

Janice M. Winfrey  
City Clerk

**City of Detroit**  
OFFICE OF THE CITY CLERK

Andre P. Gilbert II  
Deputy City Clerk

**DEPARTMENT PETITION REFERENCE COMMUNICATION**

*To: The Department or Commission Listed Below*

*From: Janice M Winfrey, Detroit City Clerk*

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The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

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Petition No.	2025-120
Name of Petitioner	Kirk Leaphart
Description of Petition	Petition of Kirk Leaphart to speak before the Detroit City Council regarding a detailed Settlement Resolution request.
Type of Petition	<b>Speak Before Council</b>
Submission Date	05/23/2025
Concerned Departments	City Council
Petitioner Contact	Kirk Leaphart 100 Blaine St. Detroit, MI 48202 P: (313) 974-9244 / 313-816-3319 <u><a href="mailto:Walkinginpower60@gmail.com">Walkinginpower60@gmail.com</a></u>

CITY OF DETROIT  
IN THE CITY COUNCIL

**In The Matter Of:  
Kirk Leaphart's Settlement Resolution Request  
Filed with the city clerk on May 15, 2025.**

**RELEASE AND SETTLEMENT AGREEMENT**

1. Citizen Kirk Leaphart filed a detailed **Settlement Resolution Request** with Detroit City Clerk on May 15<sup>th</sup>, 2025 (cover page attached to this RASA).
2. In following the rules of filing a claim in the law department, Mr. Leaphart's claim was delegated to a third party corporation for adjudication and given case number **C 24-05018** (by the law department). **A lawsuit was never filed.**
3. For the consideration of \$890,000.00 in compensation, Mr. Leaphart releases the City Of Detroit, City Of Detroit Law Department, DDOT and its unions from any and all claims, claims of liability, actions, causes of actions that could be the result of all incidents set forth in the Settlement Resolution Request.
4. It is understood that Mr. Leaphart will not institute or commence any lawsuit within any court of competent jurisdiction in the State Of Michigan raising any

claims of liabilities for permanent disfigurement of his back and left arm as stated within his claim within case number C 24-05018 against the City Of Detroit, DDOT or any of their employees, after the above stated consideration is paid in a check from the accounts payable section of the City Of Detroit Treasury made payable to Mr. Kirk Leaphart and after he has been telephoned and told to come pick it up from the office of the clerk, 2<sup>nd</sup> floor at the CAYMC, or emailed that message.

5. It is further understood that if the above consideration is not agreed to, Mr. Leaphart will have no other recourse but to file suit in a court of competent jurisdiction, seeking a jury demand and damages of 1.2 million dollars jointly and severally against the City Of Detroit, its law department, DDOT, its employees and its union.

\_\_\_\_\_  
Agreed to and approved  
as to form and substance  
on May 19<sup>th</sup> and \_\_\_\_\_,  
2025.

  
Kirk Leaphart (Senior Paralegal)

walkinginpower60@gmail.com  
100 Blaine St.  
Detroit, Michigan;  
48202.  
(313) 974-9244.  
(313)816-3319.

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City Of Detroit Council Member

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City Of Detroit Council Member

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City Of Detroit Council Member

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City Of Detroit Council Member

**TO: THE HONORABLE DETROIT CITY COUNCIL AT LARGE**

**FROM: DETROIT CITIZEN WITH DISABILITIES, MR. KIRK**

**LEAPHART.**

**100 BLAINE STREET**

**DETROIT, MICHIGAN;**

**48202.**

**(313) 974-9244.**

**(313) 816-3319.**

**walkinginpower60@gmail.com**

**DATE: May 13, 2025.**

**SETTLEMENT RESOLUTION REQUEST**

“The people have the right peaceably to assemble, to consult for the common good, to instruct their representatives and to **petition the government for redress of greivances**”. Michigan Constitution, 1963, Article 1, Section 3.

CITY CLERK 2025 MAY 15 PM12:31



SEARCH

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## Law Claims Information

The Claims Section investigates and attempts to resolve claims filed against the City of Detroit, involving both personal injury and property damage allegedly arising from the City's wrong doing or negligence.

The purpose of the Claims Section is to provide a simplified procedure for resolving legal disputes without the necessity, time and expense of our formal judicial system. Hence, the claims process serves both the needs of the claimant and the City.

**Please note that the Claims Section does NOT take or receive complaints pertaining to any City services, department(s), official(s), or employee(s).**

**TO: THE HONORABLE DETROIT CITY COUNCIL AT LARGE**

**FROM: DETROIT CITIZEN WITH DISABILITIES, MR. KIRK**

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# How To Appear Before City Council

You may send your petition to the Office of the City Clerk addressed to The Honorable City Council. When appropriate it will be placed on the City Council Agenda for action. Your petition must contain sufficient information for the City Council to properly investigate or process your petition.

Please use the information below as a guide to preparing your petition:

1. Who: Indicate the name, organization or position
2. What: Indicate the purpose of request
3. Where: Indicate the location of the request
4. When: Indicate the date and time of event
5. Why: Indicate the reason for the request

Petitions can be submitted in-person, via email [CityClerkHelpDesk@detroitmi.gov](mailto:CityClerkHelpDesk@detroitmi.gov), or by mail using the address below:

## CITY CLERK

Honorable Janice M. Winfrey  
Office of the City Clerk, Ste 200  
2 Woodward Ave., Coleman A. Young Municipal Center  
Detroit, MI. 48226

[\(313\) 224-3266](tel:3132243266)



Citizen Information Center

[\(313\) 224-3270](tel:3132243270)

[cityclerkhelpdesk@detroitmi.gov](mailto:cityclerkhelpdesk@detroitmi.gov)



City Clerk's Office Coleman A. Young Municipal Center 2 Woodward Ave. Suite 200 Detroit, MI 48226 [313-224-3270](tel:3132243270)  
[Fax: 313-224-1466](tel:3132241466), [TTY: 711](tel:313711) or [800-649-3777](tel:8006493777)



[City Clerk Facebook](#)

## Share Your Thoughts

Your feedback is anonymous, and we will use it to improve our website.

1. On September 12<sup>th</sup>, 2024, around 12:45 pm, as reported by DDot bus operator Michael Craighead on the accompanying DDot Incident Report, Mr. Leaphart was a passenger sitting in the rear of the bus Mr. Craighead was operating when a vehicle attempted to cut off the bus causing operator Craighead to apply the breaks to keep from hitting the vehicle which caused Mr. Leaphart to fall towards the windows and metal tire cover hitting them and injuring his lower back on his left side as well as his left arm and shoulder. Exhibit 1 attached.

2. Subsequent to that incident, on September 14<sup>th</sup>, 2024, as reported by DDot bus operator Troy A. Lincoln in two different narrative versions, one on a State of Michigan Crash Report and the other on a DDot Accident Report, Mr. Leaphart was a passenger on the bus operator Troy Lincoln was operating when the operator side swiped and hit a vehicle from west virginia re-injuring Mr. Leaphart on that bus, and this was 3 months after the same bus operator crashed his own personal vehicle. Exhibits 2,3 and 4 attached.

**CONTINUED ON THE FOLLOWING PAGE**



3. Mr. Leaphart sustained injuries including but not limited to permanent disfigurement of his left arm, **tearing of the anterior/inferior labrum**, and of his lumbar spine at L2-3,L3-L4 and at L5-S1 reflecting disc bulges respectively. Exhibits 5 and 6 attached, which are the most recent MRI's.

4. As stated in an email response by senior assistant corporation counsel Amanda Kelly, multiple responses were emailed to Mr. Leaphart informing him that according to DDOT, video footage of the September 12<sup>th</sup>, 2024 incident does not exist. Exhibit 7 attached. This means that there is no video support to affirm the version the 9/12/24 DDOT incident report document's, but does affirm the third party corporation finding that no evidence existed in January of this year of the September 12<sup>th</sup>, 2024 incident, a third party corporation the City of Detroit contracts to investigate claims of injury, COMP ONE, who also assigned Mr. Leaphart **claim number 2721-60-0021174**, and **claim number 2721-60-0021175**. Exhibit 8 attached. So it is safe to assume no video evidence exists of the September 14<sup>th</sup>, 2024 accident either.

