Claim Number</u> Close 04-58-082-17 <u>Cause</u> FALL, SLIP OR TRIP, NOC	d <u>Department</u> 3,219 <u>Body Part</u> SKULL	<u>Pate of Injury</u> 10/24/2017	IW v	ery <u>Description</u> was cleaning classroom nce and feli backwards hit			ised up, lost	
2016	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0,00
Employee Nature FRACTURE		Claim Number Close 04-50-079-16 Cause CAUGHT IN, UNDER OR BETWEEN, NOC	d <u>Department</u> 53 <u>Body Part</u> FINGER(S)	<u>Date of Injury</u> 10/11/2016	IW v	ory <u>Description</u> was painting the office dur er got hung on the door kr			e right pinky	
2016	0	0.00	899.41	0.00	899.41	0.00	899.41	0.00	899.41	0.00
Nature CONTUSION	•	Claim Number Close 04-51-001-16 Cause ON SAME LEVEL	54 Body Part	Date of Injury 01/25/2016 PARTS (INCLUDING ND BODY PARTS)	IW v	ry Description vas using an electric hole p angled in the cord and sh IW sustained a cut on he	e fell forward to her kno	es and then went do		
2016	0	0.00	334.90	0.00	334.90	0.00	334,90	0.00	334.90	0.00
Employee Nature CRUSHING	•	Claim Number Close 04-51-006-16 Cause FALLING OR FLYING OBJEC	54 Body Part	<u>Date of Injury</u> 02/11/2016	IW n	ry <u>Description</u> emoving a file cabinet from rolled and cabinet fell onto		abinet was being taker	n off cart when	
2016	0	0.00	381.59	0.00	361.59	0.00	361.59	0.00	361.59	0.00
Employee Nature STRAIN	•	Claim Number Close 04-51-012-16 Cause STRUCK OR INJURED, NOC(INCLUDES KICKED, STABBED, BIT, ETC.)	Department 54 Body Part WRIST(S) & HAND	<u>Date of Injury</u> 02/26/2016 D(S)	IW w	ry Description vas sitting in classroom wh k up a student fight. She n			next room to	

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

All States

Claim Year	Days Lost	Paid Indemnity	Paid Medical E	Pald xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2016	0	0.00	22.95	0.00	22,95	0.00	22.95	0.00	22.95	0,00
Nature CONTUSION		Claim Number Closed 04-51-013-16 Cause STRUCK OR INJURED, NOC(INCLUDES KICKED, STABBED, BIT, ETC.)	<u>Department</u> 54 <u>Body Part</u> ELBOW	<u>Date of Injury</u> 02/29/2016	IW b	irv Description iumped right elbow hard o e seizure.	n desktop arm while as	sisting a very unstead	ly student with an	
2016	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Nature CONTUSION		Claim Number Closed 04-51-021-16 Cause ON SAME LEVEL	<u>Department</u> 54 <u>Body Part</u> SKULL	<u>Date of Injury</u> 03/15/2016		i ry Description vas looking for badge in he	er purse and tripped fall	ing into a wall h	itting her head.	
2016	0	0.00	177.94	0.00	177.94	0.00	177.94	0.00	177.94	0.00
Employee Nature STRAIN		Claim Number Closed 04-51-019-16 Cause TWISTING	<u>Department</u> 54 <u>Body Part</u> ELBOW	<u>Date of Injury</u> 03/21/2016	A stu	ry Description Ident in the because when he had to to pull away twisting IW's	restrain student to pro			
2016	0	0.00	90.46	0.00	90.46	0.00	90.46	0.00	90.46	0.00
Employee Nature LACERATION		Claim Number Closed 04-51-020-16 Cause STRUCK OR INJURED, NOC(INCLUDES KICKED, STABBED, BIT, ETC.)	<u>Department</u> 54 <u>Body Part</u> HAND	<u>Date of Injury</u> 03/22/2016		ry <u>Description</u> vas bitten by a student on	her right hand.			
2016	0	0.00	327.41	. 0.00	327.41	0.00	327.41	0.00	327,41	0.00
Employee Nature SPRAIN		Claim Number Closed 04-51-039-16 Cause FALL, SLIP OR TRIP, NOC	<u>Department</u> 54 <u>Body Part</u> FOOT	<u>Date of Iniury</u> 06/16/2016	While	r <u>y Description</u> e playing a gym game wih d causing her to fall onto ti	•	_	r ankle (right)	

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Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

Claim Year	Days Lost	Paid Indemnity	Paid Medical	Pald Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2016	35	853,95	14,283.50	110.00	15,247.45	853.95	14,283.50	110.00	15,247.45	0.00
Employee Nature STRAIN	•	Claim Number Closed 04-51-049-16 Cause STRAIN OR INJURY BY, NOC	54 Body Part	<u>Date of Injury</u> 07/27/2016	IW	and Carpetter at camp		•	ent stepped on	,
2016	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employee Nature CONTUSION		Claim Number Closed 04-51-061-16 Cause STATIONARY OBJECT	<u>Department</u> 54 <u>Body Part</u> SOFT TISSUE	<u>Pate of Injury</u> 08/16/2016	IW	ury Description was bent over assisting stud dent (still bent), and hit right			•	
2016	0	0.00	452.60	0.00	452.60	0.00	452.60	0.00	452.60	0.00
Employee Nature CRUSHING		Claim Number Closed 04-51-066-16 Cause CAUGHT IN, UNDER OR BETWEEN, NOC	<u>Department</u> 54 <u>Body Part</u> FINGER(S)	<u>Date of Injury</u> 09/06/2016		<u>ury Description</u> shut finger in classroom doo	г.			
2016	0	0.00	306.64	0.00	306.64	. 0.00	306.64	0,00	306,64	0.00
Employee Nature STRAIN		Claim Number Closed 04-51-070-16 Cause FROM DIFFERENT LEVEL	54 Body Part	REA (LUMBAR AREA	A.	ury Description Student running ner knees on the steps (she v		m hit IW in the back k Causing her lower rigl		
2016	1	599.40	10,702.66	150.00	11,452.06	599.40	10,702.66	150.00	11,452.06	0.00
Employee Nature STRAIN		Claim Number Closed 04-51-071-16 Cause FALL, SLIP OR TRIP, NOC	54 <u>Body Part</u> MULTIPLE BODY	Date of Injury 09/14/2016 PARTS (INCLUDING AND BODY PARTS)	īW	ury <u>Description</u> was walking with ch e, back, hip and thigh.	ildren, lost footing on	side of pavement drop	o. Injury to right	

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

Claim Year	Days Lost	Paid Indemnity	Paid Medical	Paid Expense	Total Pald	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2016	0	0.00	145.75	0.00	145.75	0.00	145.75	0.00	145.75	0.00
Employee		<u>Claim Number</u> 04-51-074-16	Closed <u>Department</u>	<u>Date of Iniury</u> 54 09/22/2016		ry Description ent "head'butted" IW's th	roat area and kicked IV	/'s right leg repeatedly		
<u>Nature</u> CONTUSION		Cause STRUCK OR INJURED, NOC(INCLUDES KICKER STABBED, BIT, ETC.)		BODY PARTS (INCLUDING TEMS AND BODY PARTS)						
2016	0	0.00	502.15	0.00	502.15	0.00	502.15	0.00	502.15	0.00
Employee Nature FRACTURE		<u>Claim Number</u> 04-51-083-16 <u>Cause</u> FALL, SLIP OR TRIP, N	Closed <u>Department</u> Body Part OC MULTIPLE	54 11/11/2016	IW w	ry Description ras playing with men and ribs causing a f		rm and slipped and fel	l on his right .	
2016	0	0.00	49.00	0.00	49.00	0.00	49.00	0.00	49.00	0.00
Employee Nature ALL OTHER SPECIFI	C INJURIES	O4-51-085-16 Cause OBJECT BEING LIFTED	Closed Department Body Part OR MULTIPLE	54 11/21/2016	IW w	ry Description as in the work room. Sh r for a bulletin board, the h area.	-		-	
2016	0	0.00	1,059.47	0.00	1,059.47	0.00	1,059.47	0.00	1,059.47	0.00
Mature CONTUSION		Claim Number 04-51-086-16 Cause STRUCK OR INJURED, NOC(INCLUDES KICKEL STABBED, BIT, ETC.)		54 11/22/2016	IW w	ry Description as loading a child into a IW was still in the door				
2016	0	0.00	594.53	0.00	594.53	0.00	594.53	0.00	594.53	0.00
Employee Nature STRAIN		Claim Number (04-52-057-16 Cause STRAIN OR INJURY BY	Closed <u>Departm</u> Body Part NOC HIP	55 08/11/2016	IW w	ry <u>Description</u> as doing movement activ eit a pop/snap followed t				

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Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

Clalm Year	Days Lost	Paid Indemnity	Paid Medical	Pald Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2016	0	0.00	36.56	0.00	36.58	0.00	36,58	0.00	36.58	0.00
Employee Nature STRAIN		Claim Number Clos 04-55-011-16 Cause CAUGHT IN, UNDER OR BETWEEN, NOC	ed <u>Pepartment</u> 58 <u>Body Part</u> WRIST(S) & HA		IW :	ury Description was lifting child into seat leat. This caused a pulling			_	
2016	0	0.00	846.33	0.00	846.33	0.00	846,33	0.00	846.33	0.00
Employee Nature SPRAIN		Claim Number Clos 04-55-033-16 Cause ON STAIRS	ed <u>Department</u> 56 <u>Body Part</u> ANKLE	<u>Date of Injury</u> 3 05/20/2016		ury <u>Description</u> was walking down steps an Injury to feet and a		while transporting	from t o	
2016	0	0.00	179.60	0.00	179.60	0.00	179.60	0.00	179.60	0.00
Employee Nature CRUSHING		Claim Number Clos 04-55-075-16 Causa CAUGHT IN, UNDER OR BETWEEN, NOC	ed <u>Department</u> 58 <u>Body Part</u> FOOT	<u>Date of Injury</u> 3 09/23/2016	IW's	ery Description left foot was stomped on i during states and the o	•	ts when the students	became angry -	
2016	0	0.00	1,985.76	0.00	1,985.76	0.00	1,985.76	0.00	1,965.76	0.00
Employee Nature STRAIN		Claim Number Clos 04-56-052-16 Cause LIFTING	ed <u>Department</u> 59 <u>Body Part</u> SHOULDER(S)	Date of Injury 08/08/2016	IW v	vas lifting a		he floor up to put on a	a shelf - felt sharp	
2016	0	0.00	888.18	0.00	888.18	0.00	888.18	0.00	888.18	0.00
Employee Nature STRAIN		Claim Number Clos 04-56-055-16 Cause FROM LIQUID OR GREASE SPILLS	59 Body Part	<u>Date of Injury</u> 08/11/2016	IW w	was walking around on to floor and			was dripping out	

Injury Date Range: 01/01/2010 to 12/31/2019

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2016	0	0.00	181.40	0.00	181.40	0.00	181.40	0.00	181.40	0.00
Employee Nature BURN	•	Claim Number Close 04-56-056-16 Cause STEAM OR HOT FLUIDS	ed <u>Department</u> 59 <u>Body Part</u> LOWER LEG	<u>Date of Iniury</u> 08/11/2016	IW w	. When IW opened h	out of Turn of water started shooti			
2016	0	0.00	284.51	0.00	284,51	0.00	284.51	0.00	284.51	0.00
Employee Nature STRAIN		Claim Number Close 04-56-076-16 Cause LIFTING	ed <u>Department</u> 59 <u>Body Part</u> WRIST	<u>Date of Injury</u> 09/30/2016		ry Description vas picking up a	with in it ar	nd strained right wrist.		
2016	0	0.00	813.12	0.00	813.12	0.00	813.12	0.00	813,12	0.00
Nature ALL OTHER SPECIFIC	C INJURIES	Claim Number Close 04-59-050-16 Cause CONTACT WITH, NOC	61 <u>Body Part</u> MULTIPLE BODY	PARTS (INCLUDING NO BODY PARTS)	IW w	ry <u>Pescription</u> ras installing particles could have been		articles from ceiling fe otentially asbestos).	ll into clothing and	
2016	0	0.00	152.11	0.00	152.11	0.00	152.11	0.00	152.11	0.00
Employee Nature CONTUSION	•	Claim Number Close 04-59-058-16 Cause OBJECT BEING LIFTED OR HANDLED	61 Body Part	<u>Date of Injury</u> 08/12/2016		ry Description e removing from	n wall, the swul	ng out hitting IW in to	p of head,	
2016	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employee Nature LACERATION		Claim Number Close 04-59-077-16 Cause OBJECT BEING LIFTED OR HANDLED	Department 61 Body Part SOFT TISSUE	<u>Pate of Injury</u> 10/03/2016	· -		is last screw was taken	out, broke hitt	ing IW in	

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Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

Claim Year	Days Lost	Paid Indemnity	Paid Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2016	8	6,527.76	7,417.60	260,00	14,205.36	6,627.76	15,000.00	360,00	21,987.76	7,782.40
Employee Nature STRAIN		<u>Claim Number</u> 04-59-082-16 <u>Cause</u> TWISTING		<u>Pate of Iniur</u> 61 11/09/2016 <u>v Part</u> E	_	dury Description V was stepping off a ladder a lin.	and foot got caught in th	ne ladder and twisted o	causing knee	SETTLED
2016	0	0.00	761.71	0.00	761.71	0.00	761.71	0.00	761.71	0.00
Employee Nature CONTUSION		<u>Claim Number</u> 04-58-010-16 <u>Cause</u> FALL, SLIP OR TRIP, I	Bod	artment <u>Date of Injur</u> 3,219 02/25/2016 v Part		<u>viury Description</u> V tripped over a chair in the	classroom and fell to the	e floor hurting her righ	it hip.	
2016	0	0.00	390.61	0.00	390.61	0.00	390.61	0.00	390.61	0.00
Employee Nature POISONING - GENE OR CUMULATIVE IN		Claim Number 04-58-016-16 Cause CHEMICALS		artment <u>Date of Injur</u> 3,219 03/08/2016 <u>v Part</u> ITH	IW	viury Description If was cleaning fine the state of the was spraying the was spraying the state of the was spraying the state of the s			the mist from the	
2016	0	0.00	81.01	0.00	81.01	0.00	122.80	0.00	122.80	41.79
Employee Nature PUNCTURE		Claim Number 04-58-034-16 Cause CUT, PUNCTURE, SCR	Bod	artment <u>Date of Injur</u> 3,219 05/23/2016 <u>y Part</u> SER(S)	IW	<u>rlury Description</u> / was emptying trash and wi ger	hile pushing down, she t	was stuck by a needle	on the right ring	
2016	0	0.00	1,161.12	0.00	1,161.12	0.00	1,163.89	0.00	1,163.89	2.77
Nature ALL OTHER SPECIFINOC	IC INJURIES	<u>Claim Number</u> 04-58-038-16 <u>Cause</u> CHEMICALS	<u>Bod</u> MUL	3,219 Date of Injur 3,219 06/14/2016 V Part TIPLE BODY PARTS (INCLUDING Y SYSTEMS AND BODY PARTS)	IW Pe	Jury Description Was scrubbing roxy cleaner. IW had upper		ompass machine and C d difficulty of breathing		

