

Torres Rojas, Genara

FOI #13503

From: MaxP1268@aol.com
Sent: Friday, September 28, 2012 11:41 AM
To: Duffy, Daniel
Cc: Torres Rojas, Genara; Van Duyne, Sheree
Subject: Freedom of Information Online Request Form

Information:

First Name: Max
Last Name: Pierre
Company: Premier Investigations, Inc
Mailing Address 1: 180 S. Broadway
Mailing Address 2:
City: White Plains
State: NY
Zip Code: 10605
Email Address: MaxP1268@aol.com
Phone: 718 801-0009
Required copies of the records: Yes

List of specific record(s):

We are seeking all records regarding an incident that occurred in the storage room of the Port Authority administrative Cafeteria, Lincoln Tunnel, 500 Boulevard East, Weehawken, NJ on May 9, 2008 at 6:30 a.m. we are seeking copies of the following under the freedom of information law: 1. the identity of all maintenance personnel onsite during 2008 2. Copies of all maintenance contracts for maintenance of the involved area. 3. Names and addresses of any and all outside maintenance companies retain to clean or maintain the administrative cafeteria in May of 2008. 4. the names and addresses of all personnel onsite at the administrative Cafeteria on May 9, 2008. 5. Copies of all records maintained in the usual course of business arising from the alleged slip and fall incident involving Rafael Solano on May 9, 2008 at the Administrative Cafeteria including any and all photographs.

THE PORT AUTHORITY OF NY & NJ

FOI Administrator

December 13, 2012

Mr. Max Pierre
Premier Investigations, Inc.
180 S. Broadway
White Plains, NY 10605

Re: Freedom of Information Reference No. 13503

Dear Mr. Pierre:

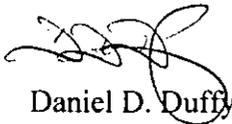
This is a response to your September 28, 2012 request, which has been processed under the Port Authority's Freedom of Information Code for copies of records related to the identity of all maintenance personnel at the Lincoln Tunnel on May 9, 2008, copies of all maintenance contracts for maintenance of the involved area, names and addresses of outside maintenance companies retained to clean or maintain the administrative cafeteria in May of 2008, the names and addresses of all personnel onsite at the Administrative cafeteria on May 9, 2008, and copies of all records maintained in the usual course of business arising from the alleged slip and fall incident involving Rafael Solano on May 9, 2008 at the Administrative Cafeteria including any and all photographs.

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/13503-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

225 Park Avenue South
New York, NY 10003
T: 212 435 3642 F: 212 435 7555

Daily Attendance/Overtime Authorization

PA 13/134-90

Sheet _____ of _____

Facility LT

Friday

05/09/08

Approved by _____
Supervisor

Org. Unit # _____

Name	Employee #	Time In	Time Out	New York Hours	Signature	Overtime Hours			
						Actual Hours	Requested by	Verified By	Reason Code*
BRYANT, V.									
HURLEY, D.									
DeCANDIA, L.									
HAYES, D.									
PERDUE, A.							24		
VEZZOSI, W.									
ALSBERRY, L.									

*See back of form for Overtime Reason Codes.

Authorization:

Actual overtime hours for the employee(s) listed above have been verified and are hereby authorized for payment.

Authorized By:	Employee #	Title:	Date: / /
----------------	------------	--------	-----------

Friday

05/09/08

Daily Attendance/Overtime Authorization

PA 13/13/4-90

Sheet _____ of _____

Facility LT

Friday

05/09/08

Approved by _____
Supervisor

Org. Unit # _____

Name	Employee #	Time In	Time Out	New York Hours	Signature	Overtime Hours			
						Actual Hours	Requested by	Verified By	Reason Code*
DZIEKANOWSKI, P.									
SUTTON, J.									
CULLEN, J.									
JOHNSON, H.									
ZIMMERMAN, R.									
PAREDES, D.									
ROGERS, E.									

*See back of form for Overtime Reason Codes.

Authorization:

Actual overtime hours for the employee(s) listed above have been verified and are hereby authorized for payment.