5. For and in consideration of Eight Hundred and Ninety Thousand Dollars, and the fact that those times and years Mr. Leaphart was enjoying lifting his grand babies on to his shoulders for granpa horsey back rides were taken away instantly as a result of the injuries sustained as a result of the DDOT bus incident/and accident, Mr. Leaphart is willing to release the City of Detroit and DDOT from any and all liability for the injuries sustained, including the injury to his Constitutional rights to due process (proper notice and an opportunity to be heard as to whether or not he agreed with the law department's taking of his claim for injuries and compensation and giving them to a 3<sup>rd</sup> party corporation to adjudicate) required by both the Michigan and United States Constitutions before a city government can pre dispose of claim property documentation as an administrative remedy (a claim for compensation and a lawsuit are property of the claimant's protected by both due process clauses.

**Wherefor**, this petitioner petitions this honorable body.

May 14, 2025.



Kirk Leaphart (Petitioner)

Address & Phone Number on cover page

**EXHIBIT 1**

# CleverCAD Incident Manager

Incident: 659331 (Current Revision # 13, 9/16/2024 10:39:32 AM)  
Form: Incident Report-New

Printed at: 11/6/2024 2:36:39 PM



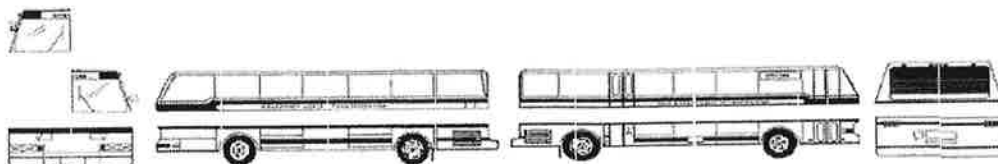
## Incident Report

### Summary

Department:	Incident	Status:	Closed	Vehicle:	2237 - NEW FLYER 22NFXD40
Incident Type:	Passenger Sick/Injured	Employee Badge:	106621	Replacement Vehicle:	
Owned By:	Lowe - Hollowell, Athena	Employee:	Craighead, Michael	Vehicle #2:	
Incident Created:	9/12/2024 12:55:51 PM	Current Work:	Rt 4 SOUTH	Service Inspector Responsible:	Mark Huffman
Latitude:	42.34368	Run:	4069	Sector/District:	09
Longitude:	-83.05557	Route Direction:	SOUTH	Secondary Inspector:	
		Vehicle Garage:	Shoemaker	District/Section:	
		Job Title:	TEO	Notified Police:	<input checked="" type="checkbox"/>
Time-Out of Service:	1332			Notified Transit police:	<input type="checkbox"/>
Time-In Service:				Notified Fire:	<input type="checkbox"/>
Time of Event:	9/12/2024 12:55:51 PM			Notified EMS:	<input checked="" type="checkbox"/>
Location:	2929 Woodward Ave, Detroit, MI 48201, USA			Notified Supervisors:	<input checked="" type="checkbox"/>
Nature Of Problem:	<p>10-53 INVOLVING 4069 WOODWARD WOODWARD/TEMPLE SB            OPERATOR CALLED STAT NG A PASSENGER IS IN NEED OF MEDICAL ASSISTANCE....GAVE TO 911(25) AND SECTOR 9 HUFFMAN.....736            SECTOR 9 HUFFMAN CALLED STATING UPDATE TO 10-74....COACH ROAD WORTHY..SECTOR 13 BELLE, D...ENROUTE FROM GIL WITH OPERATOR TO LOCATION.....736            OPERATOR GO NG INTO SERVICE IN COACH.....736            ALL CLEAR TIME 1:30PM THE OPERATOR WAS TRANSPORTED TO THE CONCENTRA/JF..746</p>				

### Coach(s)

Vehicle:	Employee:	Passengers On Board:
Route:	Oracle #:	Injuries: <input type="checkbox"/> Fatalities: <input type="checkbox"/>
Terminal:	Job Title:	Passengers Claiming Injury:
Direction:	Sex:	Were Injured Transported: <input type="checkbox"/>
Confirmed Location:	Was Driver a Trainee: <input type="checkbox"/>	Total Injured Conveyed:
Location type:	Was Driver Responsible: <input type="checkbox"/>	Courtesy Cards Collected:
DDOT Properties:	Party Charged: <input type="checkbox"/>	# of Pictures taken:
Traffic Control:	Time - Out of Service:	Was Coach Towed:
Coach Action:	Time - Back in Service:	Towing Details:



Damage Description:

### Emergency Responders

Police on Scenes: No  
Police Municipality:  
Police Badge #:  
Police Unit #:  
Police Report #:

TC Badge #:  
TC Unit #:  
TC Report #:

EMS Company:  
EMS Unit #:  
Fire Dept.: Detroit Fire  
Fire Unit #: Medic#21

Total # conveyed: 1

Hospital Transported: Detroit Receiving

### Security

Witness Name:  
Witness Address:  
Witness City:  
Witness State:  
Witness Phone #:  
Witness Statement:

### Injury Information

Injured Name: Kirk Douglas Leaphart  
Injured Address: 100 Blaine st.  
Injured City: Detroit  
Injured State: Michigan  
Injured Phone #: 313-913-6318  
Alleged Injury: left shoulder and lower left side of back

Sex: Male  
Age of Injured: Adult 19-65

### Inspector's Description/Remarks

Inspector's Description/Remarks: Thursday September 12, 2024 around 12:45pm Operator Michael Craighead c#106621 was working run 4069(4)C-2239. Operator stated that while traveling southbound on Woodward a vehicle made a sudden stop in front of him and he applied the brakes to prevent from hitting the vehicle. This action caused a male passenger sitting in the rear of the coach on the left side to fall towards the window and metal tire cover injuring his lower back on the left side as well as his left shoulder. Control was immediately notified. Detroit Police as well as myself were both notified at 12:50pm. Upon my arrival at 1:02pm the 25 passengers who were aboard the coach had already been placed on the followers coach no other injuries to report. Detroit Police never showed up to the scene and the male passenger was transported to [REDACTED] by Detroit Fire Department Medic unit#21 for further evaluation. Sector #13 provided a driver for the coach and the scene was cleared at 1:30pm and updated with control#736 at 1:52pm. Operator Craighead was then conveyed to Concentra Jefferson per FTA.

### Weather Conditions

Weather:  
Visibility:  
Other Observed Conditions:

Road Conditions:  
Road Information:



Manager/supervisor: This form is to used to document action taken following an accident involving a city-owned vehicle. FTA policy requires the testing of the vehicle operator and other employees whose performance could have contributed to the accident.

Employee: Craighead,  
Michael

Date and Time: 9/12/2024 12:55:51 PM

Vehicle: 2237 - NEW FLYER 22NFXD40

Job Title: TEO

Location: 2929 Woodward Ave, Detroit, MI  
48201, USA

Route: Rt 4 SOUTH

Oracle #: 106621

Run: 4069

Pension #:

Social Security #:



## Section I

### Test Authority Determination Table

Use below to indicate the results of the accident and required test. Check only one accident result. If based on all facts you it appears the driver is NOT a possible causes of the accident, select option "No Test Needed" below.

Revenue vehicle (bus) with fatality - FTA: ☐

Revenue vehicle (bus) with injury requiring medical treatment away from the scene - FTA: ☒

Revenue vehicle (bus) with any vehicle incurring disabling damage\* and is transported away from the scene by a tow truck or other vehicle. - FTA: ☐

Non-revenue vehicle operated by Safety-Sensitive Person with fatality - FTA: ☐

Non-revenue vehicle operated by Safety-Sensitive Person with injury requiring medical treatment away from the scene - FTA: ☐

Non-revenue vehicle operated by Safety-Sensitive Person with any vehicle incurring disabling damage\* and is transported away from the scene by a tow truck or other vehicle - FTA: ☐

FTA Post Accident requirements NOT met - DDOT: ☐

Post Accident Test Required (select one): FTA - (Regulated)

\* Disabling Damage - damage that prevents the departure of any vehicle from the scene of the occurrence in its usual manner in daylight after simple repairs. Disabling damage includes to vehicles that could have been operated but would have been further damaged if so operated, but does not include tire disablement (i.e. a flat or blowout), without other damage even if no spare is available, or damage to headlights, taillights, turn signal, horn, mirrors-unless totally unusable, or windshield wipers that makes them inoperative



## Section II

All safety-sensitive and non-safety-sensitive employees whose performance could also contribute to the accident, based on the best information available at the time of the decision, will also be tested for the presence of drugs and alcohol.

