

Olivencia, Mildred

From: grossmanlawny@aol.com
Sent: Monday, October 12, 2015 12:34 PM
To: Olivencia, Mildred
Cc: Torres-Rojas, Genara; Van Duyne, Sheree; Ng, Danny
Subject: Freedom of Information Online Request Form

Information:

First Name: Eran
Last Name: Grossman
Company: Grossman Law Firm
Mailing Address 1: 20 Vesey Street
Mailing Address 2: Suite 300
City: New York
State: NY
Zip Code: 10007
Email Address: grossmanlawny@aol.com
Phone: 2122276755
Required copies of the records: Yes

List of specific record(s):

1 Inspection reports and records for one year prior to an including January 10, 2015 at Port Authority Bus Terminal 625 8th Avenue, NY, NY Gate 17 bus platform loading station and surrounding bus boarding area. 2 Repair records of said Gate 17 bus boarding area and station from January 2013 to January 2015. 3 Video recordings of the aforesaid Gate 17 bus boarding station and platform area on January 10, 2015 from 11:15am to 11:45am. 4 Copies of all Notice of Claim filed for loss claimed one year prior to January 10, 2015, falling at or near all bus boarding platforms and stations at the aforesaid location.

THE PORT AUTHORITY OF NY & NJ

FOI Administrator

April 15, 2016

Mr. Eran Grossman
Grossman Law Firm
20 Vesey Street Suite 300
New York, NY 10007

Re: Freedom of Information Reference No. 16397

Dear Mr. Grossman:

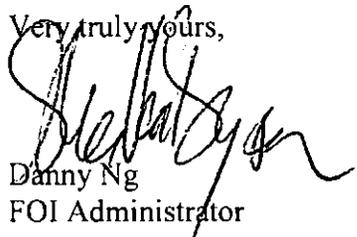
This is in response to your October 12, 2015 request, which has been processed under the Port Authority's Freedom of Information Code, copy enclosed, for copies of the following records: "1 Inspection reports and records for one year prior to an including January 10, 2015 at Port Authority Bus Terminal 625 8th Avenue, NY, NY Gate 17 bus platform loading station and surrounding bus boarding area. 2 Repair records of said Gate 17 bus boarding area and station from January 2013 to January 2015. 3 Video recordings of the aforesaid Gate 17 bus boarding station and platform area on January 10, 2015 from 11:15am to 11:45am. 4 Copies of all Notice of Claim filed for loss claimed one year prior to January 10, 2015, falling at or near all bus boarding platforms and stations at the aforesaid location.

Material responsive to your request can be found on the Port Authority's website at <http://corpinfo.panynj.gov/documents/16397-O/>. Paper copies of the available records are available upon request. Please be advised that we have searched our files and found no video responsive to item 3 of your request.

Certain portions of the material responsive to your request are exempt from disclosure as, among other classifications, personal privacy.

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

Very truly yours,



Danny Ng
FOI Administrator

Enclosure

4 World Trade Center, 18th Floor
150 Greenwich Street
New York, NY 10007
T: 212 435 3642 F: 212 435 7555

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----- WORK ORDER PLANNING -----
COMMAND INPUT ==>
FACILITY          : PABT SUBFAC:
ORG. UNIT/SEC-SUB: 224 0301
WORK ORDER NUMBER: 2244602 WO TYPE: BE
PM/PROJECT NUMBER: 224 4602
W/O PRIORITY      : 81 AUTO-SCHEDULE?: Y
REQUEST NO./DATE  : 04/29/1998
AUTHORIZED BY     : 2PABT
WORK ORDER DESC.  : ANNUAL INSPECT SW, INTERIOR OF LWR BUS LVL: MPC STR-03
SYS / SUB-SYS/LOC: BLD PABS SW00 MAINTENANCE TYPE: C8 RECOVER IND: N
SUB-SYSTEM DESC   : PORT AUTHORITY BUILDINGS
EQUIPMENT ID      : PAB SW00 INEX 00 EQUIPMENT CLASS : BLDG MULTI-EQUIP: N
EQUIP DESCRIPTION: *-BLDG INTERIOR & EXTERIOR STRUCTURE-S. WING
EQUIP WORK SITE   : COMMON AREA, SOUTH WING
ORIGINATOR        :
CURR. USAGE/UNIT :
ACCOUNT : 1 1X OT06 224 033 000 000 01 SUBMIT/1ST SCHED:
ENG REVIEW REQ/BY: N /
===== ESTIMATED COSTS =====
PA LABOR          : 1,834 CONTRACT LABOR :
MATERIAL          : SERVICES :
TOTAL ESTIMATE    : $ 1,834
MESSAGE: WORK ORDER PLANNING DATA IS DISPLAYED.

```

----- WORK ORDER TASK DESCRIPTION -----

COMMAND INPUT ==> _____ DISPLAY MODE

WORK ORDER NUMBER: 2244602 FACILITY : PABT
PM/PROJECT NO. : 224 4602 W/O STATUS / DATE : BENCH_ 04/29/1998
ORG / SEC/SUB-SEC: 224 0301 W/O TYPE : BE
PLANNED BY : 2PABT MAINTENANCE TYPE : C8
W/O PRIORITY : 81
WORK ORDER DESC. : ANNUAL INSPECT SW, INTERIOR OF LWR BUS LVL: MPC STR-03
EQUIPMENT ID : PAB SW00 INEX 00 EQUIPMENT CLASS : BLDG MULTI-EQUIP: N
EQUIP DESCRIPTION: *-BLDG INTERIOR & EXTERIOR STRUCTURE-S. WING _____
TASK LOCATION : COMMON AREA, SOUTH WING _____
TASK NUMBER : 1 TASK STATUS / DATE: BENCH _____
STDS/PROCEDURES : _____ DWG. UPDATE REQD : N
SCHEDULE DATE : _____ SAFETY PERMIT REQD: N
SHIFT : - SUPERVISOR : _____
PARTS REQUESTOR : _____

TASK DESCRIPTION : ANNUAL INSPECT SW, INTERIOR OF LWR BUS LVL: MPC STR-03
DESCRIPTION OF : REFER TO DRAWING #3,12,13,14. VISUALLY INSPECT LOWER LEVEL.
WORK/ SUPERVISOR INCLUDING WAITING AREA, LOADING/UNLOADING GATES, _____
COMMENTS ROADWAY SURFACE, DECK SLAB, CURBS, DRAINAGE SYSTEM. _____
FOLLOW STEP-BY-STEP GUIDELINES IN MPC STR-03. _____
RECORD TYPE & LOCATION OF ANY DEFECTS ON W/O & _____
INSPECTION REPORT FORM STR-AA IN MPC STR-03 _____

MESSAGE: YOU MAY SCROLL/'TOP'/'BOTTOM'/REQUEST A TASK NBR/'PF4' BACK TO HEADER.

**PORT AUTHORITY BUS TERMINAL
BT INSPECTION CHECKLIST PM 224-4602
LOWER BUS LEVEL OF SOUTH WING**

BUILDING/STRUCTURE NO.: 0140182-1

EQUIPMENT REQUIRED: Sounding hammer, extension ladder, flashlight, camera with flash, sketchpad.
Inspect the following. Report conditions on the attached Inspection Summary Report. Attach photographs or sketches, if necessary. **IMMEDIATELY NOTIFY THE BT STRUCTURAL MAINTENANCE SUPERVISOR OF ANY DEFECTS WHICH AFFECT PUBLIC SAFETY OR STRUCTURAL INTEGRITY.**

ITEMS	Check(x) when completed / comments**
<u>FLOORING AND EXPANSION JOINTS</u>	
1. Check terrazzo/concrete flooring for *cracks, spalls, scaling and settlement.	✓
2. Check expansion joint metal covers for excessive wearing, settlement, unusual opening. Also, check fillers for cracking and shrinking.	✓
3. Check any tripping hazard.	✓
4. Check ceramic tiles for broken, loose or missing tiles.	✓
<u>COLUMNS/ WALLS/ DOORS/ WINDOWS</u>	
5. Check tiled walls/columns/partition walls for *cracks, dampness, bulges, impact damage and missing mortar joint.	✓
6. Check all window/door/panel for broken glass, missing or unhinged hardware.	✓
7. Check doors and door frames for misalignment, looseness, impact damage and paint peeling. Verify the same for utility compartment doors.	✓
<u>CEILING AND PRIMARY MEMBERS</u>	
8. Check hung ceiling for bulges, loose/ missing panels, dampness, discoloration & sagging.	✓
9. Check underside of deck slabs/beams/girders for scaling, *cracking, spalling, dampness and leakage.	✓
<u>UTILITY SUPPORTS, SIGNS AND HANDRAILS</u>	
10. Check utility supports for corrosion, loose, broken or missing connections.	✓
11. Check sign for legibility and its support for deterioration or damages.	✓
12. Check handrail for deterioration, peeling paint, rusting and impact damage.	✓
<u>ROADWAY SURFACE, DRAINAGE, SIDEWALK AND CURB</u>	
13. Check roadway, sidewalk and curb surface for scaling, cracks, spalls and potholes. Also, check curb for impact damage and misalignment of the fascia steel plate.	✓
14. Check drainage for clogging and drain pipe for cracks broken or missing components.	✓
<u>MEDIAN BARRIER AND BUS BUMPER</u>	
15. Check barrier for impact damage and spalling. Check steel fence and bus bumper for rust, impact damage and peeling paint.	✓
<p>* Locate and describe cracks, e.g. hairline, 1/16", 1/8", 1/4", horizontal, vertical or step cracks, and whether random or multiple *cracks. Specify length of the *cracks. ** N.A. = Not Applicable; N.A.C. = Not Accessible due to Construction</p>	

SIGNED: Stevan A. Romano
STRUCTURAL INSPECTOR

DATE 4/24/2014

STRUCTURAL INTEGRITY INSPECTION PROGRAM
INSPECTION CONDITION REPORT

Facility P.A.B.T.

Pg 1 of 1

Routine No. 4602 Field Temp. 50° Weather clear Scheduled M.M.S. 0140182-1

Description South wing Lower Bus level Inspected By: S.R. Insp. Date 4/24/2014

Item No.	Degree	Deficiency	Measure-ment	Element	Location	work Order #	Comments
1	heavy	impact damage	8"	Exhaust pipe	col. A-10 wall		BT Plumbers / struct Replace hangers or Add
2	heavy Lg	impact damage holes		Block wall	col A-10		BT struct replace block
3	large	pot holes		Roadway	col A-9		BT struct
4	severe	bent, holes, part missing		steel wall barrier	col A-14, 15, 21 22, 25, 26,		BT struct
5	critical	bent pre-tensioning	8"	steel curb	col K-31		BT struct
6	minor minor	missing gates		Trow gates	col. L-20-22 Above 52-56 gates 16, 17, 18, 8		BT struct cover
7	large	pot holes		Roadway	col K-11		BT struct
8	minor	missing cover over		Steel cover medium plate	col. K-24		BT struct

Signed: J. Romano
INSPECTOR

Reviewed _____

----- DAILY SCHEDULE AND W/O STATUS UPDATE SEARCH BY -----
 COMMAND INPUT ==> _____ WORK ORDER NUMBER SEARCH MODE

FACILITY: PABT_ W/O: 0140182 TASK: __ SCHEDULE DATE: _____ TO: _____

	W/O /TASK	SCHEDULE DATE	PM/PROJECT NUMBER	SHIFT	ORG. UNIT	SEC/ SUB	ACTION/ REASON	HIGHER PRI. W/O / TASK
1.	0140182 1	04/15/2014	224 4602	B	224	0301	- -	_____ -
	TASK DESCRIPTION: _____							
2.	0140182 1	04/21/2014	224 4602	B	224	0301	- -	_____ -
	TASK DESCRIPTION: _____							
3.	0140182 1	04/24/2014	224 4602	B	224	0301	I _	_____ -
	TASK DESCRIPTION: _____							
4.	0140182 1	04/25/2014	224 4602	B	224	0301	C _	_____ -
	TASK DESCRIPTION: _____							
5.	TASK DESCRIPTION: _____							
6.	TASK DESCRIPTION: _____							
7.	TASK DESCRIPTION: _____							
8.	TASK DESCRIPTION: _____							

MESSAGE: NO MORE DATA TO SCROLL IN FORWARD DIRECTION

----- WORK ORDER SEARCH BY -----

COMMAND INPUT ==> _____ EQUIPMENT ID _____ SEARCH MODE _____

FACILITY: PABT

EQUIP ID: PAB SW00 INEX 00 ORG: 224 SEC/SUB: _____ W/O TYPE: CO W/O STAT: _____

	EQUIPMENT ID	ORG UNIT	SEC/SUB	W/O TYPE	W/O STATUS	W/O /TASK	TASK STATUS	NEED DATE
1.	PAB SW00 INEX 00	224	0301	CO	ACTIVE	0067556 1	FINI	01/18/2030
	TASK DESCRIPTION: CLN/SECURE EXP JOINT COVER PLATES ***WO ERROR-FINI*****							
2.	TASK DESCRIPTION: _____							
3.	TASK DESCRIPTION: _____							
4.	TASK DESCRIPTION: _____							
5.	TASK DESCRIPTION: _____							
6.	TASK DESCRIPTION: _____							
7.	TASK DESCRIPTION: _____							
8.	TASK DESCRIPTION: _____							

MESSAGE: NO MORE DATA TO SCROLL IN FORWARD DIRECTION

----- WORK ORDER SEARCH BY -----
 COMMAND INPUT ==> _____ EQUIPMENT ID _____ SEARCH MODE _____
 FACILITY: PABT _____
 EQUIP ID: PAB SW00 INEX 00 ORG: 224 SEC/SUB: _____ W/O TYPE: EM W/O STAT: _____
 =====

	EQUIPMENT ID	ORG UNIT	SEC/ SUB	W/O TYPE	W/O STATUS	W/O /TASK	TASK STATUS	NEED DATE
1.	TASK DESCRIPTION:	_____	_____	_____	_____	_____	_____	_____
2.	TASK DESCRIPTION:	_____	_____	_____	_____	_____	_____	_____
3.	TASK DESCRIPTION:	_____	_____	_____	_____	_____	_____	_____
4.	TASK DESCRIPTION:	_____	_____	_____	_____	_____	_____	_____
5.	TASK DESCRIPTION:	_____	_____	_____	_____	_____	_____	_____
6.	TASK DESCRIPTION:	_____	_____	_____	_____	_____	_____	_____
7.	TASK DESCRIPTION:	_____	_____	_____	_____	_____	_____	_____
8.	TASK DESCRIPTION:	_____	_____	_____	_____	_____	_____	_____

MESSAGE: NO MORE DATA TO SCROLL IN FORWARD DIRECTION

DAILY NARRATIVE

PA 0327/07-11

Contractor: SCS Contract Number: BT-924.079

Location: PABT

Contractor: SCS is working at:

BT-SW-LL: Col. Line 8, 16 expansion joint secure the work area for dust protection, prep work and install expansion joint assembly.

Manpower: 1-Super, 5-Labor Equipment: 1-Pick Up Truck, 1-Concrete Saw, Hand Tools

Weather: 54 F Clear

I certify that I have read the applicable paragraphs from the PA Construction Standards manual pertaining to the work/tests described above.

Shift 9:00PM-5:30AM

Date 04/24-25/14

Signed Lev B. Espalza Counter Signed [Signature]

Use form PA 316 to note labor, material or equipment usage.

DAILY NARRATIVE PA 0327/07-10

Contractor: SCS Contract Number: BT-924.079

Location: PABT

Contractor: SCS, first night of work on site, working at:

BT-SW-LL: Col. Line 16 expansion joint secure the work area for dust protection, prep work and place concrete. Col. Line 8 install expansion joint assembly.

Manpower: 1-Super, 3-Labor Equipment: 1-Pick Up Truck, 1-Concrete Saw, Hand Tools

Weather: 45 F Clear

I certify that I have read the applicable paragraphs from the PA Construction Standards manual pertaining to the work/tests described above.

Shift 9:00PM-5:30AM

Date 04/17-18/14

Signed LEN S. Epner

Counter Signed [Signature]

Use form PA 316 to note labor, material or equipment usage.

DAILY NARRATIVE PA 0327 / 07-10

Contractor: SCS Contract Number: BT-924.079

Location: PABT

Contractor: SCS, first night of work on site, working at:

BT-SW-LL: Col. Line 16 expansion joint secure the work area for dust protection, prep work and place concrete.

Manpower: 1-Super, 5-Labor Equipment: 1-Pick Up Truck, 1-Concrete Saw, Hand Tools

Weather: 42 F Clear

I certify that I have read the applicable paragraphs from the PA Construction Standards manual pertaining to the work/tests described above.

Shift 9:00PM-5:30AM

Date 04/16-17/14

Signed LEN B. ESPINAR

Counter Signed [Signature]

Use form PA 316 to note labor, material or equipment usage.

DAILY NARRATIVE PA 316 (07-10)

Contractor: SCS Contract Number: BT-924.079

Location: PABT

Contractor: SCS, first night of work on site, working at:

BT-SW-LL: Col. Line 16 expansion joint secure the work area for dust protection, continue chipping out concrete and prep work.

Manpower: 1-Super, 4-Labor Equipment: 1-Pick Up Truck, 1-Concrete Saw, Hand Tools

Weather: 34 F Cloudy

I certify that I have read the applicable paragraphs from the PA Construction Standards manual pertaining to the work/tests described above.

Shift 9:00PM-5:30AM

Date 04/15-16/14

Signed LEU B. ESPINOSA

Counter Signed [Signature]

Use form PA 316 to note labor, material or equipment usage.

DAILY NARRATIVE

PA 0327 07-10

Contractor: SCS Contract Number: BT-924.079

Location: PABT

Contractor: SCS, first night of work on site, working at:

BT-SW-LL: Col. Line ¹⁹ 8 expansion joint secure the work area for dust protection, install form and place concrete.

S-Labor Equipment: 1-Pick Up Truck, 1-Concrete Saw, Hand Tools

Note: P.A. Materials on site

Weather: 65 F Clear

I certify that I have read the applicable paragraphs from the PA Construction Standards manual pertaining to the work/tests described above.

Shift 9:00PM-5:30AM

Date 04/14-15/14

Signed LEN B. Espinoza

Counter Signed [Signature]

Use form PA 316 to note labor, material or equipment usage.

DAILY NARRATIVE PA 0327/07510

Contractor: Structural Contracting Services, Inc. Contract Number: BT-924.079

Location: Port Authority Bus Terminal - South Wing Building

Weather: Rain, 32°F

SCS: 1 Foreman, 5 Masons

Activity: The Contractor demolished existing tile and concrete around the expansion joint on column line 16 and started assembly of expansion joints. The Contactor secured in place temporary plywood on the floor.

Materials: Watson Bowman expansion joint assembly kit with stainless steel cover plate.

Equipment: Chopping gun

I certify that I have read the applicable paragraphs from the PA Construction Standards manual pertaining to the work/tests described above.

Shift 9:00 P.M. - 5:00 A.M.

Date 4-29-14 into 4-30-14

Signed R. Garcia

Counter Signed [Signature]

Use form PA 316 to note labor, material or equipment usage.

DAILY NARRATIVE PA 0327/07-10

Contractor: Structural Contracting Services Contract Number: BT-924-079
Location: PABT - S. wing, Lower Level, expansion JS^{C.L.} 16 & 24

weather: partly cloudy → 55°F

Labor: 1 Foreman + 5 masons
continued to work on expansion joints #
16 & 24.

Addressed tripping hazard complaint.
Tightened exp. joint covers and will repair
sloping on side edges by next monday.

I certify that I have read the applicable paragraphs from the PA Construction Standards manual pertaining to the work/tests described above.

Shift : 9:00 P.M - 5:00 AM
Date : 5/23/14

Signed R. Rodriguez Counter Signed M. [Signature]

DAILY NARRATIVE PA 0327/07-10

Contractor: Structural Contracting Services, Inc. Contract Number: BT-924.079

Location: Port Authority Bus Terminal - South Wing Building

Weather: Cloudy, 54°F

SCS: 1 Foreman, 5 Masons

Activity: The Contractor assembled expansion joints for column 16, on the South Wing Lower Level.

Started setting up underside slab protection on column lines 8, 16, and 24, South Wing 4th Floor.

Equipment: 1 Scissor Lift

I certify that I have read the applicable paragraphs from the PA Construction Standards manual pertaining to the work/tests described above.

Shift 9:00 P.M. - 5:00 A.M.

Date 5-06-14 into 5-07-14

Signed R. Garcia

Counter Signed [Signature]

Use form PA 316 to note labor, material or equipment usage.

DAILY NARRATIVE PA 0327/07-10

Contractor: Structural Contracting Services Contract Number: BT-924.079

Location: P.A.B.T. - South Wing ; Lower Level

Weather : 55 °F

Structural Contracting Services Manpower : 1 Foreman, 4 Masons

Activities : Secured area with cones and caution tape.Installed transition edge to temporary walk ways on Col Lines #16 - #24- #8 Worked on expansion joint assembly on col line # 16

Visitors: None

Equipment :

Hand Tools , Generator

Materials :

Metal transition edging , Watson Bowman Expansion Joint Assembly

I certify that I have read the applicable paragraphs from the PA Construction Standards manual pertaining to the work/tests described above.

Shift 9:00 p.m - 6:00 a.m.

Date 5/5/14- 5/6/14

Signed [Signature]

Counter Signed [Signature]

Use form PA 316 to note labor, material or equipment usage.

DAILY NARRATIVE PA 0327 / 07-10

Contractor: SCS Contract Number: BT-924.079

Location: PABT

Contractor: SCS is working at:

BT-SW-LL: Col. Line 8, 16 expansion joint secure the work area for dust protection, prep work and install expansion joint assembly.

Manpower: 1-Super, 5-Labor Equipment: 1-Pick Up Truck, 1-Concrete Saw, Hand Tools

Weather: 53 F Overcast

I certify that I have read the applicable paragraphs from the PA Construction Standards manual pertaining to the work/tests described above.

Shift 9:00PM-5:30AM

Date 04/25-26/14

Signed Leo B. Espina

Counter Signed

Use form PA 316 to note labor, material or equipment usage.

DAILY NARRATIVE PA 0327/07-10

Contractor: SCS Contract Number: BT-924.079

Location: PABT

Contractor: SCS is working at:

BT-SW-LL: Col. Line 8, 16, 24 expansion joint final clean up.

BT-SW-5th Fl.: continue expansion joint installing caulk.

Manpower: 1-Super, 2-Labor Equipment: 1-Pick Up Truck, Hand Tools

Sub-Contractor: P.B. is working at:

BT-SW-LL: Col. Line 8, 16, 24 expansion joint final clean up.

Manpower: 1-Super, 3-Men Equipment: Hand Tools

Weather: 74 F Rain

I certify that I have read the applicable paragraphs from the PA Construction Standards manual pertaining to the work/tests described above.

Shift 9:00PM-5:30AM

Date 06/19-20/14

Signed

Len B. Epman

Counter Signed

[Signature]

Use form PA 316 to note labor, material or equipment usage.

DATE NARRATIVE PA 1327 (07-1)

Contractor: SCS Contract Number: BT-924.079

Location: PABT

Contractor: SCS is working at:

BT-SW-LL: Col. Line 8, 16 expansion joint complete placing grout.

BT-SW-5th Fl.: expansion joint installing caulk.

Manpower: 1-Super, 2-Labor Equipment: 1-Pick Up Truck, Hand Tools

Sub-Contractor: P.B. is working at:

BT-SW-LL: Col. Line 24 expansion joint placing grout.

Manpower: 1-Super, 3-Men Equipment: Hand Tools

Weather: 84 F Clear

I certify that I have read the applicable paragraphs from the PA Construction Standards manual pertaining to the work/tests described above.

Shift 9:00PM-5:30AM

Date 06/18-19/14

Signed Len P. Egan

Counter Signed [Signature]

Use form PA 316 to note labor, material or equipment usage.

DAILY NARRATIVE PA 0327-07-10

Contractor: SCS Contract Number: BT-924.079

Location: PABT

Contractor: SCS is working at:

BT-SW-LL: Col. Line 16 expansion joint placing floor tiles..

Manpower: 1-Super, 2-Labor Equipment: 1-Pick Up Truck, Hand Tools

Sub-Contractor: P.B. is working at:

BT-SW-LL: Col. Line 16 expansion joint placing floor tiles.

Manpower: 1-Super, 3-Men Equipment: Hand Tools

Weather: 70 F Overcast

I certify that I have read the applicable paragraphs from the PA Construction Standards manual pertaining to the work/tests described above.

Shift 9:00PM-5:30AM

Date 06/12-13/14

Signed Len P. Egando

Counter Signed [Signature]

Use form PA 316 to note labor, material or equipment usage.

DAILY NARRATIVE PA 0327/17-11

Contractor: SCS Contract Number: BT-924.079

Location: PABT

Contractor: SCS is working at:

BT-SW-LL: Col. Line 16 expansion joint placing floor tiles..

BT-SW-5th Fl.: survey inspection of work location.

BT-SW-4th Fl.: Col. Line 8, 16, 24 measure the road plates.

Manpower: 1-Super, 2-Labor Equipment: 1-Pick Up Truck, Hand Tools

Sub-Contractor: P.B. is working at:

BT-SW-LL: Col. Line 16 expansion joint placing floor tiles.

Manpower: 1-Super, 3-Men Equipment: Hand Tools

Weather: 65 F Overcast

I certify that I have read the applicable paragraphs from the PA Construction Standards manual pertaining to the work/tests described above.

Shift 9:00PM-5:30AM

Date 06/11-12/14

Signed Len B. Espina

Counter Signed [Signature]

Use form PA 316 to note labor, material or equipment usage.

DAILY NARRATIVE PA 0327 / 07-10

Contractor: SCS Contract Number: BT-924.079

Location: PABT

Contractor: SCS is working at:

BT-SW-LL: Col. Line 16 expansion joint placing floor tiles..

Manpower: 1-Super, 2-Labor Equipment: 1-Pick Up Truck, Hand Tools

Sub-Contractor: P.B. is working at:

BT-SW-LL: Col. Line 16 expansion joint placing floor tiles.

Manpower: 2-Men Equipment: Hand Tools

Weather: 70 F Overcast

