Torres Rojas, Genara

From: NSHAH@LEGALNYS.COM
Sent: Wednesday, July 09, 2014 12:38 PM
To: Duffy, Daniel; American, Heavyn-Leigh
Cc: Torres Rojas, Genara; Van Duyne, Sheree
Subject: Freedom of Information Online Request Form

Information:

First Name: Nilay
Last Name: Shah
Company: Law Offices of Neil Kalra, P.C.
Mailing Address 1: 100-15 Queens Boulevard
Mailing Address 2: Suite 203
City: Forest Hills
State: NY
Zip Code: 11375
Email Address: NSHAH@LEGALNYS.COM
Phone: 718-897-2211
Required copies of the records: Yes

List of specific record(s):
We are seeking a Notice of Claim filed on behalf of Raymer Castillo-Moran for an incident that occurred at JFK airport on February 9, 2014. His prior attorneys would have filed it and we are his new attorneys. If you have any questions, please contact our office.

THE PORT AUTHORITY OF NY & NJ

FOI Administrator

August 21, 2014

Ms. Nilay Shah
Law Offices of Neil Kalra, P.C.
100-15 Queens Boulevard, Suite 203
Forest Hills, NY 11375

Re: Freedom of Information Reference No. 15072

Dear Ms. Shah:

This is in response to your July 9, 2014 request, which has been processed under the Port Authority's Freedom of Information Code (the "Code") for "a Notice of Claim filed on behalf of Raymer Castillo-Moran for an incident that occurred at JFK airport on February 9, 2014."

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/15072-O.pdf. Paper copies of the available records are available upon request.

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, 17th FL
New York, NY 10003
T: 212 435 3642 F: 212 435 7555

NOTICE OF CLAIM

----------X

In the Matter of the Claim of
RAYMER CASTILLO

- against -

THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY

----------X

PORT AUTHORITY OF NY & NJ
OFFICE OF THE SECRETARY
2014 MAY 13 P 3 31

TO: The Port Authority of New York and New Jersey
Secretary's Office, 225 Park Avenue South, 18th Floor, New York, NY 10003

PLEASE TAKE NOTICE that the undersigned claimant hereby makes claim and demands against you as follows:

1. **Name and post office address of each claimant and claimant's attorneys is:**

Claimant	**Attorney**
Raymer Castillo	BISOGNO & MEYERSON, LLP
Exemption (1)	7018 Fort Hamilton Parkway
	Brooklyn, NY 11228
	(718) 745-0880

2. **Nature of Claim:** The nature of the claim is for Exemption (1) sustained by Raymer Castillo and all other damages allowed by statute and case law as a result of the negligence, carelessness, recklessness and gross negligence of the PORT AUTHORITY OF NEW YORK AND NEW JERSEY, its agents, servants, licensees contractors, subcontractors, employees and other affiliates agencies and departments, without any contributory negligence on the part of the claimant.

3. **The time when, the place where and the manner in which the claim arose:** The accident arose on February 9, 2014 at approximately 11:13PM at JFK Airport, American Airlines Terminal 8, Gate #4 Ramp on the right side, Jamaica, New York, NY 11430, Queens County. While claimant, RAYMER CASTILLO was walking along said ramp, he was caused to slip and fall and be violently precipitated to the ground as a result of snow and/or ice on the ramp resulting in Exemption (1) to said claimant as a result of the negligence, carelessness, recklessness and gross negligence of the PORT AUTHORITY OF NEW YORK AND NEW JERSEY, its agents, servants, licensees contractors, subcontractors, employees and other affiliates agencies and departments, and those acting under its direction, behest, permission and control in the ownership, operation, designing, creating, management, maintenance, contacting, subcontracting, supervision, authorizing use and control of the ramp located at JFK Airport, American Airlines Terminal 8, Gate #4 Ramp on the right side, Jamaica, New York, NY 11430, Queens County, in failing to properly maintain said ramp and ramp area; in failing to inspect said ramp and ramp area; in causing, permitting and allowing a trap, hazard and nuisance to be and exist for an excessive and unreasonable period of time, despite actual and constructive notice; in failing to take any necessary steps to alleviate said condition; in failing to undertake proper and/or adequate safety studies and/or surveys; in failing to properly shovel, sand and/or salt said ramp and ramp area before authorizing its use; in failing to erect barricades, or otherwise restrict use of aforesaid area to prevent a hazard, trap and nuisance from endangering the general public and, more particularly, claimant herein; in failing to warn the general public and, more particularly, claimant herein, of the subject hazard, trap and nuisance; in permitting and allowing the aforesaid condition to exist on the ramp and ramp area thereat; in failing to avoid the aforesaid accident which was foreseeable; and in being otherwise negligent, careless, reckless and grossly negligent in the premises.

