

**IN THE MATTER OF THE)
DISABILITY APPLICATION OF:)
CAPTAIN TOM VEATCH)
APPLICANT.)**

The Board of Trustees of the Pekin Firefighters’ Pension Fund (“Pension Board”), under the statutory authority outlined in Article 4 of the Illinois Pension Code, 40 ILCS 5/4-101, *et seq.*, renders the following decision concerning the application of Captain Tom Veatch (“Applicant”) for a disability pension. Applicant seeks a line of duty disability pension under Section 110 of the Illinois Pension Code, 40 ILCS 5/4-110. (Bd. Ex. #1, R 1).¹ The Pension Board held a hearing on this matter on November 22nd, 2024.

¹ References to testimony from the transcript of the hearing will be cited as (Tr. p. __). References to relevant exhibits from the administrative record will be cited as (Bd. Ex. #__) or (App. Ex. #__), with possible reference to the page number of each exhibit as (R __) or (p. __).

A.

STATUTES TO BE CONSTRUED

The following provisions of the Illinois Pension Code apply in this case:

40 ILCS 5/4-110 – Disability pension – line of duty.

If a firefighter, as the result of sickness, accident, or injury incurred in or resulting from the performance of an act of duty or from the cumulative effects of acts of duty, is found, pursuant to Section 4-112, to be physically or mentally permanently disabled for services in the fire department, so as to render necessary his or her being placed on disability pension, the firefighter shall be entitled to a disability pension equal to the greater of (1) 65% of the monthly salary attached to the rank held by him or her in the fire department at the date he or she is removed from the municipality's fire department payroll or (2) the retirement pension that the firefighter would be eligible to receive if he or she retired (but not including any automatic annual increase in that retirement pension). A firefighter shall be considered "on duty" while on any assignment approved by the chief of the fire department, even though away from the municipality he or she serves as a firefighter, if the assignment is related to the fire protection of the municipality. * * *

40 ILCS 5/4-105b – Permanent Disability

"Permanent disability": any physical or mental disability that (1) can be expected to result in death, (2) has lasted for a continuous period of not less than 12 months, or (3) can be expected to last for a continuous period of not less than 12 months.

40 ILCS 5/6-110 – Act of Duty.

Any act imposed on an active fireman by the ordinances of a city, or by the rules or regulations of its fire department, or any act performed by an active fireman while on duty, having for its direct purpose the saving of the life or property of another.

40 ILCS 5/4-112 – Determination of disability; restoration to active service; disability cannot constitute cause for discharge.

A disability pension shall not be paid until disability has been established by the board by examinations of the firefighter at pension fund expense by 3 physicians selected by the board and such other evidence as the board deems necessary. The 3 physicians selected by the board need not agree as to the existence of any disability or the nature and extent of a disability. * * *

Medical examination of a firefighter receiving a disability pension shall be made at least once each year prior to attainment of age 50 in order to verify continuance of disability. * * *

No examination shall be required after age 50.

B.

ISSUES TO BE DECIDED

In reaching its decision in the case, the Pension Board must address two issues:

- (A) Is Applicant physically disabled from service in the Pekin Fire Department (“Department”)?
- (B) If so, was his disability caused by, or did it result from, the performance of an act or acts of fire duty?

C.

FINDINGS OF FACT

Based upon a preponderance of the evidence, the Pension Board makes the following factual findings:

- 1) The Pension Board held a hearing to adjudicate the Applicant’s disability claim on November 22nd, 2024.

Relevant Background & Work Status Information

- 2) Applicant was born September 8th, 1980. (Bd. Ex. #1).

- 3) The applicant is currently married (Karla) and has no dependent children within the meaning of the Statute. (Bd. Ex. #1; Tr. p. 14-15).
- 4) The Department initially hired the applicant on September 7th, 2003. (Bd. Ex. #1).
- 5) Applicant filed Worker's Compensation claims in connection with his injury. The claim number is 24WC00136. (Bd. Ex. #1; Tr. p. 41).
- 6) Mr. Stephen P. Kelly, legal counsel, represented the applicant throughout these proceedings. (Tr. p. 4-5).
- 7) Applicant did not object to the admission of Board Exhibits 1-4 into the record. (Tr. p. 11).
- 8) The applicant chose to amend his application to include a Non-Duty disability pension as an alternative to, without prejudice, the line-of-duty disability pension claim. (Tr. p. 6).
- 9) Applicant did not introduce any Applicant Exhibits into the record. (Tr. p. 11).
- 10) Before his hire, the Applicant took and passed a pre-employment physical. (Tr. p. 15).
- 11) Applicant alleged work-related injuries on March 31, 2023 (neck, cervical spine, blood clots). (Bd. Ex. #1).
- 12) Applicant denies ever sustaining a cervical injury or orthopedic injuries with any employment before his hire date with the Pekin Fire Department or with any secondary employment while employed by the Pekin Fire Department. (Tr. p. 54-55).