Authorized By:	Employee #	Title:	Date: / /
----------------	------------	--------	-----------

Friday

05/09/08

Daily Attendance/Overtime Authorization

PA 13/13/4-90

Sheet _____ of _____

Facility LT

Friday

05/09/08

Approved by _____
Supervisor

Org. Unit # _____

Name	Employee #	Time In	Time Out	New York Hours	Signature	Overtime Hours			
						Actual Hours	Requested by	Verified By	Reason Code*
WOZNAK, J.	/								
PARYS, M.	/								
GEISINGER, G.	/								
GOLDMAN, P.	/								
MEGO, J.	/								

*See back of form for Overtime Reason Codes.

Authorization:

Actual overtime hours for the employee(s) listed above have been verified and are hereby authorized for payment.

Authorized By:	Employee #	Title:	Date:
----------------	------------	--------	-------

00

Friday

05/09/08

Daily Attendance/Overtime Authorization

PA 13/13/4-90

Sheet _____ of _____

Facility LT

Friday

05/09/08

Approved by _____
Supervisor

Org. Unit # _____

Name	Employee #	Time In	Time Out	New York Hours	Signature	Overtime Hours			
						Actual Hours	Requested by	Verified By	Reason Code*
FEEHAN, R.									
Mc INTOSH, C.									
OSBORN, G.									
BADILLO, E.									
MADSEN, C.									
RIPP, J.									
BILELLA, C.									

*See back of form for Overtime Reason Codes.

Authorization:
Actual overtime hours for the employee(s) listed above have been verified and are hereby authorized for payment.

Authorized By: _____ Employee # _____ Title: _____ Date: _____
Friday 05/09/08



THE PORT AUTHORITY OF NY & NJ

OVERNIGHT MAIL

August 24, 2006

T.U.C.S. Cleaning Service, Inc.
166 Central Avenue
Orange, NJ 07050
ATTN: Sergio Artazu - President

**RE: ENVLTCLO2 - GENERAL CLEANING SERVICES AT THE
LINCOLN TUNNEL, CONTRACT #4600006395; PO #4500047735;
RFP #10285**

CONTINENTAL

THE PERSONNEL SERVICES COMPANY

18 East 41st Street New York, N.Y. 10017 (212)683-8004 Fax (212)683-8238

CONTINENTAL PERSONNEL SERVICES COMPANY

Name of Temporary Rachel Sobad
 SSN _____ Payroll # _____

Client Post Authority PHA
 Client's Address Lincoln Tunnel

	DATE	IN	AM PM	OUT	AM PM	Lunch Time	TOTAL HOURS
SAT.							
SUN.							
MON.							
TUES.							
WED.							
THUR.							
FRI.	5/9						
WEEKLY TOTAL							

Signature of Temporary _____

CONTINENTAL

THE PERSONNEL SERVICES COMPANY

18 East 41st Street New York, N.Y. 10017 (212)683-8004 FAX (212)683-8238

Name of Temporary Sharon Clemas

SSN # _____

Payroll # _____

Client Carl Anthony Vitti
Client's Address 100 York Terrace

DATE	IN	AM	OUT	AM	LAB.	TOTAL HOURS
		PM	PM	PM	Lunch Time	
SAT.						
SUN.						
MON.						
TUES.						
WED.						
THUR.						
FRI.	5-9					
WEEKLY TOTAL						

Signature of Temporary _____

CONTINENTAL

THE PERSONNEL SERVICES COMPANY

18 East 41st Street New York, N.Y. 10017 (212)683-8004 FAX (212)683-8238

Name of Temporary Carlos Brullo

SSN # _____

Payroll # _____

Client Ray Anthony Vitti
Client's Address 100 York Terrace

DATE	IN	AM	OUT	AM	LAB.	TOTAL HOURS
		PM	PM	PM	Lunch Time	
SAT.						
SUN.						
MON.						
TUES.						
WED.						
THUR.						
FRI.	5-9					
WEEKLY TOTAL						

