## Workers' Compensation Report September 2020

Medical Only Claims (No Loss time or TTD Paid)							
Employee Name	Location	Position	Date of Injury	Injury Descr	iption		
Barker, Tina	Conner High School	Café Worker	9/23/2020	Trip and fall -	multiple contusio	ns	
Duane, Shirley	Conner High School	Guidance Counselor		Tripped and fe			
Fugate, Kim	Goodridge	Café Worker		Lower back str			
Stephenson, Courtney	Thornwilde	Para Educator	9/9/2020 Electrical shock				
Thomas, Ronda	Transportation	Bus Driver	9/9/2020 Slip and fall - injury to left foot/toe				
Massingale, April	Transportation	Bus Driver	9/16/2020 Contusion to middle finger				
Winiterman, Mary	Ockerman Middle	Cafeteria Manager	9/23/2020 Lower back strain				
Medical & Loss Time Clai	ms (TTD - Temporary Tota	al Disability)					
				TTD Start	TTD End		
Employee Name	Location	Position	Date of Injury	Date	Date	Injury Description	

September WC Injuries:	7
Misc. Injuries:	4
Slips, Trips, Falls:	3
Student Assaults:	
MVA:	
New TTD Claims:	

Asterisk indicates new TTD Claim