Applicant's March 31st, 2023 Injury – Testimony of the Applicant and Relevant Evidence

13) On March 31st, 2023, Applicant was assigned as a Captain on Ladder 1. (Tr. p. 42).

(13) Applicant responded to an emergency call from a patient at a nursing home who needed to go to the hospital due to hallucinations and bleeding from the mouth. (Tr. p. 19).

14) In responding to the emergency medical call, Applicant testified that he injured his neck in the following manner:

While we were at the nursing home, the patient was rather large, and I asked them if we could use a Hoyer lift and they said no. That will cause the patient too much pain. So we did a lift like we usually do there. I was at the head lifting. I felt something twinge in the back of my neck, just felt weird. Proceeded to lift the patient onto the cot and go about the day. (Tr. p. 19).

15) The patient was approximately 450-500 pounds. (Tr. p. 20).

16) The applicant could finish his shift, although he told his shiftmates, Michael Carroll and Nick Steinbach, that "...something just kind of didn't feel right in my neck" (Tr. p. 43).

17) The applicant reported that from his date of injury to the first time he sought treatment (Dr. Stachniw—Midwest Orthopedic Center) for his injury, April 20, 2023, his symptoms progressively worsened, and he suffered no intervening injury (Tr. p. 21).

18) Throughout April and early May of 2023, the Applicant noticed his right side had become noticeably weaker, and he was having issues raising and lifting equipment patients, and more increased numbness and tingling down his right arm (Tr. p. 22)

19) In May of 2023, the Applicant underwent an MRI, which showed three herniated discs in his cervical spine area. (Tr. p. 23).

20) Applicant initially tried conservative, non-surgical treatment, including physical therapy. (Tr. p. 23).

21) On May 26th, 2023, his treating physician, Dr. Dipompeo, removed the applicant from full and unrestricted duty (Tr. p. 25).

22) Eventually, it was determined that the conservative treatment failed. Due to this, the Applicant underwent surgery on January 2nd, 2024, performed by Dr. Dimpompeo (Tr. p. 27).

23) The surgery was incomplete. During the surgery, the Applicant suffered a left lung collapse, which caused a loss in oxygen saturation. Due to this, the Applicant was placed in the ICU. (Tr. p. 27-28).

24) Out of a proposed four-level fusion, only one and a half levels were completed. (Tr. p. 28).

25) The Applicant suffered a blood clot during the surgery. After being released from the Hospital for cervical surgery on January 4th, 2024, the Applicant went back into the Hospital due to a blood clot on January 10th, 2024 (Tr. p. 30).

26) The Applicant was eventually treated for his blood clot and was placed on blood thinners. (Tr. p. 31).

27) By April-May 2024, after rounds of physical therapy, the applicant's doctor, Dipompeo, informed him that, in her opinion, he would never be able to return to full and unrestricted firefighter duties (Tr. p. 32-33).

28) On September 18th, 2024, Dr. Dipompeo placed the Applicant on permanent restrictions after reaching maximum medical improvement. (Tr. p. 33).

29) Dr. Mulconrey at Midwest Orthopedic is now the Applicant's doctor for "maintenance" to ensure his neck condition has not worsened. (Tr. p. 33-34).

- 30) The Applicant's last full day of full and unrestricted duty was May 26th, 2023. After that, the Applicant worked light duty until December 19th, 2023. (Tr. p. 39).
- 31) The Applicant has received benefits under the Public Employee Disability Act since December 19th, 2023 (Tr. p. 40).
- 32) The Applicant tried to work outside the Fire Department after his injury but could not. The applicant testified it was too sedentary, and he felt pain and weakness in his right arm. (Tr. p. 40).
- 33) The City of Pekin has never offered the Applicant a light-duty position, and no permanent light duty is available under the CBA. (Tr. p. 40, 61).
- 34) The Applicant testified as follows regarding his current physical condition:
- Still some shortness of breath I think due to the -- due to the clot. I was actually called by the BCDI, the bleeding disorder, and told to -- that the clot had done some left-sided heart damage and showed early signs of heart failure and if I could do it to go to a gym and get on a bike for about five or 10 minutes, which I have completed going to the gym. The pain, I still have pain. I still have shooting numbness down my right arm. Every now and then I'll get a huge twitch that feels like I'm getting punched, and the weakness it's progressive -- it's getting worse than what it was. (Tr. p. 41).
- 35) His treating physician never believed he was a candidate for another surgery to complete all of the fusions due to the blood clotting complications. (Tr. p. 47-48).
- 36) Applicant suffered a Deep Vein Thrombosis in 2014 for surgery involving a torn calf muscle. His doctors opined that the current 2024 blood clot was caused by the collapse of the left lung during the cervical spine surgery. (Tr. p. 48-49).
- 37) The Applicant only underwent one MRI because he cannot tolerate being in tightly confined spaces. (Tr. p. 50-51)

