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BEFORE THE BOARD OF TRUSTEES OF THE
FRANKLIN PARK FIREFIGHTERS' PENSION FUND

IN THE MATTER OF THE
DISABILITY APPLICATION OF:

DEBORAH SALATERSKI,

Applicant.

REPORT OF PROCEEDINGS had at the
hearing of the above-entitled cause, before the
BOARD OF TRUSTEES OF THE FRANKLIN PARK
FIREFIGHTERS' PENSION FUND, held on the 21st day
of May, 2019, at the hour of 10:00 a.m., at 9451
Belmont Avenue, Franklin Park, Illinois, before
MICHELLE N. MARVIN, C.S.R., Notary Public.

- BOARD MEMBERS PRESENT:
- MR. TONY TARASIUK, Trustee;
 - MR. KYLE SHAMIE, Trustee;
 - MR. DANIEL ANTIOHO, Trustee;
 - MR. JACK PANZICA, Trustee;
 - MS. NINFA AGUILAR, Trustee.

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COUNSEL PRESENT:

THE LAW FIRM OF REIMER & DOBROVOLNY,
by
MR. RICHARD J. REIMER and
MR. BRYAN L. STRAND
15 Spinning Wheel Road, Suite 310
Hinsdale, Illinois 60521
(630) 654-9547
rreimer@rdlaborlawpc.com
on behalf of the Franklin Park
Firefighters' Pension Board;

THE LAW OFFICES OF THOMAS W. DUDA, by
MR. THOMAS W. DUDA
330 W. Colfax Street
Palatine, IL 60067
(847) 577-2470
zipduda.com
on behalf of the Applicant.

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EXAMINATION OF D C RD RC
DEBORAH SALATERSKI

By Mr. Duda 14
By Mr. Reimer 64
By The Board 81

EXHIBITS RECEIVED INTO EVIDENCE

Board Exhibits 1 - 19 9
Applicant Exhibits 1 - 6 12

1 MR. TARASIUK: Okay. We will call the
2 meeting of -- the special meeting of the Franklin
3 Park Firefighters' Board of Trustees regarding the
4 disability application hearing for Firefighter
5 Deborah Salaterski. It is 10:04.

6 Roll call. Ninfa Aguilar?

7 MS. AGUILAR: Here.

8 MR. TARASIUK: Dan Antioho?

9 MR. ANTIOHO: Here.

10 MR. TARASIUK: Jack Panzica?

11 MR. PANZICA: Here.

12 MR. TARASIUK: Kyle Shamie?

13 MR. SHAMIE: Here.

14 MR. TARASIUK: Tony Tarasiuk, here.

15 MR. REIMER: A quorum is present. This
16 hearing is being conducted pursuant to Article 4
17 of the Illinois Pension Code to determine the
18 disability claim or application of Firefighter
19 Deborah Salaterski, the Applicant in this case.

20 The Applicant was previously sent a
21 Notice of Hearing advising her of these
22 proceedings on this date, advising her of her
23 right to be represented by legal counsel; to
24 present evidence and to respond to any evidence

1 before the Franklin Park Firefighters' Pension
2 Fund.

3 Miss Salaterski, do you acknowledge
4 receipt of the Notice of Hearing and are you ready
5 to proceed?

6 MS. AGUILAR: Yes.

7 MR. REIMER: Thank you. Counsel, would
8 you identify yourself, please?

9 MR. DUDA: Thomas Duda, D-U-D-A, of
10 Palatine, Illinois.

11 MR. REIMER: Thank you, Mr. Duda.

12 The first motion I'd like the Board
13 to make would be a motion to appoint me the
14 hearing officer.

15 What that means is I'll preside
16 over the hearing. It means I'll make sure
17 everything runs in an orderly fashion. I'll rule
18 on any legal matters or objections. I will attend
19 board deliberations, if you get there today, and
20 you want me to attend. And then, ultimately,
21 whatever decision you make, I will prepare a
22 written decision and order that's necessary to put
23 finality to this.

24 But as that hearing officer, I am

1 not here to be a prosecutor. I'm not here to
2 influence your decision. I certainly don't vote.
3 That's why you all get the big bucks to be a
4 trustee. I don't charge extra for that, unless
5 you have any objections.

6 Mr. Duda, do you have any
7 objections?

8 MR. DUDA: No.

9 MR. REIMER: No objections. So I would
10 ask for a motion to appoint me the hearing
11 officer.

12 MR. SHAMIE: Motion.

13 MR. PANZICA: Second.

14 MR. REIMER: Motion, second. Any
15 discussion? If not, all in favor.

16 (WHEREUPON, all Board Members
17 responded aye.)

18 MR. REIMER: Any opposed? Now is a good
19 time to raise my rates.

20 The procedures to be utilized in
21 this case are as follows:

22 Number one: Under the law, the
23 Applicant has the burden of proving her
24 entitlement to a disability pension.

1 Number two: During the hearing, we
2 will allow Mr. Duda to make an opening statement.

3 Number three: The Applicant may
4 then present any evidence, including testimony and
5 documentation, in support of her disability claim.

6 Number four: The Board or its
7 legal counsel, me, as the hearing officer, can ask
8 any questions.

9 Number five: The Applicant's legal
10 counsel may make legal objections to any of this
11 documentation or evidence.

12 Number six: Rulings on objections
13 or legal matters will be made by me as the hearing
14 officer and attorney for the Board. However,
15 because I work for you, if I rule on an objection
16 and you don't like my ruling, you can outvote me
17 by a 3-to-5 margin vote win.

18 Number seven: During the hearing,
19 the technical and the formal rules of evidence
20 will not apply, nor will Rules of Civil Procedure.

21 However, to the extent there's an
22 objection on the basis of hearsay, which is
23 considered a fundamental fairness objection, the
24 hearsay objection will apply.

1 So just to kind of make it clear,
2 when we say "the technical and formal rules of
3 evidence," Mr. Duda, as you know, we will allow
4 you to lead. If you're going to lead, the Board
5 would greatly appreciate it, if you're going to be
6 reading from an exhibit or document, if you could
7 use the document number and the page number. It
8 would be greatly appreciated. It will help us all
9 get through this.

10 Number eight: If for some reason
11 we can't complete this hearing on this date, the
12 matter will be continued from time to time to
13 dates agreeable to all parties until it's
14 completed.

15 And number nine: At the conclusion
16 of the hearing, we'll allow Mr. Duda to make a
17 closing argument or closing statement.

18 And number ten: The Board will
19 then render a written decision that will become
20 the final decision that's necessary to put
21 finality to this claim.

22 However, it's my understanding if
23 the Board gets through the hearing, I think it's
24 the Board's intention to deliberate and at least

1 there would be a vote publicly and you would know
2 what the resolution of this matter is.

3 Are there any questions or
4 objections, Mr. Duda?

5 MR. DUDA: No.

6 MR. REIMER: Any Members of the Board
7 have any questions? Hopefully, my clients don't
8 have any objections.

9 All right. To try to expedite this
10 matter, we have a number of exhibits. I have what
11 we've marked as Board Exhibit Numbers 1 through
12 19. Board Exhibit Numbers 1 through 19 have been
13 sent and distributed to all five trustees prior to
14 this hearing for their review, but subject to any
15 objection Mr. Duda may have.

16 I have also sent a copy of Board
17 Exhibit Numbers 1 through 19 to Mr. Duda for his
18 review. Mr. Duda, have you had an opportunity to
19 review Board Exhibit Numbers 1 through 19, and do
20 you have any objection?

21 MR. DUDA: I've reviewed the exhibits.
22 We have no objection.

23 MR. REIMER: Very good. Board Exhibit
24 Numbers 1 through 19, then, is admitted into the

1 administrative record without any further
2 authentication or foundation.

3 Mr. Duda has also tendered to me
4 what he's marked as Applicant Exhibit Numbers 1
5 through 6. I have distributed Applicant's 1
6 through 6 to each of the five Members of the Board
7 this morning. I don't know if they've had time
8 really yet to thoroughly review those, but you're
9 moving for admission of Applicant 1 through 6?

10 MR. DUDA: Yes. If I could go through
11 them, I think I could make it easier for the
12 Members of the Board.

13 Applicant Exhibit Number 1 is an
14 independent medical report of Junaid, J-U-N-A-I-D,
15 Makda, M-A-K-D-A, M.D. He is a medical
16 doctor/orthopaedic surgeon who examined
17 Firefighter Salaterski on behalf of worker's
18 compensation.

19 According to the exhibit list from
20 the Board, Dr. Makda's -- the subpoena to Dr.
21 Makda indicated he had no medical records found.
22 That's Board Exhibit Number 9.

23 Okay. To advise the Board, Dr.
24 Makda performed two evaluations, one in March of

1 2017, and one in September of 2017. Exhibit 1 is
2 the March 9, 2017 IME report of Dr. Makda, so it
3 fills in the blank of Exhibit 9. And I would
4 apprise the Board that the second report of Dr.
5 Makda is, in fact, in the documents received from
6 the Village of Franklin Park, and it's part of
7 Board Exhibit 11, the follow-up IME of Dr. Makda.

8 MR. REIMER: That's fine. I thought that
9 in response to the subpoena issued to IPMG, which
10 is Board Exhibit Number 12, I thought those
11 documents were in there. But that's fine; you're
12 saying it's not?

13 MR. DUDA: They're in 11 for sure.

14 MR. REIMER: All right. So it's
15 duplicative.

16 MR. DUDA: Exhibit Number 2 is a copy of
17 the training roster and performance for the
18 training episode that took place in December of
19 2016.

20 Number 3 is the NIFERS reports for
21 the February 3, 2017 fire.

22 Exhibit Number 4 is a copy of the
23 protocols for structural fire responses, the
24 written protocols.

1 Number 5 is the copy of the
2 Franklin Park Fire Department rules and
3 regulations.

4 And 6 will be used in the course of
5 the Applicant's testimony.

6 The purpose of putting in the
7 NIFERS reports, the training notes, is to satisfy
8 the active duty requirements of the Appellate
9 Court decisions.

10 MR. REIMER: And you're moving for
11 admission?

12 MR. DUDA: I'm moving to admit them, yes.

13 MR. REIMER: Okay. So the record will
14 reflect, then, that Applicant's 1 through 6 are
15 admitted into the record without any further
16 authentication or foundation. So those matters
17 are in.

18 As you know, this is a standard
19 question I ask in every disability case. In Board
20 Exhibit Number 1, which is the application,
21 paragraph number nine, the Applicant has requested
22 a line-of-duty disability.

23 Would you want this to be
24 considered as a non-duty without prejudice,

1 without waiver to any rights to appeal that might
2 be necessary?

3 And all that really means is if for
4 some reason the Board hears all the evidence and
5 decides there's a disability but, for whatever
6 reason, it doesn't rise to the level of a
7 line-of-duty or incurred in the performance of an
8 act of duty within the statute and the case law,
9 the Board could award a non-duty disability, and
10 that's without prejudice to any appeal rights.

