

ORDINANCE NO. 19-63

**ACCEPTING AN ILLINOIS WORKERS' COMPENSATION COMMISSION
SETTLEMENT CONTRACT LUMP SUM PETITION AND ORDER**

NOW, THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF COLLINSVILLE, ILLINOIS that the Mayor is authorized to approve an Illinois Workers' Compensation Commission Settlement Contract Lump Sum Petition and Order. Said agreement is attached hereto and made a part hereof by reference.

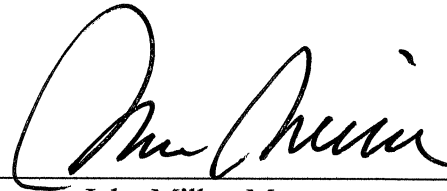
PASSED by the City Council and Approved by the Mayor on August 26, 2019.

Ayes: Jerome, Hausmann, Stehman, Green, Miller

Nays: None


Absent: None

Approved: August 26, 2019.



John Miller, Mayor

ATTEST:



Kimberly Wasser, City Clerk



**CITY COUNCIL
AGENDA ITEM STAFF REPORT**

MEETING DATE:	Monday, August 26, 2019
TITLE:	Ordinance Accepting an Illinois Workers' Compensation Commission Settlement Contract Lump Sum Petition and Order
DEPARTMENT:	Finance Department
PROJECT MANAGER:	Pamela Reid, Director of Finance, CPA
REQUESTED ACTION:	Approval
STRATEGIC PLAN GOAL(S):	Goal #7 – Financial Stewardship and Sustainability
ATTACHMENTS:	Ordinance, Settlement

Executive Summary

This Ordinance authorizes a workers' compensation settlement payment of \$4,444.00.

Background

Christopher Warren was injured on August 23, 2016 while arresting a suspect during employment duties.

Recommendation

The Director of Finance recommends the approval of this Ordinance.

Analysis

Christopher Warren sustained a compensable accident arising out of and in the course of his employment. All benefits have been paid appropriately and the case is ready for resolution. Attorney Rodney Thompson has negotiated with Mr. Christopher Warren's legal counsel on behalf of the City and with the prior authorization of the City Council.

Funding Source

The funding source is \$4,444.00 from the General Fund.

**ILLINOIS WORKERS' COMPENSATION COMMISSION
SETTLEMENT CONTRACT LUMP SUM PETITION AND ORDER**

ATTENTION. Please type or print. Answer all questions. File four copies of this form. Attach a recent medical report.

Workers' Compensation Act Occupational Diseases Act Fatal case? No Yes Date of death _____

Chris Warren
Employee/Petitioner

Case # 19 WC 002140

v.

City of Collinsville Police Department
Employer/Respondent

Setting Collinsville – Arbitrator Gallagher

To resolve this dispute regarding the benefits due the petitioner under the Illinois Workers' Compensation or Occupational Diseases Act, we offer the following statements. We understand these statements are not binding if this contract is not approved.

Chris Warren

Employee's name

Street address

City, State, Zip code

City of Collinsville

Employer's name

200 West Clay Street,

Street address

Collinsville,

City, State, Zip code

Illinois 62234

State Employee? Yes No

Male Female

Married Single

Dependents under age 18 _____

Birthdate _____

Average weekly wage \$ XXXX

Date of accident 12/31/2018

How did the accident occur? Petitioner was arresting a suspect.

What part of the body was affected? _____

What is the nature of the injury? _____

The employer was notified of the accident orally in writing .

Return-to-work date 1/1/19

Location of accident Collinsville, Illinois

Did the employee return to his or her regular job? Yes No

If not, explain below and describe the type of work the employee is doing, the wage earned, and the current employer's name and address.

TEMPORARY TOTAL DISABILITY BENEFITS: Compensation was paid for XXXX weeks at the rate of \$ XXXX /week for TTD.

The employee was temporarily totally disabled from XXXX through XXXX. Petitioner also paid \$1,358.94 in TPD benefits.

MEDICAL EXPENSES: The employer has has not paid all medical bills. List unpaid bills in the space below.

Employer and insurer have paid all reasonable and necessary services related to the event of 8/23/2016 in accordance with the terms and procedures of the Illinois Workers' Compensation Act and the Medical Fee Schedule contained therein. Respondent will pay no further medical bills in connection with this matter unless said bills are submitted to Respondent prior to approval of the contracts and agreed to by Respondent for payment.

PREVIOUS AGREEMENTS: Before the petitioner signed an *Attorney Representation Agreement*, the respondent or its agent offered in writing to pay the petitioner \$ 0.00 as compensation for the permanent disability caused by this injury.