38) As of this hearing, no doctor besides Dr. Deutsch has either treated or evaluated Applicant, who has cleared Applicant to return to any full and unrestricted firefighter duties after the injury he sustained on December 9, 2019. (Tr. p. 53-54).

39) According to his treating physicians, the applicant has reached maximum medical improvement and currently takes Eliquis and Metoprolol medications (Tr. p. 55).

40) The applicant takes over-the-counter Tylenol when there is a “flare-up” with his cervical spine issue. (Tr. p. 56).

41) Applicant continues to lift weights and do cardiovascular exercises to “keep things moving” as it makes him feel better when there is body movement. (Tr. p. 58).

42) The applicant still cannot lift overhead. (Tr. p. 58).

43) The Applicant participated in every treatment his treating physician recommended. (Tr. 59).

44) Applicant is scheduled to follow up with Dr. Mulcroney for a check-up in January of 2025 but, as of now, is unaware of any future recommended surgery or treatment. (Tr. p. 60).

Independent Medical Examination Findings

45) According to 40 ILCS 5/4-112, the Applicant was examined by three independent medical providers. Each provider conducted an Independent Medical Examination (“IME”) to determine whether the Applicant is disabled from service as a firefighter. Those providers were Dr. Wojciehoski, MD. (Bd. Ex. # 2), Dr. Sampat, M.D. (Bd. Ex. #3), and Dr. Deutsch, M.D. (Bd. Ex. #4).

46) The applicant appeared before Dr. Wojciehoski, M.D. on July 19, 2024.

- a. Addressing whether Applicant suffers from a disabling condition, Dr. Wojciehoski wrote:
Yes. It is my opinion, to reasonable degree of medical probability, Mr. Veatch does suffer from a disabling condition that prevents

him from performing full duty and unrestricted work as a firefighter. He has evidence of anterior cervical disc fusion with resultant weakness involving the right upper extremity. It is my opinion, to reasonable degree of medical probability, this clinical condition would prevent him from working as an unrestricted firefighter. Weightlifting restrictions would be imposed based upon the cervical fusion that would prevent the full unrestricted duties of a firefighter. Mr. Veatch also suffered from a mechanical ventilation induced pneumothorax, deep venous thrombosis and pulmonary embolism. As a result of this, he is further disabled by a lifetime commitment to anticoagulation and an increased risk of bruising and bleeding.

- b. Dr. Wojciehoski found that Applicant met the legal definition of permanent injury, and he wrote the following:
Yes. It is my opinion, to reasonable degree of medical probability, that Mr. Veatch's disability is permanent as he has had a cervical disc fusion requiring permanent weightlifting restrictions and persistent limited range of motion of the neck. This condition can be expected to last for a continuous period of greater than 12 months. In addition, his postoperative complications included mechanical ventilation induced pneumothorax, deep venous thrombosis and pulmonary embolism. He is committed to a lifetime of anticoagulation. This would place him at permanently increased risk for bruising and bleeding.
- c. Dr. Wojciehoski opined as follows regarding the causation of Applicant's back injury and related issues:
It is my opinion, to reasonable degree of medical probability, the lifting of the patient with the sudden onset of radicular symptoms are directly related to an act of firefighting duty. The onset of symptoms is supported by the medical record. Mr. Veatch's mechanical ventilation induced pneumothorax, deep venous thrombosis and pulmonary embolism are also directly related to the need for treatment of the workplace-sustained disability.

(47) Applicant appeared before Dr. Chintan Sampat, M.D. FAAOS on June 19, 2024.

