

FOIA 11-1

Law Offices  
**Stathis & Leonardis**  
32 South Main Street  
Edison, New Jersey 08837  
Tele: (732) 494-0600  
Fax: (732) 494-0206

**Gregory A. Stathis**  
Member of NJ Bar  
**Nicholas J. Leonardis**  
Member of NJ & NY Bar  
Certified by the Supreme Court of  
New Jersey as a Civil Trial Attorney

**Michael D. Drivas**  
Member of NJ & NY Bar  
**Kenneth M. Harrell**  
Member of NJ & NY Bar  
Certified by the Supreme Court of  
New Jersey as a Civil Trial Attorney

File No:13-2833NJL

June 20, 2013

Tunnels, Bridges and Terminals  
Customer Services  
The Port Authority of NY & NJ  
2 Montgomery Street, 4th Floor  
Jersey City, NJ 07302

Re: Accident of 05/28/2013  
Crash Report # 13G755

07-02-13A10:12 RCVD

Ladies & Gentlemen:

Please be advised that this office represents Perry Jones in connection with injuries he sustained in a motor vehicle accident which is the subject of Crash Report # 13G755.

We would request that you provide to us a copy of any and all 911 Calls placed to your Call Unit reporting this accident. If in existence, please provide same at your earliest convenience. To document your files, we are enclosing OPRA request form.

Kindly advise cost, and payment will be remitted.

Thank you.

Very truly yours,

NICHOLAS J. LEONARDIS

NJL:ljb  
Encl.

# GOVERNMENT RECORDS REQUEST FORM

## IMPORTANT NOTICE

The reverse side of this form contains important information related to your rights to request government records.

### Requestor Information

First Name <u>Nicholas</u> MI <u>J</u> Last Name <u>Leonardis</u> Company <u>Stathis &amp; Leonardis LLC</u> Mailing Address <u>32 South Main Street</u> City <u>Edison</u> State <u>NJ</u> Zip <u>08837</u> E-Mail <u>nleonardis@stathisleonardis.com</u> Bus. Hours Tele.: Area Code <u>732</u> Number <u>494-0600</u> Ext. _____ Preferred Delivery: Pick-Up <input type="checkbox"/> US Mail <input checked="" type="checkbox"/> On-Site Inspect <input type="checkbox"/>	Maximum Authorized Cost \$ _____ Select Payment Method Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> ***** Fees: Pages 1-10 \$0.75@ Pages 11-20 \$0.50@ Pages 21- \$0.25@ Audio Tape \$10.00 Video Tape \$20.00 Delivery: Delivery/postage fees additional depending upon delivery type. Extras: Extraordinary service fees dependent upon request.
The applicant hereby acknowledges receipt of a copy of this form with the date on which the information is expected to be available and the estimated cost. The applicant hereby certifies that he/she has not been convicted of any indictable offense under the laws of the State, any other state of the United States, and is not seeking government records containing personal information pertaining to the victim or the victim's family as provided by N.J.S.A. 47:1A-1 et seq.	
Requestor Signature _____ Date <u>6-20-13</u> <b>NICHOLAS J. LEONARDIS</b> <i>This form when signed by the municipal official shall constitute a receipt for any deposit received.</i>	

### RECORD REQUEST INFORMATION TO: DEPARTMENT COMPLETED

To Expedite Your Request Be as Specific as Possible

Audio copies of any and all 911 Calls placed to your call center relating to the accident which is the subject of the accident investigative report attached hereto

<input type="checkbox"/> Copy of Minutes (specify date) _____ Township Council _____ Planning Board _____ Zoning Board	<input type="checkbox"/> Copy of Ordinance/Resolution (specify date & number) _____ Township Council _____ Planning Board _____ Zoning Board	<input type="checkbox"/> Tape Recordings (specify date) _____ Township Council _____ Planning Board _____ Zoning Board
<input type="checkbox"/> License Information (specify) _____ _____ _____	<input type="checkbox"/> Police Accident Report (specify date & names) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____ _____
<input type="checkbox"/> Real Property Tax Information <input type="checkbox"/> Real Benefit Assess. Info. (Special Assess.) <input type="checkbox"/> Tax File Lien Info. (Water, Sewer, Taxes, Special Assessment) <input type="checkbox"/> Duplicate Real Property Tax Bill <input type="checkbox"/> Duplicate Tax Sale Certificate <input type="checkbox"/> Municipal Tax Search Certificate <input type="checkbox"/> Property Assessment Info. <input type="checkbox"/> List of Property Owners within 200' <input type="checkbox"/> Water Rent Charges & Information <input type="checkbox"/> Water Lien Information		

## PUBLIC ACCESS TO GOVERNMENT RECORDS

A request for access to or for a copy of Government Records should be submitted on this form, which has been adopted by the Municipal Clerk as the Custodian of Records. Some records will be immediately available during normal business hours. Some records will require time to compile and to make the copies requested, but will normally be available during normal business hours and within seven (7) business days. If any document or copy which has been requested is not a public record or cannot be provided within the seven (7) business days, you will be provided with a response with that information within the seven (7) business days. Some records requested have specific fees or other response times established by statute. There is no fee involved in simply inspecting a document during normal business hours. State Law requires that in order to request access to government records, you must complete, sign and date this request form and deliver it in person during normal business hours, or send it by mail to the appropriate custodian of the record requested. Your request is not considered filed until the appropriate custodian of the record has received the request form. **Telephone requests will not be accepted.**

- The fees for duplication of a government record in printed form are listed on the front of this form. We will notify you of any special charges, special service charges or other additional charges authorized by State law or regulation before processing your request. Payments shall be made by cash, check or money order.
- Immediate access is ordinarily available for budgets, bills, vouchers, and contracts, including collective negotiations agreements and individual employment contracts, and public employee salary and overtime information. Minutes of public meetings will be generally available immediately after the minutes have been approved.
- Records which are not readily available or which require a search of records will be made available as soon as possible and the applicant will be provided with an interim report within seven (7) business days indicating the time which will be required to provide the records.
- Where there is a request for a copy in a format other than a photocopy, reasonable efforts will be made to provide the information in the format requested. The cost will be based on the costs of producing the format requested.
- Where a legal determination must be made as to whether records are "public records" as provided by law, the request will be reviewed by the Municipal Attorney.
- If your request for access to a government record has been denied or unfiled within the time permitted by law, you have a right to challenge the decision by the Township Record Custodian to deny access. At your option, you may either institute a proceeding in the Superior Court of New Jersey or file a complaint in writing with the Government Records Council (GRC) located in the Department of Community Affairs. You may contact the (GRC) by telephone at (800) 555-5555.

The term "public records" generally includes those records determined to be public in accordance with N.J.S.A. 47:1A-1. The term does not include employee personnel files, police investigation records, public assistance files or other matters in which there is a right of privacy or confidentiality or inter-agency or intra-agency advisory, consultative, or deliberative material or other material which is specifically exempted by law.

DISPOSITION ONLY	DISPOSITION ONLY	DISPOSITION ONLY
<p style="text-align: center;"><b>Disposition Notes</b></p> <p>Custodian, if any part of request cannot be delivered in 7 days, detail reasons here.</p> <p>In Progress - Open _____</p> <p>Denied - Closed _____</p> <p>Filled - Closed _____</p> <p>Partial - Closed _____</p>	<p>Tracking # _____</p> <p>Rec'd. Date _____</p> <p>Ready Date _____</p> <p>Total Pages _____</p> <p style="text-align: center;">Documents Provided</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;"><b>Finalized Cost</b></p> <p>Total _____</p> <p>Deposit _____</p> <p>Balance Due _____</p> <p>Balance Paid _____</p> <p style="text-align: right;">Custodian Signature _____</p> <p style="text-align: right;">Date _____</p>

