

BEFORE THE BOARD OF TRUSTEES  
OF THE LISLE POLICE PENSION FUND

IN RE THE MATTER OF: )  
 )  
The Disability Application of )  
Officer Brett P. Lauten, )

July 1, 2019  
6:30 o'clock P.M.

PROCEEDINGS HAD and testimony taken  
before the Village of Lisle Police Pension Fund  
Board of Trustees, taken at the Lisle Police  
Department, 5040 Lincoln Avenue, Lisle, Illinois,  
before Marlane K. Marshall, C.S.R., License  
#084-001134, a Notary Public qualified and  
commissioned for the State of Illinois.

1 TRUSTEES PRESENT:

2 MR. JUSTIN LOUIS, President Pro Tem

3 MR. JAY PERRELL, Trustee

4 MS. LORA KMIECIAK, Trustee

5 MR. GARY LEDVORA, Trustee

6

7

8 PRESENT FOR THE FIREFIGHTERS PENSION BOARD:

9 REIMER & DOBROVOLNY, P.C.

10 MR. RICHARD J. REIMER

11 15 Spinning Wheel Road

Suite 225

12 Hinsdale, Illinois 60521,

630-654-9676

13 rreimer@rdlaborlawpc.com

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PRESENT FOR THE APPLICANT:

16

OFFICER BRETT P. LAUTEN

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I N D E X

WITNESS: BRETT P. LAUTEN

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Examination by:

Testimony by the Applicant	10
Cross Exam by Mr. Reimer	22

EXHIBIT:

IDENTIFIED ADMITTED

Board Exhibit Nos. 1 - 8	4	10
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1 (Whereupon, documents were  
2 previously marked as Board  
3 Exhibit Numbers 1 - 8 for  
4 identification.)

5 MR. REIMER: Let's go on the record. It is  
6 6:30. My suggestion is to do a roll call to  
7 establish a quorum, whoever is secretary. State  
8 your last name.

9 MR. LOUIS: We haven't really --

10 MR. PERRELL: Figured out who.

11 MR. REIMER: All right. So I realize you just  
12 had an election and you haven't elected new officers  
13 and the applicant is the actual president. So  
14 nobody -- Who wants to volunteer to be -- It's not  
15 a high paying job. Who wants to be the president  
16 pro tem? Do I have any volunteers?

17 MR. LOUIS: Sure, I can do that.

18 MR. REIMER: Okay. President pro tem.

19 President, will you call the roll?

20 PRESIDENT PRO TEM LOUIS: Gary Ledvora?

21 MR. LEDVORA: Here.

22 PRESIDENT PRO TEM LOUIS: Lora Kmieciak?

1 MS. KNIECIAK: Here.

2 PRESIDENT PRO TEM LOUIS: Jay Perrell?

3 MR. PERRELL: Here.

4 PRESIDENT PRO TEM LOUIS: Myself, Justin Louis  
5 here.

6 MR. REIMER: Very good. A quorum is present.

7 This is a hearing being conducted pursuant  
8 to Article 3 of the Illinois Pension Code to deter-  
9 mine the disability claim or application of Officer  
10 Brett Lauten, the applicant in this case. Officer  
11 Lauten was sent a notice of hearing advising him of  
12 the proceedings on this date and advising him of  
13 his right to be represented by legal counsel and  
14 present evidence and respond to any evidence before  
15 the Lisle Police Pension Fund.

16 Officer, do you acknowledge receipt of  
17 notice of hearing?

18 MR. LAUTEN: I do.

19 MR. REIMER: And are you ready to proceed?

20 MR. LAUTEN: I am.

21 MR. REIMER: The first motion is a motion to  
22 appoint me hearing officer. Here's what that means.

1 I will preside over the hearing. I will make sure  
2 everything runs in an orderly fashion. Should there  
3 be any objections, legal issues, I will rule on  
4 those. If you want me to attend deliberations if  
5 you feel the need to go to deliberations after the  
6 evidentiary portion of the hearing I will attend  
7 those with you. And ultimately I am going to write  
8 the written decision and order required under  
9 administrative review law to put a finality to this  
10 case. But keep in mind though as the hearing  
11 officer I am not here as a prosecutor. I am not  
12 here to vote. That's your privilege. I am not here  
13 to tell you what to do other than advise you on the  
14 law, make sure that everything runs orderly and if  
15 for some reason you make a decision I can go to  
16 court and defend it if somebody doesn't like it.  
17 And I don't charge extra for that. If that's  
18 agreeable -- Officer Lauten, do you have any  
19 objections?

