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**THE CITY OF BLUE ISLAND  
COOK COUNTY, ILLINOIS**

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**RESOLUTION  
NUMBER 2021-047**

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**A RESOLUTION OF THE CITY OF BLUE ISLAND,  
COOK COUNTY, ILLINOIS, TO AUTHORIZE THE  
EXECUTION OF A SETTLEMENT AGREEMENT  
IN CASE NUMBER 18 WC 017717**

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**FRED BILOTTO, Mayor  
RAEANN CANTELO-ZYLMAN, City Clerk  
JAIRO FRAUSTO, City Treasurer**

**DEXTER JOHNSON  
LUIZ MONTOYA  
NANCY RITA  
BILL FAHRENWALD  
GABRIEL McGEE  
CANDACE CARR  
JOSH ROLL**

**Aldermen**

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COOK COUNTY, ILLINOIS, TO AUTHORIZE THE EXECUTION OF  
A SETTLEMENT AGREEMENT IN CASE NUMBER 18 WC 017717**

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**WHEREAS**, the City of Blue Island, Cook County, Illinois (the “City”) is a duly organized and existing City created under the provisions of the laws of the State of Illinois and operating under the provisions of the Illinois Municipal Code, and all laws amendatory thereof and supplementary thereto, with full powers to enact ordinances and adopt resolutions for the benefits of the residents of the City; and

**WHEREAS**, John Chickerillo, the employee/petitioner, and the City, the employer/respondent, desire to execute a settlement agreement in Case Number 18 WC 017717, a copy of which is attached hereto and made a part hereof, as Exhibit A (the “Agreement”); and

**WHEREAS**, the Mayor and Aldermen of the City deem it advisable and in the best interest of the health, safety and welfare of the residents of the City to enter into the Agreement.

**NOW, THEREFORE, BE IT RESOLVED** by the Mayor and the Aldermen of the City of Blue Island, Cook County, Illinois as follows:

**Section 1.** That the above recitals and legislative findings are found to be true and correct and are hereby incorporated herein and made a part hereof, as if fully set forth in their entirety.

**Section 2.** The Settlement Agreement between John Chickerillo and the City, which is attached hereto and made a part hereof as Exhibit A, is hereby approved in substantially the same form presented to the Mayor and Aldermen with such necessary non-material changes as may be authorized by the Mayor and City Attorney to execute the Agreement, the execution of which

constitutes the approval by the City of any and all changes or revisions therein contained

**Section 3.** The Mayor is hereby authorized to execute the Agreement on behalf of the City.

**Section 4.** The officials and officers of the City are hereby authorized to undertake reasonable actions on the part of the City as necessary to implement the terms of this Resolution and as contained in the Agreement to complete satisfaction of the provisions, terms or conditions stated therein.

**Section 5.** If any section, paragraph, clause or provision of this Resolution shall be held invalid, the invalidity thereof shall not affect any of the other provisions of this Resolution.

**Section 6.** All resolutions, motions or orders in conflict with this Resolution are hereby repealed to the extent of such conflict.

**Section 7.** This Resolution shall be in full force and effect upon its passage, approval and publication as provided by law.

*(Left intentionally blank)*

**ADOPTED** this **28th** day of **September, 2021**, pursuant to roll call as follows:

	YES	NO	ABSENT	PRESENT	ABSTAIN
Alderman JOHNSON	X				
Alderman MONTOYA	X				
Alderman RITA	X				
Alderman FAHRENWALD	X				
Alderman MCGEE			X		
Alderman CARR	X				
Alderman ROLL	X				
Mayor BILOTTO					
	6		1		

**APPROVED** by the Mayor on **September 28, 2021**.

**FRED BILOTTO**  
**MAYOR OF THE CITY OF BLUE ISLAND,**  
**COUNTY OF COOK AND STATE OF ILLINOIS**

**ATTESTED** and Filed in my office this  
**28th** day of **September, 2021**.

**RAEANN CANELO-ZYLMAN, CITY CLERK**

Exhibit A

*Settlement Agreement*

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

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

Internal# S0043470

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

**John Chickerillo**

Employee/Petitioner

Case# **18WC017717**

v.