- a. Dr. Sampat addressed whether the Applicant is disabled:
Yes, Mr. Veatch has a disabling condition that prevents him from performing full and unrestricted duties of a firefighter. He has cervical stenosis and disc herniations from C4 to C7. Only two levels were able to be repaired and he still has motor weakness and sensory loss in the right upper extremity. The alleged injury on March 31, 2023, while working is a competent mechanism of injury to result in the cervical disc herniations and radiculopathy. He has a

two level fusion from C5-C7 and motor weakness and numbness in the right upper extremity that prevents him from being able to perform full and unrestricted duties of a firefighter. Only a portion of the stenosis was able to be repaired due to his medical issues including pneumothorax, blood clot, and pulmonary embolism. C4-C5 could not be fixed at the time of his surgery due to these issues. He also has persistent shortness of breath and cardiopulmonary symptoms. He did not have cervical spine symptoms or complaints prior to the alleged injury on March 31, 2023, and became symptomatic afterwards. The mechanism of injury with lifting a heavy patient is a competent mechanism of injury to result in cervical disc herniations from C4 to C7 that necessitated treatment. It has been over 14 months since his injury and it is likely that he will have some permanent numbness and weakness in the right upper extremity due to persistent stenosis. Neurological recovery typically takes up to 1 year and people with motor weakness and numbness often have residual permanent deficits, especially because he still has stenosis that was not repairable at C4-C5. In addition, he is on blood thinners for the rest of his life due to his blood clots. Any fall, abrasion, cut, or other traumatic injury that can be sustained during normal firefighting duties is now at much higher risk of excessive bleeding or hematoma formation, which can lead to further medical problems.

- b. Dr. Sampat found that the Applicant meets the legal definition of a permanent injury.

Yes, I consider the disability to be permanent. The mechanism of injury with lifting a heavy patient is a competent mechanism of injury to result in cervical disc herniations from C4 to C7 that necessitated treatment. It has been over 14 months since his injury and it is likely that he will have some permanent numbness and weakness in the right upper extremity due to persistent stenosis. Neurological recovery typically takes up to 1 year and people with motor weakness and numbness often have residual permanent deficits, especially because he still has stenosis that was not repairable at C4-C5. Only C5-C7 levels were able to be fixed on January 2, 2024, with a spinal fusion, which results in permanent loss of motion due to needing to fuse the disc space, which eliminates motion at that level. Finally, he is on blood thinners for the rest of his life due to his blood clots. Any fall, abrasion, cut, or other traumatic injury that can be sustained during normal firefighting duties is now at much higher risk of excessive bleeding or hematoma formation, which can lead to further medical problems. It will take up to 1 year from January 2, 2024 (the date of surgery) to determine how much neurological recovery will occur.

- c. Dr. Sampat opined as follows regarding causation:
Yes, Mr. Veatch's cause of disability is due to an injury sustained during an act of firefighting duty. The mechanism of injury with lifting a heavy patient is a competent mechanism of injury to result in cervical disc herniations from C4 to C7 that necessitated treatment. These disc herniations caused significant numbness and weakness in the right upper extremity that are the cause of his disability and necessitated surgery. He also had perioperative medical complications resulting in cardiopulmonary compromise, which is currently being treated.

(48) Applicant appeared before Dr. Deutsch, M.D., on July 26, 2024.

Dr. Deutsch opined that the Applicant was not disabled and could return to full and unrestricted duties with the Pekin Fire Department.

D.

ANALYSIS

Initially, it must be remembered that an administrative proceeding is not a partisan proceeding with the agency on one side arrayed against the individual on the other. *Abrahamson v. Illinois Department of Professional Regulation*, 153 Ill. 2d 76, 94 (1992). Instead, it is an administrative investigation instituted to ascertain and make findings of fact. *Id.* Due to their personal knowledge of the peculiar physical and emotional demands of being firefighters, the members of the firefighters' pension board are in the best position to determine whether an applicant is fit for the position. *Gordan v. Board of Trustees of the Firemen's Pension Fund of the City of Joliet*, 77 Ill. App. 2d 234, 238-39 (3rd Dist. 1966). It is particularly within the province of the pension board to resolve conflicts in the evidence and to determine the credibility of witnesses. *Peterson v. Board of Trustees of the Des Plaines Firemen's Pension Fund*, 54 Ill. 2d 260, 263 (1973). The courts do not substitute their judgment for the pension board's in such

matters. *Peterson vs. Board of Trustees of the Des Plaines Firemen's Pension Fund*, 5 Ill. App. 3d 180, 185 (1st Dist. 1971).

