

**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 _____

Daniel Simpson
Employee/Petitioner

Case # **17** WC **019629**

RECEIVED
APR 16 2019

v.

City of Naperville (Fire Department)
Employer/Respondent

Setting **Wheaton, Illinois**

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.

Daniel Simpson
Employee's name

8007 South Lotus, Burbank, Illinois 60459
Street address City, State, Zip code

City of Naperville (Fire Department)
Employer's name

400 South Eagle Street, Naperville, Illinois 60540
Street address City, State, Zip code

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

Dependents under age 18 **03** Birthdate **09/21/1971** Average weekly wage \$ **\$1,831.14.**

Date of accident **05/17/2017 and 07/04/2017**

How did the accident occur? **entry drill / using leg cart caught, Petitioner fell**

What part of the body was affected? **left ankle / left shoulder (disputed)**

What is the nature of the injury? **fracture / partial tear (disputed)**

The employer was notified of the accident orally ☒ in writing ☒ Return-to-work date **09/27/2017**

Location of accident **Naperville and Burbank, 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.

TEMPORARY TOTAL DISABILITY BENEFITS: Compensation was paid for **full salary** weeks at the rate of \$ **\$1,831.14.**/week.

The employee was temporarily totally disabled from **5/17/2017** through **9/27/2017**.

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

see settlement terms

PREVIOUS AGREEMENTS: Before the petitioner signed an *Attorney Representation Agreement*, the respondent or its agent offered in writing to pay the petitioner \$ **full salary** 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 \$ **0** Medical expenses \$ **0** Other \$ **0**

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

See attached Rider. Parties do acknowledge that a dispute as to compensability of the left shoulder injury exists, and the settlement is made to end litigation and settle this matter.

Total amount of settlement **\$ 73,257.02**
Deduction: Attorney's fees **\$ 14,651.40**
Deduction: Medical reports, X-rays **\$ 80.00**
Deduction: Other (explain) \$ _____
Amount employee will receive **\$ 58,525.62**

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

Daniel Simpson
Name of petitioner (please print)

708-878-1057
Telephone number

3/28/2019
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.


Signature of attorney

4/1/2019
Date

Barry A. Ketter #1404
Attorney's name and IC code # (please print)


Barry A. Ketter, P.C. FEIN 35-2170331
Firm name

221 East Lake St, # 202
Street address

Addison, IL 60101
City, State, Zip code

312-332-7312 **ketterlaw@comcast.net**
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

4-2-19
Date

Kristen Foley, Senior Assistant City Attorney #5487
Attorney's name and IC code # or agent (please print)

City of Naperville
Firm name

400 S. Eagle Street
Street address

Naperville, IL 60540
City, State, Zip code

630-305-5280 **Foley, Kristen FoleyK@naperville.il.us**
Telephone number E-mail address

Underwriters Safety & Claims 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.

APPROVED BY AUTHORITY OF THE
ILLINOIS WORKERS' COMPENSATION COMMISSION
pursuant to the provisions of the
Workers' Compensation and Workers'
Occupational Diseases Acts

APR - 9 2019


By: Christine M. Ory, Arbitrator



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

Daniel Simpson)
Employee/Petitioner)
v.)
City of Naperville)
Employer/Respondent)

Case # 17 WC 019629

RECEIVED
APR 18 2019

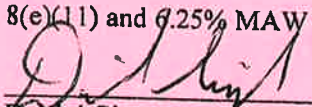
**SETTLEMENT CONTRACT RIDER
TERMS OF SETTLEMENT**

Petitioner hereby agrees to accept a lump sum in the amount of seventy three thousand two hundred fifty seven dollars and two cents (\$73,257.02), 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 May 17, 2017 and July 4, 2017 incidents and any other injury to the Petitioner's left foot and left shoulder 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 left foot and left shoulder and (3) are causally related to the May 17, 2017 and July 4, 2017 work injuries.

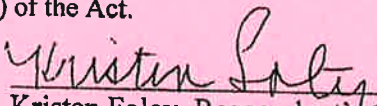
Respondent denies that Petitioner has incurred any injuries to the degree alleged and that any such injuries are compensable and this settlement is only made to amicably resolve disputed issues so as to avoid further litigation. This settlement resolves disputes concerning temporary total disability 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.

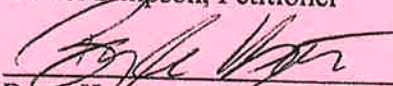
Petitioner represents that he is not currently a Medicare beneficiary and is not otherwise Medicare eligible nor is he receiving or has he applied for Social Security Disability or Retirement benefits. Petitioner further represents that he has not applied for Social Security benefits and does not anticipate 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 37.5% loss of a foot under Section 8(e)(11) and 6.25% MAW under Section 8(d)(2) of the Act.


Daniel Simpson, Petitioner

3-28-18
Date


Kristen Foley, Respondent's Attorney


Barry Ketter, Petitioner's Attorney

APPROVED BY AUTHORITY OF THE
ILLINOIS WORKERS' COMPENSATION COMMISSION
pursuant to the provisions of the
Workers' Compensation and Workers'
Occupational Diseases Acts

APR - 9 2019


By: Christine M. Ory, Arbitrator