I certify that I have read the applicable paragraphs from the PA Construction Standards manual pertaining to the work/tests described above.

Shift 9:00PM-5:30AM

Date 06/10-11/14

Signed Len B. Esposito

Counter Signed M. M...

Use form PA 316 to note labor, material or equipment usage.

THE PORT AUTHORITY OF NY & NJ
DAILY NARRATIVE

BT-254-042

Contractor: WDF INC. Contract Number: _____

Location: PABT - S. Wing HVAC Rehabilitation

Weather: ± 36°f & partly cloudy

WDF: 1 Super, 1 project manager
1 labor foreman
2 laborers → to installation for temp units 1, 2, 3 & 4
1 trimster
1 technician → assisted in temp units start-up

5 star → 3 Elacs → Energized double throw
switches in N.W. Switchgear room
+ bump started units & adjusted
polarity + shut down units at
the end of the day / secured @
double throw.

Air tech: 2 TR knockers installing duct in sub-C.

All city: 1 Tech → performing CFM reading
in lower level of MER'S on 2nd floor.
MER-1, 2, 3.

RKI: 4 fitters → swapping out chilled
water valves in MER #3 & #2.

I certify that I have read the applicable paragraphs from the PA Construction Standards manual pertaining to the work/tests described above.

Signed L. Rodriguez

Shift 6:30 AM - 3:15 PM

Date 3/22/13

Signed _____

Counter Signed A. Williams

THE PORT AUTHORITY OF NY & NJ
DAILY NARRATIVE

Contractor: Constellation Contract Number: TAA- PABT - 0759

Location: Port Authority Bus Terminal - North Wing - Lower Level

Weather: Cloudy Occasional Showers @ Low 70s in AM & @ Low 80s in PM

Labor: FSG Electricians

Equipment: Ladders, misc tools

Description of Work:

- Relamp and ballast of cove lighting on south side of first floor

- Relamp and ballast of lighting under on gates

- Lighting shutdown at 9am

- Lighting restored 2:30pm

- At approximately 2pm, Miguel Calderon lost his footing while descending a ladder, paramedics and PAPD responded. Calderon was taken to Roosevelt Hospital for treatment of a sprained ankle and broken heel. The police report and FSG accident report has been filed in the RE's office

TAA Status:

- Awaiting scaffolding resubmittal and equipment approval

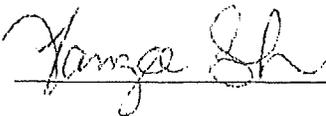
- Facility intends to add the greyhound tunnel to the project

I certify that I have read the applicable paragraphs from the PA Construction Standards manual pertaining to the work/tests described above.

Shift 7:00 AM to 3:00 PM

Date Thursday, 8/22/13

Signed



Counter Signed

Use form PA 316 to note labor, material or equipment usage.

THE PORT AUTHORITY OF NY & NJ
DAILY NARRATIVE

Contractor: Constellation Contract Number: TAA- PABT - 0759

Location: Port Authority Bus Terminal - South Wing - 4th Floor

Weather: Cloudy @ Low 70s in AM & @ Low 80s in PM

Labor: FSG Electricians

Equipment: Ladders, misc tools

Description of Work:

- Relamp and ballast of PAPD Youth Room
- Relamp and ballast of South Wing Mechanical Rooms
- Relamp and ballast of 4th Floor South Wing Cove and field lighting
- Relamp and ballast of Lower Level South Wing Cove and field lighting
- Facility Electrician On-Call for shutdowns

TAA Status:

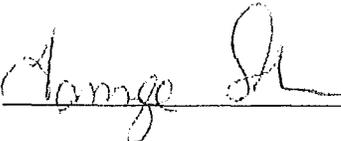
- Awaiting scaffolding resubmittal and approval
- Facility intends to add the greyhound tunnel to the project
- Facility has requested contractor begin relamping of roadway lighting immediately following the completion of the fourth floor
- Contractor is awaiting approval of MOT plan

I certify that I have read the applicable paragraphs from the PA Construction Standards manual pertaining to the work/tests described above.

Shift 7:00 AM to 3:00 PM

Date Tuesday, 9/3/13

Signed



Counter Signed _____

Use form PA 316 to note labor, material or equipment usage.

THE PORT AUTHORITY OF NY & NJ
DAILY NARRATIVE

Contractor: Constellation Contract Number: TAA-PABT - 0759

Location: Port Authority Bus Terminal - South Wing - 4th Floor

Weather: Partly Cloudy @ Low 70s in AM & @ Low 80s in PM

Labor: FSG Electricians

Equipment: Ladders, misc tools

Description of Work:

- Relamp and ballast of South Wing Mechanical Rooms
- Relamp and ballast of 4th Floor South Wing Cove and field lighting
- Relamp and ballast of Lower Level South Wing Cove and field lighting
- Facility Electrician On-Call for shutdowns

TAA Status:

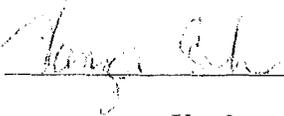
- Awaiting scaffolding resubmittal and approval
- Facility intends to add the greyhound tunnel to the project
- Facility has requested contractor begin relamping of roadway lighting immediately following the completion of the fourth floor
- Contractor is awaiting approval of MOT plan

I certify that I have read the applicable paragraphs from the PA Construction Standards manual pertaining to the work/tests described above.

Shift 7:00 AM to 3:00 PM

Date Thursday, 9/5/13

Signed



Counter Signed

Use form PA 316 to note labor, material or equipment usage.

THE PORT AUTHORITY OF NY & NJ
DAILY NARRATIVE

Contractor: Constellation Contract Number: TAA-PABT-0759

Location: Port Authority Bus Terminal - South Wing - 4th Floor

Weather: Sunny @ Low 70s in AM & @ Low 80s in PM

Labor: FSG Electricians

Equipment: Ladders, misc tools

Description of Work:

- Relamp and ballast of South Wing Mechanical Rooms
- Relamp and ballast of 4th Floor South Wing Cove and field lighting
- Relamp and ballast of Lower Level South Wing Cove and field lighting
- Facility Electrician On-Call for shutdowns

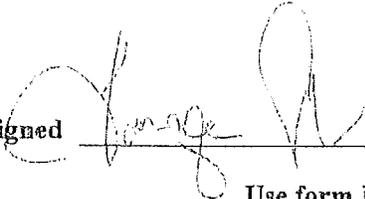
TAA Status:

- Awaiting scaffolding resubmittal and approval
- Facility intends to add the greyhound tunnel to the project
- Facility has requested contractor begin relamping of roadway lighting immediately following the completion of the fourth floor
- Contractor is awaiting approval of MOT plan

I certify that I have read the applicable paragraphs from the PA Construction Standards manual pertaining to the work/tests described above.

Shift 7:00 AM to 3:00 PM

Date Wednesday, 9/4/13

Signed 

Counter Signed _____

Use form PA 316 to note labor, material or equipment usage.

THE PORT AUTHORITY OF NY & NJ
DAILY NARRATIVE

Contractor: Constellation Contract Number: TAA- PABT - 0759

Location: Port Authority Bus Terminal - South Wing - 4th Floor

Weather: Partly Cloudy @ Low 50s in AM & @ Low 70s in PM

Labor: FSG Electricians

Equipment: Ladders, misc tools

Description of Work:

- Relamp and ballast of South Wing Mechanical Rooms
- Relamp and ballast of 4th Floor South Wing Cove and field lighting
- Relamp and ballast of Lower Level South Wing Cove and field lighting
- Facility Electrician On-Call for shutdowns

TAA Status:

- Awaiting scaffolding resubmittal and approval
- Facility intends to add the greyhound tunnel to the project
- Facility has requested contractor begin relamping of roadway lighting immediately following the completion of the fourth floor
- Contractor is awaiting approval of MOT plan

I certify that I have read the applicable paragraphs from the PA Construction Standards manual pertaining to the work/tests described above.

Shift 7:00 AM to 3:00 PM

Date Friday, 9/6/13

Signed



Counter Signed

Use form PA 316 to note labor, material or equipment usage.

THE PORT AUTHORITY OF NY & NJ
DAILY NARRATIVE

Contractor: Constellation Contract Number: TAA-PABT-0759

Location: Port Authority Bus Terminal - South Wing - 1st Floor

Weather: Rain @ Mid 50s in AM & @ Mid 70s in PM

Labor: FSG Electricians

Equipment: Ladders, misc tools

Description of Work:

- Architect on site for walk thru and survey South Wing

TAA Status:

- Awaiting scaffolding resubmittal and approval

- Facility intends to add the greyhound tunnel to the project

- Facility has requested contractor begin relamping south wing main level prior to the start of the holiday

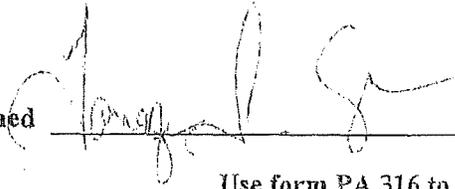
- Contractor began working during the night shift beginning 9/23

I certify that I have read the applicable paragraphs from the PA Construction Standards manual pertaining to the work/tests described above.

Shift 7:00 AM to 3:00 PM

Date Wednesday, 9/25/13

Signed



Counter Signed

Use form PA 316 to note labor, material or equipment usage.

THE PORT AUTHORITY OF NY & NJ
DAILY NARRATIVE

Contractor: Constellation Contract Number: TAA- PABT - 0759

Location: Port Authority Bus Terminal - South Wing - 3rd Floor

Weather: Cloudy @ Low 50s in AM & @ Mid 60s in PM

Labor: FSG Electricians

Equipment: Ladders, misc tools

Description of Work:

- COLUMBUS DAY HOLIDAY - NO WORK

TAA Status:

- Awaiting scaffolding resubmittal and approval

- Facility intends to add the greyhound tunnel to the project

- Facility has requested contractor begin relamping south wing main level prior to the start of the holiday

I certify that I have read the applicable paragraphs from the PA Construction Standards manual pertaining to the work/tests described above.

Shift 7:00 AM to 3:00 PM

Date Monday, 10/14/13

Signed: [Signature]

Counter Signed _____

Use form PA 316 to note labor, material or equipment usage.

THE PORT AUTHORITY OF NY & NJ
DAILY NARRATIVE

Contractor: Constellation Contract Number: TAA- PABT - 0759

Location: Port Authority Bus Terminal - South Wing - 2nd Floor and North Wing 3rd Floor

Weather: Clear @ High 40s in AM & @ Mid 40s in PM

Labor: FSG Electricians

Equipment: Ladders, misc tools

Description of Work:

- Replaced Roadway fixtures at Lower Level South Wing (North Side Gates)
- Facility Electrician Onsite and provided support modification parts as required
- Walk thru with Constellation PM
- Cleaned Area

TAA Status:

- Awaiting scaffolding resubmittal and equipment approval

I certify that I have read the applicable paragraphs from the PA Construction Standards manual pertaining to the work/tests described above.

Shift 9:00 PM to 5:00 AM
Wednesday 11/5/13 Thru Thursday

Date 11/6/13

Signed



Counter Signed

Use form PA 316 to note labor, material or equipment usage.

NOTICE OF CLAIM

In the Matter of the Claim of
PAUL PLANTE
against

THE CITY OF NEW YORK, NEW YORK CITY HEALTH AND HOSPITALS CORPORATION and THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY.

TO: NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
125 Worth Street
New York, NY 10013
and
THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY
225 Park Avenue South, 15th Floor
New York, New York 10003

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

- 1. **The name and post-office address of each claimant:**

Paul Plante



- 2. **The nature of the claim:**

Action to recover for personal injury, pain and suffering, intentional infliction of emotional distress, negligent infliction of emotional distress, and medical expenses due to the negligence of the Port Authority of New York and New Jersey in monitoring and supervising the escalators and patrons within the Port Authority Bus Terminal, and the negligence and medical malpractice of Bellevue Hospital and its staff in failing to properly assess and treat Claimant Paul Plante after he suffered a head injury.

- 3. **The time when, the place where, and the manner in which the claims arose:**

The incidents occurred on or about September 18, 2014, at approximately 4:03am, through September 20, 2014. I, Paul Plante (the Claimant), am 85 years old and was traveling alone via Greyhound bus from Montreal to Tampa, Florida. I changed buses at the Port Authority Bus Terminal, which is part of the Port Authority of New York & New Jersey, located in New York City, New York. By the time I arrived at the Port Authority Bus Terminal, it was very late at night. In order to get to my connecting bus to Tampa, Florida, I was on the NW escalator between LL and SM, moving up two floors. While on the escalator, I was accosted by a group of teenagers who I believe were between 16 and 17 years old. These teenagers were jumping up the steps of the escalator, and someone pushed me over, causing me to fall and hit my head on the escalator, and I was knocked unconscious. Based on the [REDACTED], I suspect

CLERK'S ADMINISTRATION
RISK MANAGEMENT
2015 JUN - 9 A 9
PORT AUTHORITY OF NEW YORK AND NEW JERSEY
LAW DEPARTMENT

my head was stepped on. The fall was so forceful that it resulted in [REDACTED] from the tread of the elevator [REDACTED]

After being knocked unconscious, I do not remember anything until I woke up at Bellevue Hospital, part of New York City Health and Hospitals Corporation, in New York City, where I was apparently transferred via ambulance from the Port Authority Bus Terminal after the above incident. I was evaluated at Bellevue Hospital, but I do not believe a CT scan was performed. The [REDACTED] and I was told by the medical staff that I had a [REDACTED]. Rather, I recall being told by the medical staff at Bellevue Hospital that it was just a little bit of blood on the outside of my head, and I was discharged from Bellevue Hospital September 20, 2014. I did not understand the reason for my discharge and I was still disoriented and confused when I was discharged from Bellevue Hospital.

After my discharge from Bellevue Hospital, an unknown person assisted me in boarding another Greyhound bus to Tampa, Florida, as I was still disoriented and confused. Once back in Tampa, Florida, on September 21, 2014, a security officer contacted my friend stating that I needed to be picked up from the bus terminal because I was unaware of my surroundings, did not know what was going on, and could not speak. I went to Oakfield Drive Emergency Physicians and then was admitted to Brandon Regional Hospital, where I was remained for approximately one week, due to [REDACTED]

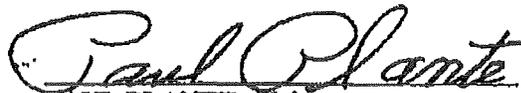
4. The items of damage or injuries claimed are (include dollar amounts):

In addition to medical expenses, both in New York City and at medical facilities in Tampa, Florida, including Brandon Regional Hospital, Claimant also seeks damages for, among other things, pain and suffering, [REDACTED]

[REDACTED] Claimant experiences as a result of the incident, and Claimant was damaged in a sum in the amount of or in excess of One Million Dollars (\$1,000,000.00).

The undersigned claimant therefore presents this claim for adjustment and payment. You are hereby notified that unless it is adjusted and paid within the time provided by law from the date of presentation to you, the claimant intends to commence an action on this claim.

Dated: December 15TH, 2014


PAUL PLANTE, Claimant

THE PORT AUTHORITY OF NEW YORK
LAW DEPARTMENT
2015 JAN - 9 A 9 59
CLAIMS ADMINISTRATION &
RISK MANAGEMENT

INDIVIDUAL VERIFICATION

State of Florida, Hillsborough County ss.:

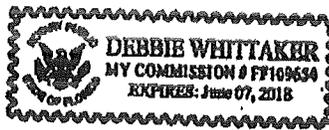
PAUL PLANTE being duly sworn, deposes and says that deponent is claimant in the within action; that he has read the foregoing Notice of Claim and knows the contents thereof; that the same is true to deponent's own knowledge, except as to matters therein stated to be alleged on information and belief, and that as to those matters deponent believes it to be true.

Paul Plante
PAUL PLANTE

Sworn to before me this
15th day of December, 2014.

DK

Notary Public



12-15-14

PAUL PLANTE

In the Matter of the Claim of
PAUL PLANTE
against

THE CITY OF NEW YORK, NEW YORK CITY HEALTH AND HOSPITALS
CORPORATION and THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY

NOTICE OF CLAIM AGAINST
THE CITY OF NEW YORK

STATE OF FLORIDA
COUNTY OF Hillsborough

The foregoing instrument was acknowledged
before me this 15th day of December
2014 by Paul Plante
Person Known by me _____ or Produced I.D. ✓
Type of I.D. Produced Driv. Lic.

THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY
LAW DEPARTMENT
2015 JAN - 8 A 9 59
CLAIMS ADMINISTRATION &
RISK MANAGEMENT

THE PORT AUTHORITY OF NY & NJ
225 PARK AVENUE SOUTH, 13TH FLOOR, LAW DEPARTMENT
NEW YORK, NY 10003

STATEMENT OF CLAIMANT
For Damages Due to An Accident

1. Claimant's name Age Address

JoAnn Cartelli 57 [REDACTED]

2. If this claim is not made on your own behalf, state whether it is made by you as guardian, executor, administrator or in some other representative capacity. Give your official title in full and annex certificate or other official evidence of your appointment.

n/a

3. Date of accident Time

8-6-14

8:10 am

4. Place of accident. (Identify with sufficient particularity to distinguish from similar places)

PART Unloading Platform SBL 9th Ave end

5. State in full how accident occurred. If any of the facts are not known to you from your personal knowledge, indicate the source of your information.

I was stepping off the bus onto platform and my (R) foot stuck to the ground causing me to pitch forward. The right side of my face/head hit the wall.

The ambulance took 30 minutes to arrive

THE PORT AUTHORITY OF NY & NJ
LAW DEPARTMENT
2014 OCT 20 1 09 PM
CLAIMS ADMINISTRATION
RISK MANAGEMENT

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

Adelina Pelle

Conchetta Dzikowski

7. The amounts of loss claimed are as follows:

(a) For medical and hospital expenses	\$ 771.64	(injuries attached)
(b) For loss of earnings	\$ 808.11	(3 days pay) had to use my PTO days
(c) For property damage	\$ - 0 -	
Total	\$ 1,579.75	

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.

Swelling to face + laceration above right eye. Black eye (still dark under right eye two months later). Small lump under right eyebrow, indentation in eyebrow forehead + loss of hair in eyebrow. Not sure at this point if any or all are permanent. (pictures attached)

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

Results from all testing done at Roosevelt Hosp. Emerg. Dept. attached

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.

Cassidy Turley
135 West 50th Street
New York, NY 10020

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

N/A

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

yes

Cassidy Turley
135 West 50th St
New York, NY 10020

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.

St. Luke's - Roosevelt Hosp - \$200.00
Transcare - Ambulance - 342.50
SLR Diagnostic Radiology - 103.72
SLR Diagnostic Radiology - 125.42
Total \$771.64 invoices attached

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.

n/A

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

n/A

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.

Yes, The PA was totally negligent in not making sure the platform where the patrons exit the buses are free + clear of any or all obstacles or broken/worn tiles.

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.

This accident was not in any way my fault. I simply stepped off the bus where my foot stuck to or got caught in broken tile on PA floor.
(pictures attached)

15. List any certificates, affidavits or statements of others which are furnished with the statement.

Results from all testing in emergency room
Statement from witnesses Adele Pelle + Conchetta Dzikowski
Police Report - pictures of my head/face + where accident occurred.

16. State any other facts or circumstances which may have a bearing upon your claim.

I submitted my insurance to the ER - I don't feel I should be responsible for any out of pocket expenses due to the fact that this accident was in no way my fault + my insurance which I pay for out of pocket covered most of the charges.