MOTOR VEHICLE CRASH REPORT

PA0621 / 08-10

1. Motor Vehicle Crash No. <b>13G755</b>	2. Date of Crash <b>05/28/2013</b>	3. Date Reported <b>05/28/2013</b>	4. Facility <b>GWB</b>	<input type="checkbox"/> New York <input checked="" type="checkbox"/> New Jersey	5. Police Command <b>GWB</b>	Reference No. (Engineering Use)	Page <b>01 of 02</b>				
110. 04	6. Day of Week <b>Tue</b>	7. Time (24 Hours) <b>1150</b>	8. Apparent Report <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	9. Photos <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	10. Reportable <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	11. PA Property Damaged <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	12. ADA <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	13. Detailed Location <b>Upper expressway west bound lane #1.</b>	170A. 02		
14. Reporting Officer's Name (Print) <b>Malice</b>	15. Shield No. <b>2442</b>	16. Reporting Officer's Signature 		170B. 01							
180. 02	17. Supervising Officer's Name (Print) <b>Thomas Mark</b>	18. Shield No. <b>160</b>	19. Supervising Officer's Signature 		180A. 01						
200. 01	20. Driver / Pedestrian Name (circle one) from Driver's License <b>Perry L. Jones</b>		21A. Veh. No. <b>01</b>	20B. Driver / Pedestrian Name (circle one) from Driver's License <b>Akam, ZE Yannick</b>		21B. Veh. No. <b>02</b>	200B. 01				
130. 04	22A. No., Street <b>226 Central Ave</b>		22B. No., Street								
	23A. City, State, Zip <b>Passiac, NJ 07055</b>		24A. Date of Birth	25B. Date of Birth	190A. 88						
140. 02	25A. Lic. State <b>NJ</b>	26A. Driver's License No.	27A. Exp. Date	28A. CDL <input type="checkbox"/> No <input type="checkbox"/> Yes	27B. Exp. Date	28B. CDL <input type="checkbox"/> No <input type="checkbox"/> Yes	190B. 88				
	29A. Owner's Name (from Registration) <b>Dawn Jones</b>		29B. Owner's Name (from Registration) <b>Cadet Sabrina</b>		190C. 07						
	30A. No., Street		30B. No., Street		190D. 11						
	31A. City, State, Zip		31B. City, State, Zip								
150. 02	32A. Passengers	33A. VIN	32B. Passengers	33B. VIN							
	34A. Veh. Year <b>2010</b>	35A. Veh. Make <b>CHRYSLER</b>	36A. Veh. Model <b>VAN</b>	37A. State <b>NJ</b>	34B. Veh. Year <b>2004</b>	35B. Veh. Make <b>MINI</b>	36B. Veh. Model <b>4DRSD</b>	37B. State <b>NY</b>	38B. Plate No.		
	39A. Insurance Carrier Name <b>Liberty Mutual</b>		40A. Ins. Code <b>-N/A-</b>	39B. Insurance Carrier Name <b>State Farm Mutual auto</b>		40B. Ins. Code <b>328</b>	390A. 03				
	41A. Insurance Policy No. <b>A07-238-673-738-40 37</b>		42A. Ins. Exp. Date <b>03/08/2014</b>	41B. Insurance Policy No. <b>154-5308-D14 32</b>		42B. Ins. Exp. Date <b>10/14/2013</b>	390B. 01				
	43A. Suspensions and/or Arrest No. <input checked="" type="checkbox"/> None Issued <input type="checkbox"/> Issued		44A. Violation Code(s) <input checked="" type="checkbox"/> N/A	43B. Suspensions and/or Arrest No. <input checked="" type="checkbox"/> None Issued <input type="checkbox"/> Issued		44B. Violation Code(s) <input checked="" type="checkbox"/> N/A					
160. 88	45A. Towed Authorized By <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police <input type="checkbox"/> N/A	46A. Towed By	<input checked="" type="checkbox"/> N/A	47A. Towed To	<input checked="" type="checkbox"/> N/A	45B. Towed Authorized By <input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Police <input type="checkbox"/> N/A	46B. Towed By	<input checked="" type="checkbox"/> N/A	47B. Towed To	<input checked="" type="checkbox"/> N/A	210A. --

48A. Alcohol / Drug Test Given: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input checked="" type="checkbox"/> N/A	<p>Crash Diagram: <b>West bound upper level expressway, Lane #1</b></p>	48B. Alcohol / Drug Test Given: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input checked="" type="checkbox"/> N/A	210B. --
49A. Vehicle #1, Initial Travel Direction: <input type="checkbox"/> North <input checked="" type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West		49B. Vehicle #2, Initial Travel Direction: <input type="checkbox"/> North <input checked="" type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West	220A. --
50. Grid Map No. <b>096-074</b>		51. No. of Vehicles <b>02</b>	52. No. of Injured <b>01</b>
53. No. of Vehicles <b>02</b>	54. No. of Injured <b>01</b>	55. Work Zone Related <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	230A. 06
56. Crash Description		56. Work Zone Related <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	230B. 12

Driver #1 stated, "I was going straight, when the other car just rear ended me." Driver #2 stated, "I rear ended the other car." Passenger (B), in vehicle #1, was removed by FDNY EMS 13D to Columbia Presbyterian Hospital for medical treatment of alleged head, neck and back pain.