**Blue Island Police Department**

Employer/Respondent

Setting **Chicago**

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.

**John Chickerillo**

Employee/Petitioner

**7700 W. Golf Drive #2A**

Street address

**Palos Heights, IL 60463**

City, State, Zip code

**Blue Island Police  
Department**

Employer/Respondent

**13031 S. Greenwood Ave**

Street address

**Blue Island, IL 60406**

City, State, Zip code

State employee? **No**

Gender: **Male**

Marital status: **Single**

# Dependents under age 18: **0**

Birthdate: **9/21/1987**

Average weekly wage: **\$1,279.32**

Date of accident: **5/30/2018**

How did the accident occur? **While responding to a domestic disturbance call to assist an injured person, a glass table at the residence broke, cutting Petitioner's right lateral knee**

What part of the body was affected? **Right Leg**

What is the nature of the injury? **Surgery to the peroneal nerve; Surgery to repair dropfoot; Posterior Tibial Tendon Transfer**

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

Return-to-work date: **N/A**

Location of accident: **Blue Island**

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 disability pension due to permanent restrictions as a result of this injury. He is unable to perform full and unrestricted police duties.**

**TEMPORARY TOTAL DISABILITY BENEFITS:** Compensation was paid for **29 4/7 weeks** weeks at the rate of **\$852.87** /week.

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

From	Through
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05/31/2018

12/22/2018

Notes regarding temporary total disability benefits:

**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.

Respondent agrees to pay and Petitioner agrees to accept the lump sum of \$185,000.00 in full and final settlement of all claims for injuries and aggravations thereof resulting from Petitioner's accidental injuries occurring on or about May 30, 2018. The consideration for this settlement represents the full measure of Respondent's liability. Petitioner agrees to waive all of his rights under the Workers' Compensation Act including, but not limited to, liability for medical benefits under Section 8(a) and for any increased disability under Section 19(h) of said Act. By way of this agreement, respondent does not agree to waive, and expressly reserves, its subrogation rights and any other rights as enumerated in Section 5(b) of the Act. Petitioner further affirms and attests that he is not a current Medicare beneficiary and has not applied for Social Security disability nor does he otherwise have a reasonable expectation of Medicare eligibility within 30 months. Respondent agrees to pay reasonable, necessary, and causally related medical bills for treatment up to and including date of contract approval subject to sections 12 and/or 8.7 of the Act. The settlement represents 48.2% loss of the use of a person.

The Petitioner is 34 years of age, and therefore has a remaining life expectancy of 46.0 years. The sum of \$185,000.00 represents compensation for the loss of bodily function as contrasted to periodic benefits within the meaning of 424(a) of the Social Security Act. After deducting attorney's fees of \$37,000.00 and expenses of litigation of \$0 the sum of \$148,000.00 should be reasonably deemed to represent the amount of \$61.87 per week for the balance of the Petitioner's expected lifetime for loss of bodily functions.

Total amount of settlement	<b><u>\$185,000.00</u></b>
Deduction: Attorney's fees	<b><u>\$37,000.00</u></b>
Deduction: Medical reports, X-rays	<b><u>\$0.00</u></b>
Deduction: Other (explain)	<b><u>\$0.00</u></b>
Amount employee will receive	<b><u>\$148,000.00</u></b>

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

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_____ Signature of petitioner	<b>John Chickerillo</b> Name of petitioner	<b>(708) 516-4667</b> Telephone number	_____ Date
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**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  
**Efi James**  
Attorney's name  
**KARCHMAR & STONE**  
**111 W WASHINGTON**  
**SUITE 1030**  
**CHICAGO, IL 60602**  
Firm name and address  
**3122369744**  
Telephone number

Date  
**00290**  
IWCC Code #

**eames@karchmarandstone.com**  
E-mail address

**RESPONDENT'S SIGNATURE.** 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  
**Peter Murphy**  
Attorney's or agent's name  
**(708) 448-7005**  
Telephone number  
**Village of Blue Island**  
Name of respondent's insurance or service company

Date  
**pmurphy@montanawelch.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.