

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 _____

Roger Otto

Employee/Petitioner

v.

City Of Naperville

Employer/Respondent

Case # **17 WC 32774**

Setting **DuPage**

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.

Roger Otto

131 Briar Hill St., Crystal Falls, MI 49920

Employee's name

Street address

City, State, Zip code

City of Naperville

400 S. Eagle St., Naperville, IL 60540

Employer's name

Street address

City, State, Zip code

State Employee? Yes ☐ No ☒ Male ☒ Female ☐ Married ☐ Single ☒

Dependents under age 18 0 Birthdate **03-20-1968** Average weekly wage \$ **1912**

Date of accident **04-28-2017**

How did the accident occur? **Fall from a ramp while responding to 911 call**

What part of the body was affected? **right knee**

What is the nature of the injury? **torn meniscus, tibial fracture, knee replacement**

The employer was notified of the accident orally ☒ in writing ☒ Return-to-work date _____

Location of accident **Naperville, IL** 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.
Petitioner upon return to work was only on light duty. FCE verified inability to resume job as police officer

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

The employee was temporarily totally disabled from _____ through _____

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

PREVIOUS AGREEMENTS: Before the petitioner signed an *Attorney Representation Agreement*, the respondent or its agent offered in writing to pay the petitioner \$ 0 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 _____ regarding

TTD _____ Permanent disability _____ Medical expenses _____ Other _____

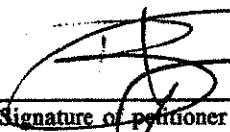
TERMS OF SETTLEMENT: Attach a recent medical report signed by the physician who examined or treated the employee.

Based on Mr. Otto's inability to return to work as a police officer, the settlement is based on 37.5% loss of a Man as a Whole, a the maximum rate based on date of injury of \$775.18. 500 weeks x 37.5% = 187.5 x 775.18 = 145,346.25. All medical has been paid.

Total amount of settlement	\$ 145,346.25
Deduction: Attorney's fees	\$ 29,069.25
Deduction: Medical reports, X-rays	\$
Deduction: Other (explain)	\$
Amount employee will receive	\$ 116,277.00

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.

	Roger Otto	630-418-0066	06-02-20
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.

	6-4-20
Signature of attorney	Date

Ross Schreiter

Attorney's name and IC code # (please print)

Martocchio & Martocchio

Firm name

15 N. Lincoln St.

Street address

Hinsdale, IL 60521

City, State, Zip code

630-920-8855

office@martocciolaw.com

Telephone number

E-mail address

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, promptly after receiving a copy of the approved contract.

Signature of attorney or agent	Date
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Kristin Foley-5487

Attorney's name and IC code # or agent (please print)

City of Naperville

Firm name

400 S. Eagle St.

Street address

Naperville, IL 60540

City, State, Zip code

630-305-5280

foleyk@naperville.il.us

Telephone number

E-mail address

PMA Companies

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.