20 MR. LAUTEN: I have no objection to that.

21 MR. REIMER: Is there a motion to appoint me  
22 the hearing officer?

1           PRESIDENT PRO TEM LOUIS: I make a motion to  
2 appoint Rick Reimer the hearing officer.

3           MR. REIMER: Is there a second?

4           MS. KNIECIAK: I will second.

5           MR. REIMER: There's a second. Is there any  
6 discussion? If not all in favor?

7   (A voice vote was taken.)

8           MR. REIMER: Any opposed? Now it's time to  
9 raise my rates.

10                   The hearing procedures to be utilized in  
11 this case are as follows.

12                   Number one: Under the law Brett has  
13 the burden of proving his entitlement to a disa-  
14 bility pension.

15                   Number two: During this hearing we will  
16 allow Brett to make an opening statement.

17                   Number three: We will then allow Brett  
18 to put in any evidence he wants to put in and  
19 make that part of the record.

20                   Number four: The board or its legal  
21 counsel may ask questions.

22                   Number five: Brett could make legal

1 objections or challenge any of this documentation  
2 or evidence.

3           Number six: Rulings on any objections.

4 So if for some reason the applicant has an  
5 objection, I will rule on that. And if you don't  
6 like my objection you can overrule it by a simple  
7 roll call vote. A majority will overrule my rul-  
8 ing.

9           Number seven: During the hearing the  
10 technical and formal rules of evidence, the Rules  
11 of Civil Procedure will not apply. However, rules  
12 of fundamental fairness -- for example, the hearsay  
13 rule -- will apply to the extent that there is any  
14 objection. You will find that a lot of material in  
15 here is, in fact, hearsay but many times it's not  
16 objected to.

17           Number eight: If for any reason this  
18 matter cannot be completed on this date the matter  
19 will be continued from time to time to dates agree-  
20 able to all parties until it's completed.

21           Number nine: At the conclusion of the  
22 hearing we will let Brett make a closing statement.



1           Number ten: The board will then render a  
2 written decision that will become the final decision  
3 for purposes of this claim. Although it's my under-  
4 standing when we get done with the evidentiary  
5 portion it's your intent to deliberate and at least  
6 let Brett know where he stands. Right?

7           Okay. So let's try to expedite this for  
8 you. I have what I have marked as Board Exhibit  
9 Number 1 through 8. I have given a copy of Board  
10 Exhibit Number 1 through 8 to all board trustees  
11 for their review prior to tonight's hearing subject  
12 to any objection you have. I have also sent you a  
13 copy. You got that; you have had an opportunity to  
14 review it. Do you have any objections to admission  
15 of Board Exhibit Number 1 through 9?

16           MR. LAUTEN: I have no issue with the admission  
17 of Board Exhibits 1 through 9.

18           MR. REIMER: Then so Board Exhibit Number 1  
19 through -- It's actually 1 through 8. So no  
20 objections Board Exhibit Number 1 through 8 will  
21 be admitted into the record without any further  
22 authentication or foundation. So those documents

1 are in.

2 (Whereupon, the documents previously  
3 marked as Board Exhibit Numbers 1 - 8  
4 for identification were admitted into  
5 evidence.)

6 MR. REIMER: Is there anything -- You want to  
7 stand on the record? Do you want to make a state-  
8 ment to the board? Is there anything you want  
9 the board to consider?

10

11 B R E T T P. L A U T E N,  
12 called as a witness on his own behalf herein, having  
13 been first duly sworn, was examined and testified as  
14 follows:

15 Yes, I will make a brief introduction in  
16 regards to actually my claim here, and then I will  
17 rely on the expert testimony which would be Board  
18 Exhibits 6, 7 and 8 which would be the three  
19 doctors that did a review of the records -- my  
20 medical records that were supplied to INSPE &  
21 Associates.

