

WILLIAM J. BRENNAN

FOI #13906

14 Iowa Road
Wayne, New Jersey
Phone: (201) 452-4554
Email: firemanbrennan@yahoo.com

April 8, 2013

VIA EMAIL TO:
Dan Duffy
FOI Administrator
Office of the Secretary
Port Authority of New York and New Jersey
225 Park Avenue South
New York, New York 10008

Re: Records Request - Notices of Claims received by the Port Authority and its subsidiaries, including PATH, between September 1, 2012 to March 31, 2013

Dear FOI Administrator Duffy:

Pursuant to the Port Authority Freedom of Information Code, I request the Port Authority to produce all Notices of Claims received by the Port Authority and its subsidiaries, including PATH, between September 1, 2012 to March 31, 2013. Please provide these records to me in electronic format (preferably via email or on CD or DVD).

The Port Authority Freedom of Information Code requires, within five (5) business days, the Port Authority to: 1) make the Record available, in whole or in part; or 2) deny the request; or 3) acknowledge the receipt of the request and provide a written statement to me of the approximate date when the request will be granted in whole or in part (or denied). If circumstances prevent a determination of availability from being made within twenty (20) business days from the date of acknowledgement, you are to notify me in writing of the reason for the delay and provide a date certain within a reasonable period when the request will be granted in whole or in part.

Accordingly, I look forward to your prompt response.

Sincerely,


William J. Brennan

THE PORT AUTHORITY OF NY & NJ

FOI Administrator

June 14, 2013

Mr. William J. Brennan
14 Iowa Road
Wayne, NJ

Re: Freedom of Information Reference No. 13906

Dear Mr. Brennan:

This is a response to your April 8, 2013 request, which has been processed under the Port Authority's Freedom of Information Code (the "Code"), for copies of all Notices of Claims received by the Port Authority and its subsidiaries, including PATH, between September 1, 2012 to March 31, 2013.

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/13906-O.pdf>.

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,



Ann L. Qureshi
FOI Administrator

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

2012 JUN 25 A 8:10
LAW DEPARTMENT
POST AUTHORITY CLAIMS

1. Claimant's Name: Age: Address:

EASTERN MANAGEMENT COMPANY
4A CEDAR BROOK DRIVE
CRANBURY, N.J. 08512

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.

NOT APPLICABLE

3. Date of Accident: JUNE 11, 2012 Time: Approx. 7:00pm

4. Place of Accident. (Identify with sufficient particularity to distinguish from similar places.)
GEORGE WASHINGTON BRIDGE - Lower Level
Approx. 2-3 HUNDRED YARDS ONTO BRIDGE heading east
FROM N.J. SIDE IN CENTER LANE

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.
Right Rear Tire blow-out due to "pot hole" or other hole in road.

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

TOBY SIMON
BRUCE SIMON
YONATAN SIMON
MOSHE SIMON
NESANOL SIMON
ZENA LAZAR

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	<u>—</u>
(b)	For loss of earnings	\$	<u>—</u>
(c)	For property damages	\$	<u>787.84</u>

Total: \$ 787.84

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.

N/A

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

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

N/A

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.

LAW DEPARTMENT
FORT AUSTIN CLAIMS
2012 JUN 25 8:49

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.

N/A

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.

TIRE
Wheel
ALIGNMENT } \$787.84 See
ATTACHED

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.

POT Hole in ROADWAY

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.

POT hole could NOT be seen

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

No STATEMENTS
See Attached pictures + E-MAIL

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

Dated: _____, 20_____

Signed: _____
Claimant

AFFIDAVIT

STATE OF _____ :

:

COUNTY OF _____ :

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

_____ day of _____, 20_____

Claimant

Notary Public

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2017 JUN 25 A 8:49

DANIELLA LEVI & ASSOCIATES, P.C.

L A W O F F I C E S

159-16 Union Turnpike Suite 200 Fresh Meadows, New York 11366
Tel (718) 380-1010 Fax (718) 380-1050 website: www.levilawny.com

August 8, 2012

Port Authority of New York & New Jersey
One World Trade Center
Suite 62E
New York, New York 10048

Re: Li-na Huang
D/A: June 2, 2012
Location: Food Court, Terminal #5 Jet Blue
Our File No. 12DL0100

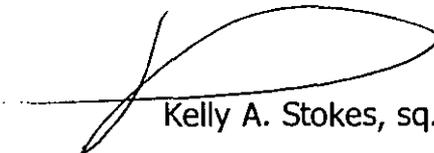
Dear Port Authority of New York & New Jersey:

Please be advised that this office has been retained by the above-named to pursue a claim for personal injuries arising out of and as a result of an accident which occurred on the above date and through your negligence at the above-referenced location.

Kindly refer this letter immediately to your insurance carrier for prompt consideration and further attention. Your failure to timely present this letter to your insurance carrier may be a basis for your insurance company to disclaim coverage for this incident. Your insurance carrier's disclaimer would render you personally responsible for any judgment recovered as a result of this incident.

If you have any questions, please do not hesitate to contact us at the telephone number referenced below. Thank you for your prompt attention to this matter.

Very truly yours,


Kelly A. Stokes, sq.

/mf
Enclosure

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 AUG 28 A 11:08

GENOVA BURNS GIANTOMASI & WEBSTER

ATTORNEYS-AT-LAW

ANGELO J. GENOVA ◊+*
JAMES M. BURNS ◊
FRANCIS J. GIANTOMASI ◊+
ELNARDO J. WEBSTER II ◊+
JOHN C. PETRELLA ◊
JAMES J. MCGOVERN III ◊
LAURENCE D. LAUFER +
JEFFREY R. RICH ◊+
JUDSON M. STEIN ◊
KATHLEEN BARNETT EINHORN ◊+
CELIA S. BOSCO ◊+
BRIAN W. KRONICK ◊
JAMES BUCCI ◊*+
PATRICK W. MCGOVERN ◊+
WILLIAM F. HARRISON ◊
DOUGLAS E. SOLOMON ◊+
DENA B. CALO ◊*
JASON L. SOBEL ◊+
JENNIFER MAZAWAY ◊+
CHRISTOPHER M. HARTWYK ◊

KEITH A. KRAUSS ◊+
MICHAEL J. OLIVEIRA ◊+
HARRY G. KAPRALOS ◊+
REBECCA MOLL FREED ◊+
JOHN R. VREELAND ◊+
JENNIFER BOREK ◊+
DINA M. MASