

Torres Rojas, Genara

FOIA#13788

From: jwtorre@sekaslaw.com
Sent: Tuesday, February 26, 2013 9:14 AM
To: Duffy, Daniel
Cc: Torres Rojas, Genara; Van Duyne, Sheree
Subject: Freedom of Information Online Request Form

Information:

First Name: Joseph
Last Name: Torre
Company: Sekas & Abrahamsen, LLC
Mailing Address 1: 530 Sylvan Ave
Mailing Address 2:
City: Englewood Cliffs
State: NJ
Zip Code: 07632
Email Address: jwtorre@sekaslaw.com
Phone: 201-816-1333
Required copies of the records: No

List of specific record(s):

A Notice of Claim form to comply with N.J.S.A. 32:1-163.

THE PORT AUTHORITY OF NY & NJ

FOI Administrator

March 1, 2013

Mr. Joseph Torre
Sekas & Abrahamsen, LLC
530 Sylvan Avenue
Englewood Cliffs, NJ 07632

Re: Freedom of Information Reference No. 13788

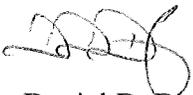
Dear Mr. Torre:

This is a response to your February 26, 2013 request, which has been processed under the Port Authority's Freedom of Information Code (the "Code", copy attached) for a copy of a Notice of Claim form to comply with N.J.S.A. 32:1-163.

Material responsive to your request and available under the Code can be found on the Port Authority's website at <http://www.panynj.gov/corporate-information/foi/13788-O.pdf>. Paper copies of the available records are available upon 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

Attachment

6. State number of other witnesses to the accident. State the names and addresses of any known to you.

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$ _____
(b)	For loss of earnings	\$ _____
(c)	For property damage	\$ _____

Total \$ _____

8. If claim is made as a result of personal injuries to yourself or any other person, state nature and extent of such injuries, indicating which are temporary and which are permanent.

Furnish affidavit of physician or state why such affidavit is not furnished.

9. If claim is made as a result of personal injuries to yourself or any other person, and injured person was employed, give name and address of employer.

If injured person was in business for self, state nature and give address.

State whether the injured person is employed or in business at the present time. If so give name and address.

10. If claim is made for medical and hospital expenses, itemize such expenses and for those already incurred, give names of persons to whom paid or owing.

11. If claim is made for injuries to property, list the items of damaged property and state nature and amount of damage of each item. If such property can be repaired, state cost of repair and obtain and annex estimate of cost of repair.

12. Give full particulars with respect to any items of damage or amounts claimed not given above.

13. State whether or not you believe that the accident was due to any fault on the part of the Port Authority, and if so, give your reasons in full, setting forth any specific acts or omissions which you claim constituted negligence on its part.

14. State whether or not the accident was in any way due to your fault, and if not, state in detail the reasons for your conclusions.