An applicant for a disability pension under Article IV of the Pension Code bears the burden of proving his or her entitlement to the pension benefit. *Graves v. Pontiac Firefighters' Pension Board*, 281 Ill. App. 3d 508, 514-15 (4th Dist. 1996). However, disability pension laws are remedial in nature and should be liberally construed in favor of the applicant. *Peifer v. Board of Trustees of the Police Pension Fund of the Village of Winnetka*, 57 Ill. App. 3d 102, 106 (1st Dist. 1978). The elements that a firefighter must prove in order to obtain a line of duty disability pension under section 4-110 of the Pension Code are as follows:

1. The person is a firefighter;
2. The firefighter is physically or mentally permanently disabled for service in the fire department as the result of sickness, accident or injury;
3. The sickness, accident or injury was incurred in or resulted from the performance of an act of duty or from the cumulative effects of acts of duty; and
4. The permanent disability renders necessary the firefighter being placed on disability pension.

In rendering its decision, Pension Trustees must apply the law set out in the Pension Code according to the statute's clear language and the legislature's intent. *Robbins v. Carbondale Police Pension Board*, 177 Ill. 2d 533, 538-39 (1997).

The Pension Board finds that the Applicant has proven each of the required elements by a preponderance of the evidence and is, therefore, entitled to a line-of-duty disability pension. First, it is undisputed that the Applicant was a firefighter when he applied for a disability pension.

Next, the Pension Board finds that the Applicant is physically permanently disabled for service in the Department as a result of the condition of his neck injury and blood clot disorder.

The Pension Board also finds that Applicant has a “permanent disability,” as that term is defined in the Pension Code. The Pension Code defines “permanent disability” as

“[A]ny physical or mental disability that (1) can be expected to result in death, (2) has lasted for a continuous period of not less than 12 months, or (3) can be expected to last for a continuous period of not less than 12 months.”

40 ILCS 5/4-105b.

The Pension Board finds that Applicant has satisfied the third element of a line of duty disability pension. Applicant has shown that his injury was incurred in or resulted from the performance of an act of duty or from the cumulative effects of acts of duty. It is clear from the record that his uncontroverted actions at the March 31st, 2023 accident were the cause of his permanent disability. Furthermore, the Board agrees with Dr. Wojciehoski’s finding that the Applicant’s “mechanical ventilation induced pneumothorax, deep venous thrombosis and pulmonary embolism are also directly related to the need for treatment of the workplace-sustained disability.”

Finally, the Pension Board finds that Applicant has satisfied the fourth element of a line of duty disability pension because his permanent disability renders it necessary to place him on a disability pension.

It is well established that to obtain a line-of-duty pension, “[a] claimant need not prove that a duty-related accident is the sole cause, or even the primary cause, of his disability.” *Luchesi v. Retirement Board of the Firemen's Annuity & Benefit Fund*, 333 Ill.App.3d 543, 550, 267 Ill.Dec. 331, 776 N.E.2d 703 (2002) (citing *Barber v. Board of Trustees of the Village of South Barrington Police Pension Fund*, 256 Ill.App.3d 814, 818, 196 Ill.Dec. 511, 630 N.E.2d 446

(1993) (“There is no requirement that the duty-related incident be the originating or primary cause of the injury, although a sufficient nexus between the injury and the performance of the duty must exist.”)). Instead, the claimant must only prove “that the duty-related accident is a causative factor contributing to the claimant's disability.” *Luchesi*, 333 Ill.App.3d at 550, 267 Ill.Dec. 331, 776 N.E.2d 703.

The applicant did not have pre-existing injuries to his neck before the reported injury in question but did have a fully resolved deep vein thrombosis issue that occurred in 2014. The applicant complained of his injury contemporaneous with it happening on the March 31st. The evidence shows Applicant had no pre-existing condition that impaired his ability to work before the injury. Thus, we conclude that the Applicant’s impairment directly resulted from the injury that occurred while he was on duty.

Not one of his treating or examining doctors (except Dr. Deutsch) cleared him for full and unrestricted duties during his entire course of treatment. Two of the three (3) IME doctors found Applicant permanently disabled and that the cause was the injury suffered at the March 31st accident. The applicant’s treating physician found the same. The Pension Board agrees with those doctors that the Applicant is permanently disabled and rejects the outlying opinion of Dr. Deutsch. The legal definition of permanency is an injury that has lasted or is expected to last, twelve (12) months. The timeline in the record shows this is the issue. Applicant has been off of work for a much greater period than twelve (12) months.