22 MR. REIMER: You're up.

1 MR. LAUTEN: In September of 2016 during a  
2 routine medical procedure which was a colonoscopy I  
3 was diagnosed with cancer of the colon. Within a  
4 short amount of time, within a week or so I started  
5 having other medical procedures done, biopsies, PET  
6 scans, CT scans to see the severity of the cancer  
7 meaning the size of the original tumor in my sigmoid  
8 colon along with to determine if there had been any  
9 metastases or spreading of the cancer. Within about  
10 a week I had been told that I had metastatic colon  
11 cancer, which is also known as stage four cancer,  
12 and metastases or spreading to my liver and in my --  
13 what was believed was in my lung. A biopsy con-  
14 firmed that I did have lesions on the liver on both  
15 sides of my liver. And due to the location of the  
16 tumors unfortunately I was not able to have a biopsy  
17 done of my lung at that time.

18 Within two weeks I began a chemotherapy  
19 regimen. Each chemotherapy regimen has a targeted  
20 location due to the specific medication that you  
21 use as well as a name that is given to it. And that  
22 name would usually include a collection or a group

1 of drugs that are used to target the original site  
2 of your tumors. In my case being that the first  
3 tumor would have been in my colon you're treated  
4 for colon cancer no matter where that metastases  
5 then goes to. So even though I had cancerous  
6 tumors on my liver at no time do you refer to that  
7 as liver cancer; it's still colon cancer that has  
8 spread outside the original organ or location.

9           I began a chemotherapy regimen known as  
10 Folfox. With chemotherapy regimens that you go on  
11 there is a kind of unwritten rule that you stay on  
12 those regimens until either one, the cancer is gone  
13 or two, that there is an increase in the spreading  
14 of those tumors or the location which would render  
15 the whole regimen then kind of useless meaning that  
16 it's not doing the job it was originally intended  
17 to.

18           So I stayed on that regimen of Folfox for  
19 approximately one year. We started to see a little  
20 bit of growth even though there was some shrinkage.  
21 The tumors inside my lungs did disappear which gave  
22 the idea that without having to biopsy those lung

1 tumors that those indeed were cancerous because they  
2 had disappeared and responded to the chemotherapy  
3 regimen. So for the period of one year I did  
4 chemotherapy generally once a week and at times once  
5 every other week depending which drugs were in my  
6 cache at that time. And there were times where I  
7 would -- Most of the time I would receive chemo-  
8 therapy on a Monday. I would leave the hospital  
9 on Monday and continue working -- I'm sorry -- keep  
10 the chemotherapy running on me until Wednesday at  
11 which time I would go back to the hospital and remove  
12 a pump that I wear.

13           Now, through this first year there was a  
14 period where I was working in a non-police capacity  
15 here at the police department due to an accommoda-  
16 tion request, and there were times where towards the  
17 end just a little bit below the one-year mark where  
18 I did work unrestricted duty as a police officer on  
19 the street with no accommodation.

20           Like I said, around the one-year mark we  
21 did start to see a little bit of growth so I did  
22 change regimens and went through a second series of

1 chemotherapy drugs which is known as Folfiri. And  
2 that is similar to the original regimen that I was  
3 on; however, there is the adding of one drug and  
4 the removal of another drug. So three of the four  
5 drugs remain the same. I stayed on that for --  
6 again this one was close to a year again until we  
7 started to see a little bit of growth.

8           Now, through the first two years remember  
9 too here -- It doesn't actually comment in the  
10 medical documents you have, but I have gone through  
11 somewhere in the ballpark in the first two years of  
12 seventy some chemotherapy regimens. And that would  
13 have been every week, sometimes every other week,  
14 and once in a while a short break but only a three-  
15 or four-week what's known as chemo vacation where  
16 you give your body a little chance to detoxify from  
17 the dangerous chemicals. There was a short amount  
18 of time where I did take the pill version of the  
19 chemotherapy drugs that I was on, the only difference  
20 being that it is a pill versus being pumped through  
21 an IV or central line which I have.

22           Around the two-year mark I did start to

1 develop some other medical problems as a result of  
2 cancer. I did at one point develop a pulmonary  
3 embolism -- for those that don't know that is a  
4 blood clot in the lung -- which did render me unable  
5 to work. It was around that point again or close  
6 to the two-year mark wherein I started having to be  
7 required to take some thinning devices, blood thin-  
8 ning devices, anticoagulants, which would cause me  
9 to be unable to work as a police officer due to  
10 the thinning of my blood and the dangers that exist  
11 from having to be on an anticoagulant. Around May  
12 of 2017 was about the last time I did work full  
13 unrestricted duty as a police officer.