STATUS OF THIS EMPLOYEE:

Description of Other:

Are any other people to be tested as a result of this accident (select one)?:

1. Other person's name to be tested:

2. Other person's name to be tested:

3. Other person's name to be tested:

Describe Accident Involvement of People listed above.:



## Section III

Following an accident, the Department will attempt to complete an alcohol test within 2 hours of the accident. If not able to obtain it within 2 hours, they will file a written report as to why they were not able and continue attempts to obtain specimen. If they are not able to obtain specimen in 8 hours, they will cease attempts to obtain specimen and update the 2 hour written report.

Any safety-sensitive or non-safety sensitive employee will be drug tested as soon as possible, but not to exceed thirty-two (32) hours for drug testing. If not able to obtain drug testing within 32 hours a written report must explain the reason for not testing earlier.

Test Site Arrival Time: 1:40:00 PM

Is the Elapsed Time less than 2 hours?: Yes

(Attempt to test must cease after 8 hours)

If no, state reason:

Is the Elapsed Time less than 32 hours?: Yes

(Attempt to test must cease after 32 hours)

If no, state reason:



## Section IV

Explanation of why the employee was not Pulled:

Service Inspector:

Sector/District: 09

Date/Time: 9/12/2024 12:55:51 PM

This document must be retained on file, with the accident report, as a record of decision.

Superintendent

Superintendent Remark: INC. GAVE OPERATOR A COACHING ON BREAKING AND SECURING THE PASSING SAFETY FIRST. B. OLIVER

Attachment

Attachment Type:

Include Image In Printout: ☐

File (A

Choose Files

No file chosen

Date/Time:

Addendums

**EXHIBIT 2**



# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: <b>MI8234903</b>	Department Name <b>Detroit Police Department</b>						
Crash Date <b>09/14/2024</b>	Crash Time <b>18:33</b>	No. of Units <b>02</b>	Crash Type <b>Rear End</b>	Special Circumstances <input checked="" type="checkbox"/> None <input type="checkbox"/> Flooding Police <input type="checkbox"/> Hit and Run <input type="checkbox"/> Unknown <input type="checkbox"/> School Bus <input type="checkbox"/> Animal	Special Checks <input type="checkbox"/> Fatal <input type="checkbox"/> Non-Traffic Area <input type="checkbox"/> ORV/Snowmobile		
County <b>82 - WAYNE</b>	Traffic Control <b>Signal</b>	Relation to Roadway <b>On the Road</b>		Weather <b>Clear</b>	Area <b>Other</b>		
City/Twp <b>99 - DETROIT</b>	Contributing Circumstances 1st <b>None</b> 2nd		Light <b>Daylight</b>	Road Surface Condition <b>Dry</b>	Total Lanes <b>02</b>	Speed Limit <b>No</b>	Posted <b>No</b>
Work Zone (if applicable) Type Workers Present Activity Location							

LOCATION	Prefix	Primary Road Name	Road Type	Suffix	Divided Roadway
		<b>WASHINGTON</b>	<b>BLVD</b>		<b>N</b>
	Distance/Direction	Trafway			
	<b>15.0 Feet N</b>	<b>Not Physically Divided</b>			
LOCATION	Prefix	Intersecting Road Name	Road Type	Suffix	Divided Roadway
		<b>MICHIGAN</b>	<b>AVE</b>		<b>W</b>

Unit Number <b>01</b>	Unit Known <b>Yes</b>	State <b>MI</b>	Driver License Number <b>[REDACTED]</b>	Date of Birth (Age) <b>[REDACTED] (55)</b>	License Type <input checked="" type="checkbox"/> Operator <input type="checkbox"/> Chauffeur <input type="checkbox"/> Moped	Endorsements <input type="checkbox"/> Cycle <input type="checkbox"/> Farm <input type="checkbox"/> Recreational	Sex <b>M</b>	Total Occupants <b>01</b>	Hazardous Action <b>Unable to Stop in Assured Clear Distance</b>	
Unit Type <b>MV</b>	Driver Information <b>TROY A LINCOLN</b>				Driver is Owner <b>No</b>	Injury <b>O</b>	Race <b>B</b>	Position <b>Front - Left</b>	Restraint <b>Restraint Use Unknown</b>	
Driver Condition at Time of Crash 1st <b>Appeared Normal</b> 2nd					Driver Distracted By <b>Not Distracted</b>		Ejected <b>No</b>	Trapped <b>No</b>	Airbag Deployed <b>Not Equipped</b>	
Hospital <b>None</b>					Ambulance <b>None</b>					
Alcohol Suspected <b>No</b>		Contributing Factor <b>No</b>		Alcohol Test Type <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Field <input type="checkbox"/> PBT <input type="checkbox"/> Refused <input type="checkbox"/> Not Offered		Alcohol Test Results <input type="checkbox"/> Pending Test Results:		Interlock Device <b>No</b>		
Drug Suspected <b>No</b>		Contributing Factor <b>No</b>		Drug Test Type <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Field <input type="checkbox"/> Refused <input type="checkbox"/> Not Offered		Drug Test Results <input type="checkbox"/> Pending Test Results:		Citation Issued: <input type="checkbox"/> Hazardous <input type="checkbox"/> Other		
Vehicle Registration <b>104X252</b>		State <b>MI</b>	Vehicle Description <b>2018</b>	Make <b>XD40</b>	Model <b>DIESEL TRANSIT</b>		Color <b>WHI</b>			
VIN <b>5FYD8FV1XKF055098</b>		Vehicle Type <b>Truck/Bus</b>		Special Vehicles <b>Bus</b>		Private Trailer Type		Vehicle Defect		
Automation System(s) in Vehicle <b>No</b>		Automation System Level in Vehicle <b>No Automation</b>				Automation System Level Engaged at Time of Crash <b>No Automation</b>				
Insurance Company <b>CITY OF DETROIT</b>		Insurance Policy # <b>CITY OF DETROIT</b>		Towed By <b>NONE</b>		Towed To <b>NONE</b>				
Location of Greatest Damage <b>02</b>		First Impact <b>02</b>	Extent of Damage (Power Unit and/or Trailers) <b>Minor Damage</b>		Vehicle Direction <b>W</b>	Vehicle Use <b>Commercial (Business)</b>		Action Prior <b>Going Straight Ahead</b>		
Sequence of Events (*) indicates MOST harmful event First <b>17 - Motor Vehicle In Transport</b> Second Third Fourth										

PASSENGERS	Passenger Information <b>KIRK DOUGLAS LEAPHART</b>				Date of Birth (Age) <b>[REDACTED] (66)</b>	Sex <b>M</b>	Race <b>B</b>	Position <b>Unknown</b>	Restraint <b>No Belts Available</b>	
	<b>DETROIT MI 48202 (313) 913-6318</b>				Injury <b>C</b>	Ejected <b>No</b>	Trapped <b>No</b>	Airbag Deployed <b>Not Equipped</b>		
	Hospital <b>None</b>				Ambulance <b>None</b>					
	Passenger Information				Date of Birth (Age)	Sex	Race	Position	Restraint	
					Injury	Ejected	Trapped	Airbag Deployed		
	Hospital				Ambulance					
	Passenger Information				Date of Birth (Age)	Sex	Race	Position	Restraint	
					Injury	Ejected	Trapped	Airbag Deployed		
Hospital				Ambulance						