57. Veh. No.	58. Age	59. Pos.	60. Safety Device	61. Eject	62. Injury Severity	63. M/F	64. Injury Area	65. Taken By	66. Taken To	67. Name and Address of All Vehicle Occupants or Pedestrians - If Deceased, include Date & Time of Death	68A. <input type="checkbox"/> Refused Medical
A	01	50	01	02	01	05	M	--	01	See driver #1 information	<input type="checkbox"/> Refused Medical
B	01	46	06	02	01	03	F	09	02	1464 Stacey Blustein	<input type="checkbox"/> Refused Medical
C	02	25	01	02	01	05	M	--	01	See driver #2 information	<input checked="" type="checkbox"/> Refused Medical

**MOTOR VEHICLE CRASH REPORT**

PA3621 / 08-10

1. Motor Vehicle Crash No. <b>13G755</b>	2. Date of Crash <b>05/28/2013</b>	3. Date Reported <b>05/28/2013</b>	4. Facility <b>GWB</b>	5. Police Command <b>GWB</b>	Reference No. (Engineering Use)	Page <b>02 of 02</b>
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68. Crash Description (cont.)

	67. Vch. No.	68. Age	69. Pos.	80. Safety Device	81. Seat	82. Injury Severity	83. M/F	84. Injury Area	85. Taken By	86. Taken To	87. Name and Address of All Vehicle Occupants or Pedestrians - If Deceased, include Date & Time of Death	88D. <input type="checkbox"/> Refused Medical
D												88E. <input type="checkbox"/> Refused Medical
E												88F. <input type="checkbox"/> Refused Medical
F												88G. <input type="checkbox"/> Refused Medical
G												88H. <input type="checkbox"/> Refused Medical
H												88I. <input type="checkbox"/> Refused Medical
I												88J. <input type="checkbox"/> Refused Medical
J												88K. <input type="checkbox"/> Refused Medical
K												88L. <input type="checkbox"/> Refused Medical

89 Name, Address, and Phone Number of All Witnesses

Witness Name	Address (Number, Street, City, State, Zip)	Phone No.
Witness Name	Address (Number, Street, City, State, Zip)	Phone No.
Witness Name	Address (Number, Street, City, State, Zip)	Phone No.
Witness Name	Address (Number, Street, City, State, Zip)	Phone No.

USE FOR COMMERCIAL VEHICLES

31A. Vehicle No.	70A. HazMat Placard Displayed <input type="checkbox"/> No <input type="checkbox"/> Yes	71A. HazMat Released <input type="checkbox"/> No <input type="checkbox"/> Yes	72A. HazMat 4-digit ID No.	21B. Vehicle No.	70B. HazMat Placard Displayed <input type="checkbox"/> No <input type="checkbox"/> Yes	71B. HazMat Released <input type="checkbox"/> No <input type="checkbox"/> Yes	72B. HazMat 4-digit ID No.
73A. HazMat 1-digit Class No.	74A. Permits (check all that apply) <input type="checkbox"/> Over dimension <input type="checkbox"/> Overweight	75A. Gross Vehicle Weight (check only one) <input type="checkbox"/> ≤ 10,000 lbs <input type="checkbox"/> 10,001-28,000 lbs		73B. HazMat 1-digit Class No.	74B. Permits (check all that apply) <input type="checkbox"/> Over dimension <input type="checkbox"/> Overweight	75B. Gross Vehicle Weight (check only one) <input type="checkbox"/> ≤ 10,000 lbs <input type="checkbox"/> 10,001-28,000 lbs	
76A. Commercial Carrier Name	<input type="checkbox"/> N/A	77A. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> Other		76B. Commercial Carrier Name	<input type="checkbox"/> N/A	77B. Carrier No. <input type="checkbox"/> USDOT <input type="checkbox"/> Other	

USE FOR PORT AUTHORITY VEHICLES ONLY

21A. Vehicle No.	78A. PA Vehicle No.	79A. PONYA Plate No.	21B. Vehicle No.	78B. PA Vehicle No.	79B. PONYA Plate No.
80A. PA Employee No.		81A. Driver Unit No.	80B. PA Employee No.		81B. Driver Unit No.

**THE PORT AUTHORITY OF NY & NJ**

*FOI Administrator*

July 12, 2013

Mr. Nicholas J. Leonardis  
Law Offices Stathis & Leonardis  
32 South Main Street  
Edison, NJ 08837

Re: Freedom of Information Reference No. 14108

Dear Mr. Leonardis:

This is a response to your June 20, 2013 request, which has been processed under the Port Authority's Freedom of Information Code (the "Code"), for copies of 911 calls placed to the call unit reporting the accident related to Perry Jones's accident, Crash Report No. 13G755.

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.

Sincerely,



Ann L. Qureshi  
FOI Administrator