11 It's a standard question. The
12 Board hasn't heard all the evidence, and I --

13 MR. DUDA: The answer is although I think
14 it's going to be crystal clear it's a line-of-duty
15 case --

16 MR. REIMER: Understood.

17 MR. DUDA: -- the Applicant would amend
18 the application on its face to include a non-duty
19 disability to provide income in the event of an
20 administrative review.

21 MR. REIMER: Understood. So without --
22 that will be granted without prejudice and without
23 waiver to the line-of-duty disability claim.

24 All right. Did you wish to make an

1 opening statement?

2 MR. DUDA: Waive opening statement.

3 MR. REIMER: The Board appreciates that.
4 Did you want to call your first witness?

5 MR. DUDA: I call the Applicant.

6 MR. REIMER: Would you raise your right
7 hand and this young lady will swear you in.

8 (WHEREUPON, the court reporter
9 swore in the witness.)

10 MR. REIMER: Your witness.

11 **DEBORAH SALATERSKI,**
12 **called as a witness herein, having been first duly**
13 **sworn, was examined and testified as follows:**

14 **DIRECT EXAMINATION**

15 **BY MR. DUDA:**

16 Q. State your full name and spell your
17 first, middle, and last name for the record,
18 please.

19 A. Deborah Christine Salaterski.

20 D-E-B-O-R-A-H, C-H-R-I-S-T-I-N-E,

21 S-A-L-A-T-E-R-S-K-I.

22 Q. And without providing the street number,
23 where do you live?

24 A. I live on Harrison Avenue in Winfield,

1 Illinois.

2 Q. And what is your date of birth?

3 A. December 24th, 1966.

4 Q. And that makes you 52 years old at the
5 present time?

6 A. Correct.

7 Q. And you are single; correct?

8 A. Correct.

9 Q. And you have one dependant child?

10 A. Yes.

11 Q. Could you state your child's name and
12 date of birth?

13 A. My son's name is Brian Salaterski. His
14 birthday is January 29th of 2003.

15 Q. And he lives with you?

16 A. Yes.

17 Q. He is dependant upon you?

18 A. Yes.

19 Q. He is 16 years old?

20 A. Yes.

21 Q. Calling your attention to February 27,
22 2016, by whom were you employed?

23 A. I was employed by the Franklin Park Fire
24 Department.

1 Q. What was your rank?

2 A. I am a firefighter/paramedic.

3 Q. When were you hired by the Village?

4 A. October 10th, 1994.

5 Q. And what rank were you hired into?

6 A. I was hired as a firefighter/emergency
7 medical technician basic.

8 Q. During your career, did you eventually
9 obtain certification as an EMT paramedic?

10 A. Yes.

11 Q. When did you become an EMT-P?

12 A. June of 2000.

13 Q. Have you been a paramedic since 2000?

14 A. Yes.

15 Q. Before coming to the village, did you
16 work in either fire suppression or emergency
17 medical services anyplace else?

18 A. No.

19 Q. When you came to the village, had you
20 received any treatment to either of your lower
21 extremities?

22 A. No.

23 Q. When you came to the village, did you
24 have to submit to a physical examination?

1 A. Yes.

2 Q. And you don't recall where the physical
3 was?

4 A. The location was on Mannheim Road in
5 Franklin Park. It was part of Gottlieb. It was a
6 Gottlieb satellite clinic, and that's where I had
7 my physical exam before hire.

8 Q. And was examination of your lower
9 extremities part of the exam?

10 A. Yes.

11 Q. Did you pass the exam?

12 A. Yes.

13 Q. During your career at the village, did
14 you undergo periodic physical examinations as part
15 of your maintaining your career here?

16 A. Yes. We were offered optional
17 every-other-year physicals. So every two years,
18 we had physicals.

19 Q. And was the company that did those annual
20 -- strike that.

21 Those every-other-year physicals
22 were Endeavors Plus?

23 A. Yes.

24 Q. Dr. Michael Fragen, F-R-A-G-E-N.

1 And you participated in those?

2 A. Yes.

3 Q. Were any physical problems discovered in
4 the course of your biannual examinations?

5 A. No.

6 Q. Now, for the record, I know that the
7 Board Members, for the most part, know what you
8 do. But for the record, I want to go into some
9 detail as to the physical things you have had to
10 do during your career.

11 A. Okay.

12 Q. I'm showing you a document that's been
13 marked Board Exhibit Number 10. It starts at page
14 686, and --

15 MR. REIMER: I sorry, Mr. Duda. 86?

16 MR. DUDA: 686.

17 MR. REIMER: 686. Pardon me.

18 BY MR. DUDA:

19 Q. It says Franklin Park firefighter job
20 description. Have you seen that before?

21 A. Yes.

22 Q. And you're familiar with the duties
23 outlined in that?

24 A. Yes.

1 Q. Now, in addition to that, I have had
2 admitted into evidence Applicant Exhibit 4, which
3 is a detailed protocol for a structural fire
4 response. Have you seen that before?

5 A. Yes.

6 Q. Okay. What I want to do is I want to go
7 through giving some content to the general duties
8 in these two exhibits.

9 On page 687 of the job description,
10 under policy capital A, it says, "perform
11 firefighting tasks". And it talks about hose line
12 operations, extensive crawling, lifting, and
13 carrying of heavy objects.

14 Could you expound for the record
15 what physically you had to perform to accomplish
16 those tasks?

17 A. Well, on a call, we would have to dress
18 in our full turn-out gear, which involves -- which
19 includes a jacket, a pair of pants, boots, a
20 helmet, gloves, a mask. And depending on the job,
21 tools that we would need for the situation.

22 So along with putting that gear on,
23 I would also have to -- if there was a fire, I
24 would have to pull hose line from the engine.

1 That would be determined by the size and the scope
2 of the fire, what size I would grab.

3 Usually it's decided before we
4 enter a building whether or not we could actually
5 walk through the building or if we need to crawl.
6 If the smoke is heavy enough and it's hot enough,
7 we go to the ground. We crawl. It's cooler down
8 there.

9 The hose lines are very heavy.
10 They're filled with water. For a small structure,
11 a hose line might be an inch-and-three-quarters.
12 It's a minimum of 200 feet. Every hundred feet
13 I'm pulling approximately over 200 pounds of
14 weight to pull the hose into a fire.

15 Q. Let me ask a follow-up question. You
16 were describing the personal protective equipment
17 that you wore?

18 A. Yes.

19 Q. I'm showing you a document that's been
20 marked -- that's been admitted into the evidence
21 as Applicant Exhibit 6. Do the photographs in
22 Applicant Exhibit 6 accurately portray and display
23 the personal protective equipment that you
24 utilized working for the Village?

1 A. Yes. It's very similar.

2 Q. All right. On the -- using the front
3 row, could you describe for the Board what items
4 are demonstrated in the top row of Applicant
5 Exhibit 6?

6 A. Okay. The basic gear is what I described
7 earlier. It's the jacket, the bunker pants,
8 bunker boots. There's a helmet. We wear a hood
9 to help protect against heat around our neck and
10 around our head. We also have firefighting gloves
11 and an air pack.

12 Q. Now, the air pack is displayed in the
13 upper left-hand picture; is that correct?

14 A. Yes.

15 Q. And that's worn on your back strapped to
16 your shoulders?

17 A. Correct.

18 Q. And how much does the protective
19 equipment including the pack weigh?

20 A. I would estimate it's 60 pounds.

21 Q. So that would add 60 pounds of weight to
22 whatever else you're carrying?

23 A. Yes.

24 Q. Now, in addition to the protective gear,

1 do you carry tools?

2 A. Yes.

3 Q. And what is the variety of tools you
4 carry and what are their weights?

5 A. We carry an iron kit, which includes a
6 Halligan bar, which is a type of a pry bar to use
7 in different situations. It's also with an ax.
8 It's usually bound together so it's easier to
9 carry.

10 The kit together probably weighs --
11 or not probably. In my estimation, it weighs 15
12 to 18 pounds. We usually carry in a fire can,
13 either an extinguisher or a pump can that's filled
14 with water. The pump can approximately weighs 40
15 pounds, 40 to 50 pounds. Extinguishers can range
16 from 10 pounds up to -- I've carried up to
17 probably 50 pounds.

18 Q. Now, this equipment displayed in
19 Applicant Exhibit 6, how long at a fire scene do
20 you wear that equipment?

21 A. We carry it until the job is completed.

22 Q. And would it be accurate to say that you
23 actually put that equipment on at the station
24 before you even get to the scene?

1 A. Yes. If we're in-house when we receive
2 the call, our gear is put on before we get on the
3 fire rig.

4 Q. With the exception of the SCBA?

5 A. Yeah. We're not allowed to put on our
6 air packs until we exit the fire rig, for safety
7 reasons.

8 Q. And is inch and -- when you talk about
9 inch-and-three-quarter, you're talking about the
10 interior diameter of the hose?

11 A. Correct.

12 Q. So this isn't garden hose?

13 A. No.

14 Q. Are there -- are there wider-diameter
15 hose that you have to pull?

16 A. Yes. There's inch-and-a-half,
17 inch-and-three-quarter, two-inch,
18 two-and-a-half-inch, three-inch and four-inch on
19 our rigs.

20 Q. And the hose is stored in various
21 compartments on the engine?

22 A. Yes.

23 Q. It's not stored on the truck?

24 A. We do carry some hose on the truck.

1 Q. And some of the hose is stored at the top
2 of the truck which means --

3 A. Yes.

4 Q. -- you have to climb up --

5 A. Correct.

6 Q. -- on the equipment to get to it?

7 A. Yes. There's a tailboard or a landing we
8 can step up on, which is approximately 18 inches
9 off the ground.

10 Q. Now, at a fire scene, would you ever be
11 involved in climbing and carrying ladders?

12 A. Yes.

13 Q. Could you describe the circumstances in
14 which you did those jobs?

15 A. Ladders are mostly used for ways of
16 entering structures. They're also used for ways
17 of us getting out of structures; any kind of
18 rescue or if we need to bring tools up into a
19 structure that we may need. We do carry hoses up
20 those lines if the fires are on other levels.

21 Q. Do you carry power tools up those?

22 A. Yes. We carry saws, for the most part,
23 the K-12 saw.

24 Q. And the K-12 weighs -- what would you

1 estimate the weight of the K-12 saw to be?

2 A. I estimate it as 50 to 60 pounds.

3 Q. And you're carrying that while you're
4 wearing turn-out gear, including a SCBA?

5 A. And carrying tools.

6 Q. Are there any permanent employees of the
7 village fire department who can work for the fire
8 department and not fulfill the duties you just
9 described?

10 A. No. There are no positions available.

11 Q. At the end -- when the fire has been
12 extinguished, do you perform any additional duties
13 with reference to the structure?

14 A. Yes. We perform overhaul, which is going
15 into the structure once the fire is put out. We
16 open up walls, ceilings, anywhere that we might
17 think a fire might get behind to make sure we've
18 extinguished the complete -- you know, the entire
19 fire. That's -- yeah.