14           In August of 2017 I underwent a procedure  
15 on my liver which is known as a Y-90. And Y-90 is  
16 the use of radiation beads that are pumped into the  
17 hepatic artery to in essence cut off the blood supply  
18 which is food for the tumorous activity. And I had  
19 half of my liver done. So half of the lesions on my  
20 liver were in essence killed off due to the Y-90.

21           Shortly after August of 2017 I started to  
22 have other side effects which were quite prevalent.

1 I was having a series of abdominal pain. Not sure  
2 if it was from use of the radiation beads or not.  
3 It was customary that I was doing CT exams every  
4 two months to check for growth, and it was  
5 discovered that the cancer had spread to an area  
6 of my abdomen which is known by some as the omentum  
7 or the peritoneum. And the omentum or peritoneum  
8 is a webbing that's in your abdomen that basically  
9 keeps all your organs inside the center cavity of  
10 the body. And with the cancer in the omentum or  
11 the peritoneum it's not something that generally  
12 at least the colon cancer drugs respond to that  
13 type of cancer, nor can you irradiate it through  
14 radiation because of the fact that it's almost like  
15 a gelatinous material that's consistently moving  
16 with the body. So as you move it moves and there  
17 is no real target there. So that makes the  
18 radiation almost impossible.

19 I stayed on another regimen for a short  
20 time, and that was an oral pill named Lonsurf.  
21 Lonsurf has about a 17% of success rate in terms  
22 of reducing any growth initially. So there isn't



1 a really long-term rate with Lonsurf. I stayed on  
2 Lonsurf for a few months by oral pills  
3 and that was not successful at all.

4           Then I was going to move on to the next  
5 drug which is a drug called Stavarga. And I was  
6 just in the process of starting Stavarga, which is  
7 also a little pill, when it looked like finally an  
8 application of mine for a clinical trial had been  
9 approved and that I would be starting. Throughout  
10 the last two years we have applied for several  
11 FDA-approved clinical trials at universities all  
12 over the country. We have visited hospitals in  
13 other states to get into some of these trials. But  
14 the rules of the trials generally are very stringent,  
15 and if you are on one drug it would make you not  
16 able to start those trials. So it appears that in  
17 August of 2019 I am going to start a new trial at  
18 the University of Chicago. Instead of going on the  
19 Stavarga we are going to stay off the Stavarga at  
20 this point and we are going to start this trial  
21 which is the use of radiation and/or immunotherapy  
22 drugs.

1           Backing up just a little bit about two  
2 months ago I started -- two to three months ago I  
3 started having some pain in my lower back. It was  
4 the source of an old nonwork-related injury that I  
5 had suffered about four to five years ago, a disc  
6 issue. Initially I had thought that that had  
7 festered back or had come back in my lower spinal  
8 area, L5-S1 area. After doing a CT scan it was  
9 noted that there were some unknown lesions found  
10 in my lower iliac which is almost like your hip  
11 bone but on the interior side of the body. So  
12 sitting down, standing for periods of time was very  
13 painful. I did undergo five radiation treatments  
14 in a week to try to irradiate that, and it's been  
15 since I have had the radiation done about four weeks  
16 and I really haven't had any pain subside from that.

17           Last week after having continuous pain I  
18 did an emergency MRI last Sunday, and it was noted  
19 that there were some lesions spotted on my spinal  
20 column -- which again no biopsy has been done -- in  
21 the area of L-2 which is again consistent with why  
22 sitting and standing for periods of time causes me

1 a great deal of pain.

2           So that is where we are as we come today  
3 with my medical condition. Cancer is something that  
4 is so fluid. And to suggest that today something  
5 is under control, tomorrow something can be not  
6 under control. I submitted my application for a  
7 non-job-related disability in I believe November,  
8 December of 2018. And the reason I had submitted  
9 that application was because of the unknown future  
10 of my working career. I was unsure of when/if I  
11 was going to run out of sick time, I was unsure  
12 what the village's response to that would be, and  
13 I was unsure what the next six months would bring  
14 in terms of my ability to work as a police officer  
15 in a police officer capacity that I once had.

16           Obviously over the course of the last now  
17 almost three years I have endured a huge amount of  
18 toxicity to my body that takes a very long time to  
19 cleanse your body of, and with that toxicity comes  
20 lots of side effects. The side effects that I have  
21 may be different than someone that is suffering  
22 from cancer of another type whether a blood, a skin,

1 another organ. Fatigue is always an option for  
2 most people that endure chemotherapy. It's some-  
3 thing I deal with, but I wouldn't say it's my chief  
4 complaint.

5           If I today could be back and work on the  
6 streets in a non-accommodating fashion I would have.  
7 But, unfortunately, my condition as we sit sit here  
8 today does not allow me to do that. I would say  
9 since I have had radiation my ability to do even  
10 everyday tasks has been limited. I thought after  
11 having radiation a month ago that I would have seen  
12 a reduction in pain and that has not been the case.  
13 And the next time I have a CT scan in a month we  
14 may see the cancer has spread somewhere else while  
15 we try to control it. But as we sit here today I  
16 don't know what tomorrow brings. And we again hope  
17 to get through this clinical trial the first week  
18 of August to possibly, you know, prolong my life  
19 and actually improve my quality of life. So that  
20 is what we hope for.

21           If anyone has any questions regarding what  
22 you have been provided from the various doctors and

1 such I am more than happy to answer. I am by no  
2 means an expert in cancer, and as I sit here today  
3 I wish I really knew nothing about cancer. It's  
4 been a learning process. Luckily I have a wonderful  
5 wife that is my scribe at home and takes great notes  
6 when we go to appointments because it is not some-  
7 thing I really wish to read up on in my spare time.  
8 So if you have anything you won't make me feel  
9 uncomfortable; please by all means ask.

10 MR. REIMER: Do the members of the board have  
11 any questions?

12 PRESIDENT PRO TEM LOUIS: I do not.

13 MR. PERRELL: I do not.

14 MR. LEDVORA: I'm sorry, Brett. I just want  
15 to be clarified with you, Rick, as our counsel. You  
16 had mentioned something about some of this is hear-  
17 say. I just want to be clear that the reports at  
18 least I am relying on are these doctor reports, and  
19 I would hate that thirty days from now or something  
20 if someone were to object to our hearing that doctor  
21 whatever -- one of these doctors was hearsay. I  
22 mean these are experts that are relied upon.

1 MR. REIMER: That's true, they are hearsay.  
2 Brett has not objected. So since he's the applicant  
3 the only people that could object to the introduc-  
4 tion and your reliance on these reports would be a  
5 party which is Brett. He's indicated that he had  
6 no objections.

7 MR. LEDVORA: Okay.

8 MR. REIMER: The only people that can object  
9 are in this room right now. So we don't have to  
10 worry about the village, taxpayers.

11 MR. LEDVORA: No, no, and it was more just  
12 these are expert testimonies that we can rely on.

13 MR. REIMER: Yes.

14 MR. LEDVORA: Okay.

15

16 CROSS EXAMINATION

17 BY: Mr. Reimer

18 Q I have just a basic question. I am not  
19 going to get into -- You did an excellent job of  
20 talking about something that I am sure is very  
21 difficult to talk about. So I appreciate your  
22 honesty. How old are you?

1           **A     I am 42 years of age.**

2           Q     And who is your scribe bride?

3           **A     Theresa Lauten.**

4           Q     And I should know this because I was at  
5 your wedding. What was the date of your marriage?  
6 That's the hardest question.

7           **A     3/16 of '13.**

8           Q     Very good. All right.

9           **A     We have two children, Madison age six  
10 and Maximillian is age two. I'm sorry, Madison is  
11 still five.**

12          Q     Don't make them grow up too fast. Max  
13 is two?

14          **A     Two.**

15          Q     And you have a total of how many years  
16 of creditable service?

17          **A     Twenty and one half years.**

18          Q     And I don't want to intrude or get in  
19 the middle of any potential litigation that's going  
20 on. Really kind of a simple question. I take it  
21 there's been no permanent light duty assignment  
22 that's been offered and made available to you here

1 in the police department. Correct?

2 **A That is correct.**

3 Q That's as far as I will go. And the  
4 effective date, the day you would like the board  
5 to make your disability award effective is tomorrow?

