

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

ATTENTION. Answer all questions. Attach a recent medical report.

Internal# S0190020

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

William Painter

Employee/Petitioner

Case# **24WC003104**

v.

City of Champaign

Setting **Urbana**

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.

William Painter

Employee/Petitioner

618 W. 4th Street

Street address

Homer, IL 61849

City, State, Zip code

City of Champaign

Employer/Respondent

102 N. Neil Street

Street address

Champaign, IL 61820

City, State, Zip code

State employee? **No**

Gender: **Male**

Marital status: **Married**

Dependents under age 18: **0**

Birthdate: **7/24/1970**

Average weekly wage: **\$2,126.52**

Date of accident: **9/27/2023**

How did the accident occur? **Emergency activity while fighting a fire, while working**

What part of the body was affected? **left hip, right hip, other injuries**

What is the nature of the injury? **Serious and surgical**

The employer was notified of the accident **orally and in writing.**

Return-to-work date: **NA**

Location of accident: **Champaign**

Did the employee return to his or her regular job? **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.

Petitioner was awarded a duty-related pension by the Fire Pension Board.

TEMPORARY TOTAL DISABILITY BENEFITS: Compensation was paid for **N/A** weeks at the rate of **\$0.00** /week.

The employee was temporarily totally disabled during the following period(s):

From	Through
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Notes regarding temporary total disability benefits:

All TTD benefits issues resolved with the contract. Benefits were paid pursuant to the Public Employee Disability Act, 5 ILCS 345/0.01 et seq.

MEDICAL EXPENSES: The employer has 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 \$ 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 \$ N/A Permanent disability \$ N/A Medical expenses \$ N/A Other \$ N/A

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

This is a compromise settlement. All issues are in dispute. Respondent has offered and Petitioner has accepted \$230,595.75. representing 45% loss of use of a person as a whole, pursuant to Section 8(d)2 and for all disputed issues pursuant to the Workers' Compensation Act in full, final and complete settlement of any and all claims under the Act or the Occupational Disease Act due to an accident on September 27, 2023, and all known and unknown injuries which resulted from it. Respondent shall be responsible for any reasonable outstanding medical expenses related to this accident and will hold Petitioner harmless for same. Respondent retains all rights pursuant to Section 5(b). Petitioner acknowledges the terms of Section 21 of the Act and agrees that no assignment of benefits associated with this claim has taken or will take place. Petitioner is not currently receiving Medicare benefits, is not reasonably expected to be eligible for Medicare benefits within the next 30 months, and no future medical benefits are expected to be paid by Medicare. The Petitioner expressly waives Sections 8(a) & 19(h).

Total amount of settlement	<u>\$230,595.75</u>	
Deduction: Attorney's fees	<u>\$46,119.15</u>	
Deduction: Petitioner's costs	<u>\$110.00</u>	<u>medical records</u>
Deduction: Other (explain)	<u>\$0.00</u>	
Amount employee will receive	<u>\$184,366.60</u>	

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 unless expressly reserved or left open for a specified period of time in the terms of settlement:

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, except as otherwise provided herein, for the results of this injury;
4. My right to any additional benefits if my condition worsens as a result of this injury.

/s/ William Painter
Signature of petitioner

William Painter
Name of petitioner

(217) 841-3745
Telephone number

7/8/2025
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.

/s/ Stephen Kelly

Signature of attorney

Stephen Kelly

Attorney's name

Stephen P. Kelly
2710 N Knoxville Avenue

Peoria, IL 61604

Firm name and address

(309) 681-1900

Telephone number

7/8/2025

Date

05354

IWCC Code #

skelly@stephenkellylaw.com

E-mail address

RESPONDENT'S ATTORNEY. 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.

/s/ Kenneth Reifsteck

Signature of attorney

Kenneth Reifsteck

Attorney's name

Thomas Mamer LLP
2005 N. Dunlap Ave.

Champaign, IL 61820

Firm name and address

(217) 351-1500

Telephone number

CCMSI

Name of respondent's insurance or service company

7/7/2025

Date

00522

IWCC Code #

KDR@thomasmamer.com

E-mail address

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**

7/11/2025

By: /s/ Magda Derisma Arbitrator