

**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 _____

Steven Woodham

Employee/Petitioner

Case # **17 WC 29608**

Arbitrator Ory

v.

City of Naperville

Employer/Respondent

Setting **Wheaton, IL**

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.

Steven Woodham

Employee's name

255 Meadowview Lane Aurora IL 60502

Street address City, State, Zip code

City of Naperville

Employer's name

400 S. Eagle St. Naperville, IL 60540

Street address City, State, Zip code

Employee's Social Security # _____

Male Female

Married Single

Dependents under age 18 **3**

Birthdate **9/4/69**

Average weekly wage \$ **2,557.00**

Date of accident **9/18/17**

How did the accident occur? **Petitioner was injured attempting to stop a suspect from fleeing the scene by car**

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

What is the nature of the injury? **Tibial plateau fracture**

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

Location of accident **Naperville, 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 **0** weeks at the rate of \$ **0**/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 \$ _____ 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** Permanent disability \$ **N.A.** Medical expenses \$ **0** Other \$ **0**

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

SEE THE ATTACHED RIDER FOR THE TERMS OF SETTLEMENT

Total amount of settlement \$ **50,996.28**
Deduction: Attorney's fees \$ **10,199.25**
Deduction: Medical reports, X-rays \$
Deduction: Other (explain) \$ **0**
Amount employee will receive \$ **40,797.03**

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.

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, promptly after receiving a copy of the approved contract.

Signature of attorney

Date

John J. Driscoll 4687

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

Driscoll Law Offices

Firm name

1770 Park Street Suite 205

Street address

Naperville IL 60563

City, State, Zip code

630 548-6600

Telephone number

jdriscoll@driscolllawoffices.com

E-mail address

Signature of attorney or agent

Date

Kristen Foley

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

Foley, Kristen

E-mail address

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.

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

Steven Woodham Employee/Petitioner)	
v.)	Case # 17 WC 29608
)	
City of Naperville)	
Employer/Respondent)		

**SETTLEMENT CONTRACT RIDER
TERMS OF SETTLEMENT**

Petitioner hereby agrees to accept a lump sum in the amount of 50,996.28 [30 % loss of use of a leg (64.5 weeks) at max. rate of \$ 790.64] in full, final, and complete settlement of any and all claims and compensation the Petitioner has against the Respondent under the Illinois Workers' Compensation Act ("Act") for all accidental injuries allegedly incurred as a result of the September 18, 2017 incident and any other injury to the Petitioner's left shoulder and arm occurring prior to the approval of this contract and including any and all results, developments or sequelae, fatal or not fatal, medical benefits, temporary total disability, and permanent partial disability, allegedly resulting from such accidental injuries. Respondent will pay Petitioner's medical expenses that (1) were incurred prior to the approval of the contract, (2) concern Petitioner's right knee and (3) are causally related to the September 18, 2017 work injury.

Respondent denies that Petitioner has incurred any injuries to the degree alleged and that any such injuries are compensable and this settlement is only made to amicably resolve disputed issues so as to avoid further litigation. This settlement resolves disputes concerning temporary total disability and permanent partial disability compensation, as well as all medical, surgical, and hospital expenses resulting from the said accidental injuries. Respondent is hereby released, acquitted, and discharged from any and all liability under the Act, in any way arising out of the alleged accidental occurrences herein.

Petitioner represents that he is not currently a Medicare beneficiary and is not otherwise Medicare eligible nor is he receiving or has he applied for Social Security Disability or Retirement benefits. Petitioner further represents that he has not applied for Social Security benefits and does not anticipate applying for benefits in the next six (6) months nor does he have a reasonable expectation of Medicare entitlement in the next thirty (30) months.

The submission of this contract is contingent upon approval of the lump sum petition which is a part hereof and all rights of review under Sections 8(a), 19(h) and 4(c) of the Act are expressly waived. By entering into this agreement, Respondent does not waive and in fact reserves any and all of its rights under Section 5 of the Act. This lump sum settlement represents a 30% loss of use of a leg under Section 8(e)(10) of the Act.

Steven Woodham, Petitioner	Date	Kristen Foley, Respondent's Attorney
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John J. Driscoll, Petitioner's Attorney