Carrier Information <b>DDOT</b> <b>5600 WABASH ST</b> <b>DETROIT MI 48203</b>		USDOT <b>000000001812</b>	MC <b>000000000000</b>	MPSC <b>000000000000</b>			
GVWR/GCWR <input type="checkbox"/> 10,000 lbs. or Less <input type="checkbox"/> 10,001 - 26,000 lbs. <input checked="" type="checkbox"/> Greater than 26,000 lbs.		Vehicle Configuration <b>Bus (16 or More Seats, Including Driver)</b>	Cargo Body Type <b>Bus (16 or More Seats, Including</b>	Medical Card <b>Yes</b>	Hazardous Material <input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spill	ID #	Class #

OWNERS	Owner Information		Owner Information	
	Damaged Property		Public	Owner's Phone

1

Unit Number <b>02</b>	Unit Known <b>Yes</b>	State <b>WV</b>	Driver License Number [REDACTED]	Date of Birth (Age) [REDACTED] (42)	License Type • Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex <b>M</b>	Total Occupants <b>01</b>	Hazardous Action <b>None</b>
Unit Type <b>MV</b>	Driver Information <b>TAJUANDUVAL JOSUARICKY MILLER</b>				Driver is Owner <b>Yes</b>	Injury <b>C</b>	Race <b>B</b>	Position <b>Front - Left</b>	Restraint <b>Shoulder Belt Only Used</b>
Driver Condition at Time of Crash 1st <b>Appeared Normal</b> 2nd [REDACTED]				Driver Distracted By <b>Unknown</b>		Ejected No:	Trapped <b>No</b>	Airbag Deployed <b>Not Deployed</b>	
Hospital <b>None</b>					Ambulance <b>None</b>				
Alcohol Suspected <b>No</b>	Contributing Factor <b>No</b>	Alcohol Test Type ○ Breath ○ Blood ○ Urine ○ Field ○ PBT ○ Refused ○ Not Offered			Alcohol Test Results Test Results:		Interlock Device <b>No</b>		
Drug Suspected <b>No</b>	Contributing Factor <b>No</b>	Drug Test Type ○ Blood ○ Urine ○ Field ○ Refused ○ Not Offered			Drug Test Results Test Results:		Citation Issued ○ Hazardous ○ Other		
Vehicle Registration [REDACTED]	State <b>WV</b>	Vehicle Description <b>Passenger Car, SUV, Van</b>	Year <b>1987</b>	Make <b>CHEVROLET</b>	Model <b>CAMARO</b>	Color <b>BLK</b>		Vehicle Defect	
VIN <b>1G1GZ1161HP137983</b>	Vehicle Type <b>Passenger Car, SUV, Van</b>		Special Vehicles <b>None</b>		Private Trailer Type		Vehicle Defect		
Automation System(s) in Vehicle <b>No</b>		Automation System Level in Vehicle <b>No Automation</b>		Automation System Level Engaged at Time of Crash <b>No Automation</b>					
Insurance Company <b>NATIONAL GENERAL</b>		Insurance Policy # <b>2020212346</b>		Towed By <b>NONE</b>		Towed To <b>NONE</b>			
Location of Greatest Damage <b>04</b>	First Impact <b>04</b>	Extent of Damage (Power Unit and/or Trailers) <b>Minor Damage</b>		Vehicle Direction <b>W</b>	Vehicle Use <b>Commercial (Business)</b>	Action Prior <b>Going Straight Ahead</b>			
Sequence of Events (# indicates MOST harmful event)		First <b>17 - Motor Vehicle in Transport</b>		Second <b>01 - Loss of control</b>		Third		Fourth	

<b>PASSENGERS</b>	Passenger Information				Date of Birth (Age)	Sex	Race	Position	Restraint
					Injury	Ejected	Trapped	Airbag Deployed	
	Hospital				Ambulance				
	Passenger Information				Date of Birth (Age)	Sex	Race	Position	Restraint
					Injury	Ejected	Trapped	Airbag Deployed	
	Hospital				Ambulance				
	Passenger Information				Date of Birth (Age)	Sex	Race	Position	Restraint
					Injury	Ejected	Trapped	Airbag Deployed	
	Hospital				Ambulance				

Carrier Information				USDOT	MC	MPSC
Driver's CDL Type				Endorsements OH OP OT ON OS OX	CDL Exempt ○ Farm ○ Other	
GVWR/GCWR ○ 10,000 lbs. or Less ○ 10,001 - 26,000 lbs. ○ Greater than 26,000 lbs.	Vehicle Configuration		Cargo Body Type	Medical Card	Hazardous Material ○ Placard ○ Cargo Spill	ID # Class #

Owner Information	Owner Information

Witness Information	Witness Information

Investigated at Scene <b>Yes</b>	Reported Date (Time) <b>09/14/2024 (18:49)</b>	1st Investigator Name (Badge) <b>Off. D. Merrill (5161)</b>	2nd Investigator Name (Badge)	Photos <b>No</b>
-------------------------------------	---	--	-------------------------------	---------------------

Narrative On September 14, 2024, at approximately 1830 hours, Unit 1 rear ended Unit 2 while both units were travelling westbound on Michigan Ave. Unit 1 made contact with the rear right fender of Unit 2. [REDACTED] DDOT supervisor, Ms. Lawler (Code 606, of East District) made the scene.	Diagram 
---	-------------

**EXHIBIT 3**

Incident: 660116 (Current Revision # 24, 9/16/2024 10:59:57 AM)  
Form: Accident Report \_New

Printed at: 10/18/2024 12:56:27 PM



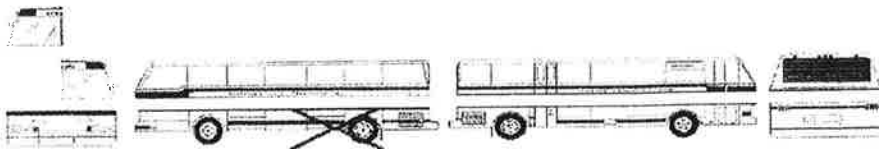
## Accident Report

### Summary

Department: Accident Status: Closed  
Incident Type: Accident with Vehicle - Minor Employee Badge: 106903 Vehicle: 1812 - NEW FLYER 18NFXD40  
Owned By: Dotson, Tykese Employee: Lincoln, Troy Replacement Vehicle:  
Incident Created: 9/14/2024 6:34:47 PM Current Work: PI to \_Gar-5 Vehicle #2:  
Latitude: 42.33178 Run: 5043 Service Inspector Responsible: Destin Lawler  
Longitude: -83.05132 Route Direction: Sector/District: EAST  
Vehicle Garage: Shoemaker Secondary Inspector:  
Time-Out of Service: Job Title: District/Section:  
Time-In Service: WAS THERE INJURIES: ☐  
Notified Police: ☒  
Notified Transit police: ☐  
Notified Fire: ☐  
Notified EMS: ☐  
Notified Supervisors: ☒  
Time of Event: 9/14/2024 6:29:27 PM  
Location: 1101 Washington Blvd, Detroit, MI 48226, USA  
Nature Of Problem: 10-50 OPERATOR STATED MINOR ACCIDENT WITH VEHICLE R/5043 JF C/1812 LOC WASHINGTON & MICHIGAN GAVE TO EAST DISTRICT D LAWLER AT 6:30P GAVE TO 911#  
2 AT 6:31P...749  
ALL CLEAR AT 7:20P OPERATOR CONVEYED TO CONCENTRA ROMULUS....749  
UPGRADED TO 10-49 AT 7:56P...749  
CALL MADE TO GABBY HONEY AT 8:05P CALL MADE TO CORIE HOLMES AT 7:59P VM...749

### Accident With Coaches

Coach Priority: Vehicle: 1812 - NEW FLYER 18NFXD40 Employee: Troy Lincoln  
Route: 9:Jefferson Oracle #: 106903  
Terminal: Shoemaker Job Title: TEO  
Direction: West Sex: Male  
Confirmed Location: Michigan and Washington  
Location type: Roadway intersection  
DDOT Properties:  
Traffic Control: Signal Light  
Coach Action: Making a left turn  
Collision Type: Sideswipe  
Collision with: Motor vehicle  
Type of vehicle: Automobile  
Was Driver a Trainee: ☐  
Was Driver Responsible: ☒  
Party Charged: ☐  
Operator Pulled: Yes  
Passengers On Board: 4  
Injuries: ☒ Fatalities: ☐  
Passengers Claiming Injury: 1  
Were Injured Transported: ☒  
Total Injured Conveyed: 2  
Courtesy Cards Collected: 0  
# of Pictures taken: 19  
Time - Out of Service:  
Time - Back in Service:  
Was Coach Towed: No  
Towing Details:



