May 29, 2012

Dan[illegible]

Da[illegible]ques
[illegible]
Lenno[illegible]ds
Kathle[illegible]n E. Beatty

Of Counsel:
Phillp R. Papa

email: lawyers[illegible]

THE PORT AUTHORITY OF NY & NJ

Daniel D. Duffy
FOI Administrator

July 31, 2012

Ms. Daniela F. Henriques
Leav & Steinbeerg LLP
140 Broadway, Suite 3601
New York, NY 10005

Re: Freedom of Information Reference No. 13213

Dear Ms. Henriques:

This is a response to your May 29, 2012 request, which has been processed under the Port Authority's Freedom of Information Code (the "Code") for copies of records related to Peter Newell's accident on March 28, 2012 at LaGuardia Airport, Gate A7, Air Canada Terminal.

Material responsive to your request and available under the Code may be found on the Port Authority's website at http://www.panynj.gov/corporate-information/foi/129772-O.pdf. Paper copies of the available records may be requested.

Certain material responsive to your request is exempt from disclosure pursuant to Exemption (1) of the Code.

Please refer to the above FOI reference number in any future correspondence relating to your request.

Very truly yours,

Daniel D. Duffy
FOI Administrator

T: 2 [illegible] 212 435 7555

THE PORT AUTHORITY OF NY & NJ

ORIGINAL REPORT TO - MANAGER, CLAIMS ADMINISTRATION (225 PAS, 13th Floor)
COPY TO - (1) SAFETY ENGINEERING SUPERVISOR, INSPECTION & SAFETY DIVISION (PATC Zip 43)
(2) RISK SUPERVISOR, RISK MANAGEMENT (225 PAS Treasury, 12th Floor)
(3) ORIGINATING UNIT

CASE #: 2302

☒ N.Y. ☐ N.J. | ☒ Patron Accident ☐ Property Damage

Full Name of Injured Person	Address (Home)	Home Phone #	Sex	Age
NEWELL, PETER	(Ex. 1)	(Ex. 1)	☒ M ☐ F	59

Occupation	Name & Address of Employer	Business Phone #
AIR CANADA OPERATIONS		

Facility	Exact Location of Accident: (When helpful, attach a diagram to this form only, on plain paper)
LGA	AIR CANADA OPERATIONS OFFICE, LOWER LEVEL CONCOURSE A CENTRAL TERMINAL BUILDING

Accident Date	Day of Week	Time	To Whom Reported?	Date Reported	Time
3/28/12	WEDNESDAY	0705 ☒ AM ☐ PM	JOANNE DONNELY	3/28/12	0710 ☒ AM ☐ PM

☐ Motor Stairs	Going: ☐ Up ☐ Down	Riding ☐	Getting: ☐ On ☐ Off	Motor Stair Stopped? ☐ Yes ☐ No	Motor Stair #:
☐ Stationary Stairs	Stationary Stair #:	Injured Was Going ☐ Up ☐ Down	By Whom		How Long After Fall

Condition of Area: FLOOR WAS TACKY DUE TOO TRANSPARANT FLOORING ADHESIVE

NARRATIVE: Tell what the injured and/or witness(s) said. Give the exact statement in person's own words, identifying individual(s) making statement, to whom statement was made, and in whose presence:

AT TIME AND PLACE OF OCCURRENCE INJURED ABOVE STATED THAT THE BOTTOM OF HIS SHOES BECAME TACKY FROM EXCESSIVE FLOORING ADHESIVE USED TO INSTAL NEW TILES IN HIS OFFICE. WHILE WALKING OUT THE DOOR INJURED WALKED ON A CARPET RUNNER WHICH BECAME STUCK TO THE BOTTOM OF HIS SHOES CAUSING INJURED TO FALL OVER LANDING ON BOTH OF HIS KNEES. INJURED HAD PAIN IN BOTH KNEES AND REFUSED MEDICAL ATTENTION.

Did You Witness Accident? ☐ Yes ☒ No

NAMES OF ADDITIONAL WITNESSES MAY BE INCLUDED IN AVAILABLE SPACE OR ON AN ADDITIONAL SHEET

Witness No. 1	Full Name and Address				
	Phone No.	Relationship to Injured	Accompanied Injured? ☐ Yes ☐ No	Work at Facility? ☐ Yes ☐ No	P.A. Employee? ☐ Yes ☐ No

Witness No. 2	Full Name and Address				
	Phone No.	Relationship to Injured	Accompanied Injured? ☐ Yes ☐ No	Work at Facility? ☐ Yes ☐ No	P.A. Employee? ☐ Yes ☐ No

Signature of P.O. Reporting Accident	Shield No.	Date
P.O.	1705	3/28/12

Medical Data

☒ No Treatment ☐ First Aid At Scene By

Ambulance called? ☐ Yes ☒ No | If Yes, time called: ☐ AM ☐ PM | Arrived: ☐ AM ☐ PM

Name and City of Hospital Injured Taken To (if any)

Doctor's Name and Address

Nature and Extent of Injury (Include Part Injured) PAIN TO BOTH KNEES

If rendered first aid elsewhere, state where, by whom and names of those present:

3/28/12

COMPLETE THIS SECTION ONLY IN CASES OF ACTUAL OR PROBABLY PERSONAL INJURY

Who Reported Accident? JOANNE DONNELY	Did Injured Wear Glasses? ☐ Yes ☒ No	Type of Glasses ☐ Bi-Focal ☐ Tinted Glasses ☐ Other:

Who Assisted Injured Off Stairs or Point Where Found? SELF

How Were You Called To Scene? ☐ Phone ☐ Public Address ☒ Other: PICK UP

What Was Your Post Assignment? POST 7

Other P.A. Personnel At Scene: (Names & Titles)

Where Did You First See Injured? In Which Position? SITTING

Did You Attempt To Get Identity of Witness? ☒ Yes ☐ No | Weather Conditions ☐ Wet ☒ Dry ☐ Snowing ☐ Raining

Any Apparent Disability Other Than From Fall? NONE

What Did Injured Allege Caused Fall? FLOORING ADHESIVE STICKING TO SHOES

Kind Of Shoes Worn By Injured: ☐ High Heels ☐ Medium Heels ☒ Flat Heels ☐ Galoshes ☐ Other:

What Did Injured Carry? NOTHING

Was Injured Traveling Alone? ☒ Yes ☐ No If No, Who Accompanied?

