SUMMARY TOTALS BY POLICY YEAR

\$472,963.32	\$622,012.36	0	39	26	65					Grand Total
\$85,982.59	\$85,982.59	0	12	4	16					2014 Total
\$85,982.59	\$85,982.59	0	12	4	16	8/1/2015	8/1/2014	D&D SERVICES INC.	OKW001351	
										2014
\$153,726.23	\$153,726.23	0	7	4	11					2015 Total
\$153,726.23	\$153,726.23	0	7	4	11	8/1/2016	8/1/2015	D&D SERVICES INC.	DDWC602674	
										2015
\$95,233.87	\$95,233.87	0	8	5	13					2016 Total
\$95,233.87	\$95,233.87	0	8	5	13	8/1/2017	8/1/2016	D&D Services, Inc.	DDWC705892	
										2016
\$108,406.97	\$214,146.04	0	11	9	20					2017 Total
\$108,406.97	\$214,146.04	0	11	9	20	8/1/2018	8/1/2017	D&D Services, Inc.	DDWC809296	
										2017
\$29,613.66	\$72,923.63	0	_	4	5					2018 Total
\$29,613.66	\$72,923.63	0	1	4	5	8/1/2019	8/1/2018	D&D Services, Inc.	DDWC912754	
										2018
	Incurred	# Other	# Med # Other	# Indem	Claim Count	Exp Date	Eff Date	Insured Name	Policy Number	Year

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INSURED: D&D Services, Inc.

SUMMARY TOTALS BY POLICY YEAR AND LOCATION

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\$85,982.59	\$85,982.59	0	12	4	16			2014 Total
\$75,343.25	\$75,343.25	0	10	သ	13	al	OK Total	
\$59,269.22	\$59,269.22	0	2	2	4	7100 BROADWAY EXT., OKLAHOMA CITY, OK	OK	
\$16,074.03	\$16,074.03	0	8	1	9	12331 E 60TH STREET, TULSA, OK	OK	
\$10,639.34	\$10,639.34	0	2	1	3	#	IL Total	
\$463.43	\$463.43	0	1	0	1	300 MAIN STREET, GALVA, IL	=	
\$10,175.91	\$10,175.91	0	1	1	2	150 WEST SOUTH ST., KEWANEE, IL	F	
								2014
\$153,726.23	\$153,726.23	0	7	4	11			2015 Total
\$64,831.12	\$64,831.12	0	4	1	5	al	OK Total	
\$442.48	\$442.48	0	1	0	1	7100 BROADWAY EXT., OKLAHOMA CITY, OK	OK	
\$64,388.64	\$64,388.64	0	3	1	4	12331 E 60TH STREET, TULSA, OK	OK	
Paid	Incurred	# Other	# Med	# Indem	Claim Count	e Location	Policy State	Year

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1 :

INSURED: D&D Services, Inc.

STATE: IL

LOCATION: 3550 College Ave, Alton, IL 62002-5008

POLICY PERIOD: 8/1/2018-8/1/2019
POLICY #: DDWC912754

CARRIER: Berkshire Hathaway Homestate Insurance Company

Claim Number:	55080516	Claim Type:	Indemnity				
Claim Number:	55089516	Claim Type:	Indemnity		Incurred	Paid	
Claimant Name:	Shelton, Crystal G	Claim Status:	Open	Medical:	2,325.00	0.00	_
Date of Incident:	10/31/2018	Date Closed:		Ħ.	0.00	0.00	
Date of Birth:	8/6/1980	Date Reopened:		PD:	415.27	0.00	
Date of Hire:	2/16/2018	Occupation:	Staffing Coordinator				
				Voc Kenab:	0.00	0.00	
Date Reported:	12/6/2018	Class Code:	8810	Expense:	3,700.00	83.13	
Body Part:	Finger, single rt/lt unknown	Department 1:		TOTALS:	6,440.27	83.13	
Cause of Injury:	Cut, puncture, scrape misc.	Department 2:				0.00	
Nature of Injury:	Laceration	Claims Professional:			ocilionia.	0.00	
Jurisdiction:	F		800-362-3555	I fill a raity recoveries:	es:		
Injury Detail:	Employee was working on or around a vehicle and or trailer parade float when she contacted a sharp object with her finger and experienced a laceration	ehicle and or trailer parade flue laceration	oat when she contacted a sharp				
Claim Number:	55085374	Claim Type:	Indemnity		Incurred	Paid	
Claimant Name:	Christison, Cynthia	Claim Status:	Open	Medical:	34,700.00	18,658.70	
Date of Incident:	9/8/2018	Date Closed:		TD:	15,436.08	8,575.60	
Date of Birth:	8/15/1957	Date Reopened:		PD:	6,765.00	0.00	
Date of Hire:	4/7/2018	Occupation:	Licensed Practical Nurse	Voc Rehab:	0.00	0.00	
Date Reported:	9/12/2018	Class Code:	8835	Expense:	6,000.00	383.02	
Body Part:	Wrist, left	Department 1:		TOTALS:	62,901.08	27,617.32	
Cause of Injury:	On Stairs	Department 2:		Doductible Deimburg	,	0.00	
Nature of Injury:	Multiple injuries	Claims Professional:		Third Perfect Page 1991.	Sellents.	0.00	
Jurisdiction:	F		800-362-3555	I IIII a raity necoveries	g.		

Injury Detail:

The employee was walking from the room to go downstairs and she tripped and fell down the stairs.

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STATE: IL

INSURED: D&D Services, Inc.

POLICY PERIOD: 8/1/2018-8/1/2019 **POLICY #: DDWC912754**

LOCATION: 945 SI	LOCATION: 945 SE 2nd St, Galva, IL 61434-1531			CARRIER: Berkshire Hathaway Homestate Insurance Company	re Hathaway Hom	estate Insuran	ce Company
Claim Number:	55086785	Claim Type:	Indemnity		Incurred	Paid	Outstanding
Claimant Name:	Stump, Nicole	Claim Status:	Closed	Medical:	643.65	643.65	0.00
Date of Incident:	10/5/2018	Date Closed:	11/26/2018	-	40/0/	10/0/	0 00
	10/0/1020			į	10.7	10.17	0.00
Date of Birth:	12/6/1970	Date Reopened:		PD:	0.00	0.00	0.00
Date of Hire:	7/9/2018	Occupation:	LPN	Voc Rehab:	0.00	0.00	0.00
Date Reported:	10/10/2018	Class Code:	8835	Expense:	197.35	197.35	0.00
Body Part:	Foot left	Department 1:		TOTALS:	965.84	965.84	0.00
Cause of Injury:	Fall, slip misc.	Department 2:				0.00	
Nature of Injury:	Fracture	Claims Professional:	າal: Melissa Bradley	Deddcible Kellibal sellielits.	ellello.	0.00	
Jurisdiction:	F		800-362-3555	Third Party Recoveries:	98:		

Injury Detail: Was stepping on carpeted flooring to take 2 steps toward the child and rolled her left ankle

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STATE: OK

INSURED: D&D Services, Inc.

LOCATION: 12331 E 60th St, Tulsa, OK 74146-6904

POLICY PERIOD: 8/1/2018-8/1/2019
POLICY #: DDWC912754

CARRIER: Berkshire Hathaway Homestate Insurance Company

Injury Detail: The claimant provides total care and moves a 65 pound client, which has caused repetitive wear and tear of her left shoulder.

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INSURED: D&D Services, Inc.

STATE OF

LOCATION: 720 NE 63rd St, Oklahoma City, OK 73105-6410

POLICY PERIOD: 8/1/2018-8/1/2019

POLICY #: DDWC912754

CARRIER: Berkshire Hathaway Homestate Insurance Company

	EOOA HOM. 120 ME oold of, Orlanding Oity, Oit 10103-0410					מנמנט וווסמו מווע	of Company
Claim Number:	55090682	Claim Type:	Medical Only		Incurred	Paid	Outstanding
Claimant Name:	Taylor, Karen	Claim Status:	Open	Medical:	800.00	0.00	800.00
Date of Incident:	1/6/2019	Date Closed:		TD:	0.00	0.00	0.00
Date of Birth:	12/28/1957	Date Reopened:		PD:	0.00	0.00	0.00
Date of Hire:	5/7/2018	Occupation:	LPN	Voc Rehab:	0.00	0.00	0.00
Date Reported:	1/7/2019	Class Code:	8835	Expense:	100.00	0.00	100.00
Body Part:	Arm, upper left	Department 1:		TOTALS:	900.00	0.00	900.00
Cause of Injury:	Unknown	Department 2:		Deductible Reimbursements:	ments.	0.00	
Nature of Injury:	Unknown	Claims Professional:		Third Party Pecoverie	?	0.00	
Jurisdiction:	OK		800-362-3555	illid Faity Necoveries.	٩		

Injury Detail: walking with medication from kitchen to patients room. tripped over toy in living room.

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INSURED: D&D Services, Inc. STATE: IL

LOCATION: 3550 College Avenue, Alton, IL 62002

POLICY PERIOD: 8/1/2017-8/1/2018 POLICY #: DDWC809296

CARRIER: Berkshire Hathaway Homestate Insurance Company

FOOD 1014: 3336	FOOT TOIR. 3330 Gollege Aveilde, Alloli, it offor			CANNIEN. Dei Kaillie Hatilaway Holliestate Iliadi alice Collipaliy	i e Hatilaway Holl	lestate ilisui alle	'e Collibally
Claim Number:	55078649	Claim Type:	Indemnity		Incurred	Paid	Outstanding
Claimant Name:	Johnson, Monica	Claim Status:	Closed	Medical:	1,004.24	1,004.24	0.00
Date of Incident:	4/14/2018	Date Closed:	6/29/2018	Ħ.	2,757.50	2,757.50	0.00
Date of Birth:	2/15/1960	Date Reopened:		PD:	0.00	0.00	0.00
Date of Hire:	10/20/2017	Occupation:	NURSE	Voc Rehab:	0.00	0.00	0.00
Date Reported:	4/16/2018	Class Code:	8835	Expense:	64.94	64.94	0.00
Body Part:	Low back (lumbar/lumbo-sacral)	Department 1:		TOTALS:	3,826.68	3,826.68	0.00
Cause of Injury:	Strain injury by reaching	Department 2:		Deductible Reimbursements:	ements:	0.00	
Nature of Injury:	Strain	Claims Professional:		Third Barty Bosovari		0.00	
Jurisdiction:	F		800-362-3555	Tillid Fairy Necoveries.	g.		