Damage Description:  
Scrapes and damage to Wheel well

Vehicle Priority:  
Direction Of Travel: West  
Vehicle Action: Stopped  
Vehicle Year: 1987  
Vehicle Make: Chevrolet  
Vehicle Model: Monte Carlo  
License Plate:   
License Plate State: West Virginia  
Insurance Company Name: National General  
Insurance Policy Number: 2020212346  
Driver's Name: Tajuan Miller  
Driver License #:   
Date of Birth:   
Driver's Home Address:   
Driver's City: Huntington  
Driver's State: West Virginia  
Driver's ZIP: 25701  
Driver's Phone:  
Owner Of Vehicle: No Registration  
Owner's Address:  
Owner's City:  
Owner's State:  
Owners ZIP:  
Owner's Phone:  
Vehicle Occupants: 1  
Injured Occupants: 1  
Total injured conveyed: 1  
Was vehicle towed: No  
Blue Card Signed: No

Accident with Pedestrian

Accident with Fixed Object

Emergency Responders

Police on Scene: Yes  
Police Municipality: Detroit  
Police Badge #:   
Police Unit #:   
Police Report #: 1485756

TC Badge #:  
TC Unit #:  
TC Report #:

EMS Company:   
EMS Unit #:   
Fire Dept.:   
Fire Unit #:

Total # conveyed: 2  
Hospital Transported :

Security

Witness Name:  
Witness Address:  
Witness City:  
Witness State:  
Witness Phone #:  
Witness Statement:

Injury Information

Injured Name: Tajuanduval Joshuaricky Miller (Tajuan Miller)  
Injured Address:   
Injured City: Huntington  
Injured State: West Virginia  
Injured Phone #:   
Alleged Injury:

Sex: Male  
Age of injured: Adult 19-65

60

Injured Name: Kirk Douglas Leaphart  
Injured Address:  
Injured City:  
Injured State:  
Injured Phone #:   
Alleged Injury:

Sex: Male  
Age of injured: Senior 61+

60

Inspector's Description/Remarks:

Operator Troy Lincoln Oracle 106903 working 5043 Jefferson in coach 1812 was involved in an accident at Michigan and Washington. Per my investigation operator was traveling down Washington proceeding to make a left turn onto Michigan. When Operator Lincoln turned there was also traffic in the left lane. He attempted to turn into the righthand curb lane when the left side of his coach sideswiped the rear end of a vehicle. Operator stopped the coach and called control. Operator of vehicle stayed on scene and required medical attention. TC1 591/5161 on scene. Operator had 4 passengers with 1 claiming injury. All clear 720p. Police report #1485756. Shoemaker mechanic pulled coach in. Operator was pulled per FTA and conveyed to Concontra Roinulus.

Conditions

Weather: Clear

Road Conditions: Dry

Visibility: Sun in eyes of transit vehicle operator

Road Information: Street

Other Observed Conditions:

Post-Accident Record of Decision



Manager/supervisor: This form is to be used to document action taken following an accident involving a city-owned vehicle. FTA policy requires the testing of the vehicle operator and other employees whose performance could have contributed to the accident.

Employee: Lincoln, Troy

Date and Time: 9/14/2024 6:29:27 PM

Vehicle: 1812 - NEW FLYER 18NFXD40

Job Title:

Location: 1101 Washington Blvd, Detroit, MI 48226, USA

Route: PI to Gar-S

Oracle #: 106903

Run: 5043

Pension #:

Social Security #:

Post-Accident Record of Decision - Section I



Section I

Test Authority Determination Table

Use below to indicate the results of the accident and required test. Check only one accident result. If based on all facts you it appears the driver is NOT a possible cause of the accident, select option "No Test Needed" below.

Revenue vehicle (bus) with fatality - FTA: ☐

Revenue vehicle (bus) with injury requiring medical treatment away from the scene - FTA: ☐

Revenue vehicle (bus) with any vehicle incurring disabling damage\* and is transported away from the scene by a tow truck or other vehicle - FTA: ☐

Non-revenue vehicle operated by Safety-Sensitive Person with fatality - FTA: ☐

Non-revenue vehicle operated by Safety-Sensitive Person with injury requiring medical treatment away from the scene - FTA: ☐

Non-revenue vehicle operated by Safety-Sensitive Person with any vehicle incurring disabling damage\* and is transported away from the scene by a tow truck or other vehicle - FTA: ☐

FTA Post Accident requirements NOT met - DDOT: ☐

Post Accident Test Required (select one): FTA - (Regulated)

\* Disabling Damage - damage that prevents the departure of any vehicle from the scene of the occurrence in its usual manner in daylight after simple repairs. Disabling damage includes to vehicles that could have been operated but would have been further damaged if so operated, but does not include tire disablement (i.e. a flat or blowout), without other damage even if no spare is available, or damage to headlights, taillights, turn signal, horn, mirrors-unless totally unusable, or windshield wiper that makes them inoperative



## Section II

All safety-sensitive and non-safety-sensitive employees whose performance could also contribute to the accident, based on the best information available at the time of the decision, will also be tested for the presence of drugs and alcohol.

STATUS OF THIS EMPLOYEE:

Description of Others:

Are any other people to be tested as a result of this accident (select one)

1. Other person's name to be tested:

2. Other person's name to be tested:

3. Other person's name to be tested:

Describe Accident Involvement of People Listed above.:

Post-Accident Record of Decision - Section III



## Section III

Following an accident, the Department will attempt to complete an alcohol test within 2 hours of the accident. If not able to obtain it within 2 hours, they will file a written report as to why they were not able and continue attempts to obtain specimen. If they are not able to obtain specimen in 8 hours, they will cease attempts to obtain specimen and update the 2 hour written report.

Any safety-sensitive or non-safety sensitive employee will be drug tested as soon as possible, but not to exceed thirty-two (32) hours for drug testing. If not able to obtain drug testing within 32 hours a written report must explain the reason for not testing earlier.

Test Site Arrival Time:

Is the Elapsed Time less than 2 hours?:

(Attempt to test must cease after 8 hours)

If no, state reason:

Is the Elapsed Time less than 32 hours?:

(Attempt to test must cease after 32 hours)

If no, state reason:

Post-Accident Record of Decision - Section IV



## Section IV

Explanation of why the employee was not pulled:

Service Inspector:

Sector/District: EAST

Date/Time: 9/14/2024 6:29:27 PM


This document must be retained on file, with the accident report, as a record of decision.

**EXHIBIT 4**



# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI 8202200	Department Name MSP Metro South		Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> Fleeing Police <input type="radio"/> Hit and Run <input type="radio"/> Unknown <input type="radio"/> School Bus <input type="radio"/> Animal		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile	
Crash Date 06/05/2024	Crash Time 05:50	No. of Units 03	Crash Type Rear End	Weather Clear	Area FRWY Enter/Exit Ramp	
County 82 - Wayne	Traffic Control None	Relation to Roadway On the Road		Light Dusk	Road Surface Condition Dry	Total Lanes 03
City/Twp 99 - Detroit	Contributing Circumstances 1st None	2nd				Speed Limit 55
						Posted Yes
Work Zone (if applicable) Type Workers Present Activity Location						
Prefix Primary Road Name Road Type Suffix Divided Roadway SB I-75						
Distance / Direction Trafficway Divided Hwy with Barrier 180 Feet ER						
Prefix Intersecting Road Name Road Type Suffix Divided Roadway EB I-94 9RAMP 21610 FWY E						
Unit Number 01	Unit Known Yes	State Driver License Number	Date of Birth (Age)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex Race 01
Unit Type MV	Driver Information TROY A LINCOLN		Driver is Owner Yes	Injury O	Position Front - Left	Restraint Shoulder and Lap Belt
Driver Condition at Time of Crash 1st Appeared Normal			2nd Not Distracted		Ejected Trapped	Airbag Deployed Not Deployed
Hospital REFUSED			Ambulance NONE			
Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered	Alcohol Test Results <input type="radio"/> Pending Test Results:		Interlock Device No	
Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input type="radio"/> Not Offered	Drug Test Results <input type="radio"/> Pending Test Results:		Citation Issued <input checked="" type="radio"/> Hazardous <input type="radio"/> Other	
Vehicle Registration 4MTS69	State MI	Vehicle Description 2022 RAM	Model 1500	Color BLK		
VIN 1C6RRFFG6NN297782	Vehicle Type Passenger Car, SUV, Van	Special Vehicles Not Applicable	Private Trailer Type	Vehicle Defect		
Automation System(s) in Vehicle No		Automation System Level in Vehicle No Automation		Automation System Level Engaged at Time of Crash No Automation		
Insurance Company		Insurance Policy #		Towed By		Towed To
Location of Greatest Damage 01	First Impact 01	Extent of Damage (Power Unit and/or Trailers) Functional Damage	Vehicle Direction S	Vehicle Use Private	Action Prior Going Straight Ahead	
Sequence of Events First ● 17 - Motor Veh in Transport (● indicates MOST harmful event)						
Passenger Information			Date of Birth (Age)	Sex	Race	Position
			Injury	Ejected	Trapped	Airbag Deployed
Hospital			Ambulance			
Passenger Information			Date of Birth (Age)	Sex	Race	Position
			Injury	Ejected	Trapped	Airbag Deployed
Hospital			Ambulance			
Carrier Information			USDOT	MC	MPSC	
GVWR/GCWR O 10,000 lbs. or Less O 10,001 - 26,000 lbs. O Greater than 26,000 lbs.			Vehicle Configuration	Cargo Body Type	Medical Card	Hazardous Material O Placard O Cargo Spill
Owner Information			Owner Information			
Damaged Property			Public	Owner & Phone		

UNIT DRIVER	Unit Number 02	Unit Known Yes	State Driver License Number [REDACTED]	Date of Birth (Age) [REDACTED]	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreational	Sex [REDACTED]	Race [REDACTED]	Total Occupants 01	Hazardous Action None		
	Unit Type MV	Driver Information [REDACTED]			Driver is Owner Yes	Injury C	Position Front - Left		Restraint Shoulder and Lap Belt			
	Driver Condition at Time of Crash 1st Appeared Normal				Driver Distracted By Not Distracted		Ejected	Trapped	Airbag Deployed Not Deployed			
	Hospital REFUSED				Ambulance NONE							
	Alcohol Suspected No	Contributing Factor No	Alcohol Test Type ○ Breath   ○ Blood   ○ Urine ○ Field   ○ PBT   ○ Refused   ● Not Offered			Alcohol Test Results ○ Pending	Test Results:		Interlock Device No			
	Drug Suspected No	Contributing Factor No	Drug Test Type ○ Blood   ○ Urine ○ Field   ○ Refused   ● Not Offered			Drug Test Results ○ Pending	Test Results:		Citation Issued ○ Hazardous ○ Other			
	Vehicle Registration ELV5570	State MI	Vehicle Description 1998	Year 1998	Make CHEVROLET	Model CORVETTE	Color BLK					
	VIN 1G1YY32GXW5110033	Vehicle Type Passenger Car, SUV, Van		Special Vehicles Not Applicable		Private Trailer Type	Vehicle Defect					
	Automation System(s) in Vehicle No		Automation System Level in Vehicle No Automation			Automation System Level Engaged at Time of Crash No Automation						
	Insurance Company [REDACTED]				Insurance Policy # [REDACTED]		Towed By		Towed To			
Location of Greatest Damage 05	First Impact 05	Extent of Damage (Power Unit and/or Trailers) Functional Damage		Vehicle Direction S	Vehicle Use Private		Action Prior Going Straight Ahead					
Sequence of Events ● 17 - Motor Veh in Transport (● indicates MOST harmful event)												
PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Race	Position	Restraint			
					Injury	Ejected	Trapped	Airbag Deployed				
	Hospital				Ambulance							
	Passenger Information				Date of Birth (Age)	Sex	Race	Position	Restraint			
					Injury	Ejected	Trapped	Airbag Deployed				
	Hospital				Ambulance							
TRUCK/BUS	Carrier Information				USDOT		MC	MPSC				
	GVWR/GCWR ○ 10,000 lbs. or Less   ○ 10,001 - 26,000 lbs.   ○ Greater than 26,000 lbs.				Vehicle Configuration	Cargo Body Type	Medical Card	Hazardous Material ○ Placard   ○ Cargo Spill		ID #	Class #	
OWNERS	Owner Information				Owner Information							
	Witness Information				Witness Information							
WITNESS	Investigated at Scene   Yes				Reported Date (Time) 06/05/2024 (06:09)		1st Investigator Name (Badge) JA'VAN COLEMON (1755)			2nd Investigator Name (Badge)		Photos No
	Narrative Units 1, 2, and 3 were traveling SB I-75 FWY ramp to EB I-94 FWY. Unit # 1 failed to stop within an assured clear distance and crashed into Unit # 2, causing Unit # 2 to crash into Unit # 3. Unit #2 complained of back injuries.				Diagram SB I-75 FWY TO RAMP EB I-94 FWY 							



**Emergency Dept Notes**

No notes of this type exist for this encounter.

**All Notes**

No notes of this type exist for this encounter.

**Lab Results**

No matching results found

**Pathology Results**

No matching results found

**Imaging - Radiology Results**

**MRI shoulder left without contrast**

Resulted: 12/17/24 1608, Result status: Final result

Order status: Completed

Resulted by:  
Hulen, Rachel, MD  
Kaechele, Alexander, DO  
Accession number: 43169317

Performed: 12/17/24 1159 - 12/17/24 1308

Resulting lab: EMC RAD

Narrative:

Patient MRN: 15162859

Patient Location: FRL

Requesting Physician: HAQUE NAZMUL

Date/Time	Exam Description	PACS Acc #
12/17/2024 1:08 PM	MRI SHOULDER JOINT LT WO CONTR	043169317

EXAMINATION: MRI SHOULDER JOINT LT WO CONTRAST

DATE OF EXAMINATION: 12/17/2024 1:08 PM

HISTORY: Tendinopathy. Shoulder pain.

TECHNIQUE: Multiplanar multisequence images of the left shoulder were obtained without intravenous contrast.

COMPARISON: Chest radiograph October 15, 2017

**FINDINGS:**

Rotator Cuff: There is mild thickening and heterogenous signal within the supraspinatus and infraspinatus tendons without tear. The subscapularis tendon is intact. There is no significant fluid in the subacromial/subdeltoid bursa. There is no focal atrophy of the rotator cuff musculature.

AC Joint: The acromioclavicular joint appears normal.

Biceps Tendon: Severe intra-articular biceps tendinosis. No discrete tear.

Glenohumeral Joint and Labrum: Global degenerative changes of the glenoid labrum with tearing of the anterior/inferior labrum. There is moderate narrowing and degenerative spurring at the glenohumeral joint with subchondral cystic changes seen within the anterior humeral head. There is no significant glenohumeral joint effusion.

Soft Tissues: The soft tissues appear normal.

**IMPRESSION:**

1. Severe intra-articular biceps tendinosis.
2. Mild rotator cuff tendinosis. No discrete tear.
3. Moderate glenohumeral joint osteoarthritis.

Resident: ALEXANDER KAECHELE, DO

I have personally reviewed the images and corrected the report as necessary.

Report reviewed and signed: RACHEL HULEN, M.D.

Generated on 12/24/24 11:36 AM

**Imaging - Radiology Results (continued)**

**MRI shoulder left without contrast (continued)**

Resulted: 12/17/24 1608, Result status: Final result

Date signed: 12/17/2024 4:08 PM

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
9 - EMCRad	EMC RAD	Model Lab Director	5301 Tokay Blvd. Madison WI 53711	10/21/22 0739 - Present

**Cardiac Results**

No matching results found

**Other Results**

No matching results found

**END OF REPORT**



**Emergency Dept Notes**

No notes of this type exist for this encounter.

**All Notes**

No notes of this type exist for this encounter.

**Lab Results**

No matching results found

**Pathology Results**

No matching results found

**Imaging - Radiology Results**

Resulted: 12/20/24 1341, Result status: Final result

**MRI lumbar spine without contrast**

Order status: Completed

Resulted by:  
Noujaim, Daniel, MD  
Cave, Courtney S, MD  
Accession number: 43169313

Performed: 12/17/24 1158 - 12/17/24 1256  
Resulting lab: EMC RAD  
Narrative:  
Patient MRN: 15162859  
Patient Location: FRL  
Requesting Physician: SADRY PAYAM

Date/Time	Exam Description
12/17/2024 12:56 PM	MRI LUMBAR SPINE

PACS Acc #  
043169313

EXAMINATION: MRI LUMBAR SPINE

EXAMINATION DATE: 12/17/2024 12:56 PM

CLINICAL HISTORY: Low back pain.

COMPARISON: Lumbar spine radiograph 10/30/2024

TECHNIQUE: Multiplanar multisequence MR imaging the lumbar spine obtained without contrast.

**FINDINGS:**

The vertebral body heights are maintained. Subtle levoconvex curvature. Alignment is otherwise maintained.

The lower thoracic cord and conus are normal in signal. Conus terminates at the L1 level. Subtle subcentimeter nodule suspected along posterior aspect of the conus at the level of L1 within the thecal sac, which may relate to underlying nerve sheath tumor.

No pathologic bone marrow signal. Incidental L4 vertebral body hemangioma.

Mild degenerative disc height loss at L4-L5, eccentric to the right. Right greater than left facet hypertrophy at L4-L5.

Additional spondylotic changes as below.

T12-L1: No significant central canal or neuroforaminal narrowing.

L1-L2: No significant central canal or neuroforaminal narrowing.

L2-3: Shallow posterior disc bulge without significant central canal or neuroforaminal narrowing.

L3-L4: Shallow posterior disc bulge and facet arthropathy greater on the right than the left causing moderate right and mild left foraminal narrowing without significant central canal narrowing.

L4-S1: Mild degenerative disc height loss eccentric to the right with right greater than left facet hypertrophy causing moderate right and mild left neural foraminal narrowing encroaching upon the exiting right L4 nerve root without significant central canal narrowing.

L5-S1: Mild facet arthropathy with mild left-sided neuroforaminal narrowing. Shallow posterior disc bulge without significant central canal narrowing.

The paraspinal soft tissues are within normal limits.



**Imaging - Radiology Results (continued)**

Resulted: 12/20/24 1341, Result status: Final result

**MRI lumbar spine without contrast (continued)**

Visualized upper sacrum and sacroiliac joints appear intact.

**IMPRESSION:**

1. Mild degenerative changes most notable at L4-L5 where there is right greater than left facet arthropathy and up to moderate right foraminal narrowing encroaching upon the exiting right L4 nerve root. No significant central canal narrowing.

2. Nodular focus suspected posterior to conus at the L1 level within the thecal sac. This is nonspecific and may relate to tortuous nerve root, although underlying nerve sheath tumor not excluded. Consider postcontrast only lumbar spine MRI to exclude underlying lesion.

Resident: COURTNEY CAVE, Resident

I have personally reviewed the images and corrected the report as necessary.

Report reviewed and signed: DANIEL NOUJAIM, MD  
Date signed: 12/20/2024 1:41 PM

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
9 - EMCrad	EMC RAD	Model Lab Director	5301 Tokay Blvd. Madison WI 53711	10/21/22 0739 - Present

**Cardiac Results**

No matching results found

**Other Results**

No matching results found



**EXHIBIT 7**



We have also previously indicated throughout multiple responses that based on information provided by City of Detroit Department of Transportation (DDOT) personnel, it is our understanding that no video exists for the September 12, 2024, incident. Nevertheless, I still reached out to DDOT to ask them to search once again for any video record that existed pertaining to that incident. They once again confirmed that there is no video available for this incident. Therefore, that portion of your request is still denied pursuant to MCL 15.235(5)(b).

Hide quoted text

Amanda Kelly

Senior Assistant Corporation Counsel

City of Detroit-Law Dept.

Freedom of Information Act Section  
(FOIA)

Coleman A. Young Municipal Center  
2 Woodward Avenue, Suite 500





January 7, 2025

Kirk Leaphart  
100 Blaine St.  
Detroit, MI 48202

Re: Claimant: Kirk Leaphart  
Claim Number: 2721-60-0021174  
Date of Loss: 09/12/2024

Dear Mr. Leaphart,

CompOne Administrators, Inc., is the Third-Party Administrator for the City of Detroit.

Please refer to the letter sent to your office on November 22, 2024, regarding this matter. The claim was denied due to your failure to provide the previously requested documentation necessary to process the claim and your lack of cooperation in the investigation.

Additionally, there is no reasonable evidence to support that you sustained bodily injuries on or related to a DDOT bus within the City of Detroit. As a result, you will remain responsible for any and all medical expenses incurred.

This claim remains denied. If you have any questions or require clarification, please feel free to contact me directly

Sincerely yours,

**Josh Halasy**  
PIP Claims Specialist  
CompOne Administrators  
(866) 590-3662 Ext. 1124  
(517) 853-7333 (fax)  
[jhalasy@compone.net](mailto:jhalasy@compone.net)



January 7, 2025

Kirk Leaphart  
100 Blaine St.  
Detroit, MI 48202

Re: Claimant: Kirk Leaphart  
Claim Number: 2721-60-0021175  
Date of Loss: 09/14/2024

Dear Mr. Leaphart,

CompOne Administrators, Inc., is the Third-Party Administrator for the City of Detroit.

Please refer to the letter sent to your office on November 22, 2024, regarding this matter. The claim was denied due to your failure to provide the previously requested documentation necessary to process the claim and your lack of cooperation in the investigation.

Additionally, there is no reasonable evidence to support that you sustained bodily injuries on or related to a DDOT bus within the City of Detroit. As a result, you will remain responsible for any and all medical expenses incurred.

This claim remains denied. If you have any questions or require clarification, please feel free to contact me directly

Sincerely yours,

**Josh Halasy**  
PIP Claims Specialist  
CompOne Administrators  
(866) 590-3662 Ext. 1124  
(517) 853-7333 (fax)  
[jhalasy@compone.net](mailto:jhalasy@compone.net)

## Claim Form

(Notice of Claim Must Be Filed Not Later Than 45 Days from the Date of Accident)

City of Detroit Law Department  
Claims Section  
2 Woodward, Suite 500  
Detroit, MI 48226

10/16/2024

(Today's Date)

Kirk Leaphart

(Print Name)

Gentlemen:

Claim is hereby made against the City of Detroit due to the following happening on

