

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

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

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

SPENCER STIGALL \_\_\_\_\_ Case # 14 WC 040-194 \_\_\_\_\_  
Employee/Petitioner

v.

M.J. ELECTRIC, I.L.C. \_\_\_\_\_ Setting Bloomington \_\_\_\_\_  
Employer/Respondent

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.

Spencer Stigall \_\_\_\_\_ 627 Broadway \_\_\_\_\_ Havana \_\_\_\_\_ IL \_\_\_\_\_ 62644  
Employee's name Street address City State Zip code

M.J. Electric, I.L.C. \_\_\_\_\_ 1190 Erie Ct. \_\_\_\_\_ Crown Point \_\_\_\_\_ IN \_\_\_\_\_ 46307  
Employer's name Street address City State Zip code

State Employee? Yes  No  Male  Female  Married  Single   
# Dependents under age 18 0 Birthdate 03/28/1967 Average weekly wage \$2,639.00

Date of accident 11-9-14

How did the accident occur? Petitioner was pulled into air by a rope caught on his right leg.  
What part of the body was affected? Right leg, right foot, left leg, back, left shoulder, man as a whole, any and all.  
What is the nature of the injury? Left knee internal derangement with multiple surgeries including knee replacement, right foot osteoarthritis and derangement with multiple surgeries including midfoot fusion and on-going necrotic tissue and wound closure issues, low back strain, and left shoulder distal clavicle fracture with surgery, thoracic vertebra fracture, permanent work restrictions, any and all.

The employer was notified of the accident orally  in writing  Return to work date None

Location of accident Waynesville, 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.  
Disputes exist as to, inter alia, Petitioner's present work capabilities. This settlement is made to resolve any and all such disputes.

TEMPORARY TOTAL DISABILITY BENEFITS: Compensation was paid for     weeks at the rate of \$1,336.91/week.  
The employee was temporarily totally disabled from Appropriate periods paid through date of settlement contract approval.

MEDICAL EXPENSES: The employer has  has not  paid all medical bills.  
Respondent agrees to resolve the following medical bills pursuant to the fee schedule or other contractual arrangement: Memorial Medical Center (10/24/2017 - \$1,564.00); Orthopedic Surgery Center (11/16/2017 - \$199.00); SIU Medicine (2/18/2019 - \$595.95); Orthopedic Center of Illinois (\$2,726); Associates of Anesthesia Springfield (2/18/2019 - \$960.00); Memorial Home Services (\$345.00); and Springfield Clinic (5/2/2019 - \$245.00). Any and all other bills, known or unknown, are disputed and denied.

PREVIOUS AGREEMENTS: Before the petitioner signed an *Attorney Representation Agreement*, the respondent or its agent offered in writing to pay the petitioner \$N/A 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 None Permanent disability None Medical expenses None Other None