Injury Detail:	Claimant states she was changing the patient's diaper and felt strain in her lower back.	diaper and felt strain ir	h her lower back.				
Claim Number:	55077406	Claim Type:	Medical Only		Incurred	Paid	Outstanding
Claimant Name:	Flattich, Nicole	Claim Status:	Closed	Medical:	2.867.34	2.867.34	0.00
Date of Incident:	3/13/2018	Date Closed:	7/25/2018	Ħ.	0.00	0.00	0.00
Date of Birth:	3/9/1969	Date Reopened:		PD:	0.00	0.00	0.00
Date of Hire:	7/26/2017	Occupation:	RESPITORY THERAPIST	Voc Rehab:	0.00	0.00	0.00
Date Reported:	3/14/2018	Class Code:	8835	Expense:	119.19	119.19	0.00
Body Part:	Back, lower or center unknown	Department 1:		TOTALS:	2.986.53	2.986.53	0.00
Cause of Injury:	Strain injury by lifting	Department 2:		Dodinatible Daimburg	**:	0.00	
Nature of Injury:	Strain	Claims Professional:		Third Dark: December Sements.	ellellis.	0.00	
Jurisdiction:	F		800-362-3555	Initia Farty Recoveries:	j.		

Injury Detail:

Claimant stopped at a gas station to go to the restroom while driving to a client's home. On her way out of the gas station, the claimant slipped on the wet ground and fell, injuring her lower back.

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In jury Detail: The cla	Jurisdiction:	Nature of Injury: Multiple	Cause of Injury: Motor	Body Part: Multiple	Date Reported: 2/5/2018	Date of Hire: 9/18/2017		ent:		Claim Number: 55075779
The claimant's was in a vehicle when it was rear-ended.		Multiple injuries	Motor vehicle, collision	Multiple body parts	18	017	1971	018	Moffitt, Donna	779
ar-ended.		Claims Professional:	Department 2:	Department 1:	Class Code:	Occupation:	Date Reopened:	Date Closed:	Claim Status:	Claim Type:
	800-362-3555				8810	STAFFING/RECRUITING COORDINATOR			Open	Indemnity
		Third Party Recoveries:	Deductible Reimbursements:	TOTALS:	Expense:	Voc Rehab:	PD:	TD:	Medical:	
		es:	ements:	44,390.43	4,636.41	0.00	12,984.00	10,070.02	16,700.00	Incurred
		0.00	0.00	14,287.97	3,862.09	0.00	0.00	5,453.26	4,972.62	Paid
				30,102.46	774.32	0.00	12,984.00	4,616.76	11,727.38	Outstanding

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INSURED: D&D Services, Inc.

SIAIC

LOCATION: 945 SE 2nd Street, Galva, IL 61434

POLICY PERIOD: 8/1/2017-8/1/2018 POLICY #: DDWC809296

CARRIER: Berkshire Hathaway Homestate Insurance Company

					,		
Claim Number:	55078718	Claim Type:	Indemnity		Incurred	Paid	Outstanding
Claimant Name:	Shulick, Debra	Claim Status:	Closed	Medical:	0.00	0.00	0.00
Date of Incident:	4/6/2018	Date Closed:	7/19/2018	Ħ.	0.00	0.00	0.00
Date of Birth:	10/4/1962	Date Reopened:		9	1 00	1 00	0 00
Date of Hire:	11/6/2017	Occupation:	I PZ) :) (0 0	0 0
Date of File.	11/0/2017	Occupation.	7 2	Voc Rehab:	0.00	0.00	0.00
Date Reported:	4/17/2018	Class Code:	8835	Expense:	4,476.55	4,476.55	0.00
Body Part:	Multiple body parts	Department 1:		TOTALS:	4,477.55	4,477.55	0.00
Cause of Injury:	Strain injury by lifting	Department 2:		Doductible Reimbursements:	ements:	0.00	
Nature of Injury:	Sprain	Claims Professional:		Third Party Populario		0.00	
Jurisdiction:	F		800-362-3555	Tillia Faity Necoveries.	ö.		
Injury Detail:	Picking up a child from a crib and felt a twinge in her back.	in her back.					
Claim Number:	55078386	Claim Type:	Indemnity		Incurred	Paid	Outstanding
Claimant Name:	Denbrook, Linda	Claim Status:	Open	Medical:	11,200.51	2,815.11	8,385.40
Date of Incident:	4/3/2018	Date Closed:		TĐ.	16,112.73	15,184.49	928.24
Date of Birth:	7/28/1953	Date Reopened:		PD:	6,265.20	0.00	6,265.20
Date of Hire:	6/23/2017	Occupation:	FIELD NURSE	Voc Rehab:	0.00	0.00	0.00
,		2					

Body Part:

Date Reported:

4/9/2018

Cause of Injury: Nature of Injury:

Strain

Back, lower or center unknown Strain injury by pushing/pulling

Class Code: Department 1:

8835

Department 2:

Claims Professional: Zach Maloley 800-362-3555

Deductible Reimbursements:

Expense: TOTALS:

5,950.21 **39,528.65**

2,425.88 **20,425.48**

3,524.33 **19,103.17**

0.00

Third Party Recoveries:

Injury Detail:

Claimant was lifting a patient in bed, when she felt pain in her mid/lower back.

Jurisdiction:

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8.111.48	8,111.48	PD:		Date Reoperica.	12/7/1000	ממל כו מוויוו.
		!		Date Repnened:	12/4/1955	Date of Rirth:
2,760.90	2,760.90	TD:	6/26/2018	Date Closed:	8/16/2017	Date of Incident:
5,749.75	5,749.75	Medical:	Closed	Claim Status:	Snyder, Teresa M	Claimant Name:
Paid	Incurred		Indemnity	Claim Type:	55069054	Claim Number:
			child. The mother had moved the	g to sit down to feed the ight hip and pelvis.	EE had stood up with the child and was going to sit down to feed the child. The mother had moved the chair, and EE fell to the ground, injuring her right hip and pelvis.	Injury Detail:
			000-362-3333		F	Jurisdiction:
0.00	P.	Third Party Recoveries		Claims Professional:	Pains, tightening, etc.	Nature of Injury:
0.00	ements:	Deductible Reimbursements:		Department 2:	Fall, slip due to act of other	Cause of Injury:
10,073.94	10,073.94	TOTALS:		Department 1:	Low back (lumbar/lumbo-sacral)	Body Part:
10.36	10.36	Expense:	8835	Class Code:	12/19/2017	Date Reported:
0.00	0.00	Voc Rehab:	LPN	Occupation:	11/6/2017	Date of Hire:
4,400.00	4,400.00	PD:		Date Reopened:	10/4/1962	Date of Birth:
0.00	0.00	TD:	7/19/2018	Date Closed:	12/9/2017	Date of Incident:
5,663.58	5,663.58	Medical:	Closed	Claim Status:	Shulick, Debra	Claimant Name:
Paid	Incurred		Indemnity	Claim Type:	55073943	Claim Number:
					Walking to her car following her worked shift	Injury Detail:
		Time and record	800-36Z-3333		F	Jurisdiction:
0.00	Pr.	Third Party Pecoveries		Claims Professional:	Pains, tightening, etc.	Nature of Injury:
0.00	ements:	Deductible Reimbursements:		Department 2:	Fall, slip on stair, step or curb	Cause of Injury:
2,318.95	2,318.95	TOTALS:		Department 1:	Multiple body parts	Body Part:
9.10	9.10	Expense:	8835	Class Code:	3/28/2018	Date Reported:
0.00	0.00	Voc Rehab:	FIELD NURSE	Occupation:	6/22/2017	Date of Hire:
0.00	0.00	PD:		Date Reopened:	10/14/1952	Date of Birth:
2,020.09	2,020.09	TD:	1/7/2019	Date Closed:	3/2/2018	Date of Incident:
289.76	289.76	Medical:	Closed	Claim Status:	Joshua, Vidella A	Claimant Name:
Paid	Incurred		Indemnity	Claim Type:	55077962	Claim Number:

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Injury Detail:

The claimant states she has to lean over to provide care to the patient in a bed and that hurts her back

Claims Professional: Ryan Fee 800-362-3555

Deductible Reimbursements: Third Party Recoveries:

0.00 167.47 **16,789.60**

0.00 167.47 **16,789.60**

0.00 0.00

0.00

Occupation:
Class Code:
Department 1:

LPN 8835

Voc Rehab:
Expense:
TOTALS:

Department 2:

Jurisdiction:

Body Part:

Date of Hire:
Date Reported:

3/18/2013 8/17/2017

Cause of Injury: Nature of Injury:

Strain

Upper back (thoracic area)
Strain injury by reaching



INSURED: D&D Services, Inc.

STATE: OK LOCATION: 12331 E 60th Street, Tulsa, OK 74146

> POLICY PERIOD: 8/1/2017-8/1/2018 POLICY #: DDWC809296

CARRIER: Berkshire Hathaway Homestate Insurance Company

				000-36z-3355		OK	Jurisdiction:
	0.00	Po	Third Party Recoveries:		Claims Professional:	Bite, animal, insect	Nature of Injury:
	0.00	sements:	Deductible Reimbursements:		Department 2:	Animal or insect bite or sting	Cause of Injury:
0.00	680.23	680.23	TOTALS:		Department 1:	Leg, upper right	Body Part:
0.00	22.79	22.79	Expense:	8835	Class Code:	5/22/2018	Date Reported:
0.00	0.00	0.00	Voc Rehab:	case manager	Occupation:	3/2/2018	Date of Hire:
0.00	0.00	0.00	PD:		Date Reopened:	11//19/0	Date of Birth:
0.00	0.00	0.00	TD:	8/8/2018	Date Closed:	5/22/2018	Date of Incident:
0.00	657.44	657.44	Medical:	Closed	Claim Status:	Griffin, Lynda	Claimant Name:
Outstanding	Paid	Incurred		Medical Only	Claim Type:	55080300	Claim Number:

Injury Detail:	The claimant was walking into a patient's home and was bitten by the patient's dog. In the right leg.	ome and was bitten by the	patient's dog. In the right leg.				
Claim Number:	55080746	Claim Type:	Medical Only		Incurred	Paid	Outstanding
Claimant Name:	Griffin, Lynda	Claim Status:	Closed	Medical:	0.00	0.00	0.00
Date of Incident:	5/22/2018	Date Closed:	8/14/2018	₽	0.00	0.00	0.00
Date of Birth:	11/7/1970	Date Reopened:		PD:	0.00	0.00	0.00
Date of Hire:	3/2/2018	Occupation:	RN Case Manager	Voc Rehab:	0.00	0.00	0.00
Date Reported:	6/1/2018	Class Code:	8835	Expense:	0.00	0.00	0.00
Body Part:	Hand, right	Department 1:		TOTALS:	0.00	0.00	0.00
Cause of Injury:	Puncture by needle	Department 2:		Doductible Deimburser		0.00	
Nature of Injury:	Puncture	Claims Professional:		Third Down Doorseloo.		0.00	
Jurisdiction:	OK		800-362-3555	illia Faity Necoveries.			

Injury Detail:

After removing the needle from the patient, the needle slipped and stuck the claimant in her right palm.