9/12 & 9/24/2024

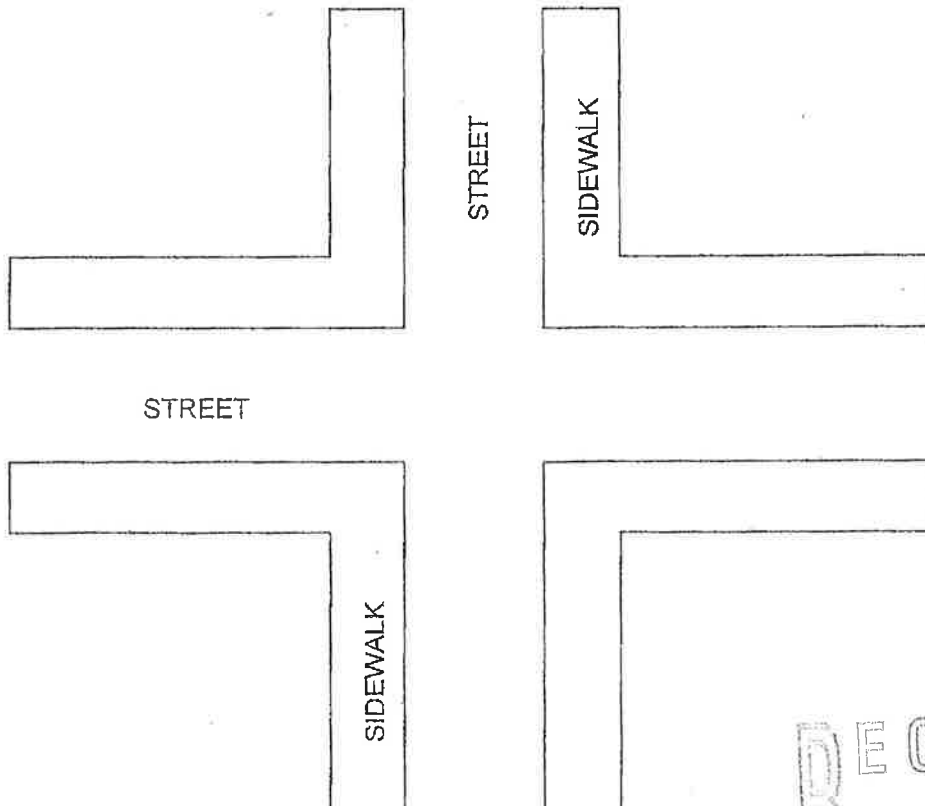
(Month - Day - Year)

at See attached Notice(s) or reports AM, PM

(Time)

1. Location on 9/12 Temple & Woodward / on 9/14 Michigan Ave  
(Enter location of accident including street address)

2. Make complete diagram. (Use for Outdoor Accidents)



RECEIVED  
OCT 17 2024  
CITY OF DETROIT  
LAW DEPARTMENT

C 24-05018

3. If alleged accident was a result of a condition in the street or sidewalk, describe it, giving exact location and nature of said condition.

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4. How did the accident happen? Explain in detail, using additional sheets if necessary.

See attached Notices Stamped  
by and filed with the Law  
Dept.

I was a passenger  
on both buses.

5. List in detail the injuries or damaged suffered. Use additional sheets, if necessary.

See Prescriptions attached.  
Preliminary: Sprains to left  
arm Shoulder rotatory cuff and  
left lower Lumbar Spine.

Results of MRI's Pending.

6. Did you notify the police? Yes ✓ No       

7. If your vehicle was involved, give license number \_\_\_\_\_

8. Amount of claim \$ 45,000.00 x 2 (\$90,000.00)  
(Include doctor and hospital bills on personal injury claims)  
(Include two estimates on property damage claims)

9. List all known witnesses of accident. Use additional sheets if necessary.

DDST Bus Video footage (bus # 4609-237) 9/2/21

DDot BUS Video footage (bus #5043-1812) 9/14/24

(Name)	(Address)	(Telephone)
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(Name)	(Address)	(Telephone)
--------	-----------	-------------

(Name)	(Address)	(Telephone)
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10. Have you made a claim with your own insurance company? N/A

11. Please give the name and address of your insurance company and policy number:

12. Have you made any other complaints or reports regarding this incident?

No If yes, please specify below.

It yes, please specify below.

I think the BUS drivers  
made REPORTS.

13. Please submit a copy of your vehicle registration or title.



14. Have you previously filed any or have any outstanding claims against the City of Detroit? Yes. If yes, please specify.

In 2010 maybe, with 3rd  
Judicial Circuit Court.

USE ADDITIONAL SHEETS IF NECESSARY.

Respectfully submitted,

Kirk Shephard

(Signature of Claimant)

700 Blaine

(Address)

Detroit 45202

(City, State and Zip Code)

(313) 913-6318

(Phone Number)

State of Michigan}  
County of Wayne}

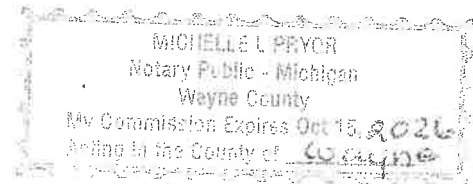
Subscribed and sworn to before me 17 day of October, 2024

Michelle L. Pryor

(Notary Public Wayne County, Michigan)

October 15, 2026

(Date Commission Expires)



THIS CLAIM MUST BE NOTARIZED



Facility: Detroit Receiving Hospital  
Address: 4201 St. Antoine Blvd.  
Detroit, MI 48201

Patient Name: LEAPHART, KIRK  
DOB: 4/3/1958  
PTID: 06493502  
FIN: 680019453819  
PCP: HAQUE MD, NAZMUL  
Attending: LAGINA MD, ANTHONY T

Admit Date: 9/12/2024  
Discharge Date: 9/12/2024  
Medical Service: Emergency Medicine

### Ed Documents

DOCUMENT NAME:  
SERVICE DATE/TIME:  
RESULT STATUS:  
PERFORM INFORMATION:  
SIGN INFORMATION:  
AUTHENTICATED BY:

ED Triage and Assessment Adult - DRH  
9/12/2024 13:27 EDT  
Auth (Verified)  
KAFOURY RN, CHARLIE (9/12/2024 13:27 EDT)

ED Triage and Assessment Adult - DRH  
09/12/24 13:27 EDT Performed by KAFOURY RN, CHARLIE  
Entered on 09/12/24 13:30 EDT

### General

Chief Complaint Description pt states he was on the bus, brakes  
were hit hard causing pt to hit  
window (per pt), pt denies other  
complaints  
Chief Complaint left shoulder/lower back pain  
Ebola - US/Canada Contact 30Days\_v2 No or no contact with recent traveler  
ED Triage Test/Procedures No

The documents accompanying this transmission contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity name above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been fulfilled.

If you are not the intended recipient, you are hereby notified that disclosure, copying, distribution or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.

Children's Hospital of Michigan -- 313-745-5356  
Detroit Receiving Hospital -- 313-745-3285  
Harper Hutzell Hospital -- 313-745-8022  
Sinai-Grace Hospital -- 313-966-3155  
Huron Valley-Sinai Hospital -- 248-937-3365  
Rehabilitation Institute of Michigan -- 313-745-1172  
DMC Surgery Hospital -- 248-733-2359

Report Request ID: 201453148  
Requester: SIMON-GARLAND, BEVERLY

Printed On: 9/16/2024 12:23 EDT  
Page 1 of 18



Facility:  
Address:

Patient Name: LEAPHART, KIRK  
DOB: 4/3/1958  
PTID: 06493502  
FIN:  
PCP: HAQUE MD, NAZMUL  
Attending:

Admit Date:  
Discharge Date:  
Medical Service:

### Ed Documents

DOCUMENT NAME: ED Triage and Assessment Adult - DRH  
SERVICE DATE/TIME: 9/14/2024 19:42 EDT  
RESULT STATUS: Auth (Verified)  
PERFORM INFORMATION: WEILER RN, JENNIFER J (9/14/2024 19:42 EDT)  
SIGN INFORMATION:  
AUTHENTICATED BY:

ED Triage and Assessment Adult - DRH  
09/14/24 19:42 EDT Performed by WEILER RN, JENNIFER J  
Entered on 09/14/24 19:44 EDT

### General

Chief Complaint Description states he was a passenger on a bus that struck a car at 10mph. c/o chronic back and shoulder pain  
Chief Complaint left shoulder pain  
Ebola - US/Canada Contact 30Days\_v2 No or no contact with recent traveler  
ED Triage Test/Procedures No  
Last Tetanus Unknown

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Rehabilitation Institute of Michigan -- 313-745-1172  
DMC Surgery Hospital -- 248-733-2359

Report Request ID: 201453319  
Requester: SIMON-GARLAND, BEVERLY

Printed On: 9/16/2024 12:24 EDT  
Page 1 of 16

Team Wellness Center

2925 Russell  
Detroit, MI 48207  
Tel: 313-396-5300

Dr. Pamela Obare, DNP  
NPI #: 1780040246

Name: Leaphart Kirk DOB 04/03/58

Address: L-Shoulder MR

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Refill: times PRN NR

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Dx Shoulder & Rotator cuff sprain & pain

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Refill: times PRN NR

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