An arbitrator or commissioner of the Commission previously made an award on this case on N/A regarding

TTD \$ 0.00 Permanent disability \$ 0.00 Medical expenses \$ 0.00 Other \$ 0.00

TERMS OF SETTLEMENT: Attach a recent medical report signed by the physician who examined or treated the employee. Respondent to pay and Petitioner to accept the sum of \$4,444.00 in full and final settlement of all issues arising out of the accidental injuries sustained on or about 12/31/2018 and any aggravating incidents occurring thereafter in the Petitioner's employment with Respondent to the date of the signing of this contract with regard to Petitioner [REDACTED]. Said sum represents 2.5% permanent partial disability of the [REDACTED] and is to be paid in a lump sum upon approval of this contract. Disputes exist between the parties as to the nature and extent of permanent disability and the need for future medical treatment. It is the purpose of this contract to effect a full and final settlement of all issues existing between the parties under the Illinois Workers' Compensation Act including, but not limited to, the right of either party to review or reopen this case under Sections 8(a) and 19(h). This contract does not, however, extinguish any rights that the Respondent may have under the Act in accordance with the provisions of Section 5 (820 ILCS 305/5).

Petitioner asserts that he is not currently a Medicare Beneficiary, has not applied for any Social Security Disability benefits or other benefits to which he might be entitled to Medicare or Medicaid benefits, that none of his medical bills in connection with care and treatment for this event were submitted to Medicare/Medicaid for payment and that he is not likely to become a Medicare/Medicaid recipient within the next 30 months. The Petitioner also asserts that he is not currently undergoing any care or treatment for the injuries he sustained on 8/23/2016 and that no further treatment has been recommended to him by any physician. The parties acknowledge and agree that they have taken into account the future interests of Medicare/Medicaid in the resolution of this case and that they find that no provision need be made for the establishment of any Medicare Set Aside Trust Fund.

Total amount of settlement	\$ <u>4,444.00</u>
Deduction: Attorney's fees	\$ <u>666.60</u>
Deduction: Medical reports, X-rays	\$ <u>295.11</u>
Deduction: Other (explain)	\$ _____
Amount employee will receive	\$ <u>3,482.29</u>

PETITIONER'S SIGNATURE. *Attention, petitioner. Do not sign this contract unless you understand all of the following statements.* I have read this document, understand its terms, and sign this contract voluntarily. I believe it is in my best interests for the Commission to approve this contract. I understand that I can present this settlement contract to the Commission in person. I understand that by signing this contract, I am giving up the following rights:

1. My right to a trial before an arbitrator;
2. My right to appeal the arbitrator's decision to the Commission;
3. My right to any further medical treatment, at the employer's expense, for the results of this injury;
4. My right to any additional benefits if my condition worsens as a result of this injury.

<u>[REDACTED]</u>	<u>Chris Warren</u>	<u>[REDACTED]</u>	<u>8-9-19</u>
Signature of petitioner	Name of petitioner (please print)	Telephone number	Date

PETITIONER'S ATTORNEY. I attest that any fee petitions on file with the IWCC have been resolved. Based on the information reasonably available to me, I recommend this settlement contract be approved.

RESPONDENT'S ATTORNEY. I attest that any fee petitions on file with the IWCC have been resolved. The respondent agrees to this settlement and will pay the benefits to the petitioner or the petitioner's attorney, according to the terms of this contract, approved contract.

<u>[REDACTED]</u>	<u>[REDACTED]</u>
Signature of attorney	Signature of attorney or agent
Date	Date

David M. Galanti 4463
 Attorney's name and IC code # (please print)

Galanti Law Offices
 Firm name

P.O. Box 99
 Street address

East Alton, Illinois 62024
 City, State, Zip code

618-258-0420 dgalanti@galantilaw.com
 Telephone number E-mail address

Rodney W. Thompson (810)
 Attorney's name and IC code # or agent (please print)

Becker, Hoerner, Thompson & Ysursa, P.C.
 Firm name

5111 West Main Street
 Street address

Belleville, Illinois 62226
 City, State, Zip code

(618) 235-0020 rwt@bhtylaw.com
 Telephone number E-mail address

Thomas McGee
 Name of respondent's insurance or service company (please print)

ORDER OF ARBITRATOR OR COMMISSIONER:
 Having carefully reviewed the terms of this contract, in accordance with Section 9 of the Act, by my stamp I hereby approve this contract, order the respondent to promptly pay in a lump sum the total amount of settlement stated above, and dismiss this case.