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				000-000-000		QK	Jurisdiction:
	0.00	Ď.	Third Party Recoveries:		Claims Professional:	Sprain	Nature of injury:
	0.00	ements:	Deductible Reimbursements:		Department 2:	Fall, slip misc.	Cause of Injury:
0.00	518.08	518.08	TOTALS:		Department 1:	Wrist, left	Body Part:
0.00	41.14	41.14	Expense:	8835	Class Code:	5/8/2018	Date Reported:
0.00	0.00	0.00	Voc Rehab:	EPN	Occupation:	2/19/2013	Date of Hire:
0.00	0.00	0.00	PD:	2		3/9/19/9	Date of Birth:
0.00	0.00	0.00	TD:	119/2010	Date Closed:	3/4/2010	Date of Bight.
0.00	476.94	476.94	Medical:	7/0/2019	Cialli Status:	Silleids, Cillissy	Date of Incident:
Outstanding	Paid	Incurred		Clooped Cilly	Claim Status	Shirla China	Claimant Name:

Injury Detail: Claimant was sitting in chair provided by patient when the back broke and she fell and hit her left wrist on the floor.

				000-302-3333		OK OK	Jurisdiction:
	0.00	D.	Third Party Recoveries:	nai: JIII Easdale	Claims Professional:	bite, animai, insect	Nature of Injury:
	0.00	ements:	Deductible Reimbursements:		Department 2:	Animal or insect bite or sting	Cause of Injury:
	123.65	123.65	TOTALS:		Department 1:	Arm, lower left	Body Part:
	20.50	20.50	Expense:	8835	Class Code:	4/30/2018	Date Reported:
	0.00	0.00	Voc Rehab:	LBN	Occupation:	12/6/2017	Date of Hire:
	0.00	0.00	PD:	•	Date Reopened:	12/16/19/9	Date of Birth:
	0.00	0.00	TD:	5/30/2018	Date Closed:	4/24/2018	Date of Incident:
	103.15	103.15	Medical:	Closed	Claim Status:	Smith, Rebecca	Claimant Name:
Outstandin	Paid	Incurred		Medical Only	Claim Type:	55079212	Claim Number:

Injury Detail:	The claimant was walking from the patients kitchen to patients bedroom when the family dog jumper and bit her on the left forearm.	chen to patients bedroc	om when the family dog jumped up			
Claim Number:	55077335	Claim Type:	Medical Only		Incurred	
Claimant Name:	Forth, Penny	Claim Status:	Closed	Medical:	277.27	
Date of Incident:	3/12/2018	Date Closed:	5/4/2018	TD:	0.00	
Date of Birth:	4/23/1960	Date Reopened:		PD:	0.00	
Date of Hire:	12/4/2014	Occupation:	NURSE	Voc Rehab:	0.00	

Injury Detail: Ee was pulling a patient up in bed when they suffered ligament strains to the right elbow.

Cause of Injury: Body Part:

Strain

Strain injury by pushing/pulling

Elbow, right 3/13/2018

Department 1: Class Code:

8835

Department 2:

Claims Professional: Kyle Miles 800-362-3555

Deductible Reimbursements: Third Party Recoveries:

Expense: TOTALS:

320.13 42.86

320.13

0.00

42.86 0.00

0.00 0.00 0.00 0.00 0.00

277.27

Paid

Outstanding

0.00

0.00

Date Reported:

Jurisdiction: Nature of Injury:

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Claim Number:	55076268	Claim Type:	Indemnity		Incurred	Paid	Outstanding
Claimant Name:	Platt, Carol	Claim Status:	Open	Medical:	36,526.86	10,807.43	25,719.43
Date of Incident:	2/13/2018	Date Closed:		TĐ:	7.168.00	0.00	7.168.00
Date of Birth:	12/15/1950	Date Reopened:		PD:	22.949.15	0.00	22 949 15
Date of Hire:	9/25/2017	Occupation:	Field Nurse	V00 Bobob.	000	0 0	, ,
		•		VOC Reliab.	0.00	0.00	0.00
Date Reported:	2/15/2018	Class Code:	8835	Expense:	1,164.88	468.02	696.86
Body Part:	Shoulder, left	Department 1:		TOTALS:	67,808.89	11,275.45	56,533.44
Cause of Injury:	Strain injury by pushing/pulling	Department 2:				0.00	
Nature of Injury:	Strain	Claims Professional:	nal: Parker Young	Deductible Kellibulsellelits.	sements.	0.00	
Jurisdiction:	OX			Third Party Recoveries:	ies:	0.00	
Injury Detail:	The claimant was helping a patient get off the bus when the patient head butted her, then began to walk	the bus when the patient he	ead butted her, then began to wal	<i>×</i>			

	jury Detail:
away causing her to twist her left arm.	າt was helping a p

Claim Number:	55071589	Claim Type:	Medical Only		Incurred	P wick	Outstanding
Claimant Name:	Walker, Alexandria	Claim Status:	Closed	Medical:	0.00	0.00	0.00
Date of Incident:	10/18/2017	Date Closed:	12/28/2017	Ħ.	0.00	0.00	0.00
Date of Birth:	7/14/1995	Date Reopened:		PD:	0.00	0.00	0.00
Date of Hire:	5/26/2015	Occupation:	Administrative Assistant	Voc Rehab:	0.00	0 00	0 00
Date Reported:	10/20/2017	Class Code:	8835	Eynense:	0.00	0 00	0 00
Body Part:	Knee, right	Department 1:		TOTALS:	0.00	0.00	0.00
Cause of Injury:	Fall, slip into excavation/hole	Department 2:			•	0.00	
Nature of Injury:	Contusion	Claims Professional:	Jessica Cockrell	Third Date Reimbursements	ments:	0.00	
Jurisdiction:	OK		800-362-3555	Third Party Recoveries:	s:		
Injury Detail:	The employee was walking outside to retrieve mail. She stepped on a patch of grass, which was	/e mail. She stepped on a pa	atch of grass, which was				

	jury Detail:
obscuring a hole. She fell in the hole. injuring her right knee.	jury Detail: The employee was walking outside to retrieve mail. She stepped on a patch of grass, which was

Claim Number:	55069731	Claim Type:	Medical Only		Incurred	Paid	Outstanding
Claimant Name:	Buckendorf, Shelly	Claim Status:	Closed	Medical:	159.67	159.67	0.00
Date of Incident:	9/5/2017	Date Closed:	10/4/2017	TD:	0.00	0.00	0.00
Date of Birth:	9/25/1959	Date Reopened:		PD:	0.00	0.00	0.00
Date of Hire:	6/5/2014	Occupation:	FIELD NURSE	Voc Rehab:	0.00	0.00	0.00
Date Reported:	9/6/2017	Class Code:	8835	Expense:	16.97	16.97	0.00
Body Part:	Hand, left	Department 1:		TOTALS:	176.64	176.64	0.00
Cause of Injury:	Animal or insect bite or sting	Department 2:		Doductible Beimbursements:	pmonts:	0.00	
Nature of Injury:	Bite, animal, insect	Claims Professional:		Third Dorty Dogwaria	ellelles.	0.00	
Jurisdiction:	OK		800-362-3555	Inira Party Recoveries:	is:		

Injury Detail: The claimant was giving a treat to one of the client's dogs when the other dog tried to take the treat and bit her on the left hand.

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INSURED: D&D Services, Inc.

LOCATION: 720 NE 63rd St, Oklahoma City, OK 73105

POLICY PERIOD: 8/1/2017-8/1/2018 **POLICY #: DDWC809296**

CARRIER: Berkshire Hathaway Homestate Insurance Company

							oo oompany
Claim Number:	55076454	Claim Type:	Medical Only		Incurred	Paid	Outstanding
Claimant Name:	Lee, Britney	Claim Status:	Closed	Medical:	1,547.95	1,547.95	0.00
Date of Incident:	2/20/2018	Date Closed:	9/13/2018	TĐ.	0.00	0.00	0.00
Date of Birth:	3/28/1980	Date Reopened:		B	0.00	0.00	0.00
Date of Hire:	10/9/2017	Occupation:	RN CASE MANAGER	Voc Rehab:	0.00	0.00	0.00
Date Reported:	2/20/2018	Class Code:	8835	Expense:	84.42	84.42	0.00
Body Part:	Back, lower or center unknown	Department 1:		TOTALS:	1.632.37	1.632.37	0.00
Cause of Injury:	Strain injury by pushing/pulling	Department 2:		Dodinstible Beimbursements	property.	0.00	
Nature of Injury:	Pains, tightening, etc.	Claims Professional:		Third Borty Boogsti	Sileito.	0.00	
Jurisdiction:	OK		800-362-3555	Tillia raity Recoveries.	ÿ		

Injury Detail:	Claimant opened 2 drawers in a filing cabinet and it began to fall on her. She tried to catch it and puback up, hurting her back.	and it began to fall on he	er. She tried to catch it and push it				
Claim Number:	55075710	Claim Type:	Medical Only		Incurred	Paid	Outstanding
Claimant Name:	Dutton, Donna	Claim Status:	Closed	Medical:	79.08	79.08	0.00
Date of Incident:	2/2/2018	Date Closed:	3/6/2018	TD:	0.00	0.00	0.00
Date of Birth:	8/10/1969	Date Reopened:		PD:	0.00	0.00	0.00
Date of Hire:	1/8/2018	Occupation:	LPN	Voc Rehab:	0.00	0.00	0.00
Date Reported:	2/2/2018	Class Code:	8835	Expense:	15.42	15.42	0.00
Body Part:	Arm, lower left	Department 1:		TOTALS:	94.50	94.50	0.00
Cause of Injury:	Animal or insect bite or sting	Department 2:			?	0.00	
Nature of Injury:	Dermatitis, rash, boils, cysts	Claims Professional:			ilelis.	0.00	
Jurisdiction:	OK		800-362-3555	Inira Party Recoveries:			

Injury Detail:

The claimant was feeding the patient and her forearm began itching and became swollen and red. Noticed a bug bite.