Dated: 10-15, 2014


Claimant

STATE OF NEW YORK
COUNTY OF NY

AFFIDAVIT

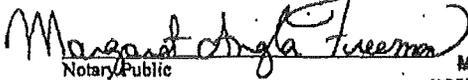
ss:

Being duly sworn, deposes and says:

1. That he/she resides at 19 Tanglewood Rd, Middletown, NJ
2. That he/she is the person who signed the foregoing statement of claimant.
3. That said statement of claimant was signed and this Affidavit is made by the deponent for the purpose of inducing The Port Authority of NY & NJ to pay deponent's claim, and that your deponent is aware that if said statement or this Affidavit is false in any material respect or omits any material fact, it constitutes an attempt to obtain money upon false or fraudulent representations.
4. That all of the facts stated in said statement of claim are known by deponent to be true to his/her own personal knowledge, excepting only such facts as are stated therein to have been learned by deponent from others; and that in all cases where deponent has stated facts learned from others, deponent believes such facts to be true.
5. That the description contained in said statement of the accident is full and complete, and that there are no material facts known to deponent with respect to said accident or the cause thereof which are omitted from said statement.
6. That your deponent knows of no witnesses to said accident, except as indicated in said statement, that in all cases where deponent knows the names or addresses of witnesses, they are set forth in said statement, and that in cases where names and addresses are not given, said statement contains all information known to deponent which would be of aid in locating such witnesses.
7. That deponent (or the person on whose behalf he/she is acting) has not suffered any damages on account of said accident except as set forth in said statement.
8. That if any Affidavits, statements or certificates of other persons are annexed to or furnished with said statement, deponent believes that such persons are trustworthy and that the statements made or opinions given by them are true and correct.
9. That your deponent believes his claim is just, and is willing to appear before the representatives of the Port Authority for examinations under oath with respect thereto, and to produce any papers or other evidence within his control, and to cooperate with the Port Authority in obtaining the appearance of other witnesses.

THE PORT AUTHORITY OF NY & NJ
LAW DEPARTMENT
2014 OCT 20 11:22 AM
CLARKS ADMINISTRATION
RISK MANAGEMENT

Sworn to before me this 15 day of OCT, 2014


Notary Public

MARGARET ANGELA FREEMAN
NOTARY PUBLIC-STATE OF NEW YORK
No. 01FR6184460
Qualified in Queens County
My Commission Expires April 07, 2016


Claimant

BRIAN R. CUNHA, ESQ.**
NELIA CAMARA DE STEFANO, ESQ.**

HONEY POLNER, ESQ. R.N.
KAREN A. ALEGRIA, ESQ.**
MONICA MADNA, ESQ.
SHARON D. SYREL, ESQ.**
MATTHEW A. DURPER, ESQ.***

**MEMBER MA & NJ BAR
*** MEMBER MA, HI, & CT BAR

LAW OFFICES
BRIAN CUNHA
& ASSOCIATES

311 PINE STREET
FALL RIVER, MASSACHUSETTS 02720
(508) 678-9500

FAX: (508) 679-6360

WEBSITE: www.briancunha.com

January 14, 2015

Certified and First Class Mail

Darrel Buchbinder, General Counsel
The Port Authority of NY & NJ
Law Dept/Claims, 13th Floor
225 Park Avenue South
New York, NY 10003

Re: Claim of: Veon Meak
D/A: 10/29/14
Location: PA Bus Terminal

THE PORT AUTHORITY OF NY & NJ
LAW DEPARTMENT
2015 JAN 20 A 9 19
CLAIMS ADMINISTRATION &
RISK MANAGEMENT

Dear Mr. Buchbinder:

Regarding the above matter, enclosed please find the Port Authority Statement of Claimant, duly executed by my client, Veon Meak. Kindly expedite your investigation of this matter.

Should you have any questions, please feel free to contact me.

Very truly yours,
BRIAN CUNHA & ASSOCIATES, P.C.


Brian R. Cunha, Esquire

BRC/rc
enc.

Certified Mail No. 7013 1090 0001 3693 6320
Return Receipt Requested

The Port Authority of NY & NJ
225 PARK AVENUE SOUTH, 13TH FLOOR, LAW DEPARTMENT
NEW YORK, NY 10003

STATEMENT OF CLAIMANT

For Damages Due To An Accident

1. Claimant's Name: Age: Address:
Veon Meak 56 [REDACTED]

2. If this claim is not made on your own behalf, state whether it is made by you as guardian, executor, administrator or in some other representative capacity. Give your official title in full and annex certificate or other official evidence of your appointment.

N/A

3. Date of Accident: Time:
10/29/2014 4:30 p.m.

4. Place of Accident. (Identify with sufficient particularity to distinguish from similar places.)
Port Authority Bus Terminal
628 8th Avenue, New York, NY

5. State in full how accident occurred. If any of the facts are not known to you from your personal knowledge, indicate the source of your information.

I was carrying my luggage on the escalator at the bus station when the escalator suddenly jerked causing me to fall down five stairs to the ground sustaining a broken arm, wrist and hand fractures.

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

Four (4) police officers arrived at the scene, but no report was taken. There was a camera on the stairs which shows the accident.

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	<u>5,880.48</u>
(b)	For loss of earnings	\$	<u>none</u>
(c)	For property damages	\$	<u>none</u>

Total: \$ 5,880.48

I am still treating and will incur more medical expenses which are unknown at this time.

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.

I sustained a [REDACTED]

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

I am in the process of obtaining all medical documents and will supply same upon my receipt.

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.

N/A

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

N/A

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

N/A

-
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.

Bellevue Hospital Care \$5,880.48

I am responsible for the bill

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.

N/A

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

None

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.

The escalator was defective: It jerked unexpectedly causing me to fall.

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.

I did not cause the accident

15. List any certificates, affidavits or statement of others which are furnished with the statement.

None

16. State any other facts or circumstances which may have a bearing upon your claim/

None

Dated: January 13, 2015

Signed: Leon Meak
Claimant

AFFIDAVIT

STATE OF MASSACHUSETTS

COUNTY OF BRISTOL

Being duly sworn deposes and says:

1. That he/she resides at 286 Pine St., Fall River, MA 02720
2. That he/she is the person who signed the foregoing statement of claimant.
3. That said statement of claimant was signed and this Affidavit is made by the deponent for the purpose of inducing The Port Authority of NY & NJ to pay deponent's claim, and that your deponent is aware that if said statement or this Affidavit is false in any material respect or omits any material fact, it constitutes an attempt to obtain money upon false or fraudulent representations.
4. That all of the facts stated in said statement of claim are known by deponent to be true to his/her own personal knowledge, excepting only such facts as are stated therein to have been learned by deponent from others; and that in all cases where deponent has stated facts learned from others, deponent believes such facts to be true.
5. That the description contained in said statement of the accident is full and complete, and that there are no material facts known to deponent with respect to said accident or the cause thereof which are omitted from said statement.
6. That your deponent knows of no witnesses to said accident, except as indicated in said statement, that in all cases where deponent knows the names or addresses of witnesses, they are set forth in said statement, and that in cases where names and addresses are not given, said statement contains all information known to deponent which would be of aid in locating such witnesses.
7. That deponent (or the person on whose behalf he/she is acting) has not suffered any damages on account of said accident except as set forth in said statement.
8. That if any Affidavits, statements or certificates of other persons are annexed to or furnished with said statement, deponent believes that such persons are trustworthy and that the statements made or opinions given by them are true and correct.
9. That your deponent believes his claim is just, and is willing to appear before the representatives of the Port Authority for examinations under oath with respect thereto, and to produce any papers or other evidence within his control, and to cooperate with the Port Authority in obtaining the appearance of other witnesses.

Sworn to before me this

13th day of January, 2015

Leon Meak
Claimant

Robin Carrero
Notary Public Robin Carrero
my Commission expires 8/28/20

NOTICE OF CLAIM

In the Matter of the Claim of
ROBERT C. GIGLIO, SR.

PORT AUTHORITY OF NY & NJ
OFFICE OF THE SECRETARY

-against-

THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY

2015 MAR 17 P 1:14

To: Port Authority of New York and New Jersey
225 Park Avenue South, 15th Floor
New York, NY 10003

PLEASE TAKE NOTICE that the undersigned Claimant hereby makes a claim and demand against you as follows:

1. The name and post-office address of each Claimant and Claimant's attorney is:

Robert C. Giglio, Sr.
[REDACTED]

GROSSMAN LAW FIRM
20 Vesey Street, Suite 300
