RESOLUTION 2015-109  PASSED: SEPTEMBER 14, 2015

AUTHORIZING THE EXECUTION OF A WORKERS’ COMPENSATION LUMP SUM PETITION AND ORDER (CHRISTOPHER ZIOLA).

WHEREAS, the City of DeKalb is a home-rule municipal corporation; and

WHEREAS, the City employs a variety of persons in a range of capacities and, from time to time when any such employee is injured in the line of duty, the City is responsible for certain claims and liabilities, and the City Council wishes to authorize execution of a lump-sum petition and order relating to resolution of a Workers’ Compensation claim and further finds that such action is necessary and appropriate, and that the conditions attached thereto protect the public health, safety, welfare and morals;

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF DEKALB:

The City Manager or designee is authorized and directed to execute a lump sum petition and order, substantially in the format attached hereto as Exhibit A, subject to such revisions acceptable to the City Manager, and is thereafter directed to adhere to the obligations of such order (once approved by an arbitrator), and to pay all sums and take all actions contemplated therein.

PASSED BY THE CITY COUNCIL of the City of DeKalb, Illinois at a Regular meeting thereof held on the 14th day of September 14, 2015 and approved by me as Mayor on the same day. Passed by Omnibus roll call vote of 8-0 on the Consent Agenda. Aye: Jacobson, Finucane, Marquardt, Snow, Noreiko, Baker, O’Leary, Rey. Nay: None. Absent: None.

ATTEST:

JENNIFER JELT JOHNSON, City Clerk

JOHN A. REY, Mayor
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 _____

CHRISTOPHER ZIOILA
Employee/Petitioner

v.

CITY OF DEKALB FIRE DEPARTMENT
Employer/Respondent

Case # 13 WC 05062 and 13 WC 06816
(consolidated)

Setting: Geneva—Hegarty

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.

Christopher Ziola
Employee's name
City of DeKalb Fire Department
Employer's name

200 S. 4th Street
Street address
DeKalb, IL 60115
City, State, Zip code

Date of accident: 11/15/11 and 5/9/12
How did the accident occur? While operating the laws of life, the tool kicked back and struck Petitioner. Exacerbation of 11/15/11 injury in the course of his duties as a fire fighter.

What part of the body was affected? Man as a whole, right leg/thigh, and right foot.

What is the nature of the injury? Right hip labral tear and acetabular rim fracture, LS-S1 central disc extrusion.

The employer was notified of the accident orally ❑ in writing ❑ Return-to-work date 7/1/14.

Location of accident: DeKalb, 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 37 weeks at the rate of $69,700.00 pursuant to PEDA/week.

The employee was temporarily totally disabled from 11/16/11 through 1/12/12 and 12/13/13 through 7/1/14.

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 $8,490.00 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 $N/A Permanent disability $N/A Medical expenses $N/A Other $N/A

Thursday, November 15, 2012

100 W. Randolph Street - Suite 1600 Chicago, IL 60601 Toll Free 866/352-3033 | Website: www.iwcic.gov

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

Terms of Settlement: Respondent to pay and Petitioner to accept $100,000.00 in full and final settlement of any and all claims under the Workers' Compensation Act or otherwise for accidental injuries allegedly incurred as described hereinbefore as occurring on or about November 15, 2011, and May 9, 2012, and including any and all results, developments, or sequelae; fatal or non-fatal resulting or allegedly resulting from such accidental injuries. Issues exist between the parties as to whether the Petitioner has incurred injuries to the degree alleged and whether or not such injuries are compensable, and this settlement is made to amicably settle these issues. The settlement includes liability for temporary total compensation and all medical, surgical and hospital expenses incurred or to be incurred or allegedly resulting from the said accidental injury, for all of which the Petitioner expressly assumes responsibility, except as otherwise stated in these terms of settlement. Respondent agrees to pay the reasonable, related and necessary medical bills for treatment incurred prior to settlement only, pursuant to the medical fee schedule. Review under Section 19(h) and (a) is expressly waived by the parties hereto. The settlement represents approximately twenty-eight and 75/100 percent (28.75%) of a man as a whole, (143.75 weeks at $695.76=$100,000.00). The Petitioner asserts that he has not applied for and is not currently receiving Medicare, that he has not applied for and is not currently receiving SSDI, and that he is not classified by Medicare as having a "reasonable expectation of Medicare enrollment within 30 months."

Total amount of settlement: $100,000.00
Deduction: Attorney's fees: $17,500.00 (reduced fee)
Deduction: Medical reports, X-rays: $768.66
Deduction: Other (explain): $0.00
Amount employee will receive: $81,731.34

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
Christopher Ziola
Name of petitioner (please print)

RESPONDENT'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
Alice Sackett Henrikson #657
Attorney's name and IC code # (please print)

TURNER LAW OFFICES
Firm name
107 W. Exchange St.
Street address
Sycamore, IL 60178
City, State, Zip code
(815) 895-2131 ahenrikson@rtturnerlaw.com
Telephone number E-mail address

Tax ID: 36-3501100

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 respondents to promptly pay in a lump sum the total amount of settlement stated above, and dismiss this case.

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