20 Q. Okay. And from that point when you're
21 doing that work, you can take the SCBA tank off?

22 A. We can if the environment is clear enough
23 for us to take it off. Otherwise, we leave it on.

24 Q. Okay. Now, as part of Applicant Exhibit

1 5, the rules and regulations of the department,
2 part of the rules and regulations gives that
3 subordinate firefighters are to take orders from
4 their supervisors?

5 A. Yes.

6 Q. And at a fire scene, is there kind of a
7 military chain of command?

8 A. Yes.

9 Q. In addition to actually doing fire
10 suppression, as part of the monthly routine in
11 village fire department, do you engage in
12 training?

13 A. Yes.

14 Q. Is training optional?

15 A. No.

16 Q. Is training supervised by any employee?

17 A. Yes.

18 Q. Who is that?

19 A. Usually the officer in charge for the day
20 is supervising. If not, the training officer.

21 Q. And as part of training, do you actually
22 practice the various jobs that you described?

23 A. Yes.

24 Q. And a record of your training, is there a

1 written record maintained of your training?

2 A. Yes.

3 Q. Now, as a paramedic, would you be going
4 on emergency medical calls?

5 A. Yes.

6 Q. What's the protocol in the village for
7 responding to an emergency medical situation in
8 terms of what apparatus are routinely dispatched?

9 A. Okay. Usually if all the vehicles are
10 available, we're divided into sections in this
11 town. So the call would go to the section that --
12 or to the station that is requested.

13 If both vehicles are in-house, then
14 the ambulance and the engine or the ambulance and
15 the truck will respond to an emergency medical
16 call.

17 Q. And have you been on tens or maybe
18 hundreds of those calls --

19 A. Yes.

20 Q. -- in the course of your career?

21 A. Yes.

22 Q. Could you describe physically what your
23 job has been at an emergency medical call?

24 A. As a paramedic, we are the ones that tend

1 to the patients. That would include picking
2 patients up off the floors, out of bathtubs,
3 administering CPR, any kind of medical treatment
4 that they might require that's in our protocols.
5 Transport to a hospital. Basically all patient
6 care is done by the paramedics.

7 Q. Once the care at the scene is
8 administered, do you have the possibility for
9 transporting a patient?

10 A. Yes. We are to put them on our
11 stretcher, make sure that they're seat-belted in
12 and safely locked into the back of the ambulance.
13 Treatment is ongoing from the place we pick them
14 up all the way to the hospital.

15 If it is a true emergency, we do
16 drive with lights and sirens to whichever hospital
17 we're transporting to.

18 Q. And when you say put them on a stretcher,
19 what do you do with the patient once they're on
20 the stretcher from their home to the ER?

21 A. If there's inclement weather, we'll cover
22 them up with blankets. There's straps that we
23 strap on the patient. There are shoulder straps
24 and also body straps to make sure that they're

1 safely on the stretcher.

2 Q. Do you and your crew physically carry
3 patients from their homes?

4 A. At times, yes.

5 Q. And could you describe the variety of
6 patients that you have transported from their
7 residence to the ambulance?

8 A. I've transported from very small babies
9 to the highest weight person that I ever
10 transported was 600 pounds.

11 I'm sorry. Can you repeat the
12 question again?

13 Q. No, that's -- and the stretcher, could
14 you describe the stretcher for the record, please?

15 A. We use Stryker stretchers. They're
16 power-operated. In my estimation, it weighs about
17 175 pounds.

18 Q. But the power unit doesn't work going up
19 and down stairs?

20 A. No. When we go up and down stairs, we
21 have to actually retract the lower half of the
22 stretcher and carry the patient down on the
23 stretcher.

24 Q. Including 175 pounds?

1 A. Correct, plus the patient weight.

2 Q. Have you been involved in responding to
3 auto accidents and performing extrication?

4 A. Yes.

5 Q. Could you describe physically for the
6 record what's involved in doing that?

7 A. Usually when we roll up on the scene, we
8 determine -- we find the patient, is the first
9 thing we do.

10 If they're in the car and need to
11 be helped out, if the car has, you know, been
12 damaged enough where we can't get in or if they
13 can't get out on their own, usually a person is
14 appointed to go into the -- if it's the driver,
15 they go into the back seat. They'll stabilize the
16 patient's C-spine while the other crew is getting
17 tools ready, like the Holmatro tool, which is
18 H-O-L-M-A-T-R-O, which is our extrication tool.
19 It contains cutters that cut through metal,
20 spreaders which help spread open metal. If that's
21 needed, we'll use those tools as well.

22 We'll break glass if we need to
23 break glass to get into a vehicle.

24 Q. Do you have to kneel down to get into --

1 A. Yes. Depending on the damage to the car,
2 we do either kneel, or we're crouched a lot of
3 time trying to get to the patient. It really
4 depends.

5 Q. Now, in February of 2016, what were your
6 hours of employment?

7 A. We're scheduled from 08:00 start of the
8 shift to 08:00 the next day. So a 24-hour shift.

9 Q. Now, before February 27, 2016, had you
10 had any injuries to your left ankle and left arm?

11 A. Yes.

12 Q. And were those things that happened at
13 work?

14 A. Yes.

15 Q. And after you were treated for those
16 injuries to your left ankle and left arm, did you
17 return to work?

18 A. Yes.

19 Q. Now, with the exception of page 892 that
20 I discovered in the records, had you received any
21 treatment whatsoever to your left knee or right
22 knee?

23 A. No, no treatment.

24 Q. This page 892 from April 20, 2002, do you

1 have any recollection of hyperextending your left
2 knee?

3 A. I do. We responded to a call on Crown
4 Road. And -- or, no, was it Crown Road? Yes. On
5 Crown Road. And when I was stepping out of the
6 vehicle, I must have planted my foot wrong, which
7 made my knee hyperextend.

8 Q. Did you miss time from work?

9 A. No.

10 Q. Did you get any medical care for your
11 knee?

12 A. No. The pain was short-lived and I was
13 able to finish my duties that day.

14 Q. When you came to work on February 27,
15 2016, how were you feeling?

16 A. I was in good health.

17 Q. Were you involved in an emergency medical
18 call on February 27, 2016?

19 A. Yes.

20 Q. And about what time of day did the call
21 come in?

22 A. It was -- it was approximately 4:30 in
23 the afternoon.

24 Q. Could you describe for the Board what

1 happened?

2 A. Engine one and ambulance one -- I was on
3 ambulance one that day. I was the driver. Engine
4 one and ambulance one were dispatched for a call
5 on Leona Street for a 50-year-old male patient who
6 had chest pain.

7 Q. Is that an emergency?

8 A. That's an emergency medical call, yes.
9 We went lights and sirens to the location. Do you
10 want me to continue?

11 Q. Yes.

12 A. Okay. When we arrived at the location,
13 my partner and I on the ambulance grabbed our
14 medical bags while the engine was grabbing the
15 stretcher.

16 When we arrived on the scene, the
17 patient was found in his garage sitting on a
18 chair, and he was complaining of tight chest pain
19 in his chest rating it as a 7 on a scale of 1 to
20 10. He was also complaining of nausea and
21 vomiting and just general weakness.

22 Q. As a paramedic, is -- does the
23 presentation of this patient involve any level of
24 urgency?

1 A. Yes.

2 Q. What -- as a trained paramedic, what --
3 with those symptoms reported, what is the possible
4 range of conditions that you'd have to face?

5 A. It could -- we were considering that he
6 was ill just with the flu. He also was
7 complaining about chest pain, which could be
8 caused by vomiting, if he had excessive vomiting,
9 and we were also considering a cardiac incident.

10 Q. Okay. So what happened?

11 A. Well, the stretcher was right there in
12 the garage, so we assisted him from the seat to a
13 standing position and just put him right on the
14 stretcher. We put all the straps on to make sure
15 he was safely on the stretcher and we wheeled him
16 to the ambulance.

17 Once we got to the ambulance, since
18 we have power stretchers, the head of the
19 stretcher goes in first and it locks into kind of
20 like a docking station.

21 My partner and I grabbed the foot
22 end of the stretcher and we lifted up and we
23 pressed the button to retract the legs so we could
24 move the stretcher back into the ambulance, and

1 then that locks it.

2 Q. And then was this patient then
3 transported to a hospital?

4 A. Yes. He requested to be transferred to
5 West Lake Hospital. Once we got permission to do
6 that, that's where we took them.

7 Q. And was the transport on an emergency
8 basis?

9 A. Yes. I went lights and sirens to the
10 hospital.

11 Q. And once at the hospital, describe for
12 the Board what happened to you?

13 A. My job as the driver is usually once we
14 get to the hospital, we wheel the patient into the
15 hospital. We are directed to what room the
16 patient is going to be in.

17 The person that's sitting in the
18 back of the ambulance with the patient is usually
19 the one that gives the report to the nurse. So
20 once we got the patient into the room and onto the
21 bed in the hospital, I left, and I'm in charge of
22 cleaning up and setting the ambulance back up for
23 other calls.

24 So I went outside, went into the

1 back of the ambulance. I sanitized everything and
2 put everything back where it belongs, and then I
3 went back into the hospital to gather the
4 equipment that we -- the replacement equipment
5 that we used on the ambulance.

6 While I was still in there, I also
7 sanitized the stretcher, put new sheets, new
8 bedding on the stretcher, and I also filled out
9 the insurance forms that we're required to fill
10 out on each call and have the patient sign.

11 I also went to the secretary and
12 grabbed the paperwork that we're required to bring
13 back from the hospital.

14 Once that was done, I went outside
15 to the ambulance. West Lake Hospital has a very
16 small ambulance port for us to back into, so
17 there's -- it's not very far from the back of the
18 ambulance to the wall of the hospital.

19 So I had to swing -- instead of put
20 the stretcher in head-on, I had to swing the
21 stretcher to get it into the right position to get
22 it back in the ambulance.

23 Q. This is the Stryker stretcher?

24 A. The Stryker stretcher.

1 Q. Okay.

2 A. That's where I felt my knee pop, when I
3 was doing that motion. Had extreme pain for
4 probably about a minute. I had to stop what I was
5 doing and let it settle down. Once I was able to
6 start walking again, I completed by putting the
7 stretcher fully into the ambulance.

8 Q. What knee were you talking about?

9 A. My left knee.

10 Q. Did you then return to the station?

11 A. Yes.

12 Q. What did you notice about yourself as you
13 were driving back to the station?

14 A. My knee was still pretty sore. I was
15 still able to bend it. I was still able to walk,
16 but it was still pretty sore.

17 Q. And what happened when you got back to
18 the station? What, if anything, did you do about
19 this episode?

20 A. I immediately went upstairs and reported
21 it to Lieutenant Jim Sweeney.

22 Q. And can you spell Sweeney for the
23 reporter?

24 A. S-W-E-E-N-E-Y.

1 Q. And after you reported it to your
2 supervisor, did you fill out any written
3 paperwork?

4 A. Yes. He asked if I wanted to get it
5 checked out. At the time I didn't feel it was
6 severe enough to get it checked out, but he
7 suggested that I have paperwork documenting the
8 incident, so we filled out paperwork.

9 Q. On -- on -- right as soon as you got back
10 from the hospital?

11 A. Yes.

12 Q. And you finished the shift; correct?

13 A. I did.

14 Q. And you worked for the month of March
15 too; is that correct?

16 A. I did.

17 Q. What duties did you perform during the
18 month of March?

19 A. I performed paramedic duties. I
20 performed -- I was on the engine, did engine work,
21 engineer work. I did whatever training was
22 required of me that month.

23 Q. On April 7, 2016, you were seen by U.S.
24 HealthWorks; is that correct?

1 A. Yes.

2 Q. Could you describe for the Board what the
3 circumstances were for you going to U.S.
4 HealthWorks on that date?

5 A. Well, I was waiting for -- I was hoping
6 my knee would resolve and get better on its own,
7 but as the month went on, it started getting a
8 little bit worse, and I started noticing that my
9 knee was locking up a little bit as I would walk.

10 So I went to my battalion chief on
11 that day and requested to go see the doctor just
12 to get it checked out.

13 Q. So did you go to U.S. HealthWorks from
14 shift?

15 A. Yes.

16 Q. So you had already reported to work that
17 day?

18 A. Correct.

19 Q. What treatment did you receive in the
20 first visit at U.S. HealthWorks?

21 A. A physical exam and he also took x-rays.
22 The doctor took x-rays.

23 Q. Did he send you back to work?

24 A. Yes.

1 Q. And you continued working and finished
2 that shift?

3 A. Yes.

4 Q. What did you notice about yourself during
5 the course of that shift?

6 A. That I was still sore. I was taking
7 Advil pretty regularly at that point to help with
8 the pain.

9 Q. Now, you had a follow-up appointment with
10 a doctor at U.S. HealthWorks on April 13th; is
11 that correct?

12 A. Yes.

13 Q. And what did the doctor do for you at
14 that time?

15 A. A physical exam, and I believe he
16 recommended physical therapy at that point.

17 Q. And did you have physical therapy?

18 A. Yes.

19 Q. And you had therapy and you coordinated
20 it with your shift; is that right?

21 A. Yes, yes.

22 Q. So you'd work, then you'd do therapy in
23 your off-duty hours?

24 A. Yes.

1 Q. You were seen again on April 21; is that
2 correct?

3 A. Yes.

4 Q. And an MRI of your left knee was ordered
5 by U.S. HealthWorks?

6 A. Yes, because during the physical therapy,
7 I noticed that my pain was getting worse with the
8 physical therapy, so the doctor suggested I get an
9 MRI.

10 Q. And that was done on April the 25th,
11 2016; is that correct?

12 A. Yes.

13 Q. All right. Was there a follow-up visit
14 after you had the MRI?

15 A. When they recommended the MRI, they
16 suggested I go see an orthopaedic at that point.
17 So he referred me to Dr. O'Connor.

18 Q. And that's Dr. Daryl O'Connor, D-A-R-Y-L?

19 A. Um -- hmm, yes.

20 Q. And when you say "he," are you referring
21 to the doctor at U.S. HealthWorks?

22 A. Yes.

23 Q. And your first visit with Dr. O'Connor
24 was May 10, 2016?

1 A. Correct.

2 Q. And at that time, he reviewed the MRI and
3 recommended surgery for your left leg; correct?

4 A. Yes. He felt that all the stuff that I
5 was doing beforehand was not helping, and the only
6 way to correct it was with surgery.

7 Q. And Dr. O'Connor performed surgery at
8 Elmhurst Hospital on June 20, 2016?

9 A. Yes.

10 Q. That was an outpatient surgery on your
11 left knee?

12 A. Yes.

13 Q. After you were released from the
14 hospital, what type of treatment did you get for
15 your leg during the remainder of the summer of
16 2016?

17 A. The first week, I was told to just do
18 limited walking. After that, they started me up
19 on physical therapy after that first week.

20 I was doing physical therapy three
21 days a week for approximately an hour, hour and a
22 half each time up until August, where I believe
23 that's when we -- I started the work hardening. I
24 was doing that five days a week, four hours a day

1 for six weeks.

2 And then when I had my follow-up
3 with the doctor, he ordered an additional two to
4 three weeks of that. And then after I was done
5 completing with that, then they released me to go
6 back to work.

7 Q. Now, from your first visit with Dr.
8 O'Connor in May of 2016 up through the end of work
9 hardening, did you perform any work for the
10 village?

11 A. No.

12 Q. Did you perform any light-duty for the
13 village?

14 A. No.

15 Q. Is there -- in your career, has there
16 ever been light-duty available to firefighters?

17 A. No.

18 Q. All right. After you completed work
19 hardening and you returned to work, was that
20 sometime around the end of October of 2016?

21 A. I believe my release day was November
22 1st.

23 Q. And you worked full-duty; is that
24 correct?

1 A. Yes.

2 Q. And what did you notice about yourself
3 after you returned to full-duty?

4 A. Well, I was still having problems with my
5 range of motion and with swelling and with a
6 little bit of pain.

7 Q. And were you still planning on seeing Dr.
8 O'Connor? Had you been completely released from
9 treatment?

10 A. I was released from treatment.

11 Q. Calling your attention to December 2,
12 2016, were you on shift that day?

13 A. Yes.

14 Q. And, again, you start -- your shift
15 starts at 08:00 hours; correct?

16 A. Correct, um -- hmm.

17 Q. And what duties were you designated to
18 perform during that shift?

19 A. Well, I was assigned to the ambulance
20 that day. We did our normal station duties in the
21 morning, vehicle check, cleaning of the station,
22 and then I was ordered to Station 2 to make up a
23 consumption drill that I had missed while I was
24 off on injury.

1 A consumption drill is where we
2 dress up in our full gear, wearing an air pack,
3 and we're tested to see how long a bottle lasts
4 while we're actually performing duties. So it's
5 basically like an obstacle course that we do.

6 Q. And when you're doing this obstacle
7 course, are you wearing full personal --

8 A. Yes. I'm wearing my coat, my pants, my
9 boots, gloves, the air pack, helmet, and the mask.

10 Q. And you said you were ordered to do this.
11 By whom?

12 A. By my battalion chief, Doug Halverson.

13 Q. And is -- are the consumption drills a
14 routine training utilized in the Village of
15 Franklin Park fire department?

16 A. Yes.

17 Q. How often do you do consumption drills?

18 A. I believe they're every year.

19 Q. And to your knowledge, records of all
20 trainings, written records, are maintained by the
21 village; is that correct?

22 A. Yes.

23 Q. And performance of a consumption drill,
24 is that mandatory?

1 A. Yes.

2 Q. Could you describe for the Board what
3 happened to you during the course of consumption
4 drill?

5 A. Okay. Well, when I started the drill,
6 the first task was to go up into the drill tower,
7 up three flights, climbing the stairs and then
8 climbing back down.

9 The next was carrying a high-rise
10 pack, which is a pack of hose that we use to carry
11 in a high-rise building in case we need hose
12 inside the building, and that weighs approximately
13 80 pounds.

14 So I had to pick it up and do three
15 laps walking with that. I was in my first lap. I
16 got to the end to make the turn to come back
17 around. When I turned, I felt my knee pop, had
18 severe pain. I stopped for a second to see if it
19 would subside. It wasn't going away right away,
20 so I put the pack down and I let the officer that
21 day know I was hurt.

22 Q. And did you finish the shift that day?

23 A. No, I did not.

24 Q. What happened after you put the pack down

1 and terminated the drill?

2 A. My -- the battalion chief sent me to U.S.
3 HealthWorks to get checked out.

4 Q. And what treatment -- what treatment did
5 you get from U.S. HealthWorks?

6 A. They gave me like a neoprene kind of knee
7 brace, they prescribed me some prescription
8 strength Ibuprofens, and they sent me home for
9 rest, and they did an x-ray.

10 Q. And were you seen in follow-up by Dr.
11 O'Connor?

12 A. Yes.

13 Q. And that was December 6, 2016?

14 A. Yes.

15 Q. What did he do for you?

16 A. He reexamined me, he went over the
17 x-rays, and he wanted me to have an MRI. So the
18 MRI was schedule for two days later.

19 Q. And did you have the MRI?

20 A. I did.

21 Q. And after the MRI, did you follow up with
22 Dr. O'Connor?

23 A. Yes.

24 Q. And did he prescribe some sort of a brace

1 for you?

2 A. He prescribed me an unloader brace.

3 Q. And the unloader brace was fitted for you
4 on December 23rd, 2016?

5 A. Yes.

6 Q. Could you describe for the record what an
7 unloader brace is?

8 A. When they got my x-rays back, they saw
9 that some of my cartilage was gone on the medial
10 side of my knee. So that's what the unloader
11 brace does, is it puts pressure on the lateral
12 side of the knee, the opposite side, pushing my
13 knee in, which helps open up the space.

14 Q. And did you return to work wearing the
15 unloader brace?

16 A. Yes.

17 Q. And when did you return to work with the
18 unloader brace?

19 A. In January. I think January 20th.

20 Q. All right. And Dr. O'Connor released you
21 to return to work?

22 A. Yes, with no restrictions.

23 Q. And you did return to work?

24 A. I did return to work, yes.

1 Q. Calling your attention to February 3,
2 2017, were you involved in a structural fire?

3 A. Yes.

4 Q. On that date, what were the weather
5 conditions?

6 A. It was very cold. I don't remember
7 exactly, but it was below freezing temperatures.

8 Q. And what was the nature of the call you
9 went on?

10 A. We were called for a structure fire of a
11 home on West Manor.

12 Q. Could you describe for the Board what
13 duties you performed at the fire and what happened
14 to you?

15 A. Okay. I was assigned to ambulance one
16 that day. We were dispatched to the structure
17 fire on West Manor. We went there lights and
18 sirens. I had -- I am not sure, but I think we
19 were out of the station at the time, so we did not
20 have our gear on at the time.

21 So we got to the scene, exited the
22 vehicle. We started walking up to command to find
23 out what our duties were going to be, because
24 there has to be one dedicated ambulance on the

1 scene and we were that ambulance.

2 While my lieutenant was talking to
3 command, I was helping the engine in front of the
4 fire building hook up a hose, a supply hose, to
5 the hydrant.

6 Q. Just for the record, even though you were
7 assigned to an ambulance, is personal protective
8 equipment in the ambulance?

9 A. Yes. We carry it everywhere.

10 Q. So just because you are on an ambulance
11 doesn't mean you don't have fire suppression
12 equipment?

13 A. Correct, and we would be pulled off the
14 ambulance at any point, depending on what command
15 wants us to do.

16 Q. Okay. So after you assisted in
17 connecting the engine to the hydrant, then what
18 happened?

19 A. Then my lieutenant came up to me and said
20 that we were instructed to go into the fire
21 building. We were to bring the hose up to the
22 second floor of the house and do fire suppression.

23 Q. And did that involve you donning turn-out
24 gear?

1 A. Yes. I went back to the -- we both went
2 back to the ambulance at that point. We put on
3 all of our gear, put on our air packs, and we
4 walked up to the engine and grabbed a couple of
5 tools, because we're limited what we carry on the
6 ambulance as far as tools. So we grabbed some --
7 I grabbed a Halligan bar and I also grabbed the
8 inch-and-three-quarter line off of the engine and
9 pulled it up to the door.