New York, New York 10007

2. The nature of the Claim: Claim for personal injuries, pain and suffering, damages, medical expenses and special damages by the Claimant Robert C. Giglio, Sr., as a result of the negligence, carelessness and recklessness of PORT AUTHORITY OF NEW YORK AND NEW JERSEY, its agents, officers, servants and/or employees in the ownership, operation, care, control, inspection, maintenance and repair of its New York Port Authority Bus Terminal, Gate 17 platform and bus station area, including the floors, passageways and platforms; in causing, allowing and permitting the premises to be unsafe, hazardous, defective and dangerous.

3. The time when, the place where and the manner in which the claim arose: The incident occurred on or about January 10, 2015, at approximately 11:30 A.M., at the premises of the New York Port Authority Bus Terminal, located at 625 8th Avenue, New York, N.Y. 10018, County of New York, State of New York, and more particularly, at the Gate 17 bus platform and station. At the aforesaid date, time and location, while the Claimant, ROBERT C. GIGLIO, SR, about to board a bus scheduled to depart, was caused to trip, stumble, fall and/or land awkwardly, as a result of hazardous, defective, unsafe, dangerous, trap-like conditions on and near the abovementioned platform, causing injury as a result of negligence, carelessness and recklessness of PORT AUTHORITY OF NEW YORK AND NEW JERSEY, its officers, agents, servants and/or employees in causing, allowing and permitting the platform to be hazardous, dangerous and unsafe; in failing to provide passengers a safe method to enter and remain on the platform while loading their luggage onto and before entering the bus; in failing to provide notice of a dangerous and unsafe condition to people using the platform and particularly the Claimant; in failing to inspect the platform; in failing to provide hand or guardrails; in failing to maintain the floors, passageways, entrances, ramps and platforms in a safe condition; in causing, allowing and/or creating a hazardous, defective, dangerous, unsafe, trap-like condition at the aforesaid location and platform; in failing to provide safe passage to persons traversing the floors, passageways, ramps and platforms of its Gate 17 bus station and the Claimant in particular and other acts of commission and omission. Upon information and belief, PORT AUTHORITY OF NEW YORK AND NEW JERSEY had notice, as required by law, of the dangerous, unsafe, defective, hazardous and trap-like condition at said location and premises.

4. The items of damage or injuries claimed are (include dollar amounts): The Claimant ROBERT C. GIGLIO, SR, suffered [REDACTED] Claimant reserves the right to allege additional injuries as they become known.

TOTAL AMOUNT CLAIMED: One Million Dollars \$1,000,000.00

The undersigned Claimant(s) therefore present this claim for adjustment and payment. You are hereby notified that unless it is adjusted and paid within the time provided by law from the date of presentation to you, the Claimant(s) intends(s) to commence an action on this Claim.

Dated: New York, New York
March 11, 2015

Robert Giglio
Claimant Signature

ROBERT GIGLIO
Print Name

GROSSMAN LAW FIRM
Attorneys for Claimant(s)
20 Vesey Street, Suite 300
New York, New York 10007
(212) 227-6755

INDIVIDUAL VERIFICATION

State of New York, County of New York, ss:

Robert C. Giglio, Sr., being duly sworn, deposes and says that deponent is the Claimant in the within action, that (s)he has read the foregoing Notice of Claim and knows the contents thereof; that the same is true to the deponent's own knowledge, except as to the matters therein deponent believes to be true.

Robert Giglio
Claimant Signature

ROBERT GIGLIO
Print Name

Sworn to before me this

11th day of March, 2015

Sonja L. Pineda
Notary Public

SONJA L. PINEDA
Notary Public, State of New York
No. 01P16172910
Qualified in New York County
Commission Expires August 20, 2015

*In the Matter of the Claim of
Robert C. Giglio, Sr.
-against-*

The Port Authority of New York and New Jersey

GROSSMAN LAW FIRM
20 Vesey Street, Suite 300
New York, New York 10007
(212) 227-6755



KASSEM & CAMEJO, LLC

Attorneys At Law

1000 CLIFTON AVENUE
CLIFTON, NEW JERSEY 07013
TELEPHONE NO.: (973) 773-1300 FACSIMILE NO.: (973) 773-1325
TOLL FREE: (866) 586-5600
(Please respond to the Clifton Office)

Nabil N. Kassem*
Ramon A. Camejo
Diana M. Bishara*
Danielle A. Wilson*

* Also admitted in New York

West Caldwell Office:
607 Bloomfield Avenue
West Caldwell, New Jersey 07006

New York Office:
35 East Grassy Sprain Rd, Suite 508
Yonkers, New York 10710

April 14, 2014

Via Regular & Certified Mail/RRR

Officer of The Port Authority
of New York and New Jersey
225 Park Avenue South, 15th Floor
New York, New York 10003

Law Department of the Port Authority
of New York and New Jersey
Journal Square Transportation Center
1 PATH Plaza, Seventh Floor
Jersey City, New Jersey 07306

Port Authority Police Department
Bus Terminal Command
625 8th Avenue
New York, New York 10018

New York State Court of Claims
Justice Building
P.O. Box 7344
Albany, New York 12224

Clerk of the County
New York County
111 Centre Street
New York, New York 10013

Manhattan Court of Claims
26 Broadway, 10th Floor
New York, New York 10004

City of New York Comptroller
One Centre Street
New York, New York 10007

2014 APR 18 A 9 59
PORT AUTHORITY OF NY & NJ
OFFICE OF THE SECRETARY

CLAIMS ADMINISTRATION &
RISK MANAGEMENT
2014 APR 18 A 11:08
THE PORT AUTHORITY OF NY NJ
LAW DEPARTMENT

City of New York
Attn.: Corporation Counsel
100 Church Street, 5th Floor
New York, New York 10007

Department of the Treasury Bureau of Risk Management
CN 620
Trenton, New Jersey 08625

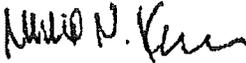
RE: MAHA FARAGALLA
Date of Loss: January 20, 2014

Dear Sirs:

Please be advised that this office represents Maha Faragalla in connection with personal injuries she sustained during an incident that occurred on January 20, 2014. Enclosed please find a Notice of Claim on Ms. Faragalla's behalf.

Thank you for your courtesy attention with respect to this matter.

Very truly yours,


NABIL N. KASSEM

NNK/slb
Enclosures

NOTICE OF CLAIM
CLAIM FOR DAMAGES AGAINST VARIOUS PUBLIC ENTITIES

TO: Officer of The Port Authority
of New York and New Jersey
225 Park Avenue South, 15th Floor
New York, New York 10003

Law Department of the Port Authority
of New York and New Jersey
Journal Square Transportation Center
1 PATH Plaza, Seventh Floor
Jersey City, New Jersey 07306

Port Authority Police Department
Bus Terminal Command
625 8th Avenue
New York, New York 10018

New York State Court of Claims
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P.O. Box 7344
Albany, New York 12224

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26 Broadway, 10th Floor
New York, New York 10004

City of New York Comptroller
One Centre Street
New York, New York 10007

City of New York
Attn.: Corporation Counsel
100 Church Street, 5th Floor
New York, New York 10007

Department of the Treasury Bureau of Risk Management
CN 620
Trenton, New Jersey 08625

Claimant, Maha Boulos-Faragalla, hereby presents this claim to the above-mentioned public entities pursuant to N.J.S.A. 32:1-163 and Sections 59:8-1 *et seq.* of the Statutes.

1. The name and address of the claimant is as follows:

Maha Boulos-Faragalla
[REDACTED]

2. The address to which the claimant desires correspondence regarding this claim to be sent is:

KASSEM & CAMEJO, LLC
1000 Clifton Avenue
Clifton, New Jersey 07013

3. On or about January 20, 2014, in Manhattan, New York, the Claimant received [REDACTED] personal injuries when she was caused to trip and fall down. At that time, Claimant was a lawful invitee at The Port Authority of New York and New Jersey in the City of Manhattan, County of New York and State of New York. At that same time, while walking on, among other things, the uneven pavement/floor, Claimant was caused to trip and fall forcefully to the ground. As a result of the fall, Claimant sustained [REDACTED] bodily injury.

4. Due to the above-mentioned circumstances, the Claimant has incurred severe and permanent injuries. The Claimant sustained severe injuries to, among other things, her nose, bilateral knees, hips, shoulders, neck and back as a result of The Port Authority of New York and New Jersey's and/or the Port Authority Police Department Bus Terminal Command's and/or the City of New York Comptroller's and/or the City of New York's and/or the City of Manhattan's and/or the County of New York's and/or the State of New York's and/or the State of New Jersey's negligent, careless and wanton actions. As a direct and proximate result of the aforesaid negligence, the Claimant also suffered injuries causing [REDACTED]

[REDACTED] The Claimant has incurred or in the future will incur expenses for the treatment of said injuries in excess of that required by N.J.S.A. 59:9-2(d), and has been [REDACTED] and has been caused and in the future will be [REDACTED]

5. The names and contact information of all doctors and medical facilities with whom Claimant treated with for her injuries, proximately caused by the public entities' negligence, jointly and severally, will be provided once all of the medical records are in the possession and custody of this law firm and immediately forwarded to the appropriate public entities for review.

6. So far as is known to the Claimant, at the time of this claim, the Claimant has incurred damages that vault the statutory threshold for a tort claim.