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Claim Number: Claimant Name:	55075074 Dutton, Donna	Claim Type: Claim Status:	Medical Only Closed	Medical:		Incurred 165.03
Date of Incident:	1/16/2018	Date Closed:	2/21/2018		Medical:	··
Date of incident:	1/16/2018	Date Closed:	81.02/12/2		TD:	
Date of Birth:	8/10/1969	Date Reopened:			PD:	
Date of Hire:	12/16/2017	Occupation:	FPN		Voc Rehab:	Voc Rehab: 0.00
Date Reported:	1/19/2018	Class Code:	8835		Expense:	
Body Part:	Ankle, left	Department 1:			TOTALS:	
Cause of Injury:	Animal or insect bite or sting	Department 2:			Deductible Reimburg	nhiirsement
Nature of Injury:	Insect bite or sting	Claims Professional:		ckrell		
Jurisdiction:	OK		000-302-3000	Ö		
Injury Detail:	The claimant was cleaning patients home and felt an itch on her left ankle. Her ankle began burning she noticed swelling.	ne and felt an itch on her left anl	. Her ankle b	egan burning and	egan burning and	egan burning and

	Nature of Injury: Strain	Cause of Injury: Strain injury	Body Part: Back, lower	Date Reported: 1/15/2018	Date of Hire: 5/11/2015	Date of Birth: 10/22/1957	Date of Incident: 1/12/2018	Claimant Name: Patterson, Maria	Claim Number: 55074842
		Strain injury by pushing/pulling	7					Maria	
	Claims Professional: Parker Young	Department 2:	Department 1:	Class Code:	Occupation:	Date Reopened:	Date Closed:	Claim Status:	Claim Type:
800-362-3555	al: Parker Young			8835	LPN		1/7/2019	Closed	Indemnity
		 P					_	_	\neg

					OK	Jurisdiction:
	0.00	ies:	Third Party Recoveries:	Ciaints Flotessiolian Farket Found 800-362-3555	O. C. all	Nature of injury.
	0.00	sements:	Deductible Reimbursements:		Strain injury by pusning/pulling	Cause of Injury:
0.00	18,216.80	18,216.80	TOTALS:	Department 1:	Back, lower	Body Part:
0.00	2,169.34	2,169.34	Expense:	Class Code: 8835	1/15/2018	Date Reported:
0.00	0.00	0.00	Voc Rehab:	Occupation: LPN	5/11/2015	Date of Hire:
0.00	0.00	0.00	PD:	Date Reopened:	10/22/1957	Date of Birth:
0.00	5,092.49	5,092.49	TD:	Date Closed: 1/7/2019	1/12/2018	Date of Incident:
0.00	10,954.97	10,954.97	Medical:		Patterson, Maria	Claimant Name:
Outstanding	Paid	Incurred			55074842	Claim Number:

Injury Detail: The claimant was changing a diaper for a patient. The claimant lost her grip on the patients leg, it slipped. The nurse felt a pinch in her left back.

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INSURED: D&D Services, Inc.

STATE: IL

LOCATION: No Location Specified

POLICY PERIOD: 8/1/2016-8/1/2017
POLICY #: DDWC705892

CARRIER: Berkshire Hathaway Homestate Insurance Company

							o company
Claim Number:	55058048	Claim Type:	Medical Only		Incurred	Paid	Outstanding
Claimant Name:	Mitalovich, Rachel	Claim Status:	Closed	Medical:	64.22	64.22	0.00
Date of Incident:	10/14/2016	Date Closed:	12/15/2016	Ħ.	0.00	0.00	0.00
Date of Birth:	8/14/1979	Date Reopened:		PD:	0.00	0.00	0.00
Date of Hire:	10/14/2016	Occupation:	Registered Nurse	Voc Rehab:	0.00	0.00	0.00
Date Reported:	10/17/2016	Class Code:	8835	Expense:	72.42	72.42	0.00
Body Part:	Arm, lower left	Department 1:		TOTALS:	136.64	136.64	0.00
Cause of Injury:	Puncture by needle	Department 2:		Deductible Deimburge	monte:	0.00	
Nature of Injury:	Inflammation, irritation	Claims Professional:			illelity.	0.00	
Jurisdiction:	F		800-362-3555	Initia Fairty Recoveries:	9.		

Injury Detail:

Ee states she was given the wrong medical shot and it caused inflammation to her lower left arm.

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INSURED: D&D Services, Inc. STATE: IL

LOCATION: 3550 College Ave, Alton, IL 62002

POLICY PERIOD: 8/1/2016-8/1/2017
POLICY #: DDWC705892

CARRIER: Berkshire Hathaway Homestate Insurance Company

			Tillia i arty recoveries.	800-382-3333		=	Jurisdiction:
	0.00	ion.	Third Party Recoveri		Claims Professional:	Laceration	Nature of Injury:
	0.00	sements:	Deductible Reimbursements:	5.	Department 2:	Fall, slip on same level	Cause of Injury:
0.00	2,681.02	2,681.02	TOTALS:		Department 1:	Head	Body Part:
0.00	6.86	6.86	Expense:	8835	Class Code:	12/30/2016	Date Reported:
0.00	0.00	0.00	Voc Rehab:		Occupation:	8/19/2016	Date of Hire:
0.00	0.00	0.00	PD:	led:	Date Reopened:	1/8/1963	Date of Birth:
0.00	0.00	0.00	TD:	1: 4/25/2017	Date Closed:	12/30/2016	Date of Incident:
0.00	2,674.16	2,674.16	Medical:		Claim Status:	Hawthorne, Kathleen M	Claimant Name:
Outstanding	Paid	Incurred			Claim Type:	55060467	Claim Number:

Injury Detail:	Employee was in a clients home in the kitchen when she tripped over the families dog and hit her head.	en when she tripped over the	families dog and hit her head.				
Claim Number:	55060468	Claim Type:	Medical Only		Incurred	Paid	Outstanding
Claimant Name:	Dean, Kimberly	Claim Status:	Closed	Medical:	732.11	732.11	0.00
Date of Incident:	12/30/2016	Date Closed:	6/28/2017		0 00	0 00	
					0.00	0.00	
Date of Birth:	8/10/1971	Date Reopened:		PD:	0.00	0.00	
Date of Hire:	12/12/2016	Occupation:	RN	Voc Rehab:	0.00	0.00	
Data Banartad:	1/2/2017		4688				
Date Reported:	1/2/2017	Class Code:	8835	Expense:	33.83	33.83	
Body Part:	Finger(s)	Department 1:		TOTALS:	765.94	765.94	
Cause of Injury:	Puncture by needle	Department 2:				0.00	
Nature of Injury:	Exposure to blood or blood products	Claims Professional:	Nathan Riebschlager		מוופוונס.	0.00	
Jurisdiction:	F		800-362-3555	Third Party Recoveries:	Š:		
Injury Detail:	Employee was stucked by a potentially used needle that was left out.	needle that was left out.					

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INSURED: D&D Services, Inc.

STATE: IL

LOCATION: 945 SE 2nd St, Galva, IL 61434

POLICY PERIOD: 8/1/2016-8/1/2017 POLICY #: DDWC705892

CARRIER: Berkshire Hathaway Homestate Insurance Company

Jurisdiction:	Nature of Injury:	Cause of Injury:	Body Part:	Date Reported:	Date of Hire:	Date of Birth:	Date of Incident:	Claimant Name:	Claim Number:	
F	Pains, tightening, etc.	Strain injury by pushing/pulling	Shoulders, both	7/24/2017	8/17/2016	11/4/1963	6/29/2017	Gunn-Matsey, Veronica	55068058	
	Claims Professional:	Department 2:	Department 1:	Class Code:	Occupation:	Date Reopened:	Date Closed:	Claim Status:	Claim Type:	
800-362-3555				8835	LICENSED PRACTICAL NURSE		1/7/2019	Closed	Indemnity	
Tillid Faity Necoveries.	Third Darty Document	Deductible Reimbursements:	TOTALS:	Expense:	Voc Rehab:	PD:	TD:	Medical:		
IGS.		sements:	17,601.31	7,601.31	0.00	7,700.00	0.00	2,300.00	Incurred	7
	0.00	0.00	17,601.31	7,601.31	0.00	7,700.00	0.00	2,300.00	Paid	
			0.00	0.00	0.00	0.00	0.00	0.00	Outstanding	

Injury Detail:	The claimant alleges her bilateral shoulder pain was caused through pushing/pulling at work.	er pain was caused through pu	ushing/pulling at work.				
Claim Number:	55065502	Claim Type:	Indemnity		Incurred	Paid	Outstanding
Claimant Name:	Gonder, Lynn	Claim Status:	Closed	Medical:	5.738.78	5.738.78	0.00
Date of Incident:	5/16/2017	Date Closed:	3/20/2018	Ħ.	5 590 15	5 590 15	0.00
Date of Birth:	4/12/1958	Date Reopened:			0.00	0.00	0.00
Date of Hire:	8/9/2016	Occupation:	PRIVATE DUTY NURSE	Voc Rehab:	0.00	0.00	0.00
Date Reported:	5/17/2017	Class Code:	8835	Expense:	1.711.43	1.711.43	0.00
Body Part:	Multiple body parts	Department 1:		TOTALS:	13,040.36	13,040.36	0.00
Cause of Injury:	Strain injury by misc.	Department 2:		Dodinatible Daimburg		0.00	
Nature of Injury:	Strain	Claims Professional: Zach Maloley	il: Zach Maloley		ellicito.	0.00	
Jurisdiction:	F		800-362-3555	I fill o Farty Recoveries:	es:		
	!						

Injury Detail: The employee was seated in a rolling computer desk chair and was helping a child to shower in the home. Chair flipped. Landed on tile floor

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						_	Jurisdiction:
	0.00	:S:	Third Party Recoveries:				
			בים מיוטוס ויכווווטמו	nal: Zach Malolev	Claims Professional:	Allergies/Allergic Reactions	Nature of Injury:
	0.00	ements:	Deductible Reimbursements:		Department 2:	Allergies/Reactions	Cause of Injury:
0.00	0.00	0.00	TOTALS:		Department 1:	Body System & Mult Body Systems	Body Part:
0.00	0.00	0.00	Expense:	8835	Class Code:	11/25/2016	Date Reported:
0.00	0.00	0.00	Voc Rehab:	NORSE	Occupation:	1/29/2016	Date of Hire:
0.00	0.00	0.00	PD:		Date Reopened:	6/10/1954	Date of Birth:
0.00	0.00	0.00	TD:	1/16/201/	Date Closed:	11/24/2016	Date of Incident:
0.00	0.00	0.00	Medical:	Closed	Claim Status:	Taylor, Debra	Claimant Name:
Outstanding	Paid	Incurred		Medical Unly	Claim Type:	55059384	Claim Number:

	Injury Detail:
reaction.	Ee states when she got to work she inhaled bleach that was used by the previous ee and had an alergic

				800-362-3333		F	Jurisdiction:
	0.00	DO.	Third Party Recoveries:		Claims Professional:	Strain	Nature of Injury:
	0.00	sements:	Deductible Reimbursements:		Department 2:	Strain injury by lifting	Cause of Injury:
0.00	4,600.09	4,600.09	TOTALS:		Department 1:	Shoulder, left	Body Part:
0.00	75.84	75.84	Expense:	8835	Class Code:	8/8/2016	Date Reported:
0.00	0.00	0.00	Voc Rehab:		Occupation:	9/1/2015	Date of Hire:
0.00	0.00	0.00	PD:	; ;))	Date Reopened:	1/2//1981	Date of Birth:
0.00	2,157.56	2,157.56	TD:	10/20/2017	Date Closed:	8/3/2016	Date of Incident:
0.00	2,366.69	2,366.69	Medical:	Closed	Claim Status:	Sells, Jennifer	Claimant Name:
Outstanding	Paid	Incurred		Indemnity	Claim Type:	55055526	Claim Number:

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STATE: OK

INSURED: D&D Services, Inc.