10 They then charged the line at the
11 door. I bled the air out, put my air pack on, my
12 mask on, and my lieutenant and I went up to the
13 second floor. The stairway was right inside the
14 front door, so it was to the right.

15 We went up to the second floor. We
16 found the crews that were already up there who
17 were tearing apart walls and ceiling to get to the
18 fire behind the walls, and then once they had that
19 open, I started extinguishing the fire.

20 Q. Would it being accurate to say that you
21 were involved in active fire extinguishment at
22 that time?

23 A. Yes, yes.

24 Q. Then what happened and what happened to

1 you?

2 A. Once that task was completed, we were
3 ordered out of the building to await further
4 instruction.

5 When we walked out of the building,
6 because of how cold it was and the amount of water
7 we were flowing, there was a bunch of ice in front
8 of the doorway. That's where I slipped.

9 I tried catching myself so I
10 wouldn't fall on my knees, but I also didn't want
11 to fall backwards onto my air pack. So I pivoted
12 my body to land more on my right side, and I fell.

13 While I was trying to catch my feet
14 while slipping, I twisted my knee again and felt
15 sharp pain and ...

16 Q. Talking about your left knee?

17 A. Left knee, sorry.

18 Q. Now, was the fire still ongoing when you
19 exited?

20 A. Yes, yes.

21 Q. And you weren't leaving the scene, you
22 were looking for another assignment?

23 A. Correct.

24 Q. Had this -- had you not fallen, you would

1 have stayed at the scene and done other fire
2 extinguishment?

3 A. We did stay at the scene and did further.
4 We were ordered by -- my lieutenant asked how I
5 was doing. I said I think I'm okay, because the
6 pain subsided a little bit, and we were ordered to
7 go in and do overhaul inside the house.

8 Q. So you continued finishing the fire even
9 though you got hurt?

10 A. Yes.

11 Q. When the fire was extinguished, what
12 happened?

13 A. Once we were -- since we're on the
14 ambulance, we were released, one of the first
15 units released, so we could go back in service.
16 So once our duties were done, we were released.

17 We went back to the station and
18 cleaned up all of our gear and the tools that we
19 did have on the ambulance that we used, and we put
20 everything back in service. And my lieutenant
21 asked how I was doing and I said my knee feels
22 like it's really swollen and it hurts. And he
23 asked if I wanted to get medical attention.

24 Q. And you did get medical attention?

1 A. Yes, at that point I did.

2 Q. On that same day?

3 A. Yes.

4 Q. And that was U.S. HealthWorks?

5 A. Yes.

6 Q. And what did they do for you?

7 A. They examined. They did another x-ray
8 and they recommended I see my orthopaedic. They
9 also gave me another knee brace to put around it,
10 and they prescribed me prescription Ibuprofen.

11 Q. According to the records, it says they
12 placed you on restricted duty.

13 A. Yes.

14 Q. What does that mean?

15 A. They did not want -- they wanted me to do
16 like light-duty, like paperwork and stuff like
17 that.

18 Q. So did you do light-duty?

19 A. No, because we don't have that option
20 at --

21 Q. I see.

22 A. -- Franklin Park.

23 Q. You then saw an orthopaedic -- another
24 orthopaedic doctor; correct?

1 A. Yes.

2 Q. And but you didn't go back to Dr.
3 O'Connor. Could you describe for the Board why
4 not?

5 A. I didn't go back because when I was being
6 examined at U.S. HealthWorks, the doctor knew of
7 my ongoing problems with my knee. He recommended
8 that I get a second opinion, so I found Dr.
9 Pulluru, and U.S. HealthWorks approved that and he
10 sent a referral over to him.

11 Q. And that's P-U-L-L-U-R-U; correct?

12 A. Correct.

13 Q. And Dr. Pulluru is with DuPage Medical
14 Group?

15 A. Yes.

16 Q. What treatment did Dr. Pulluru prescribe
17 for you?

18 A. He did an exam, he did an x-ray, and he
19 suggested that I start physical therapy again.

20 Q. And you did?

21 A. Yes.

22 Q. Did he also prescribe a regimen of
23 injections?

24 A. He recommended that, yes, but it wasn't

1 done at that appointment.

2 Q. At some point, did he start a series of
3 injections?

4 A. Yes.

5 Q. And did those begin May 5, 2017?

6 A. Yes.

7 Q. And after the first injection, what did
8 you notice about yourself?

9 A. I noticed minor relief for about four
10 weeks, but by the time I got back to my follow-up
11 appointment with him, it was not working anymore.

12 Q. At your follow-up appointment on June 16,
13 2017, did Dr. Pulluru refer you to one of his
14 partners?

15 A. Yes. He had -- after he saw the latest
16 set of x-rays, he recommended I see one of his
17 colleagues who did partial knee replacements,
18 because Dr. Pulluru does not do that.

19 Q. And that would be Dr. Lombardi?

20 A. Correct, correct.

21 Q. And you did see Dr. Lombardi?

22 A. I did.

23 Q. And during this time in August of 2017, a
24 functional capacity evaluation of your performance

1 was ordered; is that correct?

2 A. What year?

3 Q. Even before -- even during the time you
4 were seeing Dr. Lombardi.

5 A. Yes.

6 Q. And you were also seen by this Dr.
7 Makda, M-A-K-D-A?

8 A. Yes. He was the worker's compensation
9 doctor.

10 Q. And you had seen him once before?

11 A. I had.

12 Q. After that IME, was a second IME of your
13 left knee ordered by worker's compensation?

14 A. Yes.

15 Q. Was that in March of 2018?

16 A. Yes.

17 Q. And was that with a doctor from Midwest
18 Orthopaedics -- no, he operated out of Rush
19 Medical Center; is that correct?

20 A. Correct.

21 Q. And after that IME, how did you come
22 under the care of a Dr. Sporer, S-P-O-R-E-R?

23 A. Okay. The doctor I saw initially was Dr.
24 Nho. He was the head doctor out of Rush

1 Orthopaedics. He came in, examined me, looked
2 over my records and recommended I get a partial
3 knee replacement. But he did not do that
4 procedure, so he was going to refer me out to
5 another doctor.

6 Before I had gone to that
7 appointment, I looked up and did some research on
8 the doctors out of that practice and saw that Dr.
9 Sporer was closer to my home instead of going
10 downtown for surgery. So I asked Dr. Nho if he
11 could refer me to Dr. Sporer.

12 Q. And he did?

13 A. Yes.

14 Q. And Dr. Sporer did perform a
15 unicompartmental knee replacement; is that
16 correct?

17 A. Correct.

18 Q. And that was on May 26th, 2018?

19 A. Yes.

20 Q. And that was an outpatient procedure;
21 correct?

22 A. Yes.

23 Q. And that was performed at Central DuPage
24 Hospital?

1 A. Yes.

2 Q. And after the surgery, how did that --
3 how did that relieve your symptoms?

4 A. Well, it got rid of the pain I was having
5 from my bones being bone-on-bone.

6 Q. And was any follow-up treatment
7 prescribed?

8 A. Yes. Immediately after surgery after I
9 woke up, they started me with physical therapy.
10 Then I proceeded to have seven days in a row of
11 physical therapy, and then it was down to three
12 days a week for several weeks.

13 Q. And your therapy was done at ATI
14 Winfield; correct?

15 A. Yes, yes.

16 Q. When your therapy was over, you
17 underwent work hardening, which was five days a
18 week, four hours a day?

19 A. Correct.

20 Q. And you did work hardening until the end
21 of November of 2018; is that correct?

22 A. Yes.

23 Q. And you had another FCE in November of
24 2018; is that correct?

1 A. I believe that was in September.

2 Q. Oh, September?

3 A. Yes.

4 Q. Sorry.

5 A. And I also had another IME for workman's
6 comp in September.

7 Q. At the end of work hardening, were you
8 released to full-duty?

9 A. No.

10 Q. At the end of work hardening, what, if
11 any, work restrictions did you have?

12 A. I was told I couldn't crawl, I couldn't
13 climb up stairs or climb up ladders.

14 Q. And when was your last visit with Dr.
15 Sporer?

16 A. That was in November.

17 Q. Of 2018?

18 A. Yes.

19 Q. Other than an IME doctor, have you seen
20 any doctors for treatment in the year 2019, this
21 year?

22 A. No.

23 Q. Now, after each of the injuries that
24 you've described for the Board, you received what

1 are called PEDA benefits; is that correct?

2 A. Yes.

3 Q. So that you would be paid on the same
4 basis as you were as a firefighter except income
5 taxes weren't taken?

6 A. Correct.

7 Q. After the last injury, were you paid
8 PEDA?

9 A. Yes.

10 Q. And for the last injury, the PEDA
11 benefits were paid for 12 months?

12 A. Correct.

13 Q. And the PEDA benefits stopped on February
14 3rd, 2018; is that correct?

15 A. That's correct.

16 Q. So beginning on February 4, 2018 and
17 continuing through present, you're receiving
18 temporary total disability compensation; correct?

19 A. Correct.

20 Q. And my office is representing you in the
21 worker's comp case; correct?

22 A. Correct.

23 Q. So we have all the information handy?

24 A. Yes.

1 Q. Is it accurate to say that your worker's
2 comp checks, which are paid through May 17th,
3 2019, are \$2,053.52 every two weeks?

4 A. Correct.

5 Q. And you're still receiving those
6 benefits?

7 A. Yes.

8 Q. And that's because you're undergoing a
9 process, although it's a rather slow process, of
10 vocational rehabilitation?

11 A. Yes.

12 Q. You're trying to find a new career?

13 A. Correct.

14 Q. Could you describe for the Board what, if
15 anything, you notice about yourself with
16 particular attention to how it would impact your
17 ability to return to firefighting?

18 A. At this point today, I'm still unable to
19 crawl, to put any weight on it from crawling. My
20 knee gets fatigued rather quickly with extended
21 activity.

22 It's even exacerbated more when I
23 have more weight put on me. So putting on my gear
24 and performing those kind of duties would not be

1 -- I would not be able to do. I would not be able
2 to do anything that would involve me crawling or
3 squatting, because I can't squat deep enough any
4 more because my range of motion is very limited
5 now. They can't get it past 110 degrees.

6 So that would affect my ability to
7 pick things up or tools or people off of the
8 ground, because I wouldn't be able to squat low
9 enough to pick these people up in a proper way
10 where I wouldn't injure myself further.

11 I still have daily pain. It's
12 really limited my activities even at home as far
13 as doing chores or even doing activities I used to
14 be able to do before the injury. And it's -- you
15 know, it's made me sad, basically. I'm sad that I
16 can't come back to work.

17 Q. You enjoyed being a firefighter?

18 A. I loved it.

19 MR. DUDA: I have no further questions.

20 MR. REIMER: Very good. Do you need to
21 take a break?

22 THE WITNESS: I'd like to get a drink of
23 water, if that's okay.

24 MR. REIMER: We'll take a quick

1 five-minute break. Off the record.

2 (WHEREUPON, a discussion was held
3 off the record.)

4 MR. REIMER: Let's go back on the record.
5 You have tendered the witness; correct?

6 MR. DUDA: I have.

7 MR. REIMER: This is the Board's
8 opportunity to ask questions. If you like, I'll
9 ask some questions first, and then you guys can
10 all -- and ladies can follow-up and ask any
11 questions that you have of the Applicant.

12 **CROSS-EXAMINATION**

13 **BY MR. REIMER:**

14 Q. So I'm just going to ask you some
15 questions. I don't vote. These aren't trick
16 questions. I'm not here to prosecute you. I'm
17 just here trying to elicit information that the
18 five members of the board, I think, need in order
19 to adjudicate your claim.

20 A. Okay.

21 Q. If at any time I ask you a question and
22 it doesn't make any sense, which happens a lot,
23 ask me to repeat it, and I'll try to make it
24 clear.

1 A. Okay.

2 Q. I understand you have a dependent son,
3 Brian, who is 16 years of age. Is he dependant
4 because of a physical or mental disability, or is
5 he just financially dependant like all our
6 children?

7 A. No, he does have a disability. He's on
8 the autism spectrum.

9 Q. Okay. This wouldn't be the time that
10 there's a potential that if when we reaches age
11 18, if he's still considered dependent, make sure
12 you get a hold of somebody on the Board. Because
13 in the event something happens to you, he may be
14 considered dependent for purposes of whatever
15 pension you're on at the time.

16 A. Okay. I appreciate that. Thank you.

17 Q. Now is not the time. I apologize. I
18 don't mean to pry, but it's good to know.

19 How many total years of credible
20 service do you have here? I don't do math very
21 well.

22 A. Before I was hurt, I was at 22 years.

23 Q. You were asked some questions about your
24 pre-employment, and the words I think Mr. Duda

1 used were physical.

2 A. Yes.

3 Q. I just want to make sure. Was there a
4 medical exam and a physical?

5 A. Yes.

6 Q. In other words, prior to getting
7 appointed, you probably had to take a physical
8 agility test put on --

9 A. Yes.

10 Q. -- by the POFPC?

11 A. Yes.

12 Q. And you passed that?

13 A. Yes.

14 Q. And prior to appointment, you had
15 sustained no injuries or no treatment to your left
16 knee?

17 A. No.

18 Q. And just so I'm real clear, you're here
19 primarily asking this Board to award you a
20 disability because of the disability to your left
21 knee; correct?

22 A. Correct.

23 Q. In other words, your left ankle has
24 symptoms that have resolved?

1 A. Yes. It's fine.

2 Q. Fair enough. And then in addition to the
3 physical agility, then, I imagine you had to pass
4 a medical screening examination by whoever the
5 village --

6 A. Yes.

7 Q. -- or the Fire and Police Commission
8 appointed?

9 A. Yes.

10 Q. And, obviously, you passed that?

11 A. Yes.

12 Q. And you had not sustained any type of
13 injuries to your left knee?

14 A. No.

15 Q. You testified a couple of times that
16 since the three injuries that bring you here,
17 there's been no light-duty assignment?

18 A. That's correct.

19 Q. Is there actually a light-duty policy or
20 is it just the practice since you've been here for
21 22 years that nobody ever gets light-duty?

22 A. I don't believe we have a written policy,
23 but that's been our prior practice.

24 Q. So in your career, your tenure here, in

1 22 years you've never seen anybody either
2 permanently or temporarily assigned to a
3 light-duty position?

4 A. No, never.

5 Q. Do you know if there is a light-duty
6 provision in your Collective Bargaining Agreement?

7 A. I don't believe there is.

8 Q. Along those same lines, did you have any
9 discussions with anybody from the chain of
10 command, the chief, deputy chief or whoever, about
11 the existence of any type of a light-duty policy
12 that may be offered or made available here to you?

13 A. No, I never had a discussion. I was just
14 told we don't have it.

15 Q. Told just by anybody in particular or
16 just through the station?

17 A. Through the station, and from some
18 officers, yes.

19 Q. Just some background for the record. So
20 you are a paramedic. Are you always assigned to
21 an ambulance, or does it depend on seniority, or
22 do you bid? How does it work?

23 A. No, I'm not always assigned to the
24 ambulance. A lot of times it is seniority-based.

1 I do -- at the station I was at, there was an
2 engine there too and I would flip-flop between
3 both vehicles.

4 Q. So you would rotate --

5 A. Yes.

6 Q. -- between an ambulance assignment and an
7 assignment on an --

8 A. Yeah. We try to make it fair so that one
9 person wasn't stuck on one vehicle all the time.

10 Q. All right. So you talked about you had
11 some prior injuries, prior to your first -- I
12 should say injuries.

13 Prior to the first injury that
14 brings you here, the first injury was September --
15 excuse me -- February 27, 2016, you had a brief
16 injury that you sought no medical treatment for,
17 and that was in 2000?

18 A. Yes.

19 Q. Correct?

20 And that was to the point where it
21 was brief, you sought --

22 A. It self-resolved in a short amount of
23 time.

24 Q. And anytime after that April 20th,

1 roughly, 2000 injury and the first injury on
2 February 27, 2016, so in that little gap period
3 there, that 16 years, did you ever have any
4 symptoms, medical treatment, or problems with your
5 left knee?

6 A. No.

7 Q. So going right to the first incident
8 then, the February 27, 2016, I'll just call it the
9 first incident.

10 A. Okay.

11 Q. When you showed up for work that day, you
12 were not under any doctor's care and treatment for
13 anything related to your left knee?

14 A. No.

15 Q. The activities you were performing on
16 February 27, 2016, those were activities that were
17 required by -- required you to perform under the
18 rules and regulations of the fire department here?

19 A. Yes.

20 Q. Had you not, would you be subject to
21 discipline?

22 A. Yes.

23 Q. So between the first injury and the
24 second injury on December 2nd, 2016, you actually

1 worked full, unrestricted duty?

2 A. No. I was off from February 27th until
3 November 18th.

4 Q. Okay.

5 A. And then I returned back to work.

6 Q. Got it. During that gap period where you
7 weren't working, you received PEDDA benefits?

8 A. Yes.

9 Q. In other words, you were paid a hundred
10 percent of salary and benefits?

11 A. Correct.

12 Q. So you returned to work after the second
13 injury. Prior to the second injury, you returned
14 to duty November 1st, 2016, no limitations;
15 correct?

16 A. Right. I was released with zero
17 restrictions.

18 Q. Okay. But you still had problems?

19 A. Yes.

20 Q. So between the release date and December
21 2nd, 2016, the second incident, did you go back at
22 all to see Dr. O'Connor or any other doctor?

23 A. No. I wasn't scheduled to.

24 Q. So any problems you had, you were

1 self-medicating?

2 A. Yes, and I figured they would resolve on
3 their own. I just needed more time.

4 Q. Fair enough. So it would be accurate,
5 then, when you returned to duty or you showed up
6 for duty on December 2nd, 2016, the day of that
7 second incident, you were not under any doctor's
8 care?

9 A. No.

10 Q. Were you still having problems with your
11 knee?

12 A. I was still having a lot of stiffness and
13 swelling.

14 Q. But you believed that you were able to
15 perform your duties?

16 A. Yes.

17 Q. And, obviously, with all three incidents,
18 so the February 27th, '16, the December 2nd, 2016,
19 and then the last one, which we haven't got to is
20 the February 3rd, '17, you have filed and there is
21 pending worker's compensation cases; correct?

22 A. Yes.

23 Q. In other words, they haven't been
24 settled?

1 A. They have not.

2 Q. So let's just go to the third incident,
3 and it sounds like, if I've got it right, you did
4 not have any time off between December 2nd, '16
5 and February 3rd, '17?

6 A. No, I did. After the December 2nd, the
7 doctor wanted me to be off for six weeks just to
8 rest because they found bruising on my femur.

9 Q. Okay. And you were compensated, you
10 received PEDA for that --

11 A. Yes.

12 Q. -- to the best of your knowledge?

13 A. Yes.

14 Q. So let's go to the third incident. When
15 you showed up for work on February 3rd, 2017, you
16 were released in January of '16. January of '17,
17 you were released to full, unrestricted duty
18 wearing a brace?

19 A. Correct.

20 Q. Okay. But other than that, your treating
21 physician, I think that was still Dr. O'Connor?

22 A. That was Dr. O'Connor, yes.

23 Q. Dr. O'Connor didn't have any other work
24 restrictions on you?

1 A. No.

2 Q. You just had to wear a brace?

3 A. He said the brace would not limit my job
4 performance.

5 Q. Okay. So when you show up to work
6 February 3rd, 2017, the third incident, are you
7 under Dr. O'Connor's care still?

8 A. No. I was released before then.

9 Q. No follow-up?

10 A. No follow-up, no.

11 Q. Now, since February 3rd, 2017, have you
12 returned to duty in any capacity?

13 A. No.

14 Q. So the last time you did full,
15 unrestricted firefighter/paramedic duties would
16 have been the last incident, February 3rd of '17?

17 A. Correct.

18 Q. Just a couple of questions. I think Mr.
19 Duda covered it very well. I just want to make
20 sure the record is real clear.

21 A. Okay.

22 Q. So after you initially go in and perform
23 fire suppression duties, the call was not over?

24 A. No, it was not.

1 Q. In other words --

2 A. Just that particular task was completed.

3 Q. Okay. And you were exiting the building
4 to go find a supervisor to direct you to another
5 task?

6 A. Correct.

7 Q. All right. That was a multiple-alarm
8 fire?

9 A. Yes.

10 Q. And as I understand it, even though you
11 re-injured or injured your left knee again, you
12 still continued to perform duties that were
13 assigned to you even after you slipped and fell?

14 A. Yes.

15 Q. All right. So I just want to make sure
16 that we have the amounts correct. It sounds like
17 you received full salary and benefits under PEDDA,
18 up to and including February 3rd of 2018?

19 A. Yes.

20 Q. And when you received your TTD checks,
21 the biweekly checks in the amount of \$2,053.52,
22 where do those checks come from?

23 A. IPMG.

24 Q. IPMG. So the day that you would ask the

1 Board to award you a disability would be what day?

2 A. We filed for that in January before the
3 February 3rd date, so it was about two weeks
4 before.

5 Q. Okay. So -- and you can use a lifeline
6 and talk to your lawyer, if you want.

7 MR. DUDA: Well, our preference would be
8 that it's made effective today. She'll have to
9 make service contributions for a year, but if the
10 Board does it on February 4, 2018, I have to send
11 you the costs and fees from the worker's comp in
12 this case to compute the offset.

13 So my preference would be, under
14 Sottos, since she's getting TTD, as long as she
15 makes contributions for service credits --

16 MR. REIMER: I don't know that that's
17 what Sottos says. I know you'd like it to say
18 that. I have to respectfully disagree with you on
19 that, but we can cross that bridge later.