6 **A 7/2 of '19 which is tomorrow.**

7 MR. REIMER: Okay. Very good. That's all I  
8 have. You want to cross-examine yourself?

9 MR. LAUTEN: I do not wish to.

10 MR. REIMER: Probably not. All right. Does  
11 the applicant rest?

12 MR. LAUTEN: I do.

13 MR. REIMER: So that means Brett believes he's  
14 met his elements for a nonduty disability under the  
15 statute and the case law. I do this on every case  
16 I have represented your board. Now that the appli-  
17 cant has rested I look at the remaining trustees  
18 and I say do you need any more information or do  
19 you have enough, are you ready to either deliberate  
20 or entertain motions here right in front of him in  
21 a public context? And we don't want to not give him  
22 the opportunity to say anything else like a closing



1 statement or argument. There is nothing to argue  
2 about. It's more does Brett want to express any-  
3 thing else. I take it you have enough evidence?  
4 In other words, you have enough medical documenta-  
5 tion having heard the testimony?

6 PRESIDENT PRO TEM LOUIS: Yes, I am ready.

7 MR. REIMER: Did you want to say anything  
8 else?

9 MR. LAUTEN: I do not wish to.

10 MR. REIMER: Okay. So it's decision time.  
11 You've heard the evidence, Brett's lengthy closing  
12 argument. Now is decision time. I know some of  
13 you are new at this. Some of you were recently a  
14 victim of this. The decisions can be as follows.  
15 One, you can entertain a motion right here to grant  
16 the disability pension. It's nonduty. The only  
17 issue that Brett needs to show is he's disabled as  
18 a result of a cause other than an act of police  
19 duty. You can discuss it here publicly; you can  
20 ask me my legal opinion. If you ask me my legal  
21 opinion on it I am happy to give it to you, but  
22 the presence of the public waives any attorney/client

1 privilege. It doesn't upset me because it's your  
2 privilege, it is not my privilege.

3           The second option you have is you can  
4 adjourn into executive or closed session under  
5 Section 2(c)(4) of the Open Meetings Act which  
6 allows you to go into executive or closed session  
7 for purposes of deliberation after you have had an  
8 evidentiary hearing which you just had. If you go  
9 into executive or closed session you're required  
10 by law to have an audio or video verbatim transcript  
11 which I think Marlane can do for us. And the second  
12 rule in executive session is that you can't take any  
13 vote or final action; you have to discuss and then  
14 come back out.

15           There is no right or wrong answer. It's  
16 whatever you want to do.

17           PRESIDENT PRO TEM LOUIS: I mean I don't know  
18 about anybody else. I am ready to vote.

19           MR. REIMER: Okay. Is there a motion to  
20 award Brett a nonduty disability pension effective  
21 July 2nd, 2019?

22           PRESIDENT PRO TEM LOUIS: I make a motion to

1 award Brett the nonduty disability pension effective  
2 tomorrow, 7/2 of '19.

3 MR. REIMER: Very good. Is there a second?

4 MR. PERRELL: I will second it.

5 MR. REIMER: Second. Is there any discussion?

6 If there is not any discussion we need to do a roll  
7 call vote. Yes is to award Brett the nonduty  
8 disability pension effective tomorrow.

9 PRESIDENT PRO TEM LOUIS: I will take the roll.  
10 Gary Ledvora?

11 MR. LEDVORA: Yes.

12 PRESIDENT PRO TEM LOUIS: Lora Kmieciak?

13 MS. KMIECIAK: Yes.

14 PRESIDENT PRO TEM LOUIS: Jay Perrell?

15 MR. PERRELL: Yes.

16 PRESIDENT PRO TEM LOUIS: And myself, Justin  
17 Louis, yes.

18 MR. REIMER: Okay. Very good. So the next  
19 thing you need to do is we need to prepare a  
20 written decision and order which Brett is going to  
21 need to make sure he gets paid. So I will need a  
22 motion to authorize Marlane to prepare the

1 transcript of the hearing. I need a motion and  
2 second. You're spending money so you need a roll  
3 call vote on that.

4 PRESIDENT PRO TEM LOUIS: So I make a motion  
5 to --

6 MR. REIMER: Motion to authorize the court  
7 reporter to prepare a transcript.

8 PRESIDENT PRO TEM LOUIS: Motion to authorize  
9 the court reporter to prepare a transcript.

10 MR. REIMER: Second on that?

11 MR. LEDVORA: Second.

12 MR. REIMER: Any discussion? If not you are  
13 spending money so you should do a roll call.

14 PRESIDENT PRO TEM LOUIS: Gary Ledvora?

15 MR. LEDVORA: Yes.

16 PRESIDENT PRO TEM LOUIS: Lora Kmieciak?

17 MS. KMIECIAK: Yes.

18 PRESIDENT PRO TEM LOUIS: Jay Perrell?

19 MR. PERRELL: Yes.

20 PRESIDENT PRO TEM LOUIS: And myself, Justin  
21 Louis, yes.

22 MR. REIMER: I will knock out a decision and

1 order. I will get it out next week. Brett, I know  
2 you're the president. Who do you want me to send  
3 it to?

