



LexisNexis®

LEXISNEXIS CLAIMS SOLUTIONS INC.
P.O.BOX 740167
ATLANTA,GA 30374-0167
(678)924-4900 FAX (678)924-4901

FOI#13629

416014511

11/29/12

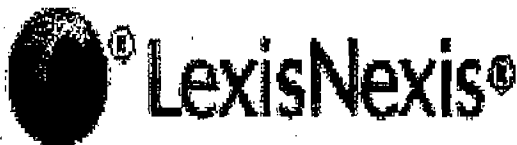
NEWARK INTERNATIONAL AIRPORT

225 PARK AVENUE SOUTH
CLAIMS DIVISION - 17TH FL.
NEW YORK NY 10003

TO WHOM IT MAY CONCERN:

- A) "Under the provisions of the freedom of information act I request the following information: A copy of the Auto/Incident report...and/or a blotter entry...written by your agency that corresponds to the information on the enclosed police report request. This information is exclusively for the use of the Insurance Company."
- B) "I will pay all applicable duplicating, processing and research fees for the information I have requested."
- C) "This record will not be used for direct solicitation of business for pecuniary gain." 24--72--305.5
- D) ***"I agree to the deletion of Privacy Act Information, FOUO, and/or other sensitive data. This will include names or 3rd party information."***

Ben Cuttino / Business Manager
cru.incoming@lexisnexis.com



416 01451-1

A4380

Authorization for Release of Report

Fax your signed release to (678) 924-4952

LexisNexis Account Number: A4380

Claim Number: 0263220907

I, X Avery weiner, approve the release of any and all police/fire records pertaining to the loss that occurred on 10/23/12 to the following individuals and agencies:

1. Allstate
Insurance Company

Cheryl Goodheart
Insurance Company Representative

1-877-369-3149 x28351
Insurance Representative Phone Number

3. LexisNexis PO Box 740167 Atlanta, GA 30374-0167

Driver(s) Name(s) (First, Middle, Last)	Drivers License No	License State	Date of Birth
1. <u>Avery weiner</u>			
2.			
3.			
Accident Location (street address, cross roads, etc.)			
<u>Newark Liberty Airport - Top deck Short term Parking - Term C</u>			
City <u>Newark</u>	State <u>NJ</u>	County	Date of Loss
Were any of the vehicles parked? <u>Yes</u> or No			Were there any fatalities? Yes or <u>No</u>

Authorized Requester

"Authorized Requester" does not include legal counsel, attorney or those involved through litigation other than as: driver, owner, passenger or parent/guardian.

Must check one:

<input checked="" type="checkbox"/> Driver	<input type="checkbox"/> Passenger	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Owner of Vehicle	<input checked="" type="checkbox"/> Owner of Damaged Property
Next of Kin: Surviving Spouse, legal representative of the estate, trustee under MS 593.01				

Requester hereby authorized any agency to disclose accident/incident information in accordance with Minnesota Statutes, Section 169.09, Subd. 13, or any other applicable state law.

[Signature]
Signature of Authorized Requester

LexisNexis Claims Record Unit, PO BOX 740167 Atlanta, GA 30374-0167
Email address: cru.release@choicepoint.com
Fax 678.924.4901 Phone 678.924.4900

LexisNexis
P.O. BOX 740167
ATLANTA, GA 30374-0167
(678)924-4900 FAX (678)924-4901

416014511

62-20
311

35.1789

PAY TEN DOLLARS AND NO CENTS

Citibank, N.A.
One Penns Way
New Castle, DE 19720

NEWARK INTERNATIONAL AIRPORT
CATHY SMITH
225 PARK AVENUE SOUTH
CLAIMS DIVISION - 17TH FL.
NEW YORK, NY 10003

DATE 11/29/12

AMOUNT 10.00

TO THE
ORDER
OF

Rebecca Schmitt
AUTHORIZED SIGNATURE

⑈ 4 160 14 5 1 1 ⑈

⑆ 03 1 100 209 ⑆

38806 288 ⑈

DEC 11 12 07

TRAN: 416014511

REPORT REQUEST

LexisNexis
P.O. BOX 740167
ATLANTA, GA 30374-0167
(678)924-4900 FAX (678)924-4901

TOLL FREE PHONE:
1/800-934-9698

TOLL FREE FAX:
1/800-934-6449

EMAIL REPORTS:
cru.incoming@choicepoint.com

PLEASE CHECK A
CIRCLE BELOW

11/29/12

Report Attached:

Report Cost: \$

Number of Pages:
(including this sheet)



No Report Found with the information provided

No Report Written - Log entry only / Driver Exchange of Info.

Loss location not in our Jurisdiction
Suggest You Try: _____

Not Releasable / Not Ready _____

Comments & Suggestions: _____

Report/Case # UNKNOWN

Type of Report Theft Burglary

Date of Occurrence 10/23/12 Time 6:30:00 PM

Precinct or District _____

LOCATION OF LOSS

1 BREWSTER RD

City NEWARK

County ESSEX

State NJ

Additional Information OTHER - NARRATIVE REQUIRED

VEHICLE INFO

DRIVERS or VICTIMS INFO

Car Tag # _____ State _____ Insured Party _____

Make _____ Year _____ D.O.B. _____ SS# _____

VIN _____ Drivers Lic # _____ State _____

POLICE or FIRE AGENCY who wrote report?

INC PORT AUTH OF NY & NJ

Client A4380
Division

Claim # 0263220907
Internal Codes

Claims Adjuster

MGA2G1
MARGO GARCIA



TRAN: 416014511

Page 1 of 1

DR Police Dept.: Please Return This Form With Your Response... Thanks

(Rev. 9/09)

THE PORT AUTHORITY OF NY & NJ

Daniel D. Duffy
FOI Administrator

December 31, 2012

Mr. Ben Cuttino
LexisNexis Claims Solutions Inc.
P.O. Box 740167
Atlanta, GA 30374-0167

Re: Freedom of Information Reference No. 13629


Dear Mr. Cuttino:

This is a response to your December 12, 2012 request, which has been processed under the Port Authority's Freedom of Information Code, for a copy of a police report related to Avery Weiner's incident on 10/23/12 at EWR.

Please be advised that we have searched our files and found no documents responsive to the request.

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

Very truly yours,



Daniel D. Duffy
FOI Administrator