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Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

Claim Year	Days Lost	Pald Indemnity	Pald Medical E	Paid xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2016	0	0.00	207.02	0,00	207.02	0.00	207.02	0,00	207,02	0.00
Nature ALL OTHER SPECIFIC	C INDURIES	Claim Number Closed 04-58-054-16 Cause OBJECT BEING LIFTED OR HANDLED	3,219 <u>Body Part</u>	Date of Intury 08/10/2016 PARTS (INCLUDING ND BODY PARTS)	IW v	ury Description was working in the moroor at was swelling and difficul		ergic to the	States	
2016	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employee Nature STRAIN		Claim Number Closed 04-58-062-16 Cause STRAIN OR INJURY BY, NOC	3,219 <u>Body Part</u>	•	IW v	ITY Description was walking towards the it it away and it turned tow e up next day and her back	ards her and ran at he	,		
2016	0	0.00	263.79	0.00	263.79	0.00	263.79	0.00	263.79	0.00
Employee Nature CONTUSION		Claim Number Closed 04-58-078-16 Cause FALL, SLIP OR TRIP, NOC	Department 3,219 Body Part KNEE	<u>Date of Injury</u> 10/05/2016	· · · · · · · · · · · · · · · · · · ·	ury <u>Description</u> ripped over a m in the gy	m and fell on knee.			
2015	0 _	0.00	695.66	0.00	695.66	0.00	695.66	0.00	695.66	0.00
Employee Nature CONTUSION		<u>Claim Number</u> Closed 04-51-005-15 <u>Cause</u> FROM DIFFERENT LEVEL	<u>Department</u> 54 <u>Body Part</u> HAND	<u>Date of Injury</u> 01/19/2015		I <u>ry Description</u> r slid out from under IW an	d IW fell catching hers	elf with her right hand		
2015	1	5,316.57	2,148.15	150.00	7,612.72	5,316.57	2,146.15	150.00	7,612.72	0.00
Employee Nature CONTUSION		Claim Number Closed 04-51-008-15 Cause STRUCK OR INJURED, NOC(INCLUDES KICKED, STABBED, BIT, ETC.)	<u>Department</u> 54 <u>Body Part</u> SHOULDER(S)	<u>Date of Injury</u> 01/29/2015		r <u>y Description</u> ent passed IW in classroom	and pushed her shoul	der with the ball of he	r hand forcefully	SETTLED

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

Claim Year	Days Lost	Paid Indemnity	Paid Medical E	Pald xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2015	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Nature CONTUSION		<u>Claim Number</u> Close 04-51-012-15 <u>Cause</u> FROM DIFFERENT LEVEL	d <u>Department</u> 54 <u>Body Part</u> LOWER LEG	<u>Date of Injury</u> 02/23/2015	IW	ury Description was standng on sturdy tab with her	le to hang	and stepped back wn	ong making table	
2015	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employee Nature CONTUSION		Claim Number Close 04-51-023-15 Cause ON SAME LEVEL	d <u>Pepartment</u> 54 <u>Body Part</u> UPPER ARMS	<u>Date of Injury</u> 03/10/2015		ury Description was walking across classro	om when she tripped on	her own feet and fell		
2015	0	0.00	249.02	0.00	249.02	0.00	249.02	0.00	249,02	0.00
Nature CONTUSION		Claim Number Close 04-51-024-15 Cause STRUCK OR INJURED, NOC(INCLUDES KICKED, STABBED, BIT, ETC.)	d <u>Department</u> 54 <u>Body Part</u> INTERNAL ORGAN	<u>Date of Injury</u> 03/11/2015 NS	IW v	ury Description was using the "handle with kidney area	care" method to restrai	n a student when IW	was elbowed in	
2015	0	0.00	609.21	0.00	609.21	0.00	609.21	0.00	609.21	0.00
Employee Nature CONTUSION		Claim Number Close 04-51-025-15 Cause CAUGHT IN, UNDER OR BETWEEN, NOC	d <u>Department</u> 54 <u>Body Part</u> MULTIPLE LOWER	Date of Injury 03/19/2015 REXTREMITIES	A stu	ory <u>Description</u> Ident knocked over a large to pop also	divider and IW right foo	ot got caught under it	and caused her	
2015	150	27,542.71	27,110.48	792.81	55,446.00	27,642.71	35,000.00	892.81	63,535.52	8,089.52
Nature .		<u>Claim Number</u> Open 04-51-027-15 <u>Cause</u> PUSHING OR PULLING	<u>Department</u> 54 <u>Body Part</u> SHOULDER(S)	<u>Date of Injury</u> 03/25/2015	IW w	ry Description was trying to push door ope ed three times, getting in				SETTLED

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

Claim Year	Days Lost	Paid Indemnity		Paid xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2015	0	0.00	521.14	0.00	521.14	0.00	615.33	0.00	615,33	94.19
Nature CONTUSION		Claim Number Open 04-51-028-15 Cause STRUCK OR INJURED, NOC(INCLUDES KICKED, STABBED, BIT, ETC.)	<u>Department</u> 54 <u>Body Part</u> SOFT TISSUE	<u>Date of Injury</u> 04/07/2015	IW	ury Description was sitting in the floor wit lents elbow connected wit	, -	m him when he fiailed	this arm. The	
2015	0	0.00	1,161.72	0.00	1,161.72	0.00	1,181.72	0.00	1,161.72	0.00
Employee Nature FRACTURE		Claim Number Close 04-51-032-15 Cause TWISTING	d <u>Department</u> 54 <u>Body Part</u> ANKLE	<u>Date of Injury</u> 04/30/2015		ury Description started to go up for a	and IWleft anke	l turned. IW never gol	t off the ground.	
2015	0	0.00	434.98	0.00	434.98	0.00	434.98	0.00	434.98	0.00
Employee Nature STRAIN		<u>Claim Number</u> Close 04-51-033-15 <u>Cause</u> FALL, SLIP OR TRIP, NOC	54 <u>Body Part</u>	Date of Injury 05/04/2015 PARTS (INCLUDING ND BODY PARTS)	IW v	vas in experience when a sonto her left knee and over	student lying on the floo er a twisting	- , -	ot causing IW to	
2015	0	0.00	316.38	0.00	316.38	0.00	316.38	0.00	316.38	0.00
Employee Nature STRAIN		Claim Number Close 04-51-034-15 Cause STRAIN OR INJURY BY, NO	54 Body Part	<u>Date of Injury</u> 05/06/2015		irv Description while restraining a student	pulled a muscle in back	.		
2015	0	0.00	154,35	0.00	154.35	0.00	154.35	0.00	154.35	0.00
Nature CONTUSION		Claim Number Close 04-51-036-15 Cause STRUCK OR INJURED, NOC(INCLUDES KICKED, STABBED, BIT, ETC.)	d <u>Department</u> 54 <u>Body Part</u> MOUTH	<u>Date of Injury</u> 05/18/2015		e <u>rv Description</u> lad to use "handle with ca w.	ere" for student who was	; being violent; studen	it head-butted IW	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

Claim Year	Days Lost	Paid Indemnity	Paid Medical I	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2015	0	0.00	157.94	0.00	157.94	0.00	157.94	0.00	157.94	0.00
Nature CONTUSION		Claim Number Closed 04-51-050-15 . Cause FROM LIQUID OR GREASE SPILLS	<u>Department</u> 54 <u>Body Part</u> LOWER ARM	<u>Date of Injury</u> 08/04/2015	IW	ury Description slipped and fell in water tha sroom; IW fell on right arm	•	,	another	
2015	0	0.00	252.99	0.00	252.99	0.00	252.99	0.00	252.99	0.00
Employee Nature LACERATION		Claim Number Closed 04-51-054-15 Cause CUT, PUNCTURE, SCRAPE, NOC	<u>Department</u> 54 <u>Body Part</u> LOWER ARM	<u>Date of Injury</u> 08/10/2015	IW	ury Description was restraining an aggressh times on the right forearm.	, -	policy and training;	Student bit IW	
2015	0	0.00	140.59	0.00	140.59	0.00	140.59	0.00	140.59	0.00
Nature STRAIN		Claim Number Closed 04-51-058-15 Cause STRAIN OR INJURY BY, NOC	Department 54 Body Part FOOT	<u>Date of Injury</u> 08/11/2015	IW	was demonstrating the the left foot.	to team	heard a pop in left fo	oot and feld the	
2015	0	0.00	423.62	0.00	423.62	0.00	423.62	0.00	423.62	0,00
Mature CONTUSION		Claim Number Closed 04-51-059-15 Cause STRUCK OR INJURED, NOC(INCLUDES KICKED, STABBED, BIT, ETC.)	<u>Department</u> 54 <u>Body Part</u> SOFT TISSUE	<u>Date of Injury</u> 08/17/2015	IW v	was working with a multiple was working with a multiple with a	ked the student to stop	, he punched her in t		
2015	0	0.00	375.50	0.00	375.50	0.00	375.50	0,00	375.50	0.00
Employee Nature STRAIN		Claim Number Closed 04-51-062-15 Cause STRAIN OR INJURY BY, NOC	<u>Department</u> 54 <u>Body Part</u> SHOULDER(S)	<u>Date of Injury</u> 08/27/2015	-	ury Description dent grabbed IW's arm and	began jerking and kicki	ng her.		

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

Claim Year	Days Lost	Paid Indemnity	Paid Medical	Pald Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2015	0	0.00	154.46	0.00	154.46	0.00	154.46	0.00	154.46	0.00
Employee		Claim Number Clos 04-51-063-15	ed <u>Department</u> 5	Date of Injury 4 09/03/2015		i ry Description lipped on floor and fell in	hallway hitting her elbo	w, knees, and should	ers.	
<u>Nature</u> DISLOCATION		Cause FALL, SLIP OR TRIP, NOC		Y PARTS (INCLUDING S AND BODY PARTS)						
2015	0	0.00	91.99	0.00	91.99	0.00	91.99	0.00	91.99	0.00
Nature CONTUSION		Claim Number Clos 04-51-065-15 Cause OBJECT HANDLED BY OTHERS	ed <u>Department</u> 5 <u>Body Part</u> SOFT TISSUE	<u>Date of Injury</u> 4 09/09/2015	IW v	IIV Description was being assisted by a st. over at the waist, and hit				
2015	0	0.00	636.46	0.00	636.46	0.00	636.48	0.00	636.48	0.00
Employee Nature		Claim Number Clos 04-51-066-15 Cause	ed <u>Department</u> 5 <u>Body Part</u>	Date of Injury 09/15/2015		vas hit in the nose by a	student while they we	re talking about going	to class.	
CONTUSION		STRUCK OR INJURED, NOC(INCLUDES KICKED, STABBED, BIT, ETC.)	NOSE		· - · · · · · · · · · · · · · · · · · ·					
2015	0	0.00	238.28	0.00	238.28	0.00	238.28	0.00	238.28	0.00
Employee Nature STRAIN		Claim Number Clos 04-51-067-15 Cause TWISTING	ed <u>Department</u> 5: <u>Body Part</u> THUMB	<u>Date of Injury</u> 4 09/15/2015	Iw w	ry <u>Description</u> ras holding hand with with him.	itudent. Student tried to	o twist away and twist	ed her thumb	
2015	0	0.00	637.46	0.00	637.46	0.00	637.46	0.00	637.46	0.00
Employee Nature CONTUSION		Claim Number Clos 04-51-072-15 Cause FALL, SLIP OR TRIP, NOC	5- <u>Body Part</u> MULTIPLE BOD	Date of Injury 10/23/2015 PARTS (INCLUDING AND BODY PARTS)	. IW w	ny <u>Description</u> vas holding a students han the man able and hit her o			fail also, IW fell	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

Claim Year	Days Lost	Paid Indemnity	Paid Medical E	Paid xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2015	0	0.00	551.32	0.00	551.32	0.00	551.32	0.00	551.32	0.00
Mature PUNCTURE	, 	Claim Number Close 04-51-073-15 Cause CUT, PUNCTURE, SCRAPE, NOC	d <u>Department</u> 54 <u>Body Part</u> LOWER ARM	<u>Date of Injury</u> 10/28/2015	IW v	ury Description was hugging a de of her right forearm brea		hen the student sudd	enly bit IW on the	
2015	0	0.00	119.82	0.00	119.82	0.00	119.82	0.00	119.82	0.00
Employee Nature CRUSHING	•	Claim Number Close 04-51-078-15 Cause FELLOW WORKER, PATIENT-NOT IN ACT OF A CRIME	d <u>Department</u> 54 <u>Body Part</u> NOSE	<u>Date of Injury</u> 11/09/2015	IW v	ury <u>Description</u> was forced to restrain a		on the floor. When Ivick of his head.	N loosened her	
2015	0	0.00	146.88	0.00	146.88	0.00	146.88	0.00	146.88	0.00
Employee Nature LACERATION	•	Claim Number Close 04-51-082-15 CRUSE HAND TOOL, UTENSIL, NOT POWERED	54 Body Part	<u>Date of Injury</u> 11/22/2015	IW h	ny <u>Description</u> nad: for o knife.	class; after IW wa	as washing dishes and	cut right thumb	
2015	0	0.00	449.67	0.00	449.67	0.00	449.67	0.00	449.67	0.00
Employee Nature ALL OTHER SPECIFI	C injuries	Claim Number Close 04-51-081-15 Cause OTHER - MISCELLANEOUS, NOC	54 Body Part	<u>Date of Injury</u> 11/23/2015 FA (LUMBAR AREA RAL)		i ry Description valked in classroom and fell	t like "back went out",	had pain in middle of	back.	
2015	0	0.00	379.59	0.00	379.59	0.00	379,59	0.00	379,59	0.00
Employee Nature CONTUSION		Claim Number Close 04-55-049-15 Cause FROM LIQUID OR GREASE SPILLS	58 <u>Body Part</u> MULTIPLE BODY	Date of Injury 07/22/2015 PARTS (INCLUDING ND BODY PARTS)	IW v	rry Description walking across the financial fin	or, slipped and fell on	something wet. Fell o	on left side of	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

Claim Year	Days Lost	Paid Indemnity	,	Paid Medical	Pald Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2015	0	0,00		3,372.25	0.00	3,372.25	0.00	3,470.16	0.00	3,470.16	97.91
Employee Nature CONTUSION		<u>Claim Number</u> 04-56-018-15 <u>Cause</u> FROM LIQUID OR GI	Open REASE	<u>Department</u> 59 <u>Body Part</u> MULTIPLE BODY	Date of Injury 03/03/2015 PARTS (INCLUDING	IW	dury Description I was manitoring in opped up but no sign out)	and slipped on water	in the floor (looked as	if a spill had been	
		SPILLS			AND BODY PARTS)			704.00		4	
2015	26	569,22		704.63	0.00	1,273.85	569,22	704.63 _.	0.00	1,273.85	0.00
Nature CONTUSION		Claim Number 04-56-080-15 Cause ON SAME LEVEL	Closed	<u>Department</u> 59 <u>Body Part</u> MULTIPLE UPPER	,	IW	ivry Description tripped over a a tripped over the analysis and shoulder on led			iw hit	
2015	0	0.00		424.42	0.00	424.42	0.00	424.42	0.00	424.42	0.00
Nature CONTUSION		Claim Number 04-59-014-15 Cause ON ICE OR SNOW	Closed	Department 61 Body Part SHOULDER(S)	Date of Injury 02/24/2015	IW	jury Description was walking from the stand fell on left shoulder	bullding to the	building while snow	ving and hit a slick	
2015	0	0.00		4,151.69	0.00	4,151.69	0.00	4,151.69	0.00	4,151.69	0.00
Nature CONTUSION		Claim Number 04-58-007-15 Cause FROM LIQUID OR GI SPILLS	Closed	<u>Department</u> 3,219 <u>Body Part</u> MULTIPLE UPPER		IW	<u>lury Description</u> was cleaning water on a ran inkler	np and fell due to wate	er running down the ra	amp from a broken	
2015	0	0.00		226.44	0.00	226.44	0,00	226.44	0.00	226.44	0.00
Employee Nature CONTUSION		<u>Claim Number</u> 04-58-013-15 <u>Cause</u> ON ICE OR SNOW	Closed	<u>Department</u> 3,219 <u>Body Part</u> SKULL	<u>Pate of Injury</u> 02/24/2015		iury <u>Description</u> was shoveling snow from slo	dewalk when she fell a	and hit the back of her	head.	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

All States

Claim Year	Days Lost	Paid Indemnity		Paid Medical	Pald Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2015	21	835.38		17,645.66	0.00	18,481.04	835.38	17,645.66	0.00	18,481.04	0.00
Employee		Claim Number	Closed	<u>Department</u>	Date of Injury	<u>I</u>	niury Description				
		04-58-017-15		3,219	02/27/2015	1/	W was salting ice on pa	arking lot, slipped and fe	ell on left side and baci	•	
Nature		Cause		Body Part							
CONTUSION		ON ICE OR SNOW		MULTIPLE TRUN	<u> </u>						
2015	0	0.00		334.46	0.00	334.46	0.00	334.45	0.00	334.46	0.00
Employee		Claim Number	Closed	<u>Department</u>	Date of Injury	<u>I</u>	tiury Description				
		04-58-052-15		3,219	08/06/2015	IV	W was hanging a	and as it fell he tried to	o catch the and usin	g his right hand.	
Nature		Cause		Body Part							
STRAIN		STRAIN OR INJURY E	BY, NOC	LOWER ARM	·						
2015	0	0.00		219.98	0.00	219.98	0.00	219.98	0.00	219.98	0.00
Employee		Claim Number	Closed	Department	Date of Injury	<u>I</u> r	njury Description				
		04-58-060-15		3,219	08/25/2015	IV	V was weedeating and feli in	to a hole waist deep, br	uising and cutting his	egs.	
Nature		Cause		Body Part							
LACERATION		INTO OPENINGS-SHA EXCAVATIONS, FLOO OPENINGS, ETC.	•	UPPER LEG							
2014	0	0.00		205.61	0.00	205.61	0.00	205.61	0.00	205.61	0.00
<u>Employee</u>		Claim Number	Closed	Department	Date of Injury	<u>Ir</u>	jury Description				
	1	04-50-021-14		53	03/13/2014	IV	V was restraining a student,	and there was a plece o	f furniture that needed	to be moved	
Nature		Cause		Body Part		-	c the student was throwing			up the student	
CONTUSION		FELLOW WORKER, PATIENT-NOT IN ACT CRIME	ΓOFA	KNEE		иг	ted his leg and tripped IW a	no she leli on her right k	rnee.		
2014	0	0.00		1,177.94	0.00	1,177.94	0.00	1,177.94	0.00	1,177.94	0.00
Employee		Claim Number	Closed	Department	Date of Injury	<u> Xr</u>	tury Description				
		04-50-043-14		53	05/20/2014		was in the				
Nature		Cause		Body Part			ound in the dark and hit his	right forehead above ey	ebrow on the shelf. IV	V passed out	
CONTUSION		STATIONARY OBJECT		SKULL		5-	10 seconds				

09/15/2020

Injury Date Range: 01/01/2010 to 12/31/2019

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City of Kingsport - School System

Claim Year	Days Lost	Paid Indemnity	Paid Medical	Paid Expense	Total Pald	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2014	0	0.00	193.47	0.00	193.47	0.00	193.47	0,00	193.47	0.00
Nature LACERATION		Claim Number Close 04-50-046-14 Cause OBJECT BEING LIFTED OR HANDLED		<u>Pate of Injury</u> 3 06/03/2014	IW	ary Description was moving a server & right end of the finger has beer		as cut & bleeding.		
2014	0	0.00	312.82	0.00	312.82	0.00	312.82	0.00	312.82	0.00
Nature LACERATION		Ctalm Number Close 04-51-010-14 Cause HAND TOOL, UTENSIL, NOT POWERED	Body Part	<u>Date of Intury</u> 4 01/30/2014		ery <u>Description</u> vas using paper cutter & c	ut her left thumb.			
2014	0	0.00	521.39	0.00	521.39	0.00	521.39	0.00	521.39	0.00
Employee Nature STRAIN		Claim Number Close 04-51-018-14 Cause FELLOW WORKER, PATIENT-NOT IN ACT OF A CRIME	•	<u>Date of Injury</u> 4 02/20/2014	Whi	e a student was in the bed IW's finger and pushe		tW went to calm him o	down, student	
2014	0	0.00	52.60	0.00	52.60	0.00	52.60	0.00	52.60	0.00
Employee Nature CONTUSION	•	Claim Number Closes 04-51-032-14 Cause FELLOW WORKER, PATIENT-NOT IN ACT OF A CRIME		<u>Date of Injury</u> 4 04/22/2014 D INJURY		e <u>ry Description</u> udent smashed the radio in	nto IW's mouth during a	one of his tantrums.		
2014	0	0,00	145.41	0.00	145.41	0.00	145.41	0.00	145,41	0.00
Employee Nature ALL OTHER SPECIFINOC	IC INJURIES	Claim Number Closed 04-51-038-14 Cause FELLOW WORKER, PATIENT-NOT IN ACT OF A CRIME		<u>Date of Injury</u> 4 04/30/2014	IW v	ry Description vas restraining a student al is right arm.	fter the student had pu	nched 2 teachers, the	student bit IW	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

Days Lost	Paid Indemnity		Paid ledical E	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
0	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0,00
IC INJURIES	Cialm Number 04-51-062-14 Cause OTHER - MISCELLAN NOC	Closed	<u>Department</u> 54 <u>Body Part</u> EYE(S)	<u>Date of Injury</u> 08/11/2014	MI	I had an allergic reaction to	brought in by a st	udent. Allergic react	ion is to the eyes	
0	0.00		238.65	0.00	238.65	0.00	238.65	0.00	238.65	0.00
•	<u>Claim Number</u> 04-51-096-14 <u>Cause</u> FALL, SLIP OR TRIP,	Closed	<u>Department</u> 54 <u>Body Part</u> ANKLE	<u>Date of Injury</u> 08/14/2014	IW	was walking from			le or uneven area	
0	0.00		234.92	0.00	234.92	0.00	234.92	0.00	234.92	0.00
•	<u>Claim Number</u> 04-51-071-14 <u>Cause</u> ON SAME LEVEL	Closed		•	IW ste	had asked a student to mo epped on her foot causing he	er to loose her balance se			
0	0.00		368.25	0.00	368.25	0.00	368,25	0.00	368.25	0.00
iL INJURIES	NOC(INCLUDES KICK	ŒD,		•			ked teacher with lynard			
0	0.00		129.43	0.00	129.43	0.00	129.43	0.00	129.43	0.00
•	NOC(INCLUDES KICK	ŒD,	<u>Department</u> 54 <u>Body Part</u> HAND	<u>Date of Injury</u> 09/15/2014			mbative student			
	Lost O IC INJURIES O O L INJURIES	Lost Indemnity 0 0,00 Claim Number 04-51-062-14 Cause OTHER - MISCELLAN NOC 0 0,00 Claim Number 04-51-096-14 Cause FALL, SLIP OR TRIP, 0 0,00 Claim Number 04-51-071-14 Cause ON SAME LEVEL 0 0,00 Claim Number 04-51-076-14 Cause STRUCK OR INJUREE NOC(INCLUDES KICK STABBED, BIT, ETC.) 0 0,00 Claim Number 04-51-077-14 Cause STRUCK OR INJUREE NOC(INCLUDES KICK STABBED, BIT, ETC.) 0 0,00 Claim Number 04-51-077-14 Cause STRUCK OR INJUREE NOC(INCLUDES KICK STRUCK OR INJUREE STRUCK OR INJUREE NOC(INCLUDES KICK STRUCK STRUC	Lost Indemnity 0 0.00 Claim Number Closed 04-51-062-14 Cause OTHER - MISCELLANEOUS, NOC 0 0.00 Claim Number Closed 04-51-096-14 Cause FALL, SLIP OR TRIP, NOC 0 0.00 Claim Number Closed 04-51-071-14 Cause ON SAME LEVEL 0 0.00 Claim Number Closed 04-51-076-14 Cause STRUCK OR INJURED, NOC(INCLUDES KICKED, STABBED, BIT, ETC.) 0 0.00 Claim Number Closed 04-51-077-14	Lost Indemnity Medical Indemnity Indemnity Medical Indemnity Medical Indemnity Medical Indemnity I	Cost Indemnity Medical Expense	List Indemnity Medical Expense Paid	Lost Indemnity Medical Expense Paid Indemnity	Lost Indemnity Medical Expense Paid Indemnity Medical 0 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Lost Indemnity Medical Expense Paid Indemnity Medical Expense	Lost Nademnity Medical Expense Paid Indemnity Medical Expense Total

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

Claim Year	Days Lost	Paid Indemnity	Paid Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2014	0	0.00	215.17	0.00	215.17	0,00	215.17	0.00	215.17	0.00
Employee Nature SPRAIN	•	Claim Number 04-51-081-14 Cause INTO OPENINGS-SHAF EXCAVATIONS, FLOOR OPENINGS, ETC.	•	54 09/25/2014	IW v	Iry Description walking down hill to point of impact was the le		a hole and fell, landin r, right wrist, arm and		
2014	0	0.00	4,055.48	0.00	4,055.48	0.00	4,055.48	0.00	4,055.48	0.00
Employee Nature MULTIPLE PHYSICA ONLY	AL INJURIES	Ciaim Number 04-51-084-14 Cause STRUCK OR INJURED, NOC(INCLUDES KICKEI STABBED, BIT, ETC.)		54 10/10/2014	IW v	ury Description was removing an out of co and knee and also stomped		Froom and the student	kicked IW on the	
2014	0	0.00	0.00	0.00	0.00	0.00	0,00	0.00	0.00	0.00
Employee Nature SPRAIN		<u>Claim Number</u> 04-51-085-14 <u>Cause</u> FALL, SLIP OR TRIP, No	Departme Body Part CC ANKLE	54 10/13/2014	IW v	i ry Description vas moving a table and ca her ankle	ught her foot on the ru	g, causing her to fall b	ackwards and	
2014	0	0.00	349.88	0.00	349.88	0.00	349.88	0.00	349.88	0.00
Employee Nature PUNCTURE		Claim Number 04-51-093-14 Cause CUT, PUNCTURE, SCRA	Closed <u>Department</u> Body Part PE, LOWER AR	54 12/01/2014	IW v	i ry Description vas restraining a student t ent bit the IW on her left a ,			e doing so the	
2014	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employee Nature SPRAIN	1	<u>Claim Number</u> 04-52-061-14 <u>Cause</u> SLIPPED, DID NOT FAL	Closed <u>Departme</u> <u>Body Part</u> L ANKLE	55 08/04/2014		r <u>y Description</u> vas walking down steps an	d missed the last step (twisting her right ankle	2.	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

Claim Year	Days Lost	Paid Indemnity	Paid Medical E	Paid xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2014	0	0.00	225.32	0.00	225.32	0.00	225,32	0.00	. 225,32	0.00
Nature CONTUSION		Claim Number Closed 04-52-082-14 Cause CAUGHT IN, UNDER OR	Department 55 Body Part FINGER(S)	<u>Date of Injury</u> 09/26/2014	_	<u>iury Description</u> I smashed finger when doors	closed together on fin	ger during a fire drill		
2014	0	BETWEEN, NOC 0.00	1,789.45	0.00	1,789.45	0.00	1,789.45	0.00	1,789.45	0.00
Employee Nature STRAIN		Claim Number Closed 04-55-033-14 Cause TWISTING	<u>Department</u> 58 <u>Body Part</u> LOWER ARM	<u>Date of Injury</u> 04/22/2014	IW	<u>jury Description</u> I was walking with student, st the floor twisting IW's arm to		f on IW's right arm as	he threw himself	
2014	0	0.00	294.53	0.00	294.53	0.00	294,53	0.00	294.53	0.00
Employee Nature LACERATION		Claim Number Closed 04-56-008-14 Cause HAND TOOL, UTENSIL, NOT POWERED	<u>Department</u> 59 <u>Body Part</u> THUMB	<u>Date of Injury</u> 01/17/2014		<u>jury Description</u> slicing meat (1988) and sli	ce top of her left thum	b.		
2014	49	876,75	2,591.15	0.00	3,467.90	876.75	2,591,15	0.00	3,467.90	0.00
Employee Nature STRAIN		Claim Number Closed 04-56-025-14 Cause LIFTING	<u>Department</u> 59 <u>Body Part</u> WRIST	<u>Date of Injury</u> 03/14/2014		iury <u>Description</u> pulled pan cover out of warn	ning box and somethin	ig popped inside her ri	ght hand (wrist).	
2014	0	0.00	311.42	0.00	311.42	0.00	311.42	0.00	311.42	0.00
Employee Nature LACERATION		Claim Number Closed 04-56-027-14 Cause HAND TOOL OR MACHINE IN USE	<u>Department</u> 59 <u>Body Part</u> FINGER(S)	<u>Date of Injury</u> 03/25/2014		iury <u>Description</u> nile cutting & cleaning	egitables, IW cut her f	inger on her left hand	with knife.	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

Claim Year	Days Lost	Pald Indemnity	Paid Medic		Pald opense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2014	0	0.00	34	2.16	0.00	342.16	0.00	342.16	0.00	342.16	0.00
Employee Nature CONTUSION		<u>Claim Number</u> 04-57-035-14 <u>Cause</u> FALL, SLIP OR TRIP, 1	Closed	Department 60 Body Part KNEE	<u>Date of Injury</u> 04/29/2014	IV	niury Description V was pre-tripping his school Inned both of his knees.	bus when he tripped on	the gravel and mud,	and fell and	
2014	0	0.00	29	3.71	0.00	293.71	0.00	293.71	0.00	293.71	0.00
Employee Nature STRAIN		<u>Claim Number</u> 04-58-024-14 <u>Cause</u> LIFTING		Department 3,219 Body Part LOWER BACK AREA AND LUMBO-SACR	•	īv	ntury Description V was reaching to open dum prting	oster, as raising fid muscl	e above small of bac	k cramped and is	
2014	0	0.00	56	0.49	0.00	560.49	0.00	560.49	0.00	560.49	0,00
Nature CONTUSION		Claim Number 04-58-087-14 Cause CAUGHT IN, UNDER C BETWEEN, NOC	Closed	Department 3,219 Body Part THUMB	<u>Date of Injury</u> 11/03/2014	IV	t <u>jury Description</u> V was putting up tables in th ght thumb between the seats		able was to close and	mashed her	
2013	0	0.00	23	5.17	0.00	235.17	0.00	235.17	0.00	235,17	0.00
Employee Nature CONTUSION		Claim Number 04-50-002-13 Cause FALL, SLIP OR TRIP, I		53 Body Part SOFT TISSUE	<u>Date of Injury</u> 01/14/2013		njury <u>Description</u> V tripped in haliway and as fa	illing, hit her neck on the	corner of a water for	untain.	
2013	0	0.00	20	4.98	0.00	204.98	0.00	204.98	0.00	204.98	0.00
Employee Nature CONTUSION		Claim Number 04-50-013-13 Cause STRUCK OR INJURED, NOC(INCLUDES KICKI STABBED, BIT, ETC.)	,	<u>Department</u> 53 <u>Body Part</u> MULTIPLE UPPER E	<u>Date of Injury</u> 03/14/2013 EXTREMITIES		tjury <u>Description</u> V standing up, hit head on S	cabinet, Neck a	nd shoulders hurting.		

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

Claim Year	Days Lost	Paid Indemnity	Paid Medical	Pald Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2013	0	0.00	421.47	0.00	421.47	0.00	421.47	0.00	421.47	0.00
<u>Employee</u>		Claim Number Cla 04-50-034-13	osed <u>Departmen</u>	Date of Injury 53 05/25/2013	_	urv Description top computer fell of off de	sk on IW's (L) big toe.			
Nature CRUSHING		<u>Cause</u> Falling or flying obj	Body Part ECT GREAT TOE							
2013	0	0.00	200.90	0.00	200.90	0.00	200,90	0.00	200.90	0.00
Employee Nature		Claim Number Clo 04-50-065-13 Cause	Body Part	Date of Injury 53 09/25/2013		ury Description lie IW was attempting to re	estrain student, the stud	lent bit IW on her righ	t & left arms.	
CONTUSION		FELLOW WORKER, PATIENT-NOT IN ACT OF CRIME	LOWER ARM							
2013	0	0.00	733.26	0.00	733.26	0.00	733.26	0.00	733.26	0.00
Employee		<u>Claim Number</u> Clo 04-51-003-13	sed <u>Department</u>	Date of Injury 54 '01/16/2013	Iw	ury Description was walking in the in			ter that was	
Nature CONTUSION		<u>Cause</u> From Liquid or Greas Spills		DDY PARTS (INCLUDING MS AND BODY PARTS)	leak	ling from the ceiling. Have	pain in back, both knee	s and left shoulder.		
2013	88	10,247.49	22,198.23	0.00	32,445.72	10,247.49	22,198.23	0.00	32,445.72	0.00
Employee)	Claim Number Clo 04-51-017-13	sed <u>Department</u>	Date of Injury 54 03/11/2013	_	ury Description breaking up fight between	students thus injuring r	ight shoulder.		
Nature STRAIN		Cause STRAIN OR INJURY BY, N	Body Part OC SHOULDER(S)					-	
2013	0	0.00	566.29	0.00	566,29	0.00	566,29	0.00	586.29	0.00
Employee		04-51-020-13		Date of Injury 54 03/27/2013	IW:	ury <u>Description</u> standing on table, fell off ta head.	able landing on her righ	t side of body with ma	se force to neck	
<u>Nature</u> Contusion		Cause STRUCK OR INJURED, NOC(INCLUDES KICKED, STABBED, BIT, ETC.)	<u>Body Part</u> MULTIPLE UP	PER EXTREMITIES	u u					

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

Claim Year	Days Lost	Paid Indemnity	Paid Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2013	0	0.00	910.92	0.00	910.92	0.00	910.92	0.00	910,92	0.00
Employee Nature ALL OTHER SPECIFINOC	C INJURIES	Claim Number Clos 04-51-027-13 Cause FALLING OR FLYING OBJE	Body Part	Pate of Injury 54 05/02/2013 PER EXTREMITIES	IW w	ry Description as sitting on bench and w was hit hard and head sn			; Side of IW's	
2013	0	0.00	582.83	0.00	582.83	0.00	582.83	0.00	582.83	0.00
Nature ALL OTHER SPECIFINOC	C INJURIES	Claim Number Clos 04-51-033-13 Cause FALL, SLIP OR TRIP, NOC		54 05/08/2013	IW w	r <u>y Description</u> as supervising childing in on her side/back causing			d knocked her	
2013	0	0.00	1,427.42	0.00	1,427.42	0.00	1,427.42	0.00	1,427.42	0.00
Employes Nature CONTUSION	•	Claim Number Clos 04-51-032-13 Cause STRUCK OR INJURED, NOC(INCLUDES KICKED, STABBED, BIT, ETC.)		<u>Date of Injury</u> 54 05/10/2013	IW re	ry <u>Pescription</u> estraining student and hit ng, swelling and painful to		restraint; after restrain	nt knee began	
2013	0	0.00	. 11,006.69	0.00	11,008.69	0.00	11,106.69	0.00	11,106.69	100.00
Employee Nature CONTUSION)	Claim Number Ope 04-51-035-13 Cause FROM LADDER OR SCAFFOLDING	<u>Body Part</u> MULTIPLE BO	Date of Injury 54 05/28/2013 DY PARTS (INCLUDING IS AND BODY PARTS)	IW or	y <u>Description</u> I ladder and went to step g left leg and left side; Lei			able with seats	
2013	1	1,591.80	4,035.74	0.00	5,627.54	1,591.80	15,000.00	0.00	16,591.80	10,984.26
Employee Nature LACERATION		Claim Number Oper 04-51-056-13 Cause CAUGHT IN, UNDER OR BETWEEN, NOC		<u>Date of Injury</u> 54 07/19/2013	IW wa	<u>y Pescription</u> as pulling a wheeled cabir ider it. It created a bruls		•	ig and pinned her	SETTLED

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

Claim Year	Days Lost	Paid · Indemnity		Paid xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2013	0	0.00	505.58	0.00	505.58	0.00	505,58	0.00	505.58	0.00
Nature FOREIGN BODY		Claim Number Close 04-51-053-13 Cause ABSORPTION, INGESTION OR INHALATION, NOC	d <u>Department</u> 54 <u>Body Part</u> HAND	<u>Date of Injury</u> 08/23/2013	IW v	ry Description was assisting a child that he 's back, not knowing blood				
2013	0	0.00	253.57	0.00	253.57	0.00	253.57	0.00	253,57	0.00
Mature Multiple Physical ONLY	INJURIES	Claim Number Close 04-51-062-13 Cause STRUCK OR INJURED, NOC(INCLUDES KICKED, STABBED, BIT, ETC.)	54 <u>Body Part</u>	Date of Injury 08/30/2013 PARTS (INCLUDING ND BODY PARTS)	IW v	ry Description vas attacked by student, st ain student but was not su	_		- ,	
2013	0	0.00	931.50	0.00	931.50	0.00	931.50	0.00	931,50	0.00
Employee Nature CONTUSION		Claim Number Close 04-51-067-13 Cause ON SAME LEVEL	ed <u>Department</u> 54 <u>Body Part</u> KNEE	<u>Date of Injury</u> 09/05/2013		ry <u>Description</u> vas walking through	and slipped on a	and fell onto her l	eft knee.	
2013	0	0.00	820.06	0.00	820.06	0.00	820.06	0,00	820.06	0,00
Nature CONTUSION		Claim Number Close 04-51-061-13 Cause ON SAME LEVEL	ed <u>Department</u> 54 <u>Body Pert</u> KNEE	<u>Date of Injury</u> 09/11/2013	IW v	ry Description ras checking the same and its stood up she got her	ittached to feet tangled in the core		under the desk, t knee,	
2013	0	0.00	200.90	0.00	200.90	0.00	200.90	0.00	200.90	0.00
Employes Nature MULTIPLE PHYSICAL ONLY	INJURIES	Claim Number Close 04-51-066-13 Cause FELLOW WORKER, PATIENT-NOT IN ACT OF A	54 <u>Body Part</u> MULTIPLE BODY F	Date of Injury 09/26/2013 PARTS (INCLUDING ND BODY PARTS)	While	ry Description e IW was restraining a stud king the skin.	lent, the student bit IW	f on the leg and pinch	ed her arm	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

Claim Year	Days Lost	Paid Indemnity	Paid Medical E	Paid xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2013	0	0.00	291.15	0.00	291.15	0.00	291.15	0.00	291.15	0.00
Nature FOREIGN BODY	-	Claim Number Close 04-51-074-13 Cause FELLOW WORKER, PATIENT-NOT IN ACT OF A CRIME	d <u>Department</u> 54 <u>Body Part</u> MULTIPLE HEAD	<u>Pate of Iniury</u> 10/24/2013 INJURY	IW	went to check on a student I the student threw he spit in her face.	pecause she noticed the			
2013	0	0.00	180.70	0.00	180.70	0,00	180.70	0.00	180.70	0.00
Nature PUNCTURE		Claim Number Close 04-51-076-13 Cause ANIMAL OR INSECT	d <u>Department</u> 54 <u>Body Part</u> FINGER(S)	<u>Pate of Injury</u> 11/06/2013	IW	ury <u>Description</u> opened car door to allow stu IW's right index finger.	dent to g≊t in vehicle,	a dog was in the veh	icle and the dog	
2013	0	0.00	940.42	0.00	940.42	0.00	940.42	0.00	940.42	0.00
Employee Nature CONTUSION		Claim Number Close 04-52-087-13 Cause CAUGHT IN, UNDER OR BETWEEN, NOC	d <u>Department</u> 54: <u>Body Part</u> WRIST(S) & HANI	<u>Date of Iniury</u> 12/10/2013 D(S)	Whi	ury Description le IW closing the door, a hand with door.	student s	lammed his body agai	inst door hitting	
2013	0	0.00	7,365.60	0.00	7,365.60	0.00	7,365.60	0.00	7,385.60	0.00
Employee Nature STRAIN		Claim Number Close 04-51-088-13 Cause REACHING	d <u>Department</u> 54 <u>Body Part</u> SHOULDER(S)	<u>Pate of Injury</u> 12/11/2013	Stud	ury <u>Description</u> dents (2) began pushing and ulder.	became physical. IW	seperated boys, felt a	a strain in her	
2013	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mature CONTUSION		Claim Number Close 04-051-089-13 Cause FALL, SLIP OR TRIP, NOC	d <u>Department</u> 54 <u>Body Part</u> MULTIPLE LOWER	Pate of Injury 12/12/2013 EXTREMITIES	_	ury <u>Description</u> tripped on a sidewalk incline.				

Worker's Comp

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

All States

Claim Year	Days Lost	Paid Indemnity	Paid Medical I	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2013	0	0.00	307.80	0.00	307.80	0.00	307,80	0.00	307.80	0.00
Nature PUNCTURE		Claim Number Closed 04-52-055-13 Cause FELLOW WORKER, PATIENT-NOT IN ACT OF A CRIME	<u>Department</u> 55 <u>Body Part</u> MULTIPLE UPPER	Date of Injury 08/28/2013 EXTREMITIES	Dur	ury <u>Description</u> ing, student wa thumb pad/palm resulting	is working at tabletop a In bleeding, broken skir		eft hand. Biting	
2013	0	0.00	773,54	0.00	773.54	0.00	773.54	0.00	773.54	0.00
Nature SPRAIN	-	Claim Number Closed 04-52-085-13 Cause PUSHING OR PULLING	<u>Department</u> 55 <u>Body Part</u> WRIST(S) & HAN	<u>Date of Injury</u> 12/02/2013 D(S)	A Calm	tudent was fi tudent was fi ning. Upon trying to get hi e strength.	ailing in the floor as IW Im up and him pulling, I			
2013	0	0.00	433.40	2,787.56	3,220.96	0.00	433.40	2,787.56	3,220.96	0.00
Nature CONTUSION		Claim Number Closed 04-52-086-13 Cause FELLOW WORKER, PATIENT-NOT IN ACT OF A CRIME	<u>Department</u> 55 <u>Body Part</u> HIP	<u>Date of Injury</u> 12/04/2013	The	ury Description re was a child in the room upset and disruptive. Once and weight they fell into the	child claimed down he			
2013	0	0.00	259,88	0.00	259.88	0.00	259.88	0.00	259.88	0.00
Nature LACERATION		Claim Number Closed 04-56-001-13 Cause OBJECT BEING LIFTED OR HANDLED	<u>Department</u> 59 <u>Body Part</u> FINGER(S)	<u>Pate of Injury</u> 01/11/2013	<u>Inj</u> Iw v	ury Description was	knife slipped and cu	t left index finger abo	ut 1st knuckie.	
2013	0	0.00	317.36	0.00	317.36	0.00	317.36	0.00	317.36	0.00
Employee Nature BURN		Claim Number Closed 04-56-012-13 Cause STEAM OR HOT FLUIDS	Department 59 Body Part SOFT TISSUE	<u>Date of Injury</u> 03/11/2013	IW	pry Description opened services, stea head and cheeks.	m shot out into IW's fac	e affecting her chin, li	ips, nose, eyes,	

09/15/2020

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

Claim Year	Days Lost	Paid Indemnity	Paid Medical E	Paid xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2013	1	21.75	98.42	0.00	120.17	21.75	98.42	0.00	120.17	0.00
Nature STRAIN		Claim Number Closer 04-56-024-13 Cause FALL, SLIP OR TRIP, NOC	d <u>Department</u> 59 <u>Body Part</u> MULTIPLE UPPER	<u>Pate of Injury</u> 04/23/2013	IW	Jury Description was out of building during tarm and wrist.	fire drill; tripped on une	ven sidewalk; tried to	catch herself with	
2013	0	0.00	535.76	0.00	535.76	0.00	633.70	0.00	633.70	97,94
Nature LACERATION		Claim Number Open 04-56-028-13 Cause OTHER - MISCELLANEOUS, NOC	<u>Pepartment</u> 59 <u>Body Part</u> FINGER(S)	<u>Date of Injury</u> 05/03/2013		iury Description nicked right pinky finger or	blade of meat slicer,			
2013	0	0.00	320.77	0.00	320.77	0.00	320.77	0.00	320.77	0.00
Nature CONTUSION		Claim Number Closed 04-57-054-13 Cause - STATIONARY OBJECT	Department 60 Body Part FINGER(S)	<u>Date of Injury</u> 08/23/2013	IW	ury Description was entering the school bu ger is swollen and infected,			it the door. The	
2013	0 .	0.00	339.69	0.00	339.69	0.00	339.69	0.00	339.69	0.00
Employee Nature PUNCTURE	•	Claim Number Closed 04-58-070-13 Cause OTHER - MISCELLANEOUS, NOC	<u>Department</u> 61 <u>Body Part</u> FINGER(S)	<u>Pate of Injury</u> 10/03/2013	IW	ury Description was attempting to remove a per.	a snake from the playgr	ound and was bitten o	on the left middle	
2013	0	0.00	400.47	0.00	400.47	0.00	400.47	0.00	400.47	0,00
Employee Nature STRAIN		Claim Number Closed 04-58-023-13 Cause PUSHING OR PULLING	<u>Department</u> 3,219 <u>Body Part</u> LOWER LEG	<u>Date of Injury</u> 04/19/2013		<u>urv Description</u> while pulling cart up ramp,	left knee popped and h	ad shooting pain down	n Into calf.	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

Claim Year	Days Lost	Paid Indemnity	Paid Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2013	0	0.00	321.68	0.00	321.68	0.00	321.68	0.00	321.68	0.00
Employee		<u>Claim Number</u> 04-58-039-13	Closed <u>Departm</u>	Pate of Injury 3,219 06/21/2013		ry Description while pulling book-rack, hi	t the top of right foot.			
Nature CONTUSION		Cause Object being lifted Handled	OR FOOT							-
2013	0	0.00	946.84	0.00	946.84	0.00	946.84	0.00	946.84	0.00
Employee		04-58-044-13		3,219 07/26/2013		ry Description IW was trimming bushe	s, the end of his left ring	finger was cut by the	e hedge clippers.	
Nature LACERATION	_	<u>Cause</u> Hand Tool, Utensil, Powered	NOT FINGER(S					- <u>-</u> ,		
2012	0	0.00	142.10	0.00	142.10	0.00	142.10	0.00	142.10	0.00
Employee		<u>Claim Number</u> 04-50-002-12	Closed <u>Departm</u>	Date of Injury 53 01/11/2012	IW w	ry Description as 'squatted' speaking to				
Nature NO PHYSICAL INJURY		Cause Other than Physica Cause of Injury	Body Par L EYE(S)	.	hand	s as I looked down and h	e accidently hit my eye.	Immediately apologiz	ed.	
2012	0	0.00	294.15	0.00	294.15	0.00	294.15	0.00	294.15	0.00
<u>Employee</u>		<u>Claim Number</u> 04-50-089-12	Closed <u>Department</u>	<u>Date of Injury</u> 53 08/09/2012	Leavi	ry <u>Description</u> ng from home visit and Iv				
Nature SPRAIN		<u>Cause</u> FALL, SLIP OR TRIP, NO		BODY PARTS (INCLUDING TEMS AND BODY PARTS)	knee	and foot. Also banged rig	ht elbow on car and land	ded/extended left wri	st.	
2012	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employee Nature CONTUSION	1	<u>Claim Number</u> (04-50-109-12 <u>Cause</u> FALL, SLIP OR TRIP, NO		53 10/08/2012		ry <u>Pescription</u> as walking down hall and	fell hurting herself. Deni	ed Claim.		

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

All States

Claim Year	Days Lost	Paid Indemnity	Paid Medical	Pald Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2012	0	0.00	0.00	0,00	0.00	0.00	0.00	0.00	0.00	0.00
Employee Nature STRAIN		Claim Number C 04-51-006-12 Cause TWISTING	Closed <u>Department</u> Body Part KNEE	Date of Injury 54 01/23/2012	Mov	iny Description ing from one group of stud on carpet. Felt pop in rigi			right knee didn't.	
2012	0	0.00	428.96	0.00	428.98	0.00	428.96	0.00	428.96	0,00
Nature STRAIN	•	Claim Number C 04-51-009-12 Cause LIFTING	Body Part LOWER BACK AND LUMBO	54 01/25/2012 AREA (LUMBAR AREA	-	ury Description red back while transferring	g child from wheelchair :	to toilet.		
2012	0	0.00	188.53	0.00	188.53	0.00	168.53	0.00	188.53	0.00
Employee Nature CONTUSION		Claim Number C 04-51-008-12 Cause FROM LIQUID.OR GREA SPILLS	Body Part SE KNEE	<u>Date of Injury</u> 54 01/26/2012	Whil	ery Description e walking to workroom to ard, left leg went backwar is swollen. Broke fall with	ds and full weight lands			
2012	0	0.00	936.91	0.00	936.91	0.00	936.91	0.00	936.91	0.00
Employee Nature CONTUSION		<u>Claim Number</u> C 04-51-018-12 <u>Cause</u> FALLING OR FLYING OB	Body Part	<u>Date of Injury</u> 54 02/16/2012		i ry Description onstrating Catching/Throw	ving technique with stud	lents.		
2012	0	0.00	467.93	0.00	467.93	0.00	467.93	0.00	467.93	0.00
Employee Nature SPRAIN		<u>Claim Number</u> C 04-51-017-12 <u>Cause</u> TWISTING	losed <u>Department</u> <u>Body Part</u> ANKLE	Date of Injury 54 02/16/2012		ry Description alked into her classroom a	and stepped on a toy ca	r. This resulted in twis	ting right ankle.	

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Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

Claim Year	Days Lost	Paid Indemnity	•	Pald pense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2012	0	0.00	288.70	0.00	288.70	0.00	288.70	0.00	288.70	0.00
Employee Nature STRAIN		Claim Number Closed 04-51-024-12 Cause FELLOW WORKER, PATIENT-NOT IN ACT OF A CRIME	<u>Department</u> 54 <u>Body Part</u> LOWER BACK AREA AND LUMBO-SACRA	•		Injury Description Iw preventing student from lea front of her, student pushed baside/back.				
2012	0	0.00	174.15	0.00	174.15	0.00	174.15	0.00	174.15	0.00
Employee Nature CONTUSION		Claim Number Closed 04-51-031-12 Cause FALLING OR FLYING OBJECT	<u>Department</u> 54 <u>Body Part</u> FOOT	<u>Date of Injury</u> 04/02/2012		Injury Description Dropped plasic dinosaur on foo	t while cleaning up the	block center in classro	oom.	
2012	0	0.00	239.63	0.00	239.83	0.00	239.83	0.00	239.83	0.00
Employee Nature LACERATION		Claim Number Closed 04-51-036-12 Cause HAND TOOL, UTENSIL, NOT POWERED	<u>Department</u> 54 <u>Body Part</u> THUMB	<u>Date of Injury</u> 04/13/2012		<u>Injury Description</u> Iw preparing snack. As Iw was	culting open	, sliced through	thumb.	
2012	0	0.00	118.52	0.00	118.52	0.00	118.52	0.00	118.52	0.00
Employee Nature SPRAIN	•	<u>Claim Number</u> Closed 04-51-042-12 <u>Cause</u> PUSHING OR PULLING	<u>Department</u> 54 <u>Body Part</u> WRIST(S) & HAND(<u>Date of Injury</u> 04/27/2012 (S)		<u>Injury Description</u> Iw pushing a student on the sw	rings, wrist got twisted	back from pushing.		
2012	0	0.00	256.16	0.00	256.16	0.00	256.16	0.00	256.16	0.00
Employeg Nature CONTUSION		Claim Number Closed 04-51-045-12 Cause STATIONARY OBJECT	<u>Department</u> 54 <u>Body Part</u> GREAT TOE	<u>Pate of Injury</u> 05/10/2012	j	<u>Intury Description</u> Iw was putting doorstop under door. Bottom of the door hit too	•		-	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

All States

Claim Year	Days Lost	Paid Indemnity		Paid xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2012	0	0.00	761.93	0.00	761.93	0.00	761,93	0.00	761.93	0.00
Employee	•	Claim Number Closed 04-51-082-12	<u>Department</u> 54	<u>Date of Injury</u> 07/20/2012		ry Description sure to bodily fluids (vom	it) while giving CPR to a	a child.		
Nature FOREIGN BODY		Cause OTHER THAN PHYSICAL CAUSE OF INJURY	Body Part NO PHYSICAL INJ	URY						
2012	0	0.00	1,120.75	0.00	1,120.75	0.00	1,220.75	0.00	1,220.75	100.00
Employee		Claim Number Open 04-51-081-12	Department 54	<u>Date of Injury</u> 07/20/2012		ry Description sure to bodily fluid (vomit	:) while giving CPR to a	child.		
Nature FOREIGN BODY		Cause OTHER THAN PHYSICAL CAUSE OF INJURY	Body Part NO PHYSICAL INJU	URY		·				
2012	0	0,00	176.02	0.00	176.02	0.00	176.02	0.00	176,02	0.00
Employee		Claim Number Closed 04-51-080-12	<u>Department</u> 54	<u>Date of Injury</u> 07/30/2012		ny Description arrying (37)	7 lbs.) Dropped box on	left foot unloading from	n car.	
Nature CONTUSION		Cause Falling or Flying object	Body Part FOOT							
2012	0	0.00	400.87	0,00	400.87	0.00	400.87	0.00	400.87	0.00
Employee Nature CONTUSION		<u>Claim Number</u> Closed 04-51-084-12 <u>Cause</u> FALL, SLIP OR TRIP, NOC	<u>Department</u> 54 <u>Body Part</u> KNEE	<u>Date of Injury</u> 08/03/2012	Iw w	ry Description as walking through classn ng Iw to fall striking left k		books. Right foot caus	ght on leg of desk	
2012	0	0.00	434.06	0.00	434.06	0.00	434.06	0.00	434.06	0.00
Employee Nature PUNCTURE		Claim Number Closed 04-51-086-12 Cause CUT, PUNCTURE, SCRAPE, NOC	<u>Department</u> 54 <u>Body Part</u> FOOT	<u>Date of Injury</u> 08/06/2012	Iw w	ry Description . alked into the workroom t stepped on the pointed m				

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Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

Claim Year	Days Lost	Paid Indemnity		Pald kpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2012	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Nature CONTUSION		Claim Number Closed 04-51-094-12 Cause STRIKING AGAINST OR STEPPING ON, NOC	<u>Department</u> 54 <u>Body Part</u> SOFT TISSUE	<u>Date of Injury</u> 08/21/2012		<u>ry Description</u> ipped over my feet and h	ead hit the break wall.			
2012	0	0.00	186.70	0.00	186.70	0.00	186,70	0.00	186.70	0.00
Employee Nature SPRAIN		Claim Number Closed 04-51-093-12 Cause FALL, SLIP OR TRIP, NOC	Department 54 Body Part MULTIPLE BODY P BODY SYSTEMS AI	Date of Injury 08/22/2012 PARTS (INCLUDING ND BODY PARTS)		ry Description alking down hallway and	slipped. Fell on right kna	e and turned left ank	le and left wrist is	
2012	0	0.00	176.02	0.00	176.02	0.00	176.02	0.00	176.02	0.00
Nature CONTUSION		Claim Number Closed 04-51-099-12 Cause FELLOW WORKER, PATIENTI-NOT IN ACT OF A CRIME	<u>Department</u> 54 <u>Body Part</u> FOOT	<u>Date of Injury</u> 08/29/2012		r <u>y Description</u> ent became angry and sto	omped on Iw left foot.			
2012	0	0.00	356.85	0.00	356.85	0,00	356.85	0.00	356.85	0.00
Employee Nature CONTUSION)	Claim Number Closed 04-51-100-12 Cause MOTOR VEHICLE, NOC	<u>Department</u> 54 <u>Body Part</u> FOOT	Date of Injury 08/31/2012	Iw w	ry Description as assisting with car duty, ehicle rolled forward befo Iw had to ask driver to m	re the door was closed a	and the tire rolled on t		,
2012	21	835.29	961.57	0.00	1,796.86	835.29	961.57	0.00	1,796.86	0.00
Employee Nature STRAIN		Claim Number Closed 04-51-106-12 Cause STRAIN OR INJURY BY, NOC	<u>Department</u> 54 <u>Body Part</u> WRIST	<u>Date of Injury</u> 09/21/2012	Iw ca	ry <u>Pescription</u> ime back from with ing position using right a in left wrist afterward.				

Worker's Comp

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

All States

Claim Year	Days Lost	Pald Indemnity	Pald Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2012	73	36,276.36	17,341.97	0.00	53,618.33	36,276.36	32,000.00	0.00	68,276.36	14,658.03
Employee Nature STRAIN	>	Claim Number Open 04-51-112-12 Cause TWISTING	54 <u>Body Part</u>	REA (LUMBAR AREA	-	Intury Description Iw walking down hall to the a student ahead of them. Raise immediate pain in lower back a	d up and took two hu	pick up Section pick up Tried steps to try and c		SEITLED
2012	0	0.00	154.94	0.00	154.94	0.00	154.94	0.00	154.94	0.00
Employee Nature STRAIN	b	Claim Number Closed 04-51-111-12 Cause TWISTING	<u>Department</u> 54 <u>Body Part</u> KNEE	<u>Pate of Injury</u> 10/11/2012		<u>Injury Description</u> Iw stood up on bus and turned	to left to open a wind	ow and something sna	pped in left knee,	
2012	14	0.00	19,555.15	0.00	19,555.15	0.00	19,555.15	0.00	19,555.15	0.00
Nature SPRAIN	•	<u>Claim Number</u> Closed 04-51-110-12 <u>Cause</u> FALL, SLIP OR TRIP, NOC	i <u>Department</u> 54 <u>Body Part</u> WRIST	<u>Date of Injury</u> 10/12/2012		<u>Injury Description</u> Student stepped behind Iw durl and fall.	ng while drib	bling basketball and ca	tused Iw to trip	
2012	166	13,663.78	30,602.39	250.00	44,516.17	13,763.78	30,702.39	350,00	44,816,17	300.00
Employee Nature SPRAIN		<u>Claim Number</u> Open 04-51-116-12 <u>Cause</u> LIFTING	<u>Department</u> 54 <u>Body Part</u> KNEE	<u>Pate of Injury</u> 10/24/2012		Injury Description Iw was helping another teacher lifted child out.	with child whose foot	was stuck in the fork (of a tree and Iw	SETTLED
2012	0	0.00	180.31	0.00	180.31	0.00	180.31	0.00	180.31	0.00
Employee Nature STRAIN		Claim Number Closed 04-52-003-12 Cause STRAIN OR INJURY BY, NOC	55 Body Part	<u>Date of Injury</u> 01/12/2012		Injury Description Stepped on chair to turn project swollen, bruised and hurts.	or on; as IW stepped	down, right ankle rolle	d very tender,	
2012	0	0.00	689,85	0.00	689.85	0.00	689.85	0.00	689,85	0.00

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Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

Claim Year	Days Lost	Paid Indemnity		ald dical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
Employee Nature STRAIN		<u>Claim Number</u> 04-56-014-12 <u>Cause</u> TWISTING	Closed	<u>Department</u> 59 <u>Body Part</u> LOWER BACK AF AND LUMBO-SAG	LEA (LUMBAR AREA		Injury Description Handing Experience breath. Pain in right side of ba	her worker and as turn ick. Hurts to breathe an			
2012	0	0.00		692.68	0.00	692.6	0.00	692.68	0.00	692.68	0.00
Employee Nature CONTUSION		Claim Number 04-56-105-12 Cause CAUGHT IN, UNDER O BETWEEN, NOC	Closed OR	<u>Department</u> 59 <u>Body Part</u> FINGER(S)	<u>Date of Injury</u> 09/17/2012		Injury Description Finger got caught between	and door while Iw wa	s returning Management	to .	
2012	0	0.00		311.70	0.00	311.7	0,00	311.70	0.00	311.70	0,00
Employee Nature SPRAIN) 	<u>Claim Number</u> 04-57-102-12 <u>Cause</u> PUSHING OR PULLIN	Closed	<u>Department</u> 60 <u>Body Part</u> WRIST	<u>Date of Injury</u> 09/11/2012		<u>Injury Description</u> Iw was pushing a wheel chair	into position on school l	bus and popped her ri	ight wrist.	
2012	0	0.00		149.07	0.00	149.0	7 0,00	149.07	0.00	149.07	0.00
Employee Nature SPRAIN		<u>Claim Number</u> 04-57-127-12 <u>Cause</u> STRAIN OR INJURY B	Closed BY, NOC	<u>Department</u> 60 <u>Body Part</u> ANKLE	<u>Pate of Injury</u> 12/18/2012		Injury Description Iw stepped off from concrete sankle.	step at offive onto grave	el, lost her balance and	d twisted left	
2012	0	0.00		228.54	0.00	228.5	4 0.00	228.54	0.00	228.54	0.00
Employee Nature CONTUSION		<u>Claim Number</u> 04-59-004-12 <u>Cause</u> OBJECT HANDLED	Closed	<u>Department</u> 61 <u>Body Part</u> FINGER(S)	<u>Date of Iniury</u> 01/16/2012		Injury Description IW was installing forefinger and middle finger or being installed.	at at left hand in between		smashed IW stalled and	
2012	0	0.00		293.14	0.00	293.1	4 0.00	293,14	0.00	293.14	0.00
Employee Nature CONTUSION		<u>Claim Number</u> 04-59-062-12 <u>Cause</u> FALL, SLIP OR TRIP,	Closed NOC		<u>Date of Injury</u> 05/21/2012 PARTS (INCLUDING AND BODY PARTS)		Injury Description Weed eating grass on wet bank elbow and right knee and also		• •	t. Scraped right	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

Claim Year	Days Lost	Pald Indemnity	Paid Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2012	0	0.00	403.13	0.00	403.13	0.00	403.13	0.00	403.13	0.00
Employee Nature STRAIN		<u>Claim Number</u> Clo 04-59-118-12 <u>Cause</u> STRAIN OR INJURY BY, N	Body Part	<u>Pate of Inlury</u> 51 10/26/2012	Iw righ	urv Description was climbing up and down It knee. That evening Iw sl uble normal size. No welghl	nowed swelling around	knee and over weeker	felt stinging in id, knee was	
2012	0	0.00	2,112.17	0.00	2,112.17	0.00	2,112.17	0.00	2,112.17	0,00
Employee Nature SPRAIN		<u>Claim Number</u> Clo 04-58-124-12 <u>Cause</u> STRAIN OR INJURY BY, N	Body Part	<u>Date of Injury</u> 51 11/21/2012	Iw	ury Description was using a ladder to the state of the st		was dirty. While setti	ng up ladder, Iw's	
2012	0	0.00	348.80	0.00	348.80	0.00	348.80	0.00	348.80	0.00
Employee Nature STRAIN		<u>Claim Number</u> Clo 04-58-047-12 <u>Cause</u> REACHING	3,21 Body Part	AREA (LUMBAR AREA	_	ury Description moping and cleaning floors	and tables. Lower back	c muscle strain.		
2012	22	824.44	2,308.38	0.00	3,132.82	824.44	2,308.38	0.00	3,132.82	0.00
Employee Nature STRAIN	,	<u>Claim Number</u> Clo 04-58-125-12 <u>Cause</u> LIFTING	sed <u>Department</u> 3,21 <u>Body Part</u> SHOULDER(S)	<u>Date of Injury</u> 9 11/26/2012	Iw s	ury <u>Description</u> states she doesn't really kn n lifting the trash out of the		noulder, but states she	believes it was	
2011	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employee Nature CONTUSION		Claim Number Clo 04-50-074-11 Cause ON SAME LEVEL		Date of Injury 3 07/19/2011	IW to b	walking back walking back door. Ankle turned and asion on knee. Idiopathic fa	d caused her to fall to h	-	•	
2011	0	0.00	2,101.34	0.00	2,101.34	0.00	2,101.34	0.00	2,101.34	0.00

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

All States

Claim Year	Days Lost	Paid Indemnity	1		Paid xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
Employee Nature CONTUSION	•	Claim Number 04-51-001-11 Cause FELLOW WORKER, PATIENT-NOT IN AC	Closed	<u>Department</u> 54 <u>Body Part</u> MULTIPLE TRUNK	<u>Date of Injury</u> 01/05/2011	IW was front of hard an		outside of her ran to her and wrapped to her chest. His arms a		while squeezing	
2011	0	0.00		250.84	0.00	250.84	0.00	250,84	0,00	250.84	0.00
Employee Nature CONTUSION		Claim Number 04-51-006-11 Cause FELLOW WORKER, PATIENT-NOT IN AC	Closed	<u>Department</u> 54 <u>Body Part</u> FOOT	<u>Pate of Intury</u> 01/07/2011	IW was wheelch	Description Holding open the door Holding open the door Holding open my righ Tolled over my righ Tolled over my righ Tolled over my righ	t foot as he went throug		idents electric : also hit my left	
2011	0	0.00		324.79	0.00	324.79	0.00	324.79	0.00	324.79	0,00
Employee Nature CONTUSION		Claim Number 04-51-015-11 Cause ON ICE OR SNOW	Closed .	Department 54 Body Part MULTIPLE TRUNK	<u>Date of Injury</u> 02/10/2011	· 	Description Irking lot - IW walking	into school - fell on ice	injured right side inclu	uding back.	
2011	0	0.00		314.24	0.00	314.24	0.00	314,24	0.00	314,24	0.00
Employee Nature STRAIN		<u>Claim Number</u> 04-51-016-11 <u>Cause</u> ON ICE OR SNOW	Closed	<u>Department</u> 54 <u>Body Part</u> LOWER BACK ARE AND LUMBO-SACR	•		<u>Description</u> ce in parking lot. Caug	ht myself in a half-split	position. Twisted lowe	er back.	
2011	0	. 0.00		137.15	0.00	137.15	0.00	137.15	0.00	137.15	0.00
Employee Meture STRAIN		Claim Number 04-51-017-11 Cause ON ICE OR SNOW	Closed	<u>Department</u> 54 <u>Body Part</u> LOWER BACK ARE AND LUMBO-SACR	•	IW walk	Description ing into ght back.	and slipped on Ice - pu	lled/strained her back	t because of slip.	

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Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

Claim Year	Days Lost	Paid Indemnity	Pald Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2011	0	0.00	293,55	0.00	293.55	0.00	293.55	0.00	293.55	0.00
Employee Nature CONTUSION		Claim Number C 04-51-014-11 Cause ON ICE OR SNOW		Date of Injury 54 02/10/2011 DDY PARTS (INCLUDING MS AND BODY PARTS)	IW	ery <u>Description</u> walking from car, toward b hip and leg and hands. IW				
2011	0	0.00	526.84	0.00	526.84	0.00	526.84	0.00	526.84	0.00
Nature CONTUSION		Claim Number C 04-51-013-11 Cause ON ICE OR SNOW		Date of Injury 54 02/10/2011 DDY PARTS (INCLUDING MS AND BODY PARTS)	·	ury Description valking Into school - hit ice	e and fell - fell on lower	back; right wrist hit.		
2011	0	0.00	472.89	0.00	472.89	0.00	472.89	0.00	472,89	0.00
Employee Nature CONTUSION	as	Claim Number C 04-51-012-11 Cause ON ICE OR SNOW	Closed <u>Departmen</u> Body Part WRIST	Date of Injury 54 02/10/2011	IW v	rry <u>Description</u> valking from car to building pottom and right wrist,	g; hit ice, feet slipped o	ut from under her and	I she landed on	
2011	0	0.00	170.81	0.00	170.81	0.00	170.81	0.00	170.81	0.00
Employee Nature SPRAIN) 	Claim Number C 04-51-020-11 Cause FROM DIFFERENT LEVE	dosed <u>Departmen</u> <u>Body Part</u> L ANKLE	<u>Date of Injury</u> 54 02/16/2011	IW v	ry Description vas standing on a chair pu eft ankle.	tting the clock back on	the wall. IW fell off th	e chair twisting	
2011	0	0.00	285.06	0.00	285.06	0.00	285,06	0.00	285.06	0.00
Nature Contusion	•	<u>Claim Number</u> C 04-51-024-11 <u>Causs</u> FALLING OR FLYING OB	Body Part DES	Date of Injury 54 03/03/2011	Stud	ry <u>Description</u> ent was throwing a fit und left big toe.	ier the table in my room	n and turned over a ch	air. The chair hit	

Injury Date Range: 01/01/2010 to 12/31/2019

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Claim Year	Days Lost	Paid Indemnity	Paid Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2011	0	0.00	211.82	0.00	211.82	0.00	211.82	0.00	211.82	0.00
Employee Nature CONTUSION	•	Claim Number 04-51-026-11 Cause ON SAME LEVEL	Closed <u>Departme</u> Body Part MULTIPLE	54 03/08/2011	IW	ury Description was moving through the floor. I hit my chin and che				
		ON SAME LEVEL		EMS AND BODY PARTS)					· · · · · · · · · · · · · · · · · · ·	
2011	0	0.00	386.74	0.00	386.74	0.00	386.74	0.00	386.74	0.00
Employee Nature SPRAIN		<u>Claim Number</u> 04-51-028-11 <u>Cause</u> PUSHING OR PULLING	Closed <u>Departme</u> Body Part WRIST	54 03/16/2011	A st	ury Description udent was being ag bus entrance. He was three	gressive and non-comp shing and fighting the w	•	drag him toward	
2011	0	0.00	174.89	0.00	174.89	0.00	174.89	0.00	174.89	0.00
Employee Nature SPRAIN	•	Claim Number 04-51-037-11 Cause ON STAIRS	Closed <u>Departme</u> <u>Body Part</u> FOOT	nt <u>Date of Injury</u> 54 04/12/2011		ury Description Slipped on front steps as sh	e was leaving for the d	ay. Right foot was Inju	red,	
2011	0	0.00	571.65	0.00	571.65	0.00	631.70	0.00	631.70	60.05
Employee Nature SPRAIN	•	<u>Claim Number</u> 04-51-043-11 <u>Cause</u> SLIPPED, DID NOT FAL	Open Departme Body Part ANKLE	ot <u>Pate of Injury</u> 54 05/09/2011		ury <u>Description</u> ned on wet grass during fie	ld day and twisted ankl	e - resulting in sprain.		
2011	21	4,322.75	20,779.52	0.00	25,102.27	4,322.75	24,000.00	0.00	28,322,75	3,220.48
Employee Nature STRAIN		Claim Number 04-51-060-11 Cause JUMPING	Open <u>Departme</u> <u>Body Part</u> KNEE	nt <u>Date of Injury</u> 54 05/11/2011	IW v	ury Description was playing with students o a child, IW landed on feet		knee.). While jumping	SETTLED
2011	0	0.00	528.01	0.00	528.01	0,00	528.01	0.00	528.01	0.00

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

Claim Year	Days Lost	Paid Indemnity		Pald ledical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
Employee Nature CONTUSION	•	Claim Number 04-51-046-11 Cause OBJECT BEING LIFTI HANDLED	Closed ED OR	<u>Department</u> 5- <u>Body Part</u> FOOT	<u>Pate of Injury</u> 4 05/1 2/ 2011		Injury Description IW was working on cleaning of dropped the her foo			and	
2011	71	4,534.00		27,702.22	0.00	32,236.2	22 4,534.00	34,000.00	0.00	38,534,00	6,297.78
Employee Nature STRAIN	•	<u>Claim Number</u> 04-51-047-11 <u>Cause</u> STRAIN OR INJURY	Open BY, NOC	<u>Department</u> 5: <u>Body Part</u> KNEE	<u>Date of Injury</u> 4 05/16/2011		Injury Description IW stood to raise bus window and instability in right knee. E		-		SETTLED
2011	D	0.00		216.07	0.00	216.0	07 0.00	216.07	0.00	216,07	0.00
Employee Nature STRAIN		Claim Number 04-51-064-11 Cause ON STAIRS	Closed	<u>Department</u> 5- <u>Body Part</u> MULTIPLE LOW	<u>Pate of Injury</u> 4 06/20/2011 ER EXTREMITIES		Injury Description IW walked down steps and sl bent backwards.	ipped on stairs. IW was	not holding onto rail.	Toes and foot	
2011	0	0.00		0.00	0.00	0.0	0.00	0,00	0.00	0.00	0.00
Employee Nature CONTUSION	•	<u>Claim Number</u> 04-51-079-11 <u>Cause</u> FROM LIQUID OR GI SPILLS	Closed REASE	<u>Department</u> 50 <u>Body Part</u> KNEE	<u>Date of Injury</u> 4 08/01/2011		Injury Description During (in path a		elt checking on and wrecked: injuring		
2011	0	0.00		0.00	0.00	0.0	0,00	0.00	0.00	0.00	0,00
Employee Nature SPRAIN	•	Claim Number 04-51-081-11 Cause ON SAME LEVEL	Closed	<u>Department</u> 54 <u>Body Part</u> MULTIPLE LOW	<u>Pate of Injury</u> 4 08/08/2011 ER EXTREMITIES		Injury Description IW stepped on uneven grass Foot turned and fell on left kn	•	"No one else would ha	ve fell but me."	
2011	D	0.00		176.28	0.00	176.2	28 0.00	176,28	0.00	176.28	0.00
Employee Nature CONTUSION		Claim Number 04-51-097-11 Cause FALLING OR FLYING	Closed GOBJECT		Date of Injury 08/10/2011 PARTS (INCLUDING AND BODY PARTS)	,	Injury Description Iw was opening a cupboard w by side of face and left		and struck individual. L	eft side was hit	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

Claim Year	Days Lost	Pald Indemnity		Paid edical E	Paid xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2011	0	0.00		405.42	0.00	405,42	0.00	405.42	0.00	405.42	0.00
Employee Nature CONTUSION		<u>Claim Number</u> 04-51-057-11 <u>Cause</u> SLIPPED, DID NOT F/	Closed .	<u>Department</u> 54 <u>Body Part</u> KNEE	<u>Pate of Injury</u> 08/24/2011	Wai	<u>urv Description</u> king down hall IW slipped knee.	an liquid on floor. Rig	iht leg went out in from	nt and landed on	
2011	σ	0.00		1,203.18	0.00	1,203.18	0.00	1,203.18	0.00	1,203,18	0,00
Employee Nature CONTUSION		Claim Number 04-51-089-11 Cause FELLOW WORKER, PATIENT-NOT IN ACT	Closed OF A	<u>Department</u> 54 <u>Body Part</u> CHEST	<u>Date of Injury</u> 08/26/2011	·	ury Description dent became combative strik	ing teacher with his fl	st and heavy cloth sac	k.	
2011	0	0.00	:	3,181.43	0.00	3,181.43	0.00	3,181.43	0.00	3,181.43	0.00
Employee Nature CONTUSION		Claim Number 04-51-091-11 Cause FELLOW WORKER, PATIENT-NOT IN ACT	Closed	<u>Department</u> 54 <u>Body Part</u> KNEE	<u>Pate of Injury</u> 08/30/2011		ury Description ing fire drill, student stepped	in front of IW causing	g her to fall and injure	her knee	
2011	0	0.00		420.48	0.00	420.48	0.00	420.48	0.00	420,48	0.00
Employee Nature CONTUSION		Claim Number 04-51-094-11 Cause FELLOW WORKER, PATIENT-NOT IN ACT	Closed	<u>Department</u> 54 <u>Body Part</u> UPPER BACK ARE	<u>Date of Injury</u> 09/06/2011 A (THORACIC AREA)	Rem	ury <u>Description</u> noving student from sink. Stu uiting in broken skin.	udent became aggitate	ed and grabbed side of	f IW pinching.	
2011	0	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0,00	0.00
Employee Nature NO PHYSICAL INJURY	•	Claim Number 04-51-116-21 Cause OTHER THAN PHYSIC CAUSE OF INJURY	Closed AL	<u>Department</u> 54 <u>Body Part</u> NO PHYSICAL INJ	<u>Pate of Injury</u> 09/08/2011 URY	Soo	ching yelling a copital by ambulance.	at player. Iw collapsed	, passing out and was	s taking to	

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

Claim Year	Days Lost	Paid Indemnity	Paid Medid		Paid opense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2011	0	0.00	42	23.90	0.00	423.90	0.00	423,90	0.00	423.90	0.00
Employee Nature SPRAIN		<u>Claim Number</u> 04-51-101-11 <u>Cause</u> FALL, SLIP OR TRIP, I	Closed	Department 54 Body Part WRIST	<u>Date of Injury</u> 09/22/2011		Injury Description Iw tripped over	hile running at	Tried to catch for	all with wrist,	
2011	0	0.00	1,84	16.18	0.00	1,846.18	3 0.00	1,846.18	0.00	1,846.18	0,00
Employee Nature SPRAIN	•	<u>Claim Number</u> 04-51-105-11 <u>Cause</u> ON STAIRS	Closed	Department 54 Body Part FOOT	<u>Date of Injury</u> 09/28/2011		Injury Description Fell off steps of stage at scho	ol, Hurt left foot/ankle.			
2011	0	Ò.00	· 11	18.29	0.00	118.29	0.00	118.29	0.00	118.29	0.00
Employee Nature CONTUSION	•	<u>Claim Number</u> 04-51-112-11 <u>Cause</u> FALL, SLIP OR TRIP, I	Closed	Department 54 Body Part MULTIPLE BODY P. BODY SYSTEMS AF	•		<u>Inlury Description</u> Walking to my car and trippes out. Open abrasions left palm		•	ght about door	
2011	0	0.00	64	41.61	0.00	641.61	0.00	641.61	0.00	641.61	0.00
Employee Nature SPRAIN		<u>Claim Number</u> 04-51-122-11 <u>Cause</u> FALL, SLIP OR TRIP,	Closed	Department 54 Body Part FOOT	<u>Date of Injury</u> 11/02/2011		Injury Description Standing on a stool to get	- slipped a	nd fell off stool.		
2011	0	0.00	32	24.34	0.00	324.34	0.00	324.34	0.00	324.34	0.00
Employee Nature CONTUSION	•	<u>Claim Number</u> 04-51-130-11 <u>Cause</u> FALL, SLIP OR TRIP,	Closed	Department 54 Body Part MULTIPLE BODY P. BODY SYSTEMS AF	•		Injury Description Trying to catch child to have running and I feel face down			. He was right elbow.	

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

All States

Claim Year	Days Lost	Paid Indemnity	Pai Med		Pald spense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2011	0	0.00	7	28.57	0.00	728.5	7 0.00	728.57	0.00	728.57	0.00
Employee Nature		Claim Number 04-51-134-11 Cause	Closed	<u>Department</u> 54 Body Part	<u>Date of Injury</u> 12/01/2011		Injury Description Student was presenting risk to te according to protocol, but he cor				
STRAIN		FELLOW WORKER, PATIENT-NOT IN ACT	OF A	LOWER BACK AREA	•						
2011	31	1,162.54	2,0	25.94	0.00	3,188.4	1,162.54	2,025.94	0,00	3,188.48	0.00
Employee Nature STRAIN		<u>Claim Number</u> 04-55-083-11 <u>Cause</u> LIFTING	Closed	Department 58 Body Part SHOULDER(S)	<u>Date of Injury</u> 08/09/2011		Injury Description While moving a in the left shoulder. Continued to gotten worse next day.		ed a aand felt a pulli ght shoulder was sore a		
2011	0	0.00	1	110.74	0.00	110.7	0.00	110.74	0.00	110.74	0.00
Employee Nature BURN	•	<u>Claim Number</u> 04-55-113-11 <u>Cause</u> ELECTRICAL CURREN	Closed	<u>Department</u> 58 <u>Body Part</u> FINGER(S)	<u>Date of Injury</u> 10/13/2011		Injury Description Turned light switch on in significant and middle fingers.	and so	witch sparked and popp	ed, burning left	
2011	0	0.00		85.16	0.00	865.16	3 0.00	865.16	0.00	865.18	0.00
Employee Nature LACERATION		Claim Number 04-56-022-11 Cause HAND TOOL, UTENSU POWERED	Closed	Department 59 Body Part FINGER(S)	<u>Date of Injury</u> 02/21/2011		Injury Description TW cut finger on fruit slicer.				
2011	52	13,261.13	27,2	90.77	0.00	40,551.90	13,261.13	35,000.00	0.00	48,261.13	7,709.23
Nature CONTUSION	•	Claim Number 04-56-095-11 Cause OBJECT BEING LIFTE HANDLED	Open D OR	<u>Department</u> 59 <u>Body Part</u> FOOT	<u>Date of Injury</u> 09/07/2011		Injury Description Reaching in freezer was startle to swell immediately.	d and dropped	on foot (8-10)bs) Foot begin	SETTLED

09/15/2020

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

Claim Year	Days Lost	Paid Indemnity	Pald Medical	Pald Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2011	0	0.00	392,56	0.00	392.56	0.00	392,56	0.00	392.56	0,00
Employee Nature NO PHYSICAL INJURY		Claim Number Claim Number Claim Number Claim O4-57-008-11 Cause CONTACT WITH, NOC	<u>Departr</u> <u>Body Pa</u> EYE(S)	60 01/20/2011	Bus	ury <u>Description</u> s rider used laser pointer to tering and headache.	flash into the driver's ri	ight eye - Driver compl	lains of eye	
2011	0	. 0,00	67.60	0.00	67.60	0.00	67.60	0.00	67,60	0.00
Employee Nature LACERATION		Claim Number Clause ON SAME LEVEL		60 08/22/2011	Em ca.	ury Description plyee tripped while fulling h Ising her to fall on her right a small laceration on her le	forearm causing a hem			
2011	275	24,426.19	21,265.50	8,216.47	53,908.16	24,426.19	27,000.00	8,316.47	59,742.66	5,834.50
Nature CONTUSION)	Claim Number Op 04-57-120-11 Cause ON STAIRS		60 10/25/2011	Iw bot	ury Description attempted to go down bus a tom down the steps. Iw cor e. No obvious injury noted.	nplained about a sore le	, -		SETTLED
2011	2	107.16	283.72	0.00	390.88	107.16	283.72	0.00	390.88	0.00
Employee Nature STRAIN		<u>Claim Number</u> Clo 04-59-019-11` <u>Cause</u> LIFTING		61 02/11/2011	īw	urv Description strained back lifting propan en to	e tank. Tank was filled i here he unloaded it. Ba	•		
2011	35	12,019.20	6,661.48	0.00	18,680.66	12,019.20	8,000.00	0.00	20,019.20	1,338.52
Employee Nature STRAIN		<u>Claim Number</u> Op 04-59-035-11 <u>Cause</u> STRAIN OR INJURY BY, N	en <u>Departn</u> <u>Body Pa</u> NOC KNEE	61 04/07/2011	IW step	ury Description was walking up a work ladd b. He backed down off ladde did anything bad - went hon	er and stood for a minut	e and knee felt numb.	Didn't feel like	SETTLED

Worker's Comp

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

All States

Claim Year	Days Lost	Paid Indemnity		Paid Medical E	Pald ixpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2011	0	0.00	· <u>-</u>	655,80	0.00	655,8	0 0.00	655,80	0.00	655.80	0.00
Employee Nature STRAIN		<u>Claim Number</u> 04-59-077-11 <u>Cause</u> TWISTING	Closed	<u>Department</u> 61 <u>Body Part</u> KNEE	<u>Date of Injury</u> 07/28/2011		Injury Description Department picnic at right knee. Water on floor near			and twisted her	
2011	82 .	13,031.87		19,609.12	0.00	32,640.9	9 13,031.87	19,706,92	0.00	32,738,79	97.80
Employee Nature SPRAIN		Claim Number 04-59-080-11 Cause TWISTING	Open	<u>Department</u> 61 <u>Body Part</u> KNEE	<u>Date of Injury</u> 08/05/2011	_	Injury Description IW was hanging a and turned to hang it he twisted the weekend.		vhen he bent over to p Tonday because pain w		SETTLED
2011	38	835.80	_	4,597.44	1,456.55	6,889.7	9 835.80	4,597.44	1,456.55	6,889.79	0.00
Employee Nature CONTUSION		Claim Number 04-58-049-11 Cause FROM DIFFERENT LE	Closed /EL	<u>Department</u> 3,219 <u>Body Part</u> MULTIPLE BODY I BODY SYSTEMS A	Date of Injury 05/21/2011 PARTS (INCLUDING ND BODY PARTS)		Injury Description IW picking up litter tripped or mi	issed step; falling and	struck right forehead a	and left hand,	
2011	0	0,00		1,107.07	0.00	1,107.0	7 0.00	1,107.07	0,00	1,107.07	0.00
Employee Nature CONTUSION		Claim Number 04-58-056-11 Cause SLIPPED, DID NOT FA	Closed	<u>Department</u> 3,219 <u>Body Part</u> HAND	<u>Date of Injury</u> 06/13/2011		<u>Injury Description</u> IW was cleaning table and lifted	it up to clean other si	de and slipped and hit	her hand.	
2011	0	0,00	-	406.63	0.00	406.63	3 0.00	406.63	0.00	406.63	0,00
Employee Nature CONTUSION		<u>Claim Number</u> 04-58-082-11 <u>Cause</u> FALLING OR FLYING (Closed	<u>Department</u> 3,219 <u>Body Part</u> CHEST	<u>Pate of Injury</u> 08/08/2011		Injury Description Pumping up tire on a dolly - tire	blew up, blew off rim	and hit in the chest.		
2010	0	0,00		217.11	0.00	217.11	0.00	217.11	0.00	217.11	0.00

09/15/2020

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

All States

Claim Year	Days Lost	Paid Indemnity	Paid Medica		Paid xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
Employee Nature CONTUSION		<u>Claim Number</u> 04-50-074-10 <u>Cause</u> FROM DIFFERENT LE	E VE L	Department 53 Body Part MULTIPLE BODY P BODY SYSTEMS A	Date of Injury 07/31/2010 PARTS (INCLUDING ND BODY PARTS)		Injury Description IW was sitting in a chair working on a bulletin board (for employee names) she turned to put up a letter and the chair slipped out from under her and IW fell to the floor.				
2010	0	0.00	1,816	.01	0.00	1,816.01	0.00	1,816.01	0.00	1,816.01	0.00
Employee Nature STRAIN		<u>Claim Number</u> 04-50-088-10 <u>Cause</u> REACHING		Department 53 Body Part ELBOW	<u>Date of Injury</u> 06/16/2010		Injury Description IW had large stack of papers in is burning and thumb is numb.				
2010	0	0.00	936	i.49	0.00	936.49	0.00	936.49	0,00	936.49	0.00
Employee Nature PUNCTURE		Claim Number 04-51-006-10 Cause STRUCK OR INJUREI NOC(INCLUDES KICK STABBED, BIT, ETC.	D, ŒD,	Department 54 Body Part WRIST	<u>Date of Injury</u> 01/26/2010	Injury Description IW was taking student for a walk with another employee. While walking in the school, the student and employee turned the corner which caused the student to throw himself and the lunge to bite. His bite connected with IW on wrist.					
2010	0	0.00	259	.61	0.00	259.61	0.00	259,61	0.00	259.61	0,00
Employee Nature CONTUSION		Claim Number 04-51-010-10 Cause ON ICE OR SNOW		Department 54 Body Part MULTIPLE BODY P BODY SYSTEMS AI	<u>Date of Injury</u> 02/01/2010 ARTS (INCLUDING ND BODY PARTS)		Injury Description IW was walking into school from under her, hit elbow (right side		on Ice on steps. Feet p	ulled out from	
2010	0	. 0.00	333	,61	0.00	333.81	0.00	333,81	0.00	333.81	0.00
Employee Nature SPRAIN		<u>Claim Number</u> 04-51-031-10 <u>Cause</u> FROM DIFFERENT LE		Department 54 Body Part ANKLE	<u>Date of Injury</u> 03/23/2010		<u>Injury Description</u> IW was stepping on a stool to collipsed off the side of the stool			r right foot	
2010	0	0.00	179	.20	0.00	179.20	0.00	179.20	0.00	179.20	0.00

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Worker's Comp

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

All States

Claim Year	Days . Lost	Paid Indemnity		Paid Medical E	Paid xpense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
Employee Nature STRAIN		<u>Ciaim Number</u> 04-51-043-10 . <u>Cause</u> LIFTING	Closed	Department 54 Body Part LOWER BACK ARE AND LUMBO-SACI	•		Injury Description IW lifted an old later that night.	to replace with a ne	w one. IW's lower bad	ck started hurting	
2010	0	0.00		281.46	0.00	281.4	6 0.00	281.46	0.00	281.46	0.00
Employee Nature CONTUSION		Claim Number 04-51-075-10 Cause STATIONARY OBJEC	Closed .	<u>Department</u> 54 <u>Body Part</u> SOFT TISSUE	<u>Date of Injury</u> 08/06/2010		Injury Description IW was moving materials are cabinet door, resulting In hea		• • •	hit her head on a	
2010	0	0.00		0.00	0.00	0.0	0.00	0.00	0.00	0.00	0.00
Employee Nature SPRAIN	•	<u>Claim Number</u> 04-51-086-10 <u>Cause</u> ON SAME LEVEL	Closed	<u>Department</u> 54 <u>Body Part</u> FOOT	<u>Pate of Injury</u> 08/26/2010		Injury Description IW was teaching class. desk to get a folder of work. Injuring her left foot.		ISS assignments. IW		
2010	0	0.00		1,950.01	0.00	1,950.0	0.00	1,950.01	0.00	1,950.01	0,00
Employee Nature CONTUSION	•	Claim Number 04-51-100-10 Cause ON SAME LEVEL	Closed .	<u>Department</u> 54 <u>Body Part</u> SOFT TISSUE	<u>Date of Injury</u> 09/23/2010		Injury Description IW was in the her head.	with her class. She tripp	ed over one of the ch	uildren and fell on	
2010	0	0,00		532,52	0.00	532.5	2 0,00	532,52	0.00	532,52	0.00
Emoloyee Nature CONTUSION	•	Claim Number 04-51-106-10 Cause FELLOW WORKER, PATIENT-NOT IN AC	Closed	<u>Department</u> 54 <u>Body Part</u> MULTIPLE LOWER	Date of Injury 09/30/2010 RESTREMITIES		Injury Description Student stepped w/full body weight on big toe of right foot. There is no toenall from remova of it Jan. 2010. Foot/ankle/calf began swelling during evening 9/30/10 and 10/1/10 am.				
2010	0	0.00		110.35	0,00	110.3	5 0.00	110.35	0.00	110.35	0.00
Nature CONTUSION		<u>Claim Number</u> 04-51-119-10 <u>Cause</u> FROM DIFFERENT LI	Closed EVEL	<u>Department</u> 54 <u>Body Part</u> MULTIPLE BODY BODY SYSTEMS A	Date of Injury 11/18/2010 PARTS (INCLUDING ND BODY PARTS)		Injury Description IW was getting off school bus stepped off the bus. Hurt nos up hands and knees.		•		

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Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

Claim Year	Days Lost	Paid Indemnity	Paid Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2010	50	8,508.88	35,829.63	0.00	44,338.51	8,508.88	40,000.00	0.00	48,508.88	4,170.37
Employee Nature CONTUSION		Claim Number Oper 04-51-127-10 Cause ON SAME LEVEL	54 <u>Body Part</u> MULTIPLE BODY	Date of Injury 12/07/2010 PARTS (INCLUDING AND BODY PARTS)	I e	Injury Description We stepped through the connection equipment and hit her nose, refer knee was scraped.				SETTLED
2010 Employee Nature CONTUSION	0	0.00 <u>Claim Number</u> Close 04-51-128-10 <u>Cause</u> FELLOW WORKER, PATIENT-NOT IN ACT OF A	54 Body Part LOWER LEG	0.00 <u>Date of Injury</u> 12/08/2010	I	0.00 (Injury Description (W was teaching was escorted back to the matematical brusing, swelling and manadiate brusing, swelling and manadiate brusing)		ed IW in her left shin.	•	0.00
2010 Employee Nature STRAIN	0	0.00 <u>Claim Number</u> Close 04-56-029-10 <u>Cause</u> LIFTING	59 Body Part	0.00 Date of Injury 03/18/2010 EA (THORACIC AREA)	E	0.00 Injury Description Employee was in the freezer p Elipped, employee tried to cate		0.00 ree went to lift box off	229.64 of floor, the box	0.00
2010 Employee Nature CONTUSION	D	0.00 <u>Claim Number</u> Close 04-56-046-10 <u>Cause</u> FALLING OR FLYING OBJEC	59 Body Part	0.00 <u>Date of Injury</u> 05/11/2010	1	0.00 Injury <u>Description</u> W was getting pans off shelf, and hit her right foot.	212.03 as she was getting the	0.00 pan it was stuck and	212.03 three pans fell off	0.00
2010 Employee Nature LACERATION	0	0,00 <u>Claim Number</u> Oper 04-56-077-10 <u>Cause</u> OBJECT BEING LIFTED OR HANDLED	322.19 <u>Department</u> 59 <u>Body Part</u> THUMB	0.00 <u>Date of Injury</u> 08/10/2010	1	0.00 Injury Description W was cutting up the chool nurse said she needed	421.09 and putting in bowls to stitches put in it.	0.00 o serve. Cut top of left	421.09 t thumb. Went to	98.90

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

Claim Year	Days Lost	Paid Indemnity	Pald Medical	Pald Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2010	0	0.00	252.79	0.00	252.79	0.00	252.79	0,00	252.79	0.00
Nature STRAIN		Claim Number C 04-56-081-10 Cause FROM LIQUID OR GREA SPILLS	Body Part SE SHOULDER(S	59 08/13/2010	IW	ury Description spilled on floor a e of the table and felt my si	nd mopped it up and m noulder pop.	ade it slippery. IW fel	and grabbed the	
2010	0	0.00	743.38	0.00	743.38	0.00	743,38	0.00	743.38	0.00
Employee Nature CONTUSION		Claim Number C 04-56-105-10 Cause OBJECT HANDLED	losed <u>Department</u> Body Part FINGER(S)	Date of Injury 59 09/30/2010	IW	ury <u>Pescription</u> was putting lunch trays on d in between stacks of tray			ther and mashed	
2010	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0,00
Employee Nature LACERATION		Claim Number C 04-56-116-10 Cause OBJECT BEING LIFTED HANDLED	Body Part OR FINGER(S)	Date of Injury 59 11/04/2010	IW	was cutting Knife to stop bleeding.	e slipped and cut 3 fing	ers at top of left hand.	. Need stitches at	
2010	0	0.00	1,513.62	0.00	1,513.62	0.00	1,513.62	0.00	1,513.62	0.00
Employee Nature MULTIPLE PHYSICA ONLY	L INJURIES	<u>Claim Number</u> C 04-57-018-10 <u>Cause</u> FALL, SLIP OR TRIP, NO		Date of Injury 60 02/23/2010 DDY PARTS (INCLUDING MS AND BODY PARTS)	IW :	ury <u>Description</u> slipped in the mud and fell sed her face - left cheek ar		ce - bruised left knee a	and cut and	
2010	225	30,236.88	3,200.53	0.00	33,437.41	30,236.88	4,000.00	0.00	34,236.88	799.47
Employee Nature STRAIN	•	Claim Number O 04-57-078-10 Cause FALL, SLIP OR TRIP, NO	Body Part LOWER BACK AND LUMBO-	60 03/22/2010 AREA (LUMBAR AREA	IW	ury <u>Description</u> was walking over the engin el and and driver's seat - p		• • •	vards the steering	SETTLED

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

Claim Year	Days Lost	Paid Indemnity		Pald Medical	Paid Expense	Total Paid	Expected Indemnity	Expected Medical	Expected Expense	Expected Total	Reserve Balance
2010	0	0.00		249.47	0.00	249.47	0.00	249.47	0.00	249.47	0.00
Employee Nature CONTUSION		Claim Number 04-57-126-10 Cause ON STAIRS	Closed	<u>Department</u> 60 <u>Body Part</u> FOOT	<u>Date of Injury</u>) 11/19/2010	IV lo	niury Description W stepped down off from her bw spot covered by grass and he time - now her left heel hu	she stepped down har	der than normal - she	•	
2010	0	0.00		2,428.19	0.00	2,428.19	0.00	2,428.19	0.00	2,428.19	0.00
Employee Nature STRAIN		<u>Claim Number</u> 04-58-004-10 <u>Cause</u> TWISTING	Closed	<u>Department</u> 3,219 <u>Body Part</u> KNEE	<u>Date of Injury</u> 0 01/14/2010	_	niury Description W dropped and turne	ed to pickup (nd twisted knee.		
2010	0	0.00		979.44	0.00	979.44	0.00	979.44	0.00	979.44	0.00
Employee Nature ALL OTHER SPECIFIC IN	njuries	Claim Number 04-58-026-10 Cause CHEMICALS	Closed	<u>Department</u> 3,219 <u>Body Part</u> EYE(S)	<u>Date of Injury</u> 0 03/15/2010	_	njury Oescription W was using stripper on the v	vall in the kitchen and :	she got stipper in her r	ight eye.	
2010	0	0.00		375.55	0.00	375.55	0.00	375.55	0,00	375.55	0.00
Employee Nature STRAIN		Claim Number 04-58-050-10 Cause TWISTING	Closed	<u>Department</u> 3,219 <u>Body Part</u> KNEE	<u>Pate of Injury</u> 0 05/22/2010	_	<u>njury Description</u> W was loading ramps In truck	and twisted right knee	,		
2010	0	0.00		357.19	0.00	357.19	0.00	357.19	0.00	357.19	0.00
Employee Nature CONTUSION		<u>Claim Number</u> 04-58-051-10 <u>Cause</u> OBJECT HANDLED	Closed	<u>Department</u> 3,219 <u>Body Part</u> HAND	<u>Date of Injury</u> 05/24/2010	I	niury <u>Description</u> W was taking trash out, Cafet and.	eria door was propped	open, then door slamm	ned shut on	

All Claims

Worker's Comp

Injury Date Range: 01/01/2010 to 12/31/2019

Self Insured Cost Control Report - Claim Detail

City of Kingsport - School System

All States

Claim Year	Days	Paid	Paid	Paid	Total	Expected	Expected	Expected	Expected	Reserve
	Lost	Indemnity	Medical	Expense	Paid	Indemnity	Medical	Expense	Total	Balance

Summary

 # of	<u>Davs</u>	<u>Paid</u>	<u>Paid</u>	<u>Paid</u>	<u>Total</u>	Expected	Expected	Expected	Expected_	Reserve
claims	Lost	Indemnity	Medical	Expense	<u>Paid</u>	Indemnity	Medical	Expense	Total	Balance
 363	2055	267,939.30	697,462.43	16,124.59	981,526.32	269,139.30	775,485.84	17,344.59	1,061,969.73	