Any Evidence of Alcohol? ☐ Yes ☒ No If Yes, Describe: ☐ Speech ☐ Odor ☐ Gait ☐ Other:

If Taken to First Aid, How? ☐ Walking ☐ Wheel Chair ☐ Stretcher ☐ Other:

How Departed From First Aid? ☐ Walking ☐ Wheel Chair ☐ Stretcher ☐ Other:

Was Injured Familiar With Terminal? ☒ Yes ☐ No ☐ Unknown ☐ Does Not Apply | Was Injured Using Handrail? ☐ Yes ☐ No ☐ Unknown ☒ Does Not Apply

Did Local Jurisdiction Police Respond? ☒ Yes ☐ No Identify: PAPD

Property Damage

Item(s) Damaged and Description of Damage

Total P.A. Damage: ☒ None ☐ $ 1000 or less ☐ Over $ 1000 | Damage Involved ☐ P.A. ☐ Tenant ☐ Contractor ☐ Other (Explain)

Reported By (Non-Police)	Title	Date	Facility Manager's Signature	Date

To Be Completed By Supervisor | If the following section cannot be completed immediately, forward this report as is, and when this information is obtained it should be forwarded as a supplement to the report.

Personnel Assigned to Area	Area Last Cleaned by B.A. At ☐ AM ☐ PM
Inspected Motor Stairs, Stationary Stairs At ☐ AM ☐ PM	How?
Condition	Signature of B.A.
	Area Last Inspected by B.A. At ☐ AM ☐ PM
Last Coating of Area (If Applicable)	Condition
Signature / Date	Signature of Person Making Inspection / Date

INSTRUCTIONS

1. Print in Black Ink
2. Identify all witnesses
3. Check all appropriate boxes
4. Submit promptly additional information, as available, to Manager, Claims Administration.
5. Forward this form to Manager, Claims Administration
6. If P.A. Property is damaged, prepare Maintenance Work Order Form PA 2302. Write "Accident Damage" in description of job. Also indicate M.W.O. number in appropriate box on reverse side of this form.

LaGuardia Airport - Operations Log

PATRON INJ 146/147 REPORT

Log Entered 03/29/12 15:29 Modified By: Joe Carney Entered By: Steve Viens

Event Date/Time 03/28/12 8:28

LaGuardia Operations 146/147 Incident Report

Notification Date 3/28/2012 Notification Time 7:00 AM

Date of Incident 3/28/2012 Time of Incident 7:00 AM

Officer Case #
Dee Bagde #1705 2302

Name of Injured Person
Peter Newell - Air Canada Employee

Male/Female Age
Male 60

R/M/A or Hospital Incident Location
RMA Air Canada Operations Office Concourse A first floor.

Describe Injuries
The injured complained of pain in the knees.

Describe Incident

A small section of floor tiles in the Air Canada Operations Office had been replaced by PA Maintenance personnel during the over nightperiod. Some of the adhesive from the section was coming up at the seams. The injured was working in the area and indicated some of the adhesive was on his shoes. The individual stated he was exiting the office when his feet stuck to a hallway rug causing him to fall. Mr. Newell RMA but indicated he was leaving work to seek medical attention from his own doctor.

The area was well lighted and photographs were taken of the flooring.

100KD, 93RC, 91JO, 90JL and J.Martini Briefed. A message was left for D.Stearns.

A copy of this report was forwarded to PA Risk Management Department, H.Riveros.

0900hrs - PA Maintenance removed excess adhesive material from the floor.

3/29/2012

1412- Joanne from Air Canada called to indicate there was still adhesive on floor and she wanted no further injury.

Responded and was advised by Joanne that the rolling chairs were causing a squeegee action and the adhesive was coming up between tiles. I wiped the adhesive up. Called Contract Services George Grey who sent Brian Stamm and his crew. A citric wipe was used to remove excess adhesive. The rolling chairs were moved to other rooms.

The room is high use, so the agent was advised to the problem. Stamm will have a piece of sheet metal placed and duct taped down to allow proper drying and maintain a safe condition.

1525- tried to advise Joanne, but she had left for the day.

1800- Brian called to advise that sheet metal was down and taped off. Air Canada was happy with effort.

End of Report

---------- EQUIPMENT HISTORY ----------

COMMAND INPUT ===> _____ DISPL [illegible]

FACILITY : LGA__ SUBFAC: _____ REFERENCED W/O : _____

WORK ORDER NUMBER: 0750728 WO TYPE: CO SHUTDOWN NUMBER : _____

PM/PROJECT NUMBER: _____ STATUS / DATE : CLOSED 06/30/2012

W/ PRIORITY : 55 PRIORITIES : EQ: 1 JOB: 5 EXTRA: 50

[illegible]/DATE : _____ 03/28/2012 W/O NEED DATE : 03/28/2012

A[illegible] BY : WOOD_____ AUTHORIZED DATE : 03/28/2012

WORK ORDER DESC. : REPLACE DAMAGED FLOOR TILE AIR CANADA AREA CONCOURSE "A"____

SUB-SYSTEM/DESC : PABS PORT AUTHORITY BUILDINGS_____

MAINTENANCE TYPE : GM MULTI-EQUIP: N SYSTEM : BLD

EQUIPMENT ID : FAC LGAA 0001 00 EQUIPMENT CLASS : FACL

EQUIP DESCRIPTION: LGA FACILITY FOR GENERAL W/O'S ALL AREAS_____

EQUIP. LOCATION : ALL AREAS_____

ORG UNIT/SEC-SUB : 308 0331 OUT OF SERV REQ.: N RECOVERABLE IND: N

ORIGINATOR : JOSEPH WOOD____ PLANNED BY : JOSEPH WOOD____

CURR. USAGE/UNIT : _____ 1ST SCHED / START: 03/28/2012 03/28/[illegible]

ACCOUNT: 1 1X 0A02 308 033 333 000 01 FINISH / COMPLETE: 04/03/2012 05/29/[illegible]

==========ESTIMATED===ACTUAL==========

PA LABOR	$ 560	523	TOTAL (EST/ACT) :	$ 560	$ [illegible]
CNT LABOR	$		VARIANCE ($/PCT):	$ -37	-6.6
MATERIAL	$		HOURS (EST/ACT) :	10.0	10.0
SERVICES	$		ACT HOUR (PA/CT):	10.0	