20 MR. DUDA: So either way, I -- my
21 preference would be effective today. If not, I
22 have information to compute the reduction and the
23 offset by statute.

24 MR. REIMER: Well, I think I know where

1 you're going, but you're assuming that there's
2 going to be a denial of benefits. If there's not
3 a denial of benefits --

4 MR. DUDA: No. The offset is reduced by
5 what she spends to get the worker's comp benefit.

6 MR. REIMER: I think it's only if it's
7 denied.

8 MR. DUDA: Well, I'll send you the
9 statute.

10 MR. REIMER: Believe me, you and I have
11 crossed this bridge before.

12 BY MR. REIMER:

13 Q. So I take it, then, since February --
14 really, February 4th of '18, no pension
15 contributions have been made?

16 A. No.

17 Q. Or withheld; correct?

18 Since February 4th, 2018 -- so in
19 other words, if -- let's say you're right and the
20 Board is inclined to do that, since '18, would
21 there have been a salary increase that you would
22 have got by contract, either a step or a COLA
23 raise?

24 A. I believe so, yes.

1 Q. Okay. Have you had any employment by
2 anyone else since the first injury?

3 A. I was working part-time for Med Core, but
4 every time I was off for injury, I stopped working
5 with them. And then I eventually -- after the
6 third injury, I quit.

7 Q. So no employment --

8 A. No.

9 Q. -- since the third injury?

10 A. No.

11 Q. And that, of course, is probably why
12 you're undergoing vocational rehab?

13 A. Yeah.

14 Q. Now, I just want to focus now on all your
15 treating doctors.

16 A. Okay.

17 Q. So of all those doctors that have treated
18 you, say three or so, have any of those doctors
19 told you that you can go back to full and
20 unrestricted duty?

21 A. None of them.

22 Q. And with respect to your treaters now,
23 just focus on those, forget about the
24 independents, has any of your treaters recommended

1 any treatment that you have refused?

2 A. No.

3 Q. In other words, everything that your
4 treaters have recommended for you, you've done?

5 A. Yes, I followed doctor's orders and I
6 followed workman comp's orders.

7 Q. Okay. To the best of your ability?

8 A. To the best of my ability, yes.

9 Q. All right. Now let's focus just on
10 treaters or, I'm sorry, on independent medical
11 evaluators. People that have not treated you.

12 A. Okay.

13 Q. So the three board IMEs and, apparently,
14 two work comp IME doctors.

15 A. There was only one doctor for all of
16 workman's comp.

17 Q. I thought there was an extra.

18 A. No, I think there was only the one.

19 Q. Of those four -- you've, obviously, read
20 all the reports?

21 A. I have.

22 Q. And, obviously, none of those doctors
23 told you you could go back to full and
24 unrestricted duty?

1 A. Correct.

2 Q. Prior to your first injury, so we're
3 going to go way back in the machine to February
4 27th, 2016. Had any doctor ever diagnosed you
5 with arthritis of the left knee?

6 A. No. I've never received treatment or
7 seen a doctor for my left knee.

8 Q. Again, prior to that?

9 A. Correct, yes. I get it.

10 Q. Some of the doctors seem to indicate,
11 well, it could be this preexisting condition. I
12 just want to make it really clear that prior to
13 the first date, November -- sorry, the February
14 27th, '16 date, no doctor that you saw for
15 any reason said --

16 A. No, I have no records of any.

17 Q. The first time you learned about having
18 this would have been after the first injury during
19 the course of treatment?

20 A. Yes.

21 MR. REIMER: All right. That's all I
22 have. Anybody?

23 MR. ANTIOHO: I do have a question or
24 two.

1 MR. REIMER: All yours.

2 **EXAMINATION BY THE BOARD**

3 **BY MR. ANTIOHO:**

4 Q. Mr. Duda referred to -- and I don't have
5 the timelines down -- referred to a referral that
6 you had to see a -- get a second opinion?

7 A. Yes.

8 Q. And you were referred to somebody at
9 DuPage Medical Group?

10 A. Yes.

11 Q. And you were referred to a doctor there?

12 A. Yes.

13 Q. And was that Dr. Lombardi?

14 A. No, that was Dr. Pulluru.

15 Q. Okay. And how did you get referred then
16 to Dr. Lombardi?

17 A. Dr. Pulluru did not do partial knee
18 replacements and he wanted me to consult with a
19 doctor who did. So he referred me to Dr.
20 Lombardi, who was in the same practice as he was.

21 Q. But he didn't do the partial?

22 A. He did not.

23 Q. So did Dr. Lombardi refer you to somebody
24 else or how did you get to --

1 A. No. He was mostly for a consult. At
2 that point, I wanted to still exhaust other
3 treatments that were not as invasive at that time.
4 So I went back to Dr. Pulluru.

5 And then workman's comp referred me
6 to -- for an IME with one of their doctors out of
7 Rush, and that's how that process got me to Dr.
8 Sporer.

9 Q. What is work hardening? What does that
10 mean?

11 A. What I had to do was I was at work
12 hardening five days a week for four hours a day.

13 When I would go in, they would have
14 like a worksheet of several activities that I had
15 to do, treadmill work, lifting weights, just
16 different activities that kind of mimicked the
17 stuff I would do as a firefighter, or the moves I
18 would do as a firefighter, and getting my body to
19 be able to lift the weights that are required as a
20 firefighter. So I did that.

21 MR. ANTIOHO: Okay. That's all I have.

22 MR. REIMER: Okay. Any questions?

23 MS. AGUILAR: No.

24 MR. REIMER: Okay. No questions. Any

1 redirect?

2 MR. DUDA: No.

3 MR. REIMER: Okay. No redirect. All
4 right. Does the Applicant rest?

5 MR. DUDA: We rest.

6 MR. REIMER: Okay. The Applicant has
7 rested. That means the Applicant believes that
8 he's put on his case on behalf of his client. He
9 feels he's met all the necessary elements for his
10 client to get a line-of-duty disability pension.

11 Before we entertain closing
12 arguments or statements, this is the opportunity
13 for the Board to say I need more information.

14 In other words, is there any
15 witnesses that you would want to hear from? Is
16 there any other medical documentation? As if you
17 haven't had enough.

18 There doesn't have to be, but this
19 is your opportunity as a Board to say I'm missing
20 something, I need more information, or you can say
21 we're satisfied and let Mr. Duda make a closing
22 statement or argument and then we'll see if we can
23 deliberate.

24 Again, there's no right or wrong

1 answer. You have to be satisfied that you have
2 enough information or evidence that you can make a
3 decision. Got enough?

4 MR. TARASIUK: Yes.

5 MR. SHAMIE: Yes.

6 MR. ANTIOHO: There's only one option
7 here. It's full line of or --

8 MR. REIMER: Well, there's an option only
9 in that at the beginning of the hearing we asked
10 the Applicant to clarify if she wanted a non-duty
11 in the alternative.

12 So option number one is -- well,
13 you have three options. No disability. I don't
14 tell you how to spend your money, but there is no
15 evidence in the record that would support that.
16 Or it's a line-of-duty disability or it's a
17 non-duty disability. Those are going to be your
18 three options. I'll explain that all to you if
19 you get to executive session.

20 So I think the decision you need to
21 make now is: Do you have enough evidence in front
22 of you, or is there something you want me to get?
23 I might not be able to get it today, and that
24 means that the hearing doesn't get completed

1 today.

2 There's no right or wrong answer.
3 It's not what I want. It's what the five of you
4 want.

5 So, again, this is your opportunity
6 if you think there's something missing out there.
7 Okay. So we're good.

8 Do you want to make a closing
9 statement?

10 MR. DUDA: Yes.

11 MR. REIMER: Okay.

12 MR. DUDA: I want to thank the Board for
13 their time and attention to this matter and to
14 listening to my brief closing argument.

15 Your attorney, at the beginning of
16 the case, read through a boilerplate statement of
17 the burden of proof, and that is that the
18 Applicant is a firefighter, has been a firefighter
19 since 1994. She sustained injuries as a result of
20 performing three separate acts of duty.

21 The first was on an emergency
22 medical call, which is one of the basic duties
23 performed by a firefighter/paramedic for the
24 department. It involves risks that are unique.

1 And this is not part of act of duty for
2 firefighters, but it is a risk unique to
3 firefighting, and it is a prescribed protocol that
4 probably between 4 and 15 times a shift people go
5 on.

6 The second is engaging in a
7 consumption drill training exercise which, again,
8 is an act of duty to prepare her and to -- well,
9 not really to sharpen her skills, but to have some
10 idea of how long her tank will work under various
11 workloads, and let the department know how long
12 they can expect this firefighter's tank to last
13 under various workloads.

14 And then, of course, the most
15 recent injury, which is classic fire suppression.
16 She was injured on a fire suppression call.

17 We put into evidence all of the
18 rules and regulations because we need to
19 establish, under the statute, that these injuries
20 occurred during an act of duty.

21 Then the last -- the last,
22 according to your counsel's boilerplate, is that
23 these injuries had to result in her disability and
24 make necessary her retirement from service.

1 It's clear that she is disabled,
2 and what I thought I would do is just read from
3 two of the medical opinions in terms of the issue
4 of -- of -- that her disability resulted from
5 these injuries.

6 The IME doctor hired by worker's
7 compensation, his opinion on causal connection is
8 in Applicant Exhibit 1, page 8, and this is kind
9 of instructive. It says:

10 (AS READ)

11 "Miss Salaterski has aggravation of
12 preexisting medial compartmental arthritis. The
13 arthritis can be traced back to the sequelae of
14 her initial injury which occurred in February of
15 2016, but it is also in part due to the February
16 3, 2017 work injury which caused the acute
17 flare-up of her preexisting condition arthritis."

18 Now, the way I interpret that is
19 that this doctor attributes the arthritis to the
20 first injury. And your counsel will tell you that
21 there are enumerable cases dealing with
22 firefighters. Dating back to 1972, Gloss versus
23 Chicago Heights Pension Board. Then there's a
24 recent Northbrook, Superek (phonetic) versus

1 Northbrook.

2 A firefighter's disability does not
3 have to be solely caused by the injury at work.
4 It doesn't have to be primarily caused by the
5 injury at work. The injury at work simply needs
6 to be a causative factor in aggravating a
7 preexisting condition.

8 In this case, however, the
9 aggravation is the result of the first injury from
10 which she did, in fact, return to full-duty. What
11 ended her career was the fire suppression call,
12 and that's where the aggravation came in. The
13 first injury was, as I read this, the result of
14 direct trauma.

15 And then I would direct the Board's
16 attention to page 2261, which is the report of Dr.
17 Verma. And on the issue of causal connection,
18 paragraph number 5:

19 (AS READ)

20 "At this point, it is my opinion
21 the patient's injury is directly related to the
22 multiple injuries on-duty. More specifically,
23 injury dates of February 27, 2016, resulting in
24 her initial arthroscopic surgery, and subsequently

1 injury of December 2, 2016, and February 3, 2017.
2 The patient's current condition is related to her
3 work-related knee injuries listed above with an
4 aggravation of preexisting arthritis and
5 associated meniscal tear."