LOCATION: 12331 E 60th Street, Tulsa, OK 74146

POLICY PERIOD: 8/1/2016-8/1/2017 **POLICY #: DDWC705892**

CARRIER: Berkshire Hathaway Homestate Insurance Company

100711014. 12001	FOOD I CHEST F Son Gueer, Talsa, Oly 17 170			Chining Deriving Hamay Homestate modulative Company	C Hathaway Hom	כסימיכ וווסמו מווי	or Company
Claim Number:	55066481	Claim Type:	Medical Only		Incurred	Paid	Outstanding
Claimant Name:	Hammans, Felicia	Claim Status:	Closed	Medical:	401.25	401.25	0.00
Date of Incident:	6/4/2017	Date Closed:	7/21/2017	TD:	0.00	0.00	0.00
Date of Birth:	9/24/1958	Date Reopened:		PD:	0.00	0.00	0.00
Date of Hire:	12/16/2011	Occupation:	RN	Voc Rehab:	0.00	0.00	0.00
Date Reported:	6/13/2017	Class Code:	8835	Expense:	32.95	32.95	0.00
Body Part:	Arm, lower left	Department 1:		TOTALS:	434.20	434.20	0.00
Cause of Injury:	Bite-Human	Department 2:		Doductible Deimburg	pmonts:	0.00	
Nature of Injury:	Bite, human	Claims Professional:			ellellis.	0.00	
Jurisdiction:	OK		800-362-3555	Inira Party Recoveries:	i ii		
In it was Dottoille	The plaining complians the least and a client's heir whose he hit at any least around the client		it o top allo which promoted the oli	5			

Injury Detail: The claimant was combing the knots out of a client's hair when she hit a tangle which prompted the client to bit her on the right forearm.

Inir	d Party Recove	Inird Party Recoveries:	
	Deductible Reimbu	Deductible Reimbursements:	Deductible Reimbursements: 0.00
	I CIALS:	IOIAES: 2,291.03	91.03 2,2
	Expense:		114.54
REGIONAL RESPIRATORY THERAPIST Director	YTORY Voc Rehab:		Voc Rehab: 0.00
	PD:		0.00
	TD:		
	Medical:	Medical: 2,176.49	
		Incurred	Incurred Paid

Injury Detail: the claimant was setting a ventilator at a patient's home when she picked up the ventilator battery and injured her back.

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Claim Number:	55059209	Claim Type:	Medical Unly		Incurred	Paid	Outstanding
Claimant Name:	Williams, Kathy	Claim Status:	Closed	Medical:	4,151.20	4,151.20	0.00
Date of Incident:	11/9/2016	Date Closed:	6/26/2017	TD:	0.00	0.00	0.00
Date of Birth:	4/4/1958	Date Reopened:			0	0	0 00
Date of Hire:	10/5/2015	Occupation:	RN	:	0 0	0 0	0 0
				VOC NEI do.	0.00	0.00	0.00
Date Reported:	11/18/2016	Class Code:	8835	Expense:	315.98	315.98	0.00
Body Part:	Chest ribs sternum, soft tissue	Department 1:		TOTALS:	4,467.18	4,467.18	0.00
Cause of Injury:	Strain injury by lifting	Department 2:		Doductible Deimburs	300	0.00	
Nature of Injury:	Pains, tightening, etc.	Claims Professional:	: Michael Huscher		dildita.	0 00	
Jurisdiction:	OK		800-362-3555	Third Party Recoveries:	98:		
7.6.			-				

Injury Detail: The claimant transferred a patient from bed to chair, causing pain in her chest wall. .

			e felt pain in her right shoulder.	from the chair to the tub when she	Claimant was transferring a patient from the chair to the tub when she felt pain in her right shoulder.	Injury Detail:
	les:	inita Party Recoveries:	800-362-3555		OK	Jurisdiction:
				Claims Professional:	Strain	Nature of Injury:
	sements:	Deductible Reimbursements:		Department 2:	Strain injury by lifting	Cause of Injury:
48,709.06	48,709.06	TOTALS:		Department 1:	Shoulder, right	Body Part:
863.53	863.53	Expense:	8835	Class Code:	10/13/2016	Date Reported:
	0.00	Voc Rehab:	LPN	Occupation:	11/2/2015	Date of Hire:
	0.00	PD:		Date Reopened:	12/27/1982	Date of Birth:
18,863.18	18,863.18	TD:	1/7/2019	Date Closed:	10/13/2016	Date of Incident:
28,982.35	28,982.35	Medical:	Closed	Claim Status:	Fish, Jennie Lee	Claimant Name:
	Incurred		Indemnity	Claim Type:	55057981	Claim Number:

Claimant was transferring a patient from the chair to the tub when she felt pain in her right shoulder. Page 22 of 38



INSURED: D&D Services, Inc.

LOCATION: 7100 BROADWAY EXT., OKLAHOMA CITY, OK 73116

POLICY PERIOD: 8/1/2016-8/1/2017

POLICY #: DDWC705892

CARRIER: Berkshire Hathaway Homestate Insurance Company

0.00		1		メニニ・スプトースプププ			
	0	prioc.	Third Party Recoveries:	nal: Jordan Hopper	Claims Professional:	Multiple Physical Injuries Only	Nature of Injury:
0.00	0	rsements:	Deductible Reimbursements:		Department 2:	Strain injury by litting	Cause of Injury:
504.09 0.00		504.09	TOTALS:		Department 1:	Multiple body parts	Body Part:
24.39 0.00		24.39	Expense:	8835	Class Code:	6/8/2017	Date Reported:
0.00 0.00	J	0.00	Voc Rehab:	Unknown	Occupation:	3/21/2017	Date of Hire:
0.00 0.00	J	0.00	PD:	:	Date Reopened:	10/31/1984	Date of Birth:
9.60 0.00	60 219.60	219.60	TD:	8/21/2017	Date Closed:	5/30/2017	Date of Incident:
0.00	10 260.10	260.10	Medical:	Closed	Claim Status:	Willis, Mary	Claimant Name:
Paid Outstanding		Incurred		Indemnity	Claim Type:	55066337	Claim Number:

55063927 Claim Type: Dailey, Jacqueline Claim Status: 3/6/2017 Date Closed: 4/7/1969 Date Reopened: 7/30/2009 Ccupation: 4/6/2017 Class Code: Knee, left Department 1: Strain injury by misc. Department 2:	0.00	/eries:	Third Party Recoveries:	800-362-3555	Cidillis Floies	OK	Jurisdiction:
55063927 Claim Type: Dailey, Jacqueline Claim Status: 3/6/2017 4/7/1969 7/30/2009 4/6/2017 Class Code: Knee, left Strain injury by misc. Class Code: Department 1: Department 2:	Deductible Reimbursements:	Deductible Reimb	_		Claims Brofos		Nature of Injury.
55063927		- - - -			Department 2:	Strain injury by misc.	Cause of Injury:
55063927	TOTALS: 2.95 2.95	TOTALS:			Department 1:	Knee, left	Body Part:
55063927		Expense:		8835	Class Code:	4/6/2017	Date Reported:
55063927 Claim Type: Status: Claim Status: Date Closed: Date Reopened:	Voc Rehab: 0.00 0.00	Voc Rehab:			Occupation:	7/30/2009	Date of Hire:
t: 3/6/2017 Claim Type: Claim Status: Dailey, Jacqueline Claim Status: Date Closed:	0.00	PD:		8.	Date Reopene	4/7/1969	Date of Birth:
55063927 Claim Type: Dailey, Jacqueline Claim Status:		TD:		6/29/2017	Date Closed:	3/6/2017	Date of Incident:
55063927 Claim Type:	Medical: 0.00 0.00	Medical:		Closed	Claim Status:	Dailey, Jacqueline	Claimant Name:
	Incurred Paid			Medical Only	Claim Type:	55063927	Claim Number:

Injury Detail:

The employee was climbing a 3 step ladder to put a box on the top shelf. She reported that she felt a pop in the back of the left knee.

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INSURED: D&D SERVICES INC.

STATE: IL

LOCATION: No Location Specified

POLICY PERIOD: 8/1/2015-8/1/2016

POLICY #: DDWC602674

CARRIER: Berkshire Hathaway Homestate Insurance Company

					•		
Claim Number:	55043781	Claim Type:	Medical Only		Incurred	Paid	Outstanding
Claimant Name:	Ostuni, Veronica	Claim Status:	Closed	Medical:	130.22	130.22	0.00
Date of Incident:	10/5/2015	Date Closed:	4/18/2017	TĐ:	0.00	0.00	0.00
Date of Birth:	8/22/1964	Date Reopened:		P.	0.00	0.00	0.00
Date of Hire:	9/18/2015	Occupation:	Admin Staff	Voc Rehab:	0.00	0.00	0.00
Date Reported:	10/5/2015	Class Code:	8810	Expense:	6.50	6.50	0.00
Body Part:	Whole Body	Department 1:		TOTALS:	136.72	136.72	0.00
Cause of Injury:	Allergies/Reactions	Department 2:		Dodinatible Daimburg		0.00	
Nature of Injury:	Dermatitis, rash, boils, cysts	Claims Professional: Caitlin Yount	al: Caitlin Yount		illelits.	0.00	
Jurisdiction:	F		800-362-3555	I hird Party Recoveries:	s:		

Injury Detail: Claimant states she was performing normal job duties when she began to experience buring and itching to the entire body after heat was turned on in the building.

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STATE: IL

INSURED: D&D SERVICES INC.

LOCATION: 300 MAIN STREET, Galva, IL 61434

POLICY PERIOD: 8/1/2015-8/1/2016 **POLICY #: DDWC602674**

CARRIER: Berkshire Hathaway Homestate Insurance Company

Claim Number:	55049089	Claim Type:	Medical Only		Incurred	Paid	Outstanding
Claimant Name:	Millman, Julie	Claim Status:	Closed	Medical:	1.873.34	1.873.34	0.00
Date of Incident:	2/15/2016	Date Closed:	6/23/2016	TD:	0.00	0.00	0.00
Date of Birth:	4/15/1971	Date Reopened:		B. 1	0 00	0 00	0 00
Date of Hire.	3/6/2013	Occupation:	Social Worker		0.00	0.00	
Date of Hire:	3/6/2013	Occupation:	Social Worker	Voc Rehab:	0.00	0.00	0.00
Date Reported:	2/18/2016	Class Code:	8835	Expense:	363.02	363.02	0.00
Body Part:	Shoulder, right	Department 1:		TOTALS:	2,236.36	2,236.36	0.00
Cause of Injury:	Fall, slip on same level	Department 2:		Deductible Deimbursements:	omonto:	0.00	
Nature of Injury:	Strain	Claims Professional:				0.00	
Jurisdiction:	F		800-362-3555	Initia raity Recoveries:	es:		
Injury Detail:	The claimant was walking up to a patient's home when she slipped and fell on the patient's icy driveway, causing pain in her right shoulder.	nt's home when she slipped ar	nd fell on the patient's icy driveway	y,			
Claim Number:	55050266	Claim Type:	Indemnity		Incurred	Paid	Outstanding
Claimant Name:	Pruitt, Denita Y	Claim Status:	Closed	Medical:	0.00	0.00	0.00
Date of Incident:	1/8/2016	Date Closed:	7/18/2016	ij	0.00	0.00	0.00
Date of Birth:	12/4/1959	Date Reopened:		PD:	4,785.05	4,785.05	0.00
Date of Hire:	8/17/2015	Occupation:	LPN	Voc Rehab:	0.00	0.00	0.00

			Time any recover	000-362-3335		F	Jurisdiction:
	0.00	Po.	Third Party Recoveries:		Claims Professional:	Sprain	Nature of Injury:
	0.00	sements:	Deductible Reimbursements:		Department 2:	Twisting	Cause of Injury:
0.00	4,845.99	4,845.99	TOTALS:		Department 1:	Ankle, right	Body Part:
0.00	60.94	60.94	Expense:	8835	Class Code:	3/18/2016	Date Reported:
0.00	0.00	0.00	Voc Rehab:		Occupation:	8/1 //2015	Date of Hire:
0.00	4,785.05	4,785.05	PD:		Date Reopened:	72/4/1959	Date of Birth:
0.00	0.00	0.00	TD:	7/18/2016	Date Closed:	1/8/2016	Date of Incident:
0.00	0.00	0.00	Medical:	Closed	Claim Status:	Pruitt, Denita Y	Claimant Name:
Outstanding	Paid	Incurred		Indemnity	Claim Type:	55050266	Claim Number:
						0	

Injury Detail:

Claimant stepped off the porch and slipped on fresh snow/ice rolling her right ankle.

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				daimant heard a pop in her lower	he floor to put her in a chair, and c	Claimant picked up a patient from the floor to put her in a chair, and claimant heard a pop in her lower back	Injury Detail:
							Jurisdiction:
	0.00	ies:	Third Party Recoveries:	nal: Andrea May	Claims Professional:	Strain	Nature of Injury:
	0.00	sements:	Deductible Reimbursements:		Department 2:	Strain injury by lifting	Cause of Injury:
	12,408.03	12,408.03	TOTALS:		Department 1:	Back, lower	Body Part:
	2,136.42	2,136.42	Expense:	8835	Class Code:	11/25/2015	Date Reported:
	0.00	0.00	Voc Rehab:		Occupation:	11/4/2014	Date of Hire:
	5,000.00	5,000.00	PD:		Date Reopened:	10/20/1976	Date of Birth:
	1,287.19	1,287.19	TD:	6/9/2016	Date Closed:	11/23/2015	Date of Incident:
	3,984.42	3,984.42	Medical:	Closed	Claim Status:	Sauer, Amber	Claimant Name:
Outstanding	Paid	Incurred		Indemnity	Claim Type:	55045876	Claim Number:

	Successive						
Claim Number:	55043847	Claim Type:	Medical Only		Incurred	Paid	Outstanding
Claimant Name:	Domaine, Virginia	Claim Status:	Closed	Medical:	437.29	437.29	0.00
Date of Incident:	10/2/2015	Date Closed:	1/11/2016	TD:	0.00	0.00	0.00
Date of Birth:	7/19/1968	Date Reopened:		PD:	0.00	0.00	0.00
Date of Hire:	5/14/2014	Occupation:	CNA	Voc Rehab:	0.00	0.00	0.00
Date Reported:	10/6/2015	Class Code:	8835	Expense:	65.25	65.25	0.00
Body Part:	Multiple upper extremities	Department 1:		TOTALS:	502.54	502.54	0.00
Cause of Injury:	Fall, slip misc.	Department 2:		Deductible Beimbursements:	P	0.00	
Nature of Injury:	Specific Trauma	Claims Professional:	nal: Starlight Fonseca	Third Party Recoveries:	es:	0.00	
Jurisdiction:	F						
Injury Detail:	While stepping over a dog gate, the claimant tripped and landed on the floor injuring her left arm and shoulder.	mant tripped and landed on th	e floor injuring her left arm and				

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INSURED: D&D SERVICES INC. STATE: IL

LOCATION: 945 SE 2nd St, Galva, IL 61434

POLICY PERIOD: 8/1/2015-8/1/2016

POLICY #: DDWC602674

CARRIER: Berkshire Hathaway Homestate Insurance Company

				800-362-3555		F	Jurisdiction:
	0.00	TIPO:	Third Party Recoveries:		Claims Professional:	Strain	Nature of Injury:
	0.00	sements:	Deductible Reimbursements:		Department 2:	Strain injury by lifting	Cause of Injury:
0.00	68,765.47	68,765.47	TOTALS:		Department 1:	Knee, right	Body Part:
0.00	13,089.26	13,089.26	Expense:	8835	Class Code:	8/19/2016	Date Reported:
0.00	0.00	0.00	Voc Rehab:	NURSE	Occupation:	8/25/2012	Date of Hire:
0.00	17,280.00	17,280.00	PD:		Date Reopened:	4/2/19/0	Date of Birth:
0.00	12,335.13	12,335.13	TD:	9/21/2017	Date Closed:	7/28/2016	Date of Incident:
0.00	26,061.08	26,061.08	Medical:	Closed	Claim Status:	King, Yvetta L	Claimant Name:
Outstanding	Paid	Incurred		Indemnity	Claim Type:	55056014	Claim Number:

Injury Detail: The claimant was carrying a patient and felt pain in her right knee.

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STATE: OK

INSURED: D&D SERVICES INC.

LOCATION: 12331 E 60TH STREET, TULSA, OK 74146

POLICY PERIOD: 8/1/2015-8/1/2016 POLICY #: DDWC602674

CARRIER: Berkshire Hathaway Homestate Insurance Company

		Tes:	Inira Party Recoveries:	800-362-3555		OK	Jurisdiction:
	0.00				Claims Professional:	Sprain	Nature of Injury:
	0.00	sements:	Deductible Reimbursements:		Department 2:	Strain injury by lifting	Cause of Injury:
0.00	1,368.70	1,368.70	TOTALS:		Department 1:	Back, lower	Body Part:
0.00	86.27	86.27	Expense:	8835	Class Code:	4/6/2016	Date Reported:
0.00	0.00	0.00	Voc Rehab:	LPN	Occupation:	8/25/2009	Date of Hire:
0.00	0.00	0.00	PD:		Date Reopened:	4/4/1949	Date of Birth:
0.00	0.00	0.00	TD:	7/27/2016	Date Closed:	4/4/2016	Date of Incident:
0.00	1,282.43	1,282.43	Medical:	Closed	Claim Status:	Wolf, Leah J	Claimant Name:
Outstanding	Paid	Incurred		Medical Only	Claim Type:	55050926	Claim Number:
						Slipped on urine on the floor and fell.	Injury Detail:
		163.	Tillia Fairy Necover	800-362-3555		OK	Jurisdiction:
	0.00	ibe:	Third Party Recoveries:		Claims Professional:	Fracture	Nature of Injury:
	0.00	sements:	Deductible Reimbursements:		Department 2:	Fall, slip from liquid/grease	Cause of Injury:
0.00	62,465.60	62,465.60	TOTALS:		Department 1:	Knee, left	Body Part:
0.00	3,908.94	3,908.94	Expense:	8835	Class Code:	4/6/2016	Date Reported:
0.00	0.00	0.00	Voc Rehab:	EBZ	Occupation:	2/13/1998	Date of Hire:
0.00	6,217.75	6,217.75	PD:		Date Reopened:	6/28/1961	Date of Birth:
0.00	23,589.77	23,589.77	TD:	4/13/2018	Date Closed:	4/5/2016	Date of Incident:
0.00	28,749.14	28,749.14	Medical:	Closed	Claim Status:	Murphy, Christine	Claimant Name:
Outstanding	Paid	Incurred		Indemnity	Claim Type:	55050940	Claim Number:

Injury Detail:

Claimant was carrying the patient from the living room to the bedroom when she felt lower back pain.

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Claim Number:	55050430	Claim Type:	Medical Only		Incurred	Paid	Outstanding
Claimant Name:	Day, Amanda	Claim Status:	Closed	Medical:	234.97	234.97	0.00
Date of Incident:	3/17/2016	Date Closed:	6/1/2016	TD:	0.00	0.00	0.00
Date of Birth:	2/28/1975	Date Reopened:			0 00		0 00
Date of Hire:	3/3/2016	Occupation:		:	0 0	0 0	0 0
				A OC VEI do.	0.00	0.00	0.00
Date Reported:	3/23/2016	Class Code:	8835	Expense:	15.56	15.56	0.00
Body Part:	Back, lower	Department 1:		TOTALS:	250.53	250.53	0.00
Cause of Injury:	Strain injury by lifting	Department 2:				0.00	
Nature of Injury:	Otrain	Claims Professional		Deductible Kellibursements	ements:	0 0	
Jurisdiction:		Claillis Ficiessici	800-362-3555	Third Party Recoveries:	es:	0.00	

In jury Detail: Claimant was lifting patient and performing patient care throughout out the day.

		C					
Claim Number:	55044024	Claim Type:	Medical Only		Incurred	Paid	Outstanding
Claimant Name:	Ross, Chelsea	Claim Status:	Closed	Medical:	280.15	280.15	0.00
Date of Incident:	10/7/2015	Date Closed:	12/17/2015	TĐ:	0.00	0.00	0.00
Date of Birth:	3/13/1986	Date Reopened:		B. 1	0.00	0 00	0 00
Date of Hire:	8/28/2015	Occupation:	RN2				
Date of Fille.	0,20,2010	Occupation.		Voc Rehab:	0.00	0.00	0.00
Date Reported:	10/12/2015	Class Code:	8835	Expense:	23.66	23.66	0.00
Body Part:	Shoulder, left	Department 1:		TOTALS:	303.81	303.81	0.00
Cause of Injury:	Struck by Fellow Worker, Patient or Other	Department 2:		Deductible Reimbursements:	ements:	0.00	
Nature of Injury:	Strain	Claims Professional:	al: Starlight Fonseca	Third Party Recoveries:	S:	0.00	
Jurisdiction:	OK		800-362-3555				

Injury Detail: Claimant was bathing a patient when the patient turned toward her, pulling her left shoulder and causing pain.

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INSURED: D&D SERVICES INC.