Signature of Temporary _____

PATRON ACCIDENT OR PROPERTY DAMAGE REPORT (other than Vehicles or P.A. Employees) CONFIDENTIAL REPORT TO MANAGER, CLAIMS ADMINISTRATION					<input type="checkbox"/> N.Y. <input checked="" type="checkbox"/> N.J.	<input checked="" type="checkbox"/> PATRON ACCIDENT	<input type="checkbox"/> PROPERTY DAMAGE	(1-4)	
FACILITY LT		EXACT LOCATION OF ACCIDENT: (WHEN HELPFUL, ATTACH A DIAGRAM TO THIS FORM ONLY, ON PLAIN PAPER) LT Admin Cafeteria					MAINT. W.O. NO.		
ACCIDENT DATE 05/09/08	DATE OF WEEK Fri	TIME 0550	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	TO WHOM REPORTED? LT DEUK	DATE REPORTED 05/09/08	TIME 0550	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	OTHER JOB NO. PD 3-08	
FULL NAME Rafael Solano			ADDRESS (HOME)						
HOME PHONE NO.			BUSINESS PHONE NO. 212-683-8004			SEX M F		AGE 26	
OCCUPATION		NAME & ADDRESS OF EMPLOYER Continental 18 East 41st NY NY 10017							
<input type="checkbox"/> STATIONARY STAIRS <input type="checkbox"/> MOTOR STAIRS	GOING UP <input type="checkbox"/>	GETTING DOWN <input type="checkbox"/>	RID-ING ON <input type="checkbox"/>	OFF OFF <input type="checkbox"/>	RID-ING OFF <input type="checkbox"/>	MOTOR STAIR STOPPED? <input type="checkbox"/>	YES NO <input type="checkbox"/> <input type="checkbox"/>	STAIR NO. BY WHOM	HOW LONG AFTER FALL
TIME RESTARTED AM PM	RESTARTED BY:				STATIONARY STAIR NO.	INJURED WAS GOING: UP <input type="checkbox"/> DOWN <input type="checkbox"/>			
CONDITION OF AREA loose tile									
<input type="checkbox"/> NO TREATMENT		<input checked="" type="checkbox"/> FIRST AID AT SCENE BY: Weehawken 214			IF RENDERED FIRST AID ELSEWHERE, STATE WHERE, BY WHOM AND NAMES OF THOSE PRESENT				
AMBULANCE CALLED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		IF YES, TIME CALLED 0555		AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	ARRIVED 0610		AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>		
NAME & CITY OF HOSPITAL INJURED TAKEN TO (IF ANY) Palisades medical center									
DOCTOR'S NAME AND ADDRESS									
NATURE AND EXTENT OF INJURY (INCLUDE PART INJURED) head, neck, back complaint									
ITEM(S) DAMAGED & DESCRIPTION OF DAMAGE									
DID YOU WITNESS ACCIDENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>									
IF YES, DESCRIBE FULLY. IN ANY EVENT, 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:									
Witness Angel Triaki stated she was working with subject who was carrying a box of glasses, subject slipped and fell striking his head on a cabinet then the wall.									
* No statement taken from subject due to periods of unresponsiveness. *									
subject was transported to Palisades Medical Center by Weehawken 214.									

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

WITNESS NO. 1	FULL NAME AND ADDRESS <i>Angel Triuki</i>		PHONE NO.		RELATIONSHIP TO INJURED <i>NONE</i>	ACCOMPANIED INJURED?	YES	NO	WORK AT FACILITY	YES	NO	P.A. EMPLOYEE?	YES	NO					
										<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>						
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					
TOTAL P.A. DAMAGE		NONE	\$100 OR LESS	OVER \$100	SIGNATURE OF PERSON REPORTING ACCIDENT				DATE MO. / DATE / YR.										
COMPLETE THIS SECTION ONLY IN CASES OF ACTUAL OR PROBABLE PERSONAL INJURY																			
WHO REPORTED ACCIDENT? <i>Angel Triuki</i>					DID INJURED WEAR GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			TYPE GLASSES <input type="checkbox"/> BI-FOCALS <input type="checkbox"/> TINTED GLASSES <input type="checkbox"/> OTHER											
WHO ASSISTED INJURED OFF STAIRS OR POINT WHERE FOUND?																			
HOW WERE YOU CALLED TO SCENE? PHONE <input type="checkbox"/> PUBLIC ADDRESS <input type="checkbox"/> OTHER <i>dispatched by desk</i>																			
WHAT WAS YOUR POST ASSIGNMENT? <i>895</i>																			
OTHER P.A. PERSONNEL AT SCENE: NAMES & TITLES <i>PO Diana Strom</i>																			
WHERE DID YOU FIRST SEE INJURED? IN WHICH POSITION? <i>laying on left side on floor</i>																			
DID YOU ATTEMPT TO GET IDENTITY OF WITNESS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					WEATHER CONDITION WET <input type="checkbox"/> DRY <input checked="" type="checkbox"/> <i>N/A</i> SNOWING <input type="checkbox"/> RAINING <input type="checkbox"/>														
ANY APPARENT DISABILITY OTHER THAN FROM FALL? <i>N/A</i>																			
WHAT DID INJURED ALLEGE CAUSED THE FALL? <i>loose tile</i>																			
KIND OF SHOES WORN BY INJURED: HIGH HEELS <input type="checkbox"/> MEDIUM HEELS <input type="checkbox"/> FLAT HEELS <input type="checkbox"/> GALOSHES <input type="checkbox"/> OTHER: <i>boots</i>																			
WHAT DID INJURED CARRY? <i>box of gloves</i>																			
WAS INJURED TRAVELLING ALONE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, WHO ACCOMPANIED?																			
ANY EVIDENCE OF ALCOHOL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF YES, DESCRIBE: <input type="checkbox"/> SPEECH <input type="checkbox"/> ODOR <input type="checkbox"/> GAIT <input type="checkbox"/> OTHER																			
IF TAKEN TO FIRST AID: HOW? WALKING <input type="checkbox"/> WHEEL CHAIR <input type="checkbox"/> STRETCHER <input type="checkbox"/> OTHER:																			
HOW DEPARTED FROM FIRST AID: WALKING <input type="checkbox"/> WHEEL CHAIR <input type="checkbox"/> STRETCHER <input checked="" type="checkbox"/> OTHER:																			
WAS INJURED FAMILIAR WITH TERMINAL? YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> DOES NOT APPLY <input checked="" type="checkbox"/>					WAS INJURED USING HANDRAIL? YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> DOES NOT APPLY <input checked="" type="checkbox"/>														
DID CITY POLICE RESPOND? YES <input type="checkbox"/> NO <input type="checkbox"/> IDENTIFY:																			
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														
P.A. PERSONNEL ASSIGNED TO AREA					AREA LAST CLEANED BY B.A. AT . . . A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>														
INSPECTED MOTOR STAIRS, STATIONARY STAIRS OR ACCIDENT AREA AT . . . A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>					HOW?														
CONDITION					SIGNATURE OF B.A.														
					AREA LAST INSPECTED BY B.A. AT . . . A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>														
LAST COATING OF AREA (IF APPLICABLE)					CONDITION														
SIGNATURE <i>AS D. J. Shefferd</i>					DATE? <i>05/09/08</i>					SIGNATURE OF PERSON MAKING INSPECTION					DATE?				
INSTRUCTIONS																			
<ol style="list-style-type: none"> 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, ONE W.T.C. 5. FORWARD THIS CARD TO MANAGER, CLAIMS ADMINISTRATION, ONE W.T.C. 6. IF P.A. PROPERTY IS DAMAGED, PREPARE MAINTENANCE WORK FORM P.A. 2302. WRITE "ACCIDENT DAMAGE" IN DESCRIPTION OF JOB. ALSO INDICATE M.W.O. NO. IN APPROPRIATE BOX ON REVERSE SIDE OF THIS FORM 																			