MESSAGE: 'PF4' BACK TO SEARCH SCREEN / ENTER A VALID COMMAND

---------- WORK ORDER TASK DESCRIPTION ----------

COMMAND INPUT ===> _____ DISPLAY MODE

		FACILITY	: LGA
WORK ORDER NUMBER:	0750728	W/O STATUS / DATE	: CLOSED 06/30/2012
PM/PROJECT NO. :		W/O TYPE	: CO
ORG / SEC/SUB-SEC:	308 0331	MAINTENANCE TYPE	: GM
PLANNED BY :	JOSEPH WOOD	W/O PRIORITY	: 55
WORK ORDER DESC. :	REPLACE DAMAGED FLOOR TILE AIR CANADA AREA CONCOURSE "A"		
EQUIPMENT ID :	FAC LGAA 0001 00	EQUIPMENT CLASS	: FACL MULTI-EQUIP: N
EQUIP DESCRIPTION:	LGA FACILITY FOR GENERAL W/O'S ALL AREAS		
TASK LOCATION :	ALL AREAS		
TASK NUMBER :	1	TASK STATUS / DATE:	CLOSED 06/30/2012
STDS/ DOCUMENT :		DWG. UPDATE REQD :	
SCHEDULE DATE :	04/03/2012	SAFETY PERMIT REQD:	N
SHIFT :	A	SUPERVISOR	: TOD
		PARTS REQUESTOR :	
TASK DESCRIPTION :	REPLACE DAMAGED FLOOR TILE AIR CANADA AREA CONCOURSE "A"		
DESCRIPTION OF WORK / SUPERVISOR COMMENTS :			

MESSAGE: YOU MAY SCROLL/'TOP'/'BOTTOM'/REQUEST A TASK NBR/'PF4' BACK TO HEADER.

---------- WORK ORDER LABOR REQUIREMENTS ----------

COMMAND INPUT ===> _____ DISPLAY MODE

FACILITY : LGA__ SUB-FACILITY : _____

ORG. UNIT : 308 SECTION/SUB-SEC : 0331

WORK ORDER NUMBER: 0750728 W/O STATUS / DATE : CLOSED 06/30/2012

W/O TYPE : CO MAINT TYPE: GM PM/PROJECT NUMBER : ___ _____

PLANNED BY : JOSEPH WOOD____ W/O PRIORITY : 55

WORK ORDER DESC. : REPLACE DAMAGED FLOOR TILE AIR CANADA AREA CONCOURSE "A"____

EQUIPMENT DESCRIPTION: LGA FACILITY FOR GENERAL W/O'S ALL AREAS_____

EQUIPMENT ID : FAC LGAA 0001 00 EQUIPMENT CLASS : FACL

TASK NUMBER : 1 TASK STATUS / DATE: CLOSED 06/30/2012

TASK DESCRIPTION : REPLACE DAMAGED FLOOR TILE AIR CANADA AREA CONCOURSE "A"____

A	CLASS	STAFF REQ	ESTIMATED HOURS	ACTUAL HOURS	ESTIMATED COST	ACTUAL COST
_	2002__	_1	_____5.0	_____5.0	$ _____243.60	$ _____[illegible]
_	2128__	_1	_____5.0	_____5.0	$ _____316.00	$ _____[illegible]5.32
_	_____	__	_____	_____	$ _____	$ _____
_	_____	__	_____	_____	$ _____	$ _____
_	_____	__	_____	_____	$ _____	$ _____
_	_____	__	_____	_____	$ _____	$ _____
_	_____	__	_____	_____	$ _____	$ _____
_	_____	__	_____	_____	$ _____	$ _____

MESSAGE: ENTER 'COMMIT'; 'P' FOR PARTS; 'D' DIR-CHARGE; OR SCROLL.

---------- WORK ORDER LABOR REQUIREMENTS ----------

COMMAND INPUT ===> _____ DISPLAY MODE

FACILITY : LGA__ SUB-FACILITY : _____

ORG. UNIT : 308 SECTION/SUB-SEC : 0351

WORK ORDER NUMBER: 0750730 W/O STATUS / DATE : CLOSED 06/30/2012

W/O TYPE : CO MAINT TYPE: GM PM/PROJECT NUMBER : ___ _____

PLANNED BY : R. STANKIEWICZ_ W/O PRIORITY : 48

WORK ORDER DESC. : CLEAN UP POST VINYL TILE INSTALLATION IN AIR-CANADA OPS RM__

EQUIPMENT DESCRIPTION: CONCOURSE (A)_____

EQUIPMENT ID : PAB B080 FIN4 00 EQUIPMENT CLASS : BLDG

TASK NUMBER : 1 TASK STATUS / DATE: CLOSED 06/30/2012

TASK DESCRIPTION : CLEAN UP POST VINYL TILE INSTALLATION IN AIR-CANADA OPS RM__

A	CLASS	STAFF REQ	ESTIMATED HOURS	ACTUAL HOURS	ESTIMATED COST	ACTUAL COST
_	2000	1	2.0	4.0	$ 97.44	$ [illegible]
_	212[illegible]	1	2.0	2.0	$ 126.40	$ [illegible]
_					$	$
_					$	$
_					$	$
_					$	$
_					$	$
_					$	$

MESSAGE: ENTER 'COMMIT'; 'P' FOR PARTS; 'D' DIR-CHARGE; OR SCROLL.

---------- WORK ORDER PLANNING ----------

COMMAND INPUT ===> _____ PRINTER / OPTION: DRBI S CHANGE MODE
FACILITY : LGA__ SUBFAC: _____ REFERENCED W/O : _____
ORG. UNIT/SEC-SUB: 308 0351 OUT OF SERV REQ.: N O.O.S NO: _____
WORK ORDER NUMBER: 0750730 WO TYPE: CO SHUTDOWN NUMBER : _____
PM/PROJECT NUMBER: ___ ____ STATUS / DATE : FINI__ 03/29/2012
W/O PRIORITY : 48 AUTO-SCHEDULE: Y PRIORITIES : EQ 6 JOB 8 EXTRA _0
REQUEST NO./DATE : _____ 03/28/2012 W/O NEED DATE : 03/28/2012 SHIFT: B
AUTHORIZED BY : RS_____ AUTHORIZED DATE : 03/28/2012
WORK ORDER DESC. : CLEAN UP POST VINYL TILE INSTALLATION IN AIR-CANADA OPS RM__
SYS / SUB-SYS/LOC: BLD PABS CTBCX MAINTENANCE TYPE: GM RECOVER IND: N
SUB-SYSTEM DESC : PORT AUTHORITY BUILDINGS_____
EQUIPMENT ID : PAB B080 FIN4 00 EQUIPMENT CLASS : BLDG MULTI-EQUIP: N
EQUIP DESCRIPTION: CONCOURSE (A)_____
EQUIP WORK SITE : (C.T.B.)_____
ORIGINATOR : R. STANKIEWICZ_ PLANNED BY : R. STANKIEWICZ_
CURR. USAGE/UNIT : _____ _____ ENTERED BY : _____
ACCOUNT : 1 1X 0A02 308 033 333 000 01 SUBMIT/1ST SCHED: _____ 03/28/2012
ENG REVIEW REQ/BY: N / _____ START / FINISH : 03/28/2012 03/29/2012

========== ESTIMATED COSTS ==========

PA LABOR : _____223 CONTRACT LABOR : _____
MATERIAL : _____ SERVICES : _____
TOTAL ESTIMATE : _____223

MESSAGE: CHANGE WORK ORDER PLANNING DATA.

---------- EQUIPMENT HISTORY ----------

COMMAND INPUT ===> _____ DISPLAY MODE

FACILITY : LGA__ SUBFAC: _____ REFERENCED W/O : _____

WORK ORDER NUMBER: 0750730 WO TYPE: CO SHUTDOWN NUMBER : _____

PM/PROJECT NUMBER: _____ STATUS / DATE : CLOSED [illegible]

W[illegible]PRIORITY : 48 PRIORITIES : EQ: [illegible] JOB: [illegible]

REQUEST NO./DATE : _____ 03/28/2012 W/O NEED DATE : [illegible]

AUTHORIZED BY : RS_____ AUTHORIZED DATE : [illegible]

WORK ORDER DESC. : CLEAN UP POST VINYL TILE INSTALLATION IN AIR-CANADA OPS RM__

SUB-SYSTEM/DESC : PABS PORT AUTHORITY BUILDINGS_____

MAINTENANCE TYPE : GM MULTI-EQUIP: N SYSTEM : BLD

EQUIPMENT ID : PAB B080 FIN4 00 EQUIPMENT CLASS : BLDG

EQUIP DESCRIPTION: CONCOURSE (A)_____

EQUIP. LOCATION : (C.T.B.)_____

ORG UNIT/SEC-SUB : 308 0351 OUT OF SERV REQ.: N RECOVERABLE IND: N

ORIGINATOR : R. STANKIEWICZ_ PLANNED BY : R. STANKIEWICZ

CURR. USAGE/UNIT : _____ 1ST SCHED / START: 03/28/2012 03[illegible]

ACCOUNT: 1 1X 0A02 308 033 333 000 01 FINISH / COMPLETE: 03/29/2012 [illegible]

==========ESTIMATED===ACTUAL==========

PA LABOR :	$ 223	217	TOTAL (EST/ACT) :	$ 223	$ 7
CNT LABOR :	$		VARIANCE ($/PCT):	$ -6	-2.7
MATERIAL :	$		HOURS (EST/ACT) :	4.0	6.0
SERVICES :	$		ACT HOUR (PA/CT):	6.0	

MESSAGE: 'PF4' BACK TO SEARCH SCREEN / ENTER A VALID C[illegible]

EQUIP DESCRIPTION: CONCOURSE (A)

TASK LOCATION : (C.T.B.)

TASK NUMBER : 1 TASK STATUS / DATE: [illegible]

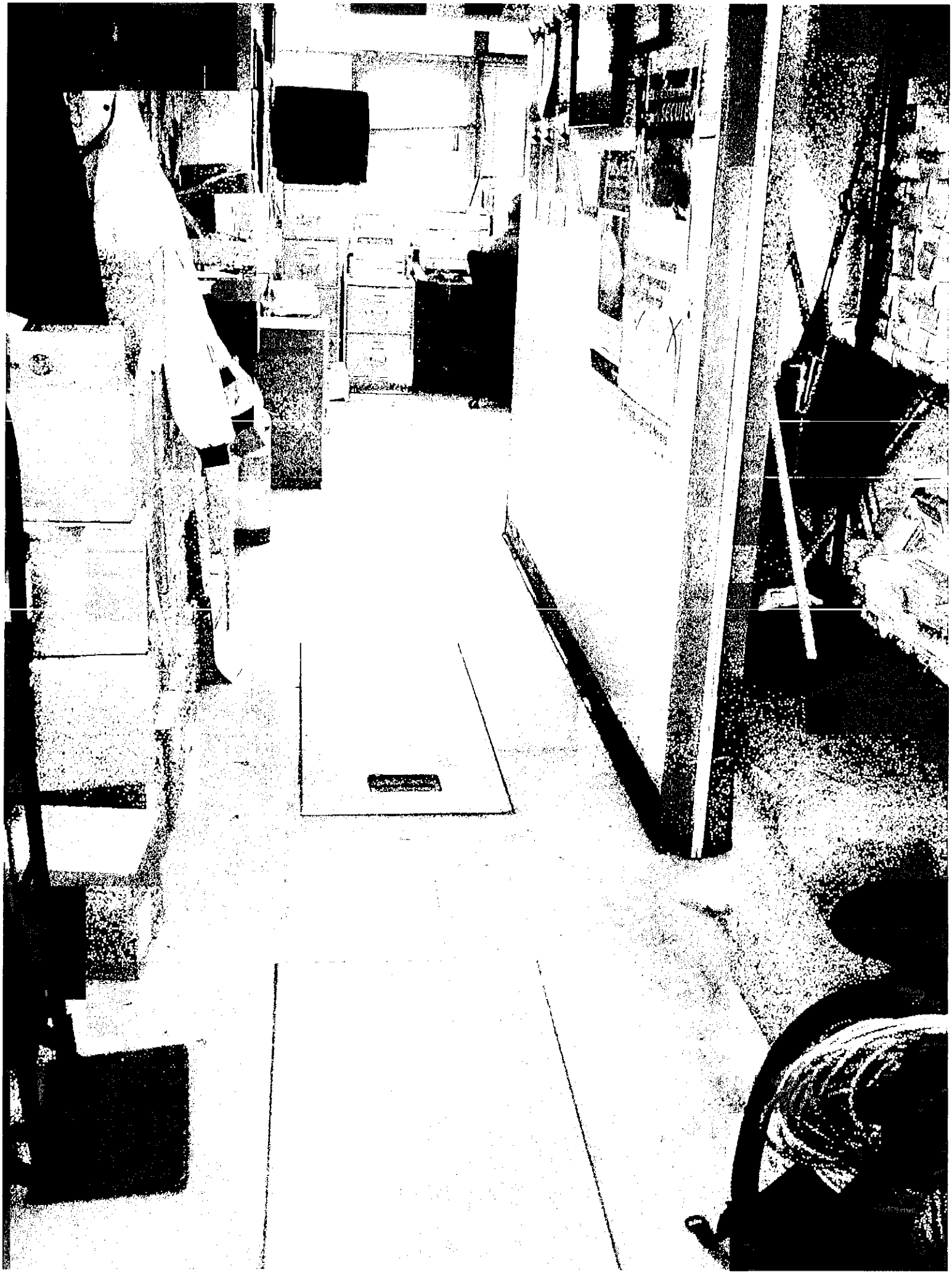
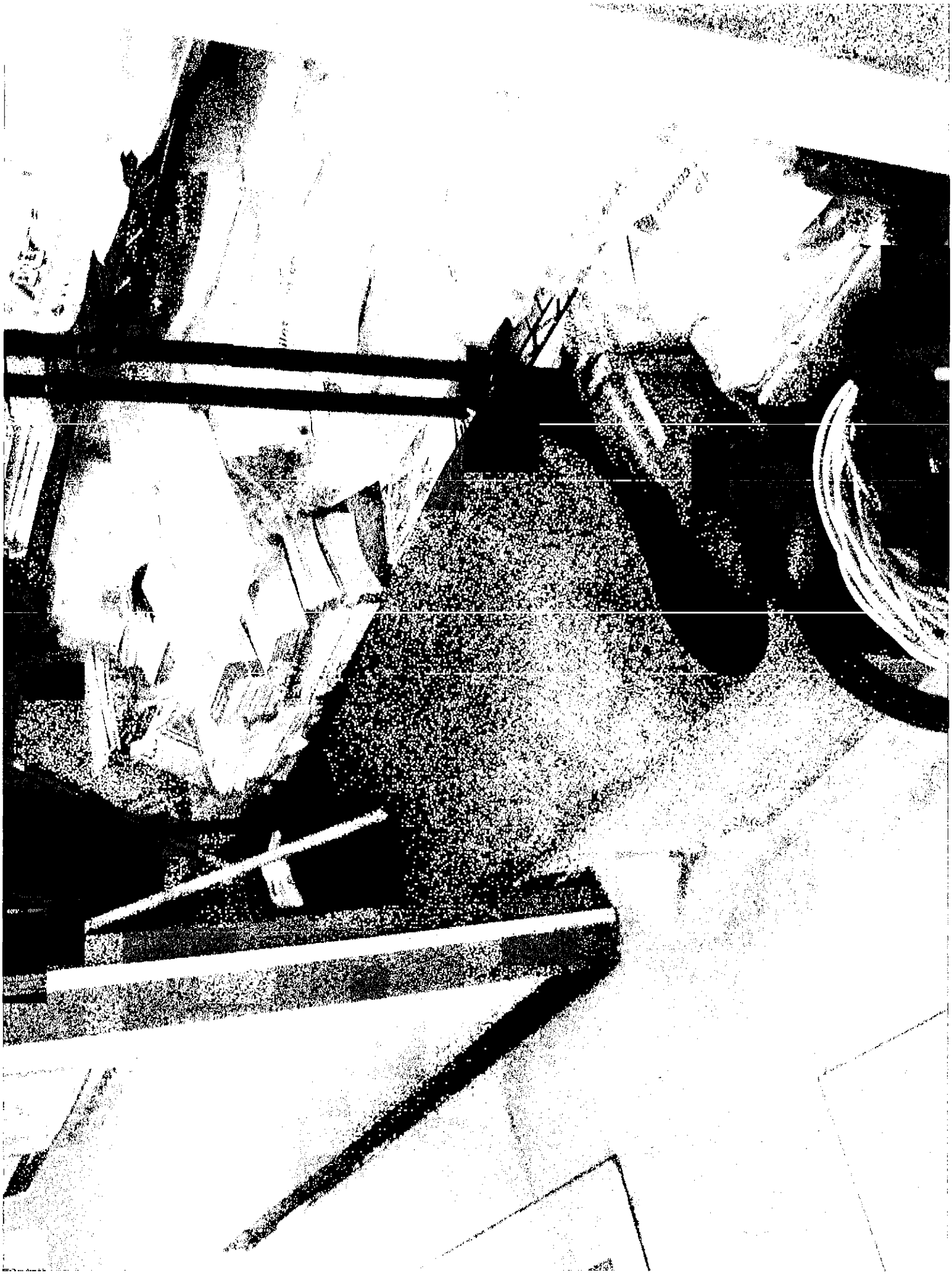
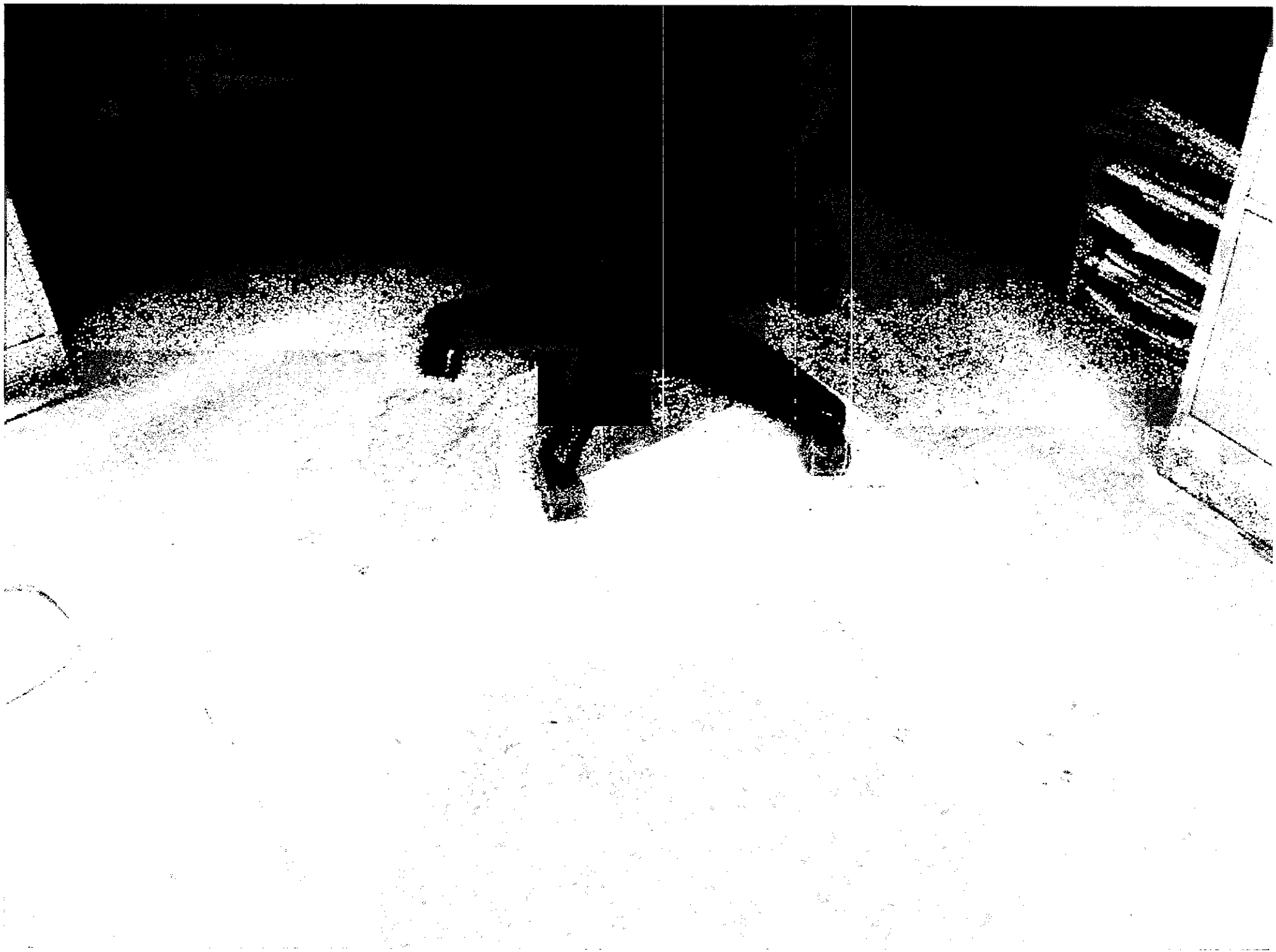
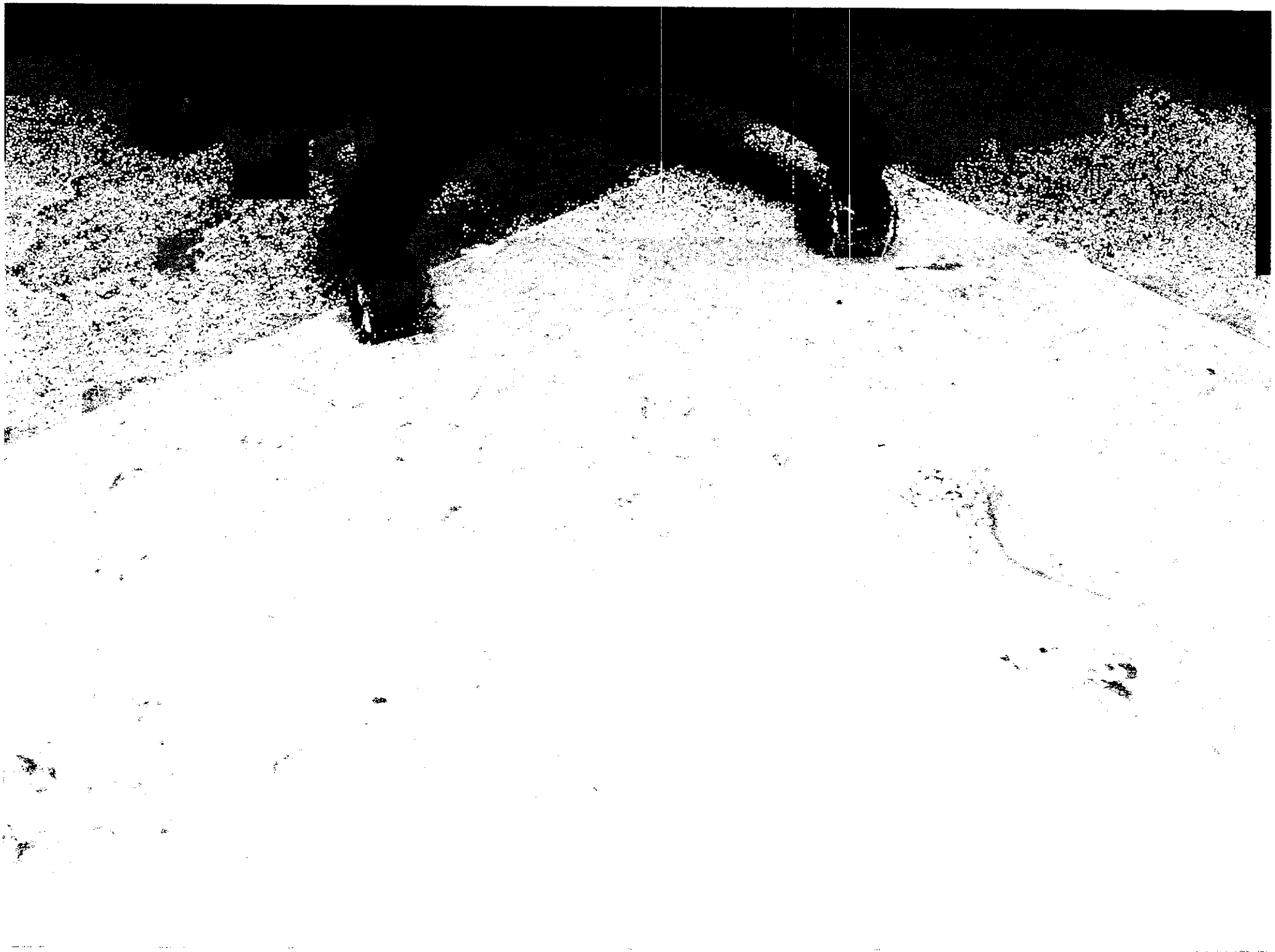
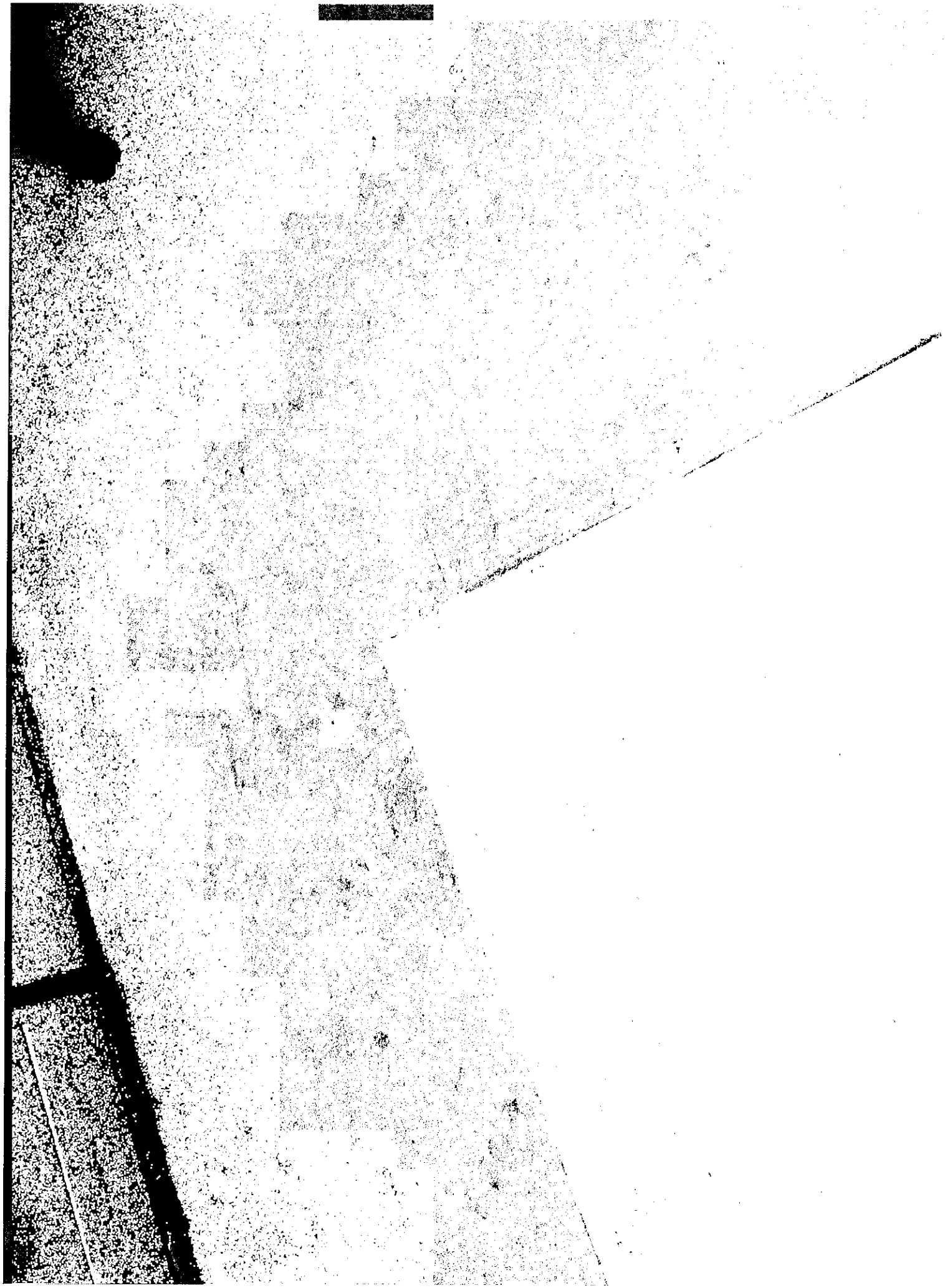
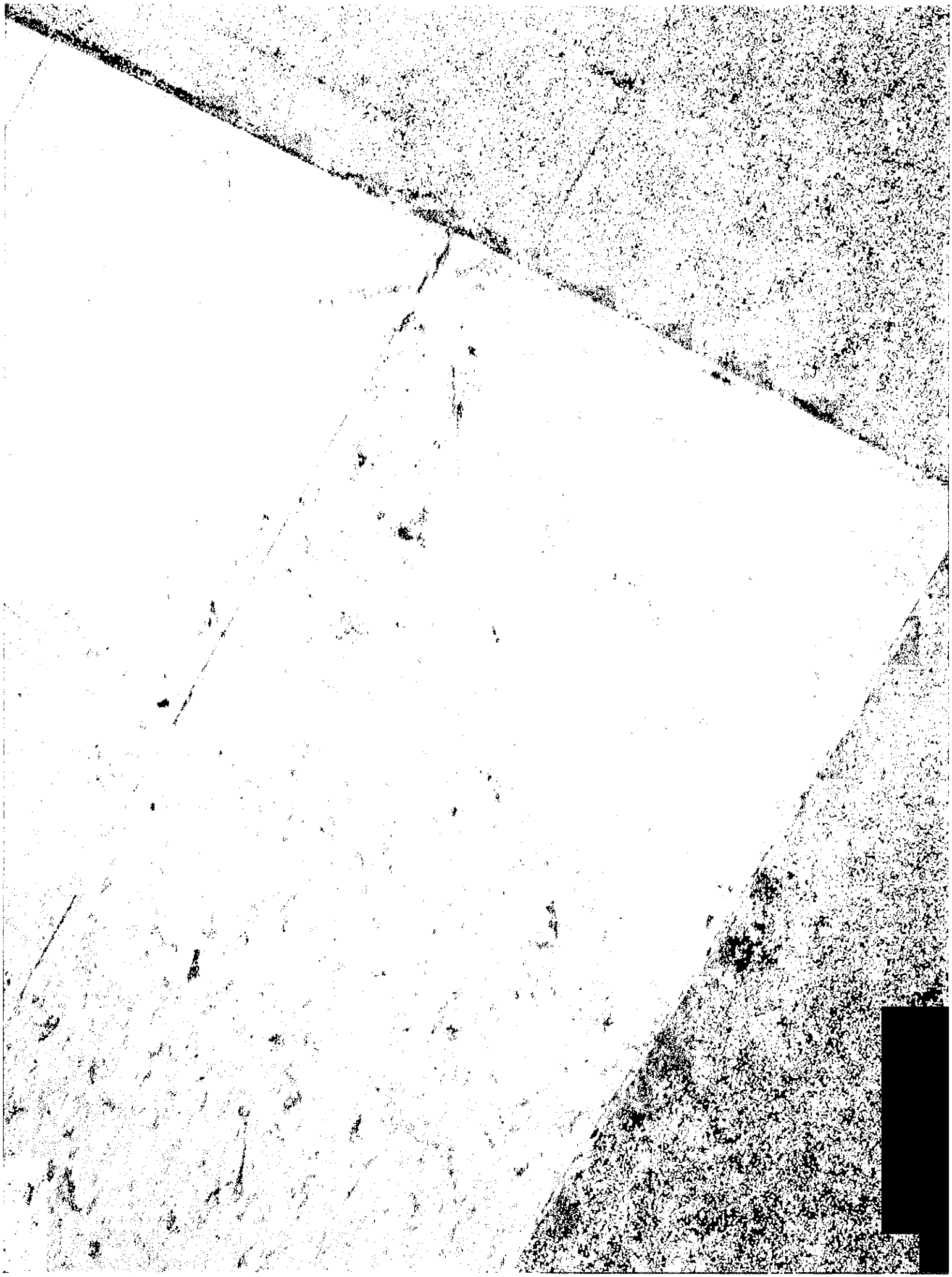
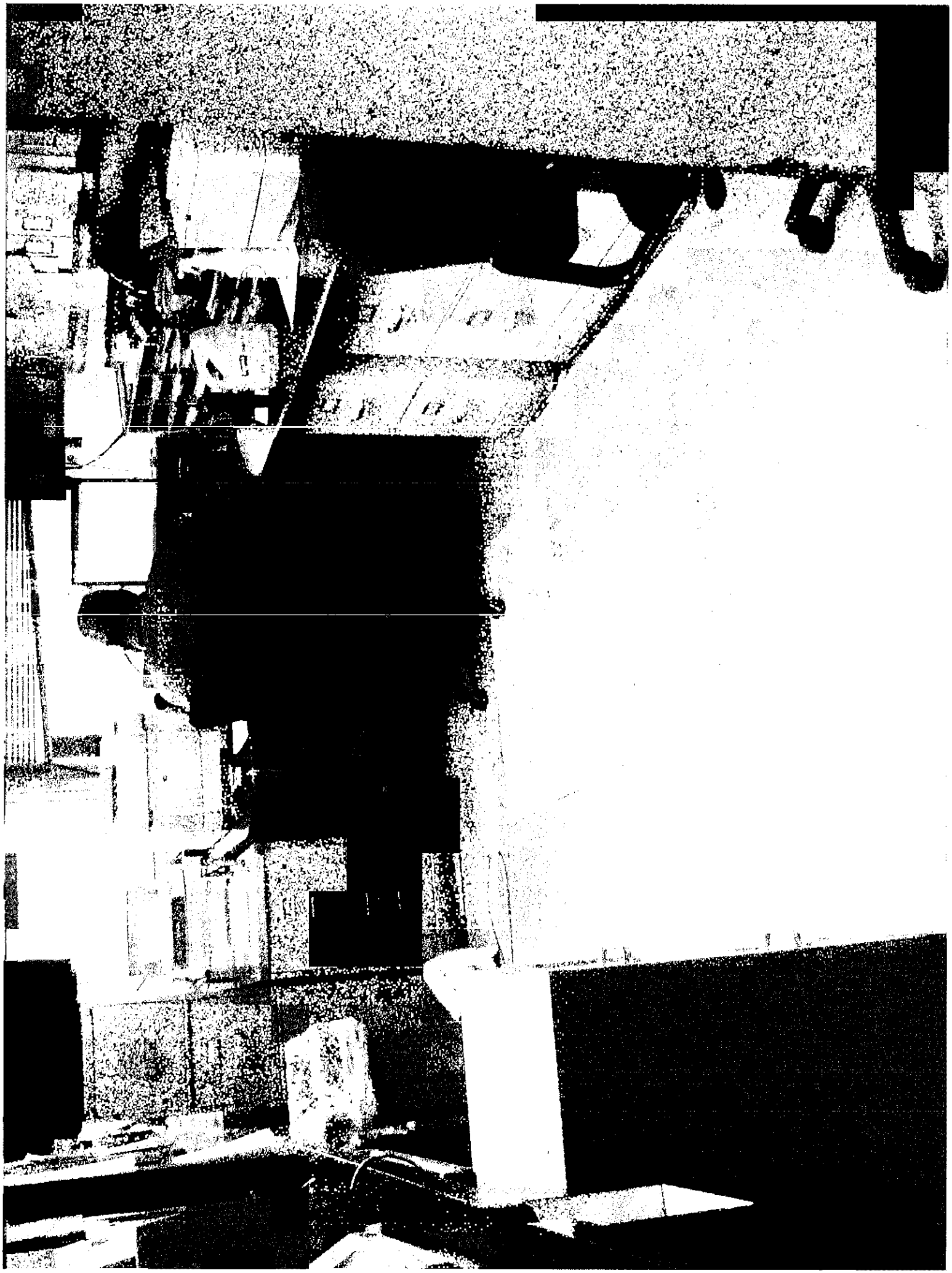
STDS/PROCEDURES : DWG. UPDATE REQD : N

SCHEDULE DATE : 03/29/2012 SAFETY PERMIT REQD: N

SHIFT : B SUPERVISOR : RS

PARTS REQUESTOR :

TASK DESCRIPTION : CLEAN UP POST VINYL TILE INSTALLATION IN AIR-[illegible]

DETAIL OF WORK/ SUPERVISOR COMMENTS :

MESSAGE: YOU MAY SCROLL/'TOP'/'BOTTOM'/REQUEST A TASK NBR/'PF4' BACK TO [illegible]