7. The Claimant does not know the names of any persons that were directly involved in causing her [REDACTED]. Once these names are obtained during the discovery period this law firm will immediately provide same to the relevant Port Authority, County and State entities. In addition, the Claimant, at the present time, knows the name of the public entities that were directly involved in causing her [REDACTED]. The name of the public entities causing the above described injuries and damage are The Port Authority of New York and New Jersey, the Port Authority Police Department Bus Terminal Command, the City of New York Comptroller, the City of New York, the City of Manhattan, the County of New York, the State of New York and the State of New Jersey.

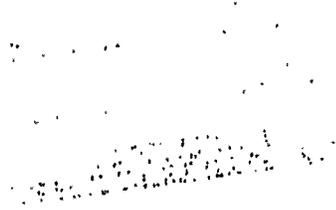
8. As a consequence of the Claimant's injuries, she has not lost income, however, has incurred a substantial amount of medical treatment and bills, the exact amount is yet to be calculated and determined because of the continued treatment for the above-described injuries sustained as a result of the negligence and carelessness of the public entities.

9. The Claimant's demand for damages cannot be calculated at the present time because she is still treating and the extent of her injuries is unknown at the present time. As soon as this office can accurately determine a monetary award that would fairly compensate the Claimant for her injuries, it will be immediately provided to the appropriate public entities.



NABIL N. KASSEM, ESQ.
Attorney for the Claimant

Dated: April 14, 2014



Joshua Weintraub
214 Ogden Street
Jersey City, NJ 07307

April 6, 2014

Registered Mail, RRR

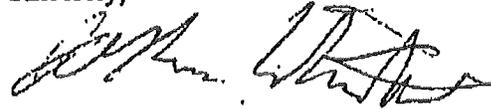
Port Authority of New York & NJ
225 Park Avenue South
13th Floor, Law Department
New York, NY 10003

Dear Sir/Madam:

Enclosed please find the following:

1. Statement of Claimant.
2. Port Authority Police Accident Report dated January 30, 2014.
3. Roosevelt Hospital take home instructions (3 Pages)
4. Roosevelt Hospital Em STAT Report of Home Medications (1 page).
5. Progress notes of Dr. M. Ginzburg dated 1/30/14 (3 pages).
6. Progress notes of Dr. Ginzburg dated 2/3/14 and 2/15/14 (1 page).
7. Notes of Dr. Pristera dated 2/15/14 (2 pages).
8. Post endodontic instructions (1 page).
9. Riverdale Oral Surgery intake sheet, anesthesia record and full mouth X-ray (5 pages).
10. Dr. Ginzburg account ledger (1 page).
11. Riverdale Oral Surgery account statement and credit card receipt (2pages).
12. Dr. Ginzburg account statement and credit card receipt (2 pages).
13. Credit card receipt, cab from Roosevelt Hospital to Dr. Ginzburg 1/30/14 (2 pages).
14. Roosevelt Hospital Bill dated 2/15/14. (1 page)
15. Reservation and related documents re cancelled ski trip to Colorado (5 pages).
16. Dr. Ginzburg bill dated 4/1/14 (1 page).

Sincerely,



Joshua Weintraub

THE PORT AUTHORITY OF NY & NJ
LAW DEPARTMENT
2014 APR 11 P 2:29
CLAIMS ADMINISTRATION &
RISK MANAGEMENT

The Port Authority of NY & NJ
225 PARK AVENUE SOUTH, 13TH FLOOR, LAW DEPARTMENT
NEW YORK, NY 10003

STATEMENT OF CLAIMANT

For Damages Due To An Accident

1. Claimant's Name: Age: Address:

JOSHUA R. WEINTRAUB

40



2. If this claim is not made on your own behalf, state whether it is made by you as guardian, executor, administrator or in some other representative capacity. Give your official title in full and annex certificate or other official evidence of your appointment.

3. Date of Accident: 1/30/14

Time: About 8:00 AM

CLAIMS ADMINISTRATION &
RISK MANAGEMENT

2014 APR 11 P 2:29

THE PORT AUTHORITY OF NY & NJ
LAW DEPARTMENT

4. Place of Accident. (Identify with sufficient particularity to distinguish from similar places.)

Port Authority Bus Terminal NY, NY.

5. State in full how accident occurred. If any of the facts are not known to you from your personal knowledge, indicate the source of your information.

When departing from the bus, I had 3 bags and took 2 bags to the door and asked the bus driver to let me take these 2 bags off the bus and return for the third (last) bag. He indicated he would wait. I departed the bus, placed my bags on the ground. As I turned to board the bus, the driver closed the door. I immediately started banging on the door with both hands. The driver began pulling away. I ran several steps forward still banging on the door. I hit a slick spot, lost my footing and fell forward smashing my face and mouth into the pavement. I injured my face and teeth.

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

The bus driver, Jorge Trunza, 1502 77th Street, North Bergen, NJ 07047.

The dispatcher.

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	<u>not yet determined</u>
(b)	For loss of earnings	\$	<u>0</u>
(c)	For property damages	\$	<u>0</u>

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.

One front tooth broken off. Both front teeth sustained damage to the roots and nerves requiring root canals and caps. The chipped tooth either requires root canal and capping or it will remain broken. All of these injuries are permanent. Other teeth sustained damage to the roots which may require further treatment. I was on a liquid diet for two weeks in an attempt to allow the teeth to heal and avoid further tooth loss. Also, lacerated lip required multiple stitches.

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

These are treating physicians whose notes are provided.

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.

Towers Watson
335 Madison Avenue
New York NY 10017-4605

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.

Yes, same as above.

-
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.

See ATTACHED Cover Letter and Copies of Medical Bills to date.

-
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.

Cost of canceled trip to Colorado scheduled for 1/30/14 through 2/4/14 (Airfare, hotel, ski lift tickets) minus \$721.94 (shared room credit), \$288.00 (canceled cme shuttle) and proportionate share of taxes estimated at \$51.55. (copies of reservation forms are attached. Also pain and suffering.

-
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.

The sidewalk was permitted to remain in a dirty slippery and unsafe condition by the maintenance crew and any other Port Authority employees responsible for keeping the walkways safe and clean.

-
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.

The driver of the bus, not I, closed the door and began to drive away while I was banging on the door. The Port Authority, not I, allowed the sidewalk to become and remain in a dirty, slippery and unsafe condition. The accident was not my fault.

-
15. List any certificates, affidavits or statement of others which are furnished with the statement.
-

16. State any other facts or circumstances which may have a bearing upon your claim/

Dated: 4/8, 2014

Signed: [Signature]
Claimant

AFFIDAVIT

STATE OF new york

COUNTY OF BRONX

JOSLUK WEINTRAUB

Being duly sworn deposes and says:

1. That he/she resides at
2. That he/she is the person who signed the foregoing statement of claimant.
3. That said statement of claimant was signed and this Affidavit is made by the deponent for the purpose of inducing The Port Authority of NY & NJ to pay deponent's claim, and that your deponent is aware that if said statement or this Affidavit is false in any material respect or omits any material fact, it constitutes an attempt to obtain money upon false or fraudulent representations.
4. That all of the facts stated in said statement of claim are known by deponent to be true to his/her own personal knowledge, excepting only such facts as are stated therein to have been learned by deponent from others; and that in all cases where deponent has stated facts learned from others, deponent believes such facts to be true.
5. That the description contained in said statement of the accident is full and complete, and that there are no material facts known to deponent with respect to said accident or the cause thereof which are omitted from said statement.
6. That your deponent knows of no witnesses to said accident, except as indicated in said statement, that in all cases where deponent knows the names or addresses of witnesses, they are set forth in said statement, and that in cases where names and addresses are not given, said statement contains all information known to deponent which would be of aid in locating such witnesses.
7. That deponent (or the person on whose behalf he/she is acting) has not suffered any damages on account of said accident except as set forth in said statement.
8. That if any Affidavits, statements or certificates of other persons are annexed to or furnished with said statement, deponent believes that such persons are trustworthy and that the statements made or opinions given by them are true and correct.
9. That your deponent believes his claim is just, and is willing to appear before the representatives of the Port Authority for examinations under oath with respect thereto, and to produce any papers or other evidence within his control, and to cooperate with the Port Authority in obtaining the appearance of other witnesses.

Sworn to before me this

8th day of april, 2014

[Signature]
Notary Public

[Signature]
Claimant

THE PORT AUTHORITY OF NY & NJ
LAW DEPARTMENT
2014 APR 11 P 2:29
CLAIMS ADMINISTRATION & RISK MANAGEMENT

BERTRAM TREBACH
Notary Public, State of New York
No. 01TR9375610
Qualified in Bronx County
Commission Expires Sept. 30, 2014