6 That opinion is duplicated by Dr.
7 Samo and Dr. Boscardin. So in my opinion, the
8 evidence in this case is overwhelming, and it's
9 unfortunate because Firefighter Salaterski really
10 loved her job. Of course, all you guys love the
11 job. I've been doing this for 40 years.

12 MR. REIMER: And you love your job too.

13 MR. DUDA: Yeah. I love representing
14 fire and police. It's been a privilege. That's
15 all I have. Thanks.

16 MR. REIMER: Very good. All right. The
17 Board heard the evidence. The Board has heard
18 closing arguments or closing statements. Now it's
19 decision time. You really can come to a decision
20 one of three ways.

21 First, you can discuss this
22 publicly, right here in public or open session.
23 If you do that and you ask me my legal opinion, I
24 will give it to you. The problem is the presence

1 of third parties waives the attorney/client
2 privilege. I don't have a problem with that
3 because it's not my privilege, it's your
4 privilege. So that's one way you can do it, just
5 discuss it here.

6 The second way you can do it is
7 under Section 2(c)4 of the Open Meetings Act, you
8 can adjourn to executive or closed session after
9 an evidentiary hearing, which you just had, for
10 purposes of deliberations.

11 There's two qualifiers to go into
12 executive session under 2(c)4 of the Open Meetings
13 Act. First, you have to have an audio or video
14 verbatim transcript. So we needed a recorder.
15 And, as a backup, not in lieu of, you can use the
16 court reporter. I believe Michelle, our court
17 reporter, can do an audio file, burn it, and get
18 it to you, if you want to do that.

19 The second qualifier or condition
20 is you can't take any final action in executive
21 session. You can discuss it, deliberate, act like
22 Twelve Angry Men and women, and then if you have a
23 motion, you would come out from executive into
24 public session and then you would vote.

1 The third option you have is, if
2 you felt it necessary, you could order the
3 transcript. We could adjourn to another date, but
4 then we have to post notice, come back and start
5 -- not the hearing all over again, but the
6 deliberation process.

7 There's no right or wrong answer.
8 You just tell me what you'd like to do. What's
9 your preference?

10 MR. TARASIUK: I would like to go into
11 closed session just so anybody who has anything to
12 say can say it.

13 MR. REIMER: Okay. Can I help you with
14 that? So there's a motion to adjourn into
15 executive or closed session made at 11:42 to go
16 into executive session under 2(c)4 of the Open
17 Meetings Act for purposes of the deliberations.

18 So I need -- there's a motion. Is
19 there a second?

20 MR. SHAMIE: Second.

21 MR. REIMER: There's a second. Is there
22 any discussion? If not, you do need to call a
23 roll call vote on that.

24 MR. TARASIUK: Roll call. Ninfa Aguilar?

1 MS. AGUILAR: I'm sorry?

2 MR. REIMER: Yes or no to go into
3 executive.

4 MS. AGUILAR: Yes.

5 MR. TARASIUK: Dan Antioho?

6 MR. ANTIOHO: Yes.

7 MR. TARASIUK: Jack Panzica?

8 MR. PANZICA: Yes.

9 MR. TARASIUK: Kyle Shamie?

10 MR. SHAMIE: Yes.

11 MR. TARASIUK: Tony Tarasiuk, yes.

12 MR. REIMER: All right. Folks, if we
13 could ask you to step out, we'll stay here.
14 That's probably easier.

15 (WHEREUPON, the Board adjourned
16 into executive session.)

17 MR. REIMER: All right. I have 12:15.
18 The Board needs to entertain a motion to return to
19 public or open session. Is there a motion?

20 MR. PANZICA: I will make the motion.

21 MR. REIMER: There's a motion. Is there
22 a second?

23 MR. SHAMIE: Second.

24 MR. REIMER: There's a second. Is there

1 any discussion? If not, please call the roll.

2 MR. TARASIUK: Ninfa Aguilar?

3 MS. AGUILAR: Aye.

4 MR. TARASIUK: Dan Antioho?

5 MR. ANTIOHO: Yes.

6 MR. TARASIUK: Jack Panzica?

7 MR. PANZICA: Yes.

8 MR. TARASIUK: Kyle Shamie?

9 MR. SHAMIE: Yes.

10 MR. TARASIUK: Tony Tarasiuk, yes.

11 MR. REIMER: So the Board is now back in
12 public or open session. The Board met briefly in
13 executive or closed session. The matter was
14 audio-recorded, as required by law. No final
15 action was taken.

16 The Board considered the evidence
17 and the arguments made by the parties, and it's my
18 understanding that the Board is now ready to
19 entertain motions.

20 The motion to be made would be a
21 motion to award Firefighter/Paramedic Salaterski a
22 line-of-duty disability pension retroactive to
23 February 4th of 2018 and subject to offsets for
24 corresponding TTD benefits. Is that the motion?

1 MR. TARASIUK: Yes, it is.

2 MR. REIMER: That's the motion. Is there
3 a second?

4 MR. SHAMIE: Second.

5 MR. REIMER: There's a second. Any
6 discussion on the motion? If not, please call the
7 roll. A yes is to award the line-of-duty
8 disability retroactive to February the 4th of '18.

9 MR. TARASIUK: Ms. Aguilar?

10 MS. AGUILAR: Aye.

11 MR. TARASIUK: Mr. Antioho?

12 MR. ANTIOHO: Yes.

13 MR. TARASIUK: Mr. Panzica?

14 MR. PANZICA: Yes.

15 MR. TARASIUK: Mr. Shamie?

16 MR. SHAMIE: Yes.

17 MR. TARASIUK: Tony Tarasiuk, yes.

18 MR. REIMER: Okay. That's unanimous.

19 The Board has awarded you a line-of-duty
20 disability.

21 Some housekeeping matters. The
22 Board now needs to do a written decision and
23 order. So to do that, that's our lawyer job, so
24 Bryan or myself will do that.

1 I'm going to ask you to entertain a
2 motion to authorize the court reporter to prepare
3 the transcript of the public and the executive
4 session. So I need a motion and second and roll
5 call because you're spending money.

6 MR. SHAMIE: Motion.

7 MR. TARASIUK: Second.

8 MR. REIMER: Motion, second. Any
9 discussion? If not, roll call vote, please. A
10 yes is to order the transcripts.

11 MR. TARASIUK: Ms. Aguilar?

12 MS. AGUILAR: Aye.

13 MR. TARASIUK: Mr. Antioho?

14 MR. ANTIOHO: Yes.

15 MR. TARASIUK: Mr. Panzica?

16 MR. PANZICA: Yes.

17 MR. TARASIUK: Mr. Shamie?

18 MR. SHAMIE: Yes.

19 MR. TARASIUK: Tony Tarasiuk, yes.

20 MR. REIMER: Okay. Now, that --
21 generally we're backed up quite a bit on decisions
22 and orders. That's probably going to be -- our
23 court reporter is pretty speedy. It's going to be
24 on our end. We just -- it's like a log jam.

1 Probably going to be maybe six weeks. Maybe
2 sooner. We'll try.

3 But you don't have to wait for me
4 to prepare the draft decision and order. So what
5 happens is I prepare a draft written decision and
6 order with findings of fact and conclusions, and
7 kind of articulate the reasons why you discussed
8 in executive session why you believe the Applicant
9 is entitled to a disability pension.

10 You all get to review that and then
11 you're going to place it on the agenda for your
12 next meeting, and you'll have to do a motion to
13 adopt and publish that decision and order. I know
14 you've got a --

15 MR. TARASIUK: July.

16 MR. REIMER: July 23rd, I think, right?

17 MR. SHAMIE: Um -- hmm.

18 MR. REIMER: I'll try to get it done by
19 then for you. Somebody will get it done by then.
20 We will put it on your agenda and you do a motion
21 to adopt and publish. We'll drop it in the mail,
22 and Mr. Duda or the Applicant will have 35 days
23 from that date within which to take it to court
24 and challenge your decision.

1 But you don't have to wait for that
2 written decision and order to get her paid. What
3 you can do is you notify Lauterbach & Amen. The
4 effective date is February 4th of '18. So they'll
5 calculate whatever her salary attached to her rank
6 with pensionable stipends at that time.

7 They're also going to need to know
8 that Firefighter/Paramedic Salaterski is getting
9 \$2,053.52 percent -- or two cents every two weeks.
10 Because you're entitled to an offset or a credit
11 for that amount until such time as the matter is
12 settled or TTD is terminated.

13 MR. DUDA: That's subject to a reduction.

14 MR. REIMER: Well, you want to -- why
15 don't you --

16 MR. DUDA: I'll file a motion.

17 MR. REIMER: File a motion in terms of
18 the reduction and I will incorporate that in --
19 I'll make that part of an exhibit. If there's a
20 dispute, you know, we'll have to cross that bridge
21 when we get to it.

22 MR. DUDA: That's fine.

23 MR. REIMER: But I just wanted to make
24 sure that --

1 MR. DUDA: I understand.

2 MR. REIMER: -- you're not waiting
3 around, that you get some -- you got money coming
4 in. But you realize -- I'm sure Mr. Duda will
5 tell you it's only going to be the difference
6 between the 65 percent of pensionable salary on
7 February 4th of '18 and whatever you're getting
8 for TTD, but they may cut it off shortly anyways.

9 So I just want to make sure, and
10 the Board wants to make sure you got exactly
11 what's coming to you.

12 MS. SALATERSKI: Okay.

13 MR. REIMER: Is there any other business
14 before the Board? Had enough for one day?

15 Would you like to do a motion to
16 adjourn at 12:20?

17 MR. TARASIUK: Yes.

18 MR. REIMER: Motion to adjourn.

19 MR. SHAMIE: Second.

20 MR. PANZICA: Second.

21 MR. REIMER: Any discussion? If not, all
22 in favor?

23 (WHEREUPON, all Board Members
24 responded aye.)

1 MR. REIMER: Any opposed? Okay. Thank
2 you, folks.

3 MS. SALATERSKI: Thank you, everyone.

4 MR. REIMER: Thank you. Good luck to
5 you.

6 END OF PROCEEDINGS

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1 STATE OF ILLINOIS)
2) SS:
3 COUNTY OF C O O K)

4 I, Michelle N. Marvin, a Certified
5 Shorthand Reporter and Notary Public within and
6 for the State of Illinois, do hereby certify:

7 That the foregoing hearing was
8 reported stenographically by me, was thereafter
9 reduced to a printed transcript by me and
10 constitutes a true record of the testimony given
11 and the proceedings had to the best of my ability;

12 That said hearing was taken before
13 me at the time and place specified;

14 That I am not a relative or
15 employee or attorney or counsel for any of the
16 parties hereto, nor interested directly or
17 indirectly in the outcome of this action.

18 IN WITNESS WHEREOF, I do hereunto
19 set my hand and affix my seal of office in Cook
20 County, Illinois, this 15th day of June, 2019.

21
22
23
24 C.S.R.
Notary Public, Cook County, Illinois
25 C.S.R. No. 84-003211

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