STATE: OK

LOCATION: 7100 BROADWAY EXT., OKLAHOMA CITY, OK 73116

POLICY PERIOD: 8/1/2015-8/1/2016 POLICY #: DDWC602674

CARRIER: Berkshire Hathaway Homestate Insurance Company

					,		
Claim Number:	55042568	Claim Type:	Medical Only		Incurred	Paid	Outstanding
Claimant Name:	Lofties, Lacy R	Claim Status:	Closed	Medical:	355.00	355.00	0.00
Date of Incident:	8/17/2015	Date Closed:	7/29/2016	Ħ.	0.00	0.00	0.00
Date of Birth:	5/15/1991	Date Reopened:		PD:	0.00	0.00	0.00
Date of Hire:	10/11/2013	Occupation:	NURSE	Voc Rehab:	0.00	0.00	0.00
Date Reported:	9/2/2015	Class Code:	8835	Expense:	87.48	87.48	0.00
Body Part:	Finger, single left hand	Department 1:		TOTALS:	442.48	442.48	0.00
Cause of Injury:	Puncture by needle	Department 2:		Deductible Beimburg	pmonts:	0.00	
Nature of Injury:	Exposure to blood or blood products	Claims Professional:			elleits.	0.00	
Jurisdiction:	OK		800-362-3555	Inira Party Recoveries:	i ii:		

Injury Detail: The claimant was setting an IV when she accidentally stuck herself with a needle.

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INSURED: D&D SERVICES INC.

LOCATION: 150 WEST SOUTH ST., KEWANEE, IL 61443

POLICY PERIOD: 8/1/2014-8/1/2015 POLICY #: OKW001351

CARRIER: Berkshire Hathaway Homestate Insurance Company

					,		
Claim Number:	55036690	Claim Type:	Medical Only		Incurred	Paid	Outstanding
Claimant Name:	Boardman, Ty	Claim Status:	Closed	Medical:	1,050.64	1,050.64	0.00
Date of Incident:	3/30/2015	Date Closed:	12/17/2015	T.	0.00	0.00	0.00
Date of Birth:	10/3/1978	Date Reopened:		B	0.00	0.00	0.00
Date of Hire:	11/5/2013	Occupation:	DME Technician	Voc Rehab:	0.00	0.00	0.00
Date Reported:	4/3/2015	Class Code:	8835	Expense:	5.93	5.93	0.00
Body Part:	Shoulder, right	Department 1:		TOTALS:	1.056.57	1,056.57	0.00
Cause of Injury:	Strain injury by lifting	Department 2:		Doductible Deimbure	omonto.	0.00	
Nature of Injury:	Pains, tightening, etc.	Claims Professional:			diffilis.	0.00	
Jurisdiction:	F		800-362-3555	I hird Party Recoveries:)S:		

Injury Detail: Claimant felt sharp pain in right shoulder when lifting a mattress overhead to a co-worker that was situated in the upper rafters of the warehouse. Claimant aggravated the injury by working with injury for 3 weeks.

Claim Number:	55028828	Claim Type:	Indemnity		Incurred	Paid	Outstanding
Claimant Name:	Coughlin, Kathleen	Claim Status:	Closed	Medical:	8.712.23	8.712.23	0.00
Date of Incident:	8/13/2014	Date Closed:	5/5/2015	₹	361 08	361.08	0 00
						00	0.00
Date of Birth:	1/13/1963	Date Reopened:		PD:	0.00	0.00	0.00
Date of Hire:	2/7/2013	Occupation:	FIELD STAFF REGISTERED	Voc Rehab:	0.00	0.00	0.00
	0/14/0014		000F	Expense:	46.03	46.03	0.00
Date Nepotted.	0/14/2014			TOTALS:	9,119.34	9,119.34	0.00
Body Part:	ringers, multiple right hand	Department 1:					
Cause of Injury:	Crushed between machinery	Department 2:		Deductible Reimbursements:	ements:	0.00	
Nature of Injury:	Multiple injuries	Claims Professional:		Third Party Recoveries:	SS:	0.00	
Jurisdiction:	F		800-362-3555				

Injury Detail: Employee was assisting a patient out of van via automatic lift. Lift was turned on without warning and employee's right hand was smashed.

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STATE: IL

INSURED: D&D SERVICES INC.

LOCATION: 300 MAIN STREET, GALVA, IL 61434

POLICY PERIOD: 8/1/2014-8/1/2015 POLICY #: OKW001351

CARRIER: Berkshire Hathaway Homestate Insurance Company

							, Company
Claim Number:	55039030	Claim Type:	Medical Only		Incurred	Paid	Outstanding
Claimant Name:	Devalkenaere, Annette	Claim Status:	Closed	Medical:	447.10	447.10	0.00
Date of Incident:	5/8/2015	Date Closed:	12/10/2015	TĐ:	0.00	0.00	0.00
Date of Birth:	12/17/1958	Date Reopened:		PD:	0.00	0.00	0.00
Date of Hire:	1/12/2015	Occupation:	LPN	Voc Rehab:	0.00	0.00	0.00
Date Reported:	6/9/2015	Class Code:	8835	Expense:	16.33	16.33	0.00
Body Part:	Back, lower or center unknown	Department 1:		TOTALS:	463.43	463.43	0.00
Cause of Injury:	Fall, slip from liquid/grease	Department 2:		Doductible Deimburge	, monto:	0.00	
Nature of Injury:	Pains, tightening, etc.	Claims Professional:		Third Dock Dockston	Si ells.	0.00	
Jurisdiction:	F		800-362-3555	Illia Faity Recoveries.	ý		

Injury Detail:

Fell on wet stairs exiting the patient's home.

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STATE: OK

INSURED: D&D SERVICES INC.

LOCATION: 12331 E 60TH STREET, TULSA, OK 74146

POLICY PERIOD: 8/1/2014-8/1/2015
POLICY #: OKW001351

CARRIER: Berkshire Hathaway Homestate Insurance Company

					C Hanlaway Hon		or Company
Claim Number:	55038040	Claim Type:	Medical Only		Incurred	Paid	Outstanding
Claimant Name:	Thesenvitz, Janet	Claim Status:	Closed	Medical:	4.274.41	4.274.41	0.00
Date of Incident:	5/12/2015	Date Closed:	5/19/2016	TD:	0.00	0.00	0.00
Date of Birth:	11/10/1972	Date Reopened:		PD:	0.00	0.00	0.00
Date of Hire:	4/23/2015	Occupation:	LPN	Voc Rehah:	0 00	0 00	0 00
Date Reported:	5/12/2015	Class Code:	8835	Eyponeo.	111 68	111 68	0 00
Body Part:	Multiple upper extremities	Department 1:		TOTALS:	4 386 00	4 386 09	0 00
Cause of Injury:	Fall, slip misc.	Department 2:				0 00	
Nature of Injury:	Multiple injuries	Claims Professional:		Third Date: December Sements.	elleius.	0.00	
Jurisdiction:	OK		800-362-3555	Inira Party Recoveries:	38:		
Injury Detail:	The claimant was working in a client's home when she tripped over a child gate and fell face-first into chair, causing injury to the left wrist and left eye.	vhen she tripped over a o ye.	child gate and fell face-first into a				
Claim Number:	55036734	Claim Type:	Medical Only		Incurred	Paid	Outstanding
Claimant Name:	Knapp, Amanda	Claim Status:	Closed	Medical:	248.10	248.10	0.00
Data of Incident:	A/3/304F	Data Classel:	44/47/2047				

				000-002-000		OK	Jurisdiction:
	0.00	ĐS.	Third Party Recoveries:		Claims Professional:	Strain	Nature of Injury:
	0.00	ements:	Deductible Reimbursements:		Department 2:	Strain injury by misc.	Cause of Injury:
0.00	286.93	286.93	TOTALS:		Department 1:	Low back (lumbar/lumbo-sacral)	Body Part:
0.00	38.83	38.83	Expense:	8835	Class Code:	4/6/2015	Date Reported:
0.00	0.00	0.00	Voc Rehab:	FIELD LTN	Occupation:	12//2011	Date of Hire:
0.00	0.00	0.00	PD:		Date Reopened:	6/4/19/6	Date of Birth:
0.00	0.00	0.00	TD:	11/1//201/	Date Closed:	4/3/2015	Date of Incident:
0.00	248.10	248.10	Medical:	Closed	Claim Status:	Knapp, Amanda	Claimant Name:
Outstanding	Paid	Incurred		Medical Only	Claim Type:	55036734	Claim Number:

Injury Detail: Nurse on the floor with patient stood up & felt pain to lower back.

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						0.7	941.0410110111
		ď.	Tillia Faity Necoveries.	800-362-3555		R	Jurisdiction
8	0.0	2	Third Barty Bookeri		Claims Professional:	Strain	Nature of Injury:
00	0.00	sements:	Deductible Reimbursements:		Department 2:	Strain injury by reaching	Cause of Injury:
63	572.63	572.63	TOTALS:		Department 1:	Back, lower	Body Part:
26	16.26	16.26	Expense:	8835	Class Code:	1/26/2015	Date Reported:
00	0.0	0.00	Voc Rehab:		Occupation:	1/20/2015	Date of Hire:
00	0.00	0.00	PD:		Date Reopened	6/4/1968	Date of Birth:
00	0.1	0.00	TD:	4/2/2015	Date Closed:	1/24/2015	Date of Incident:
37	556.37	556.37	Medical:	Closed	Claim Status:	Ply, Dee Ann	Claimant Name:
aid Outstanding	Paid	Incurred		Medical Only	Claim Type:	55034064	Claim Number:

Injury Detail:	Claimant was putting an infant patient back in his crib. The crib rails wouldn't come down, so she had to reach over them, causing her to strain her back. Claim Type: Indemnity	nack in his crib. The crib rails ner back.	ouldn't come down, so she had	† †			
Claim Number:	55034513	Claim Type:	Indemnity			Incurred	Incurred Paid
Claimant Name:	Wood, Pamela	Claim Status:	Closed	Medical:		1,712.04	1,7
Date of Incident:	1/14/2015	Date Closed:	10/13/2015	TD:		1,163.58	
Date of Birth:	10/11/1959	Date Reopened:		PD:		0.00	
Date of Hire:	7/23/2014	Occupation:	LPN	Voc Rehab:		0.00	0
Date Reported:	2/5/2015	Class Code:	8835	Expense:		19.14	
Body Part:	Back, lower	Department 1:		TOTALS:		2,894.76	2
Cause of Injury:	Strain injury by misc.	Department 2:		Dadctible Deimb	•	ircomonts.	
Nature of Injury:	Strain	Claims Professional:				i sellellis.	
Jurisdiction:	OX		800-362-3555	I fill a raity recoveries:	9	eries:	

Injury Detail:

Pam called the office on 1/18/2015 to report she injured her back but stated she did not know how and it was not work related.

