



## DEPARTMENTAL SUBMISSION

DEPARTMENT: Law

FILE NUMBER: Law-2757

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**\* RE:**

Submitting reso. autho. Settlement in Lawsuit of Metro Durable Medical Supply, LLC and 4 Transport Inc. (Shonta Brooks)

**\* SUMMARY:**

Case Number: 24-000683-NF File Number: L24-00774 (CAB) (A20000) that settlement of the above matter be and is hereby authorized in the total amount of **(\$10,500.00)** The *first* warrant upon the proper account in favor of **METRO DURABLE MEDICAL SUPPLY, LLC and THEIR attorneys, KAS-MIKHA LEGAL GROUP, P.L.L.C** in the amount of **(\$6,000.00)**. The *second* warrant upon the proper account in favor of **4 TRANSPORT, INC and THEIR attorneys, BASHORE LAW GROUP**, in the amount of **(\$4,500.00)** in full payment for any and all claims which **METRO DURABLE MEDICAL SUPPLY, LLC**, and of **4 TRANSPORT 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 **(\$10,500.00)**; 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 **METRO DURABLE MEDICAL SUPPLY, LLC and THEIR attorneys, KAS-MIKHA LEGAL GROUP, P.L.L.C** in the amount of **(\$6,000.00)**. The second warrant upon the proper account in favor of **4 TRANSPORT, INC and THEIR attorneys, BASHORE LAW GROUP**, in the amount of **(\$4,500.00)** in full payment for any and all claims which **METRO DURABLE MEDICAL SUPPLY, LLC**, and of **4 TRANSPORT 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. 24-000683-NF, that said amount be paid upon receipt of

properly executed Releases, Stipulation and Order of Dismissal entered in Lawsuit No.24-000683-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**