4 MR. LAUTEN: Because he's here can you send it  
5 to Justin? Obviously I will need that instruction  
6 sheet too.

7 MR. REIMER: I will get that to you. I might  
8 even drop it off to you.

9 PRESIDENT PRO TEM LOUIS: I am here Wednesday,  
10 Thursday, Friday this week.

11 MR. REIMER: It won't be this week; it'll be  
12 next week.

13 PRESIDENT PRO TEM LOUIS: Monday, Tuesday.

14 MR. REIMER: Monday, Tuesday next week? That's  
15 what, the 8th and 9th?

16 PRESIDENT PRO TEM LOUIS: Correct.

17 MR. REIMER: If not I will give it to you by  
18 e-mail. And then you are going to have to have --  
19 When is your July meeting?

20 MR. LAUTEN: We've already cancelled it. We  
21 kicked it into August.

22 MR. REIMER: You need to have a special meet-

1 ing before then to approve -- make a motion to adopt  
2 the decision and order. So you are probably going  
3 to need a quick ten-minute.

4 MR. LAUTEN: Which we did for Jay. It was  
5 like a five-minute meeting. And I am not going to  
6 be here so it's going to work out fine because I  
7 can't vote on it.

8 MR. REIMER: Okay. So as long as three of you  
9 can be here. And if need be tell me; I am close by.  
10 You can call me I will stop by to make sure it gets  
11 done right. Okay.

12 So is there anything else? Public  
13 comment? We have two distinguished members of the  
14 public here that are declining public comment.  
15 Very good. Okay. Brett, thank you.

16 MR. LAUTEN: Thank you.

17 MR. REIMER: Motion to adjourn?

18 PRESIDENT PRO TEM LOUIS: I make a motion to  
19 adjourn.

20 MR. LEDVORA: Second.

21 MR. REIMER: All in favor?

22 (A voice vote was taken.)

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(Which were all the proceedings had  
and testimony taken at the hearing  
of the above-entitled cause.)