After weighing all of the evidence and testimony in the record, observing the Applicant at the Hearing, and considering the medical evidence, including any previous medical issues, it is clear that the Applicant injured himself on the date in question. The Board finds that the Applicant injured his neck on the date in question and in the manner testified to and suffered the lung collapse

and blood clot as a result thereof. Based on the arguments above and the totality of the evidence contained in the record, the Pension Board finds that the Applicant is entitled to a line of duty disability pension. Therefore, Captain Tom Veatch's application for a line of duty disability pension is GRANTED.

E.

CONCLUSIONS

1. The Board of Trustees of the Pekin Firefighters' Pension Fund has jurisdiction over this subject matter.

2. Applicant, Captain Tom Veatch, having been found eligible to apply for a disability pension, has met his burden of proof as it relates to his line-of-duty disability claim under section 5/4-110 of the Illinois Pension Code.

3. His pension shall be based upon 65% of Applicant's salary attached to rank effective the date of his removal from payroll (11.22.24), less all applicable offsets.

IT IS THEREFORE ORDERED:

(A) That a warrant of payment is issued to Applicant, Captain Tom Veatch, according to 40 ILCS 5/4-125 of the Illinois Pension Code, stating Applicant's entitlement to a line of duty disability pension, less any applicable offsets, effective November 22nd, 2024.

(B) The line of duty disability pension shall commence as soon as administratively possible and remain effective until further order of the Pension Board.

(C) The Board shall retain jurisdiction to determine any eligible offsets, including, but not limited to, Worker's Compensation offsets.

A. MOTIONS:

1. On November 22, 2024, Secretary Rendleman made a motion, seconded by Trustee Watt, to grant Tom Veatch's application for a line of duty disability pension under 40

ILCS 5/4-110. **Roll Call Vote:**

Ayes – Watt, Rendleman, Beckham, Baughman

Nays – None.

Abstain – None.

Absent – Stubbs.

Motion Carried.

2. On January 17, 2025, Trustee BAUGHMAN made a motion, seconded by Trustee RENDLEMAN, to approve this written decision and order. **Roll Call Vote:**

Ayes – TRUSTEES BAUGHMAN, BECKHAM, RENDLEMAN, STUBBS AND WATT

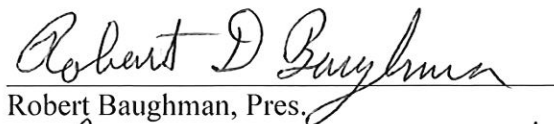
Nays – NONE

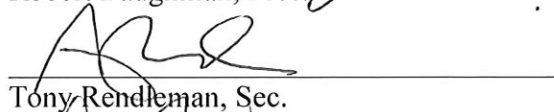
Abstain – NONE

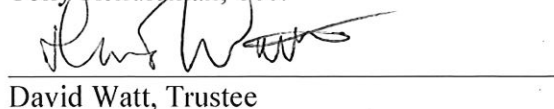
Absent – NONE

Motion Carried.

**BOARD OF TRUSTEES OF THE PEKIN
FIREFIGHTERS' PENSION FUND**


Robert Baughman, Pres.


Tony Rendleman, Sec.


David Watt, Trustee


Roy Beckham, Trustee²

DATED: January 17, 2025

THIS IS A FINAL AND APPEALABLE DECISION. THIS DECISION CAN BE REVIEWED IN THE CIRCUIT COURT BY FILING A COMPLAINT FOR ADMINISTRATIVE REVIEW AND SERVING SUMMONS WITHIN 35 DAYS FROM THE DATE THAT A COPY OF THIS DECISION WAS SERVED UPON THE PARTY AFFECTED THEREBY. THE DATE OF MAILING ON THE CERTIFICATE OF SERVICE IS THE DATE OF SERVICE.

² Trustee Stubbs was absent from this proceeding and took no part in the deliberation and vote in this matter.

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CAPTAIN TOM VEATCH)
APPLICANT.)

18

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I, Jerry J. Marzullo, on oath, swear and affirm that I served a copy of the attached "Decision and Order" and "Certificate of Payment" upon the person whose name is listed below by FIRST-CLASS MAIL and CERTIFIED mail this 17th day of January 2025.

Stephen Kelly, Esq.
2710 N Knoxville Ave.
Peoria, IL 61604
(FIRST CLASS MAIL & E-mail: skelly@stephenkellylaw.com)

Jerry Marzullo - Counsel
Pekin Firefighters' Pension
Board

19