



## DEPARTMENTAL SUBMISSION

DEPARTMENT: Law

FILE NUMBER: Law-2675

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**\* RE:**

Submitting Reso. Autho. Settlement In Lawsuit of Southfield Transportation Services, Inc. and Southfield Pt, Inc. (Tramaine Ross) v City Of Detroit

**\* SUMMARY:**

CASE NO: 24-004425-NF FILE NO: L24-00851 (CB) (A20000) to draw two separate warrants; the *first warrant* upon the proper account in favor of **SOUTHFIELD TRANSPORTATION SERVICES, INC and THEIR attorneys, KAS-MIKHA LEGAL GROUP, P.L.L.C** in the amount of **(\$7,500.00)**. The *second warrant* upon the proper account in favor of **SOUTHFIELD PT, INC and THEIR attorneys, AW LAW GROUP, P.L.L.C.**, in the amount of **(\$10,225.00)** in full payment for any and all claims which **SOUTHFIELD TRANSPORTATION SERVICES, INC and SOUTHFIELD PT, INC**, may have against the City of Detroit and any other City of Detroit employees by reason of alleged injuries sustained on or about **02/04/2024**

**\* RECOMMENDATION:**

**RESOLVED**, that settlement of the above matter be and is hereby authorized in the amount of **(\$17,725.00)**; and be it further

**RESOLVED**, that the Finance Director be and is hereby authorized and directed to draw two separate warrants. The first warrant upon the proper account in favor of **SOUTHFIELD TRANSPORTATION SERVICES, INC and THEIR attorneys, KAS-MIKHA LEGAL GROUP, P.L.L.C** in the amount of **(\$7,500.00)**. The second warrant upon the proper account in favor of **SOUTHFIELD PT, INC and THEIR attorneys, AW LAW GROUP, P.L.L.C.**, in the amount of **(\$10,225.00)** in full payment for any and all claims which **SOUTHFIELD TRANSPORTATION SERVICES, INC and SOUTHFIELD PT, INC**, may have against the City of Detroit and any other City of Detroit employees by reason of alleged injuries sustained on or about **02/04/2024**, and otherwise set forth in Case No. 24-004425-NF, that said amount be paid upon receipt of properly executed Releases, Stipulation and Order of Dismissal entered in Lawsuit No.24-004425-NF and, where deemed necessary by the Law Department a properly executed Medicare/CMS Final Demand Letter.

**\* DEPARTMENTAL CONTACT:**

Name: Deanna Denby

Position: Paralegal

**\*=REQUIRED**