

Employees' Retirement System

City of Milwaukee

789 North Water Street, Suite 300

Milwaukee, WI 53202

1-800-815-8418 or 414-286-3557

APPLICATION FOR DUTY-DISABILITY RETIREMENT

FIRE AND POLICE

ERS OCT 13 '14 AM 9:29

CASE NUMBER: [REDACTED]

MEMBER INFORMATION

PERSON ID: [REDACTED]	DATE OF BIRTH: [REDACTED]	DATE: October 13, 2014
NAME: FIRST: CHRISTOPHER MI: E	LAST: MANNEY	
ADDRESS: [REDACTED]		
CITY: MILWAUKEE	STATE: WI	ZIP: [REDACTED]
PROVINCE:	POSTAL CODE:	COUNTRY: USA
DEPARTMENT: MPD	POSITION TITLE: POLICE OFFICER	

TO THE ANNUITY AND PENSION BOARD

In accordance with the provisions of the law governing the operation of the Employees' Retirement System of the City of Milwaukee, I, a member of the System, apply for retirement from active service, effective 11/12/2014. I am applying based on a disability that incapacitates me for duty; the injury that I specify on this form, and claim incapacitates me from duty, occurred while in the actual performance of duty on the date(s) stated below. The incident that caused my disability occurred as follows:

Date: 04-30-2014 Place: 920 N. Water St. Red Arrow Park

Describe Accident: I was sent to an assignment as a police officer. I was violently attacked with fists & a weapon to my head & was forced to use deadly force & subject is deceased.
Injury Resulting from Accident: The incident has left me with debilitating mental health issues due to Ferguson Mo. incident, req. medication, therapy, not being able to sleep for months, not being able to think straight & having my mind go blank, coping with a mood depression Anxiety &

Witnesses: _____

I attach a statement as to my physical condition, together with an authorization to my physician, to report directly on my condition to the Medical Panel of the System.

MEMBER CERTIFICATION

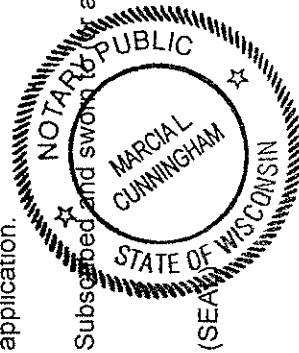
Signature of Member: [Signature]
 CHRISTOPHER E MANNEY

Signature of Witness: [Signature]

NOTARIZATION OF MEMBER'S OR AUTHORIZED REPRESENTATIVE'S SIGNATURE

State of Wisconsin County of Milwaukee

CHRISTOPHER E MANNEY being first duly sworn under oath/affirmation states that he/she has read the foregoing application and statement of disability and knows the contents on both documents is true and based on personal knowledge. I understand that providing false information on either the application or statement of disability will result in a dismissal of my application.



Subscribed and sworn to (affirmed) before me on this 13th day of October, 2014
[Signature]
 Notary Public
12/20/2015
 Date of Commission Expiration



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STATEMENT OF DISABILITY
DUTY DISABILITY - FIRE & POLICE
Statement to be returned with Application

CASE NUMBER: [REDACTED]

MEMBER INFORMATION

PERSON ID: [REDACTED]	DATE OF BIRTH: [REDACTED]	DATE: October 13, 2014
NAME: FIRST: CHRISTOPHER	MI: E	LAST: MANNEY
ADDRESS: [REDACTED]		
ADDRESS: [REDACTED]		
CITY: MILWAUKEE	STATE: WI	ZIP: [REDACTED]
DEPARTMENT: MPD	POSITION TITLE: POLICE OFFICER	

TO THE ANNUITY AND PENSION BOARD

I hereby state that I believe I am incapacitated for further service for the City of Milwaukee in the position mentioned above due to on-the-job injury on the following dates:

04-30-2014

The reason(s) I cannot perform the duties of my job are:

I have been diagnosed as having [REDACTED] ~~seizures~~ I can not be in any police buildings, no contact with citizens as a police officer, no contact with police personnel or citizens in a police setting or atmosphere that may include police badges, ID cards, guns, or police radios due to [REDACTED]

and that I have been so certified by my physician, DR [REDACTED] I further authorize my physician to make a full report regarding my condition to the Medical Panel of Physicians of the Annuity and Pension Board, for its determination of my eligibility for disability retirement and its report to the Board. I agree to appear before the physician or physicians designated in accordance with Sec. 36.02 of the Milwaukee City Charter (Pension Law).

MEMBER CERTIFICATION

Signature of Member:

Christopher E Manney
CHRISTOPHER E MANNEY