<p style="text-align: center;"><b>A</b></p> <p><b>abdomen</b> 16:6,8  <b>abdominal</b> 16:1  <b>ability</b> 19:14              20:9  <b>able</b> 8:20 11:16              17:16  <b>above-entitled</b>              31:3 32:9  <b>accommoda-</b>              13:15  <b>accommodation</b>              13:19  <b>acknowledge</b>              5:16  <b>act</b> 25:18 26:5  <b>action</b> 26:13  <b>activity</b> 15:18  <b>actual</b> 4:13  <b>adding</b> 14:3  <b>adjourn</b> 26:4              30:17,19  <b>administrative</b>              6:9  <b>admission</b> 9:14              9:16  <b>admitted</b> 3:11              9:21 10:4  <b>adopt</b> 30:1  <b>advise</b> 6:13  <b>advising</b> 5:11,12  <b>age</b> 23:1,9,10  <b>ago</b> 18:2,2,5              20:11  <b>agree-</b> 8:19  <b>agreeable</b> 6:18  <b>allow</b> 7:16,17              20:8  <b>allows</b> 26:6  <b>amount</b> 11:4              14:17 19:17  <b>and/or</b> 17:21  <b>answer</b> 21:1</p>	<p>26:15  <b>anticoagulant</b>              15:11  <b>anticoagulants</b>              15:8  <b>any-</b> 25:2  <b>anybody</b> 26:18  <b>appears</b> 17:16  <b>appli-</b> 24:16  <b>applicant</b> 2:14              3:6 4:13 5:10              8:4 22:2 24:11  <b>application</b> 1:4              5:9 17:8 19:6,9  <b>applied</b> 17:10  <b>apply</b> 8:11,13  <b>appoint</b> 5:22              6:21 7:2  <b>appointments</b>              21:6  <b>appreciate</b> 22:21  <b>approve</b> 30:1  <b>approved</b> 17:9  <b>approximately</b>              12:19  <b>area</b> 16:5 18:8,8              18:21  <b>argue</b> 25:1  <b>argument</b> 25:1              25:12  <b>artery</b> 15:17  <b>Article</b> 5:8  <b>assignment</b>              23:21  <b>Associates</b> 10:21  <b>attend</b> 6:4,6  <b>attorney/client</b>              25:22  <b>audio</b> 26:10  <b>August</b> 15:14,21              17:17 20:18              29:21  <b>authentication</b></p>	<p>9:22  <b>authorize</b> 27:22              28:6,8  <b>available</b> 23:22  <b>Avenue</b> 1:12  <b>award</b> 24:5              26:20 27:1,7</p> <p style="text-align: center;"><b>B</b></p> <p><b>B</b> 10:11  <b>back</b> 13:11 18:3              18:7,7 20:5              26:14  <b>Backing</b> 18:1  <b>ballpark</b> 14:11  <b>basic</b> 22:18  <b>basically</b> 16:8  <b>beads</b> 15:16 16:2  <b>began</b> 11:18              12:9  <b>behalf</b> 10:12  <b>believe</b> 19:7  <b>believed</b> 11:13  <b>believes</b> 24:13  <b>bility</b> 7:14  <b>biopsies</b> 11:5  <b>biopsy</b> 11:13,16              12:22 18:20  <b>bit</b> 12:20 13:17              13:21 14:7              18:1  <b>blood</b> 15:4,7,10              15:17 19:22  <b>board</b> 1:1,11 2:8              3:12 4:2 7:20              9:1,8,9,10,15              9:17,18,20              10:3,8,9,17              21:10 24:4,16  <b>body</b> 14:16              16:10,16 18:11              19:18,19  <b>bone</b> 18:11  <b>break</b> 14:14</p>	<p><b>Brett</b> 1:5 2:15              3:3 5:10 7:12              7:16,17,22              8:22 9:6 21:14              22:2,5 24:13              25:2,17 26:20              27:1,7,20 29:1              30:15  <b>Brett's</b> 25:11  <b>bride</b> 23:2  <b>brief</b> 10:15  <b>bring</b> 19:13  <b>brings</b> 20:16  <b>burden</b> 7:13</p> <p style="text-align: center;"><b>C</b></p> <p><b>C</b> 32:2  <b>C.S.R</b> 1:13 32:4  <b>cache</b> 13:6  <b>call</b> 4:6,19 8:7              27:7 28:3,13              30:10  <b>called</b> 10:12              17:5  <b>cancelled</b> 29:20  <b>cancer</b> 11:3,6,9              11:11,11 12:4              12:7,7,12 15:2              16:5,10,12,13              19:3,22 20:14              21:2,3  <b>cancerous</b> 12:5              13:1  <b>cant</b> 24:17  <b>capacity</b> 13:14              19:15  <b>career</b> 19:10  <b>case</b> 5:10 6:10              7:11 12:2              20:12 24:15,15  <b>cause</b> 15:8 25:18              31:3 32:9  <b>causes</b> 18:22  <b>cavity</b> 16:9</p>	<p><b>center</b> 16:9  <b>central</b> 14:21  <b>certify</b> 32:7  <b>challenge</b> 8:1  <b>chance</b> 14:16  <b>change</b> 13:22  <b>charge</b> 6:17  <b>check</b> 16:4  <b>chemicals</b> 14:17  <b>chemo</b> 14:15  <b>chemo-</b> 13:7  <b>chemotherapy</b>              11:18,19 12:9              12:10 13:2,4              13:10 14:1,12              14:19 20:2  <b>Chicago</b> 17:18  <b>chief</b> 20:3  <b>children</b> 23:9  <b>Civil</b> 8:11  <b>claim</b> 5:9 9:3              10:16  <b>clarified</b> 21:15  <b>cleanse</b> 19:19  <b>clear</b> 21:17  <b>clinical</b> 17:8,11              20:17  <b>close</b> 14:6 15:5              30:9  <b>closed</b> 26:4,6,9  <b>closing</b> 8:22              24:22 25:11  <b>clot</b> 15:4  <b>Code</b> 5:8  <b>collection</b> 11:22  <b>colon</b> 11:3,8,10              12:3,4,7 16:12  <b>colonoscopy</b>              11:2  <b>column</b> 18:20  <b>come</b> 18:7 19:2              26:14  <b>comes</b> 19:19</p>
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