4. Claimant Raymer Castillo, sustained

Exemption (1)

to which claimant is entitled to by case law and statute.

Said claim and demand is hereby presented for adjustment and payment. You are hereby notified that unless they are adjusted and paid within the time provided by law from the date of presentation to you, the claimant intends to commence an action in these claims. Claim is made for personal injuries not to exceed the sum of TEN MILLION ($10,000,000.00) DOLLARS.

Dated: Brooklyn, NY
February 27, 2014

THE PORT AUTHORITY OF NY NJ
LAW DEPARTMENT
2014 MAY 14 P 12: 19
CLAIMS ADMINISTRATION &
RISK MANAGEMENT

VERIFICATION

STATE OF NEW YORK

COUNTY OF Queens ☐ ss.:

Reynor Castillo, being duly sworn, deposes and says that deponent is the above-named claimant; deponent has read the foregoing NOTICE OF CLAIM and know its contents; the same is true to deponent's knowledge, except as to those matters stated to be alleged upon information and belief, and as to those matters deponent believes it to be true.

Sworn to before me this
[illegible] day of [illegible], 20 14.

Notary Public

Michael C. Meyerson
Notary Public, State of New York
No. 02ME6288181
Qualified in Nassau County
Commission Expires July, 22 20 16

BISOGNO & MEYERSON, LLP
Attorneys for Claimant

7018 Fort Hamilton Parkway
Brooklyn, NY 11228
(718) 745-0880

THE PORT AUTHORITY OF NY & NJ
LAW DEPARTMENT
2014 MAY 14 P 12: 19
CLAIMS ADMINISTRATION &
RISK MANAGEMENT

THE PORT AUTHORITY OF NY & NJ

PATRON ACCIDENT OR PROPERTY DAMAGE REPORT (Other than Vehicles or Employees) PA 146-0-10

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 #: 3367

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

Full Name of Injured Person	Address (Home)	Home Phone #	Sex	Age
Raymer Castillo-Moran	Exemption (1)		☒ M ☐ F	28

Occupation	Name & Address of Employer	Business Phone #
Operations Supervisor TAM	Terminal 8 JFK TAM Airlines	718-374-0375

Facility	Exact Location of Accident: (When helpful, attach a diagram to this form only, on plain paper)
JFK	Terminal # 8 Rampside between Gates 2+4

Accident Date	Day of Week	Time	To Whom Reported?	Date Reported	Time
2-10-14	Mon	0010 ☒ AM ☐ PM	James Villavicencio	2-10-14	0011 ☒ AM ☐ PM

☐ Motor Stairs | Going: ☐ Up ☐ Down | Riding ☐ | Getting: ☐ On ☐ Off | Motor Stair Stopped? ☐ Yes ☐ No | Motor Stair #:

By Whom | How Long After Fall

Condition of Area: Well Lit / Wet

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:

Above states he slipped on ice and states he thinks he broke his right leg. Transported by FDNY 54B to LIJ.

Did You Witness Accident? ☐ Yes ☒ No

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

Full Name and Address				
Cinthya Fuentes TAM Employee.				
Phone No.	Relationship to Injured	Accompanied Injured?	Work at Facility?	P.A. Employee?
Exemption (1)	Co-Worker	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☒ No
Full Name and Address				
Phone No.	Relationship to Injured	Accompanied Injured?	Work at Facility?	P.A. Employee?
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Signature of P.O. Reporting Accident	Shield No.	Date
PO B Citko CitKo	2270	2/10/14

☒ No Treatment ☐ First Aid At Scene By

Ambulance called? ☒ Yes ☐ No | If Yes, time called: 0016 ☐ AM ☐ PM | Arrived: 0040 ☐ AM ☐ PM

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

Doctor's Name and Address:

Nature and Extent of Injury (Include Part Injured): Exemption (1)

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

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

Who Assisted Injured Off Stairs or Point Where Found?

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

What Was Your Post Assignment? 15

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

Where Did You First See Injured? In Which Position? Sitting in Truck

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? Ice.

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:

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

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.