Claims Professional:
Department 2:
Department 1:
Class Code:
Occupation:
Date Reopened:
Date Closed:
Claim Status:
Claim Type:

Injury Detail:

Claimant was participating in 2 person lift and the 2nd person got caught up in the wheel chair causing claimant to handle majority of weight.

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				floor and felt a pain in her back.	a patient from the couch to	Claimant was doing a 2-man lift to move a patient from the couch to floor and felt a pain in her back.	Injury Detail:
		63.	Tillia i aity ixecoveries.	800-382-3333		OK	Jurisdiction:
	0.00	26.	Third Party Recoverie		Claims Professional:	Strain	Nature of Injury:
	0.00	ements:	Deductible Reimbursements:		Department 2:	Slip, did not fall	Cause of Injury:
0.00	483.81	483.81	TOTALS:		Department 1:	Low back (lumbar/lumbo-sacral)	Body Part:
0.00	39.96	39.96	Expense:	8835	Class Code:	10/10/2014	Date Reported:
0.00	0.00	0.00	Voc Rehab:	Z	Occupation:	9/17/2014	Date of Hire:
0.00	0.00	0.00	PD:		Date Reopened:	11/10/1955	Date of Birth:
0.00	0.00	0.00	TD:	8/5/2015	Date Closed:	10/7/2014	Date of Incident:
0.00	443.85	443.85	Medical:	Closed	Claim Status:	Fish, Leanna	Claimant Name:
Outstanding	Paid	Incurred		Medical Only	Claim Type:	55030743	Claim Number:

Jurisdiction: OK	Nature of Injury: Strain	Cause of Injury: Strain injury by lifting	Body Part: Back, lower	Date Reported: 9/23/2014	Date of Hire: 1/2/2014		ent:		Claim Number: 55030169
	Claims Professional:	Department 2:	Department 1:	Class Code: 8		Date Reopened:	Date Closed: 2		
800-362-3555	Nathan Riebschlager			8835	Registered Nurse		2/1/2017	Closed	Medical Only
Illia Faity Necoveries.	Third Darty Dogger	Deductible Reimbursements:	TOTALS:	Expense:	Voc Rehab:	PD:	TD:	Medical:	
do.		sements:	3,544.67	68.08	0.00	0.00	0.00	3,476.59	Incurred
	0.00	0.00	3,544.67	68.08	0.00	0.00	0.00	3,476.59	Paid
			0.00	0.00	0.00	0.00	0.00	0.00	Outstanding

Injury Detail:	Claimant was changing a patient's brief when she felt a pop in her lower back and felt her back go numb	of when she felt a pop in her lov	er back and felt her back go numb			
Claim Number:	55029889	Claim Type:	Medical Only		Incurred	
Claimant Name:	Francis, Sheila E	Claim Status:	Closed	Medical:	2,423,34	
Date of Incident:	9/12/2014	Date Closed:	9/2/2015	- -	0 00	
Date of Rirth	12/7/1966	Date Repnened:			0 0	
מומים כו בוויוו.	2771900	pate Neopelled.		PD:	0.00	
Date of Hire:	4/7/2008	Occupation:	AUTHORIZATION	Voc Rehab:	0.00	
	0/41			Expense:	84.71	
Date Reported:	9/15/2014	Class Code:	8835	1	200	
Body Part:	Knee, right	Department 1:		IOIALS:	2,508.05	
Cause of Injury:	Fall, slip from liquid/grease	Department 2:		Deductible Reimbursements:	sements:	
Nature of Injury:	Contusion	Claims Professional:	al: Starlight Fonseca	Third Party Recoveries:	es:	
Jurisdiction:	OK		800-362-3555			

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Claimant was returning from opening the gate for the trash guy when she slipped and fell on the tile due to her wet shoes.



Claim Number:	55028911	Claim Type:	Medical Only		Incurred	Paid	Outstanding
Claimant Name:	Robbins, Mary D	Claim Status:	Closed	Medical:	232.95	232.95	0.00
Date of Incident:	8/5/2014	Date Closed:	10/9/2014	TD:	0.00	0.00	0.00
Date of Birth:	8/23/1948	Date Reopened:		3		9 (0 0
0 0 0	0750	Date Reopelled.		PD:	0.00	0.00	0.00
Date of Hire:	12/2/2013	Occupation:	LICENSED PRACTICAL NURSE	Voc Rehab:	0.00	0.00	0.00
Date Reported:	8/15/2014	Class Code:	8835	Expense:	8.47	8.47	0.00
Body Part:	Arm, upper, both	Department 1:		TOTALS:	241.42	241.42	0.00
Cause of Injury:	Struck by Fellow Worker, Patient or Other Person	Department 2:		Deductible Reimbursements:	ements:	0.00	
Nature of Injury:	Contusion	Claims Professional:		Third Party Recoveries:	S:	0.00	
Jurisdiction:	OK		800-362-3555				

Jurisdiction: Injury Detail:

Claimant was attempting to assist a pediatric patient back into the home after being outside. Patient became combative and pinched bilateral upper extremities.

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INSURED: D&D SERVICES INC.

POLICY PERIOD: 8/1/2014-8/1/2015

POLICY #: OKW001351

LOCATION: 7100 E	LOCATION: 7100 BROADWAY EXT., OKLAHOMA CITY, OK 73116	K 73116		CARRIER: Berkshire Hathaway Homestate Insurance Company	e Hathaway Home	state Insuranc	e Company
Claim Number:	55042306	Claim Type:	Medical Only		Incurred	Paid	Outstanding
Claimant Name:	Ray, Melissa	Claim Status:	Closed	Medical:	189.70	189.70	0.00
Date of Incident:	7/31/2015	Date Closed:	4/18/2016	TĐ:	0.00	0.00	0.00
Date of Birth:	8/22/1971	Date Reopened:		PD:	0.00	0.00	0.00
Date of Hire:	7/13/2015	Occupation:	NURSE	Voc Rehab:	0.00	0.00	0.00
Date Reported:	8/28/2015	Class Code:	8835	Expense:	450.05	450.05	0.00
Body Part:	Back, center	Department 1:		TOTALS:	639.75	639.75	0.00
Cause of Injury:	Strain injury by lifting	Department 2:		Doductible Daimburg	monto:	0.00	
Nature of Injury:	Pains, tightening, etc.	Claims Professional:		Third Death December Sellients.	Sileits.	0.00	
Jurisdiction:	OK		800-362-3555	Initia Party Recoveries:			

Claim Number:	55032948	Claim Type:	Medical Only		Incurred	Paid	Outstanding
Claimant Name:	Routh, Janelle	Claim Status:	Closed	Medical.	248 75	248 75	۰ ۵۵ د
Date of Incident	12/17/2014	Date Closed:	3/24/2015		0 0) (0 0
Date of Incident:	12/17/2014	Date Closed:	3/24/2015	TD:	0.00	0.00	0.00
Date of Birth:	11/19/1985	Date Reopened:		.	0.00	0.00	0.00
Date of Hire:	12/31/2013	Occupation:	PRIVATE DUTY FIELD NURSE	Voc Rehab:	0.00	0.00	0.00
Date Reported:	12/19/2014	Class Code:	8835	Expense:	15.83	15.83	0.00
Body Part:	Lower leg	Department 1:		TOTALS:	264.58	264.58	0.00
Cause of Injury:	Cut, puncture, scrape glass	Department 2:		Deductible Beimbursements:	ments:	0.00	
Nature of Injury:	Laceration	Claims Professional:		Third Dark: December		0.00	
Jurisdiction:	OK		800-362-3555	I nird Party Recoveries:	Š		
Injury Detail:	Nurse was at patient's bedside. She bumped into plastic cart and a glass jar from on top of the cart	nped into plastic cart and a gla	າss jar from on top of the cart fell,				

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				000-30z-3000		웃	Jurisdiction:
	0.00	ies:	Third Party Recoveries:	9 nai: Jordan Hopper	Cialms Protessional:	Pains, tightening, etc.	Nature of Injury:
	0.00	sements:	Deductible Reimbursements:		Department 2:	Fall, slip on same level	Cause of Injury:
0.00	58,028.80	58,028.80	TOTALS:		Department 1:	Multiple body parts	Body Part:
0.00	15,856.01	15,856.01	Expense:	8835	Class Code:	11/18/2014	Date Reported:
0.00	0.00	0.00	Voc Rehab:		Occupation:	//23/2014	Date of Hire:
0.00	16,957.50	16,957.50	P D:		Date Reopened:	1/5/1981	Date of Birth:
0.00	1,531.40	1,531.40	ij	5/3/2018	Date Closed:	11/18/2014	Date of Incident:
0.00	23,683.89	23,683.89	Medical:	Closed	Claim Status:	Ulrich, Christine	Claimant Name:
Outstanding	Paid	Incurred		Indemnity	Claim Type:	55032030	Claim Number:

Injury Detail:	Claimant was leaning over a couch to plug in a pulse oximeter when her foot slipped causing her to fall but she attempted to use her arm to brace herself causing immediate pain and cracking.	oulse oximeter when helf causing immediate	ner foot slipped causing her to fall pain and cracking.	
Claim Number:	55031410	Claim Type:	Indemnity	
Claimant Name:	Want, Cheynae	Claim Status:	Closed	Medical:
Date of Incident:	10/30/2014	Date Closed:	1/13/2015	TD:
Date of Birth:	1/23/1992	Date Reopened:		PD:
Date of Hire:	10/14/2014	Occupation:	FIELD NURSE	Voc Rehab:
Date Reported:	10/30/2014	Class Code:	8835	Expense:
Body Part:	Back, lower	Department 1:		TOTALS:
Cause of Injury:	Strain injury by reaching	Department 2:		Deductible Reimbur

		SK	ınd then when she straightened her back	diaper. Employee bent over a	Employee was changing a patient's diaper. Employee bent over and then when she straightened her	Injury Detail:
		Tillia i aity necessii	800-382-3333		OK	Jurisdiction:
0.00	D	Third Party Recoveries:		Claims Professional:	Pains, tightening, etc.	Nature of Injury:
0.00	sements:	Deductible Reimbursements:		Department 2:	Strain injury by reaching	Cause of Injury:
336.09 0.00	336.09	TOTALS:		Department 1:	Back, lower	Body Part:
12.93 0.00	12.93	Expense:	8835	Class Code:	10/30/2014	Date Reported:
0.00 0.00	0.00	Voc Rehab:	FIELD NORSE	Occupation:	10/14/2014	Date of Hire:
0.00 0.00	0.00	PD:		Date Reopened:	1/23/1992	Date of Birth:
72.27 0.00	72.27	TD:	1/13/2015	Date Closed:	10/30/2014	Date of Incident:
250.89 0.00	250.89	Medical:	Closed	Claim Status:	Want, Cheynae	Claimant Name:
Paid Outstanding	Incurred		Indemnity	Claim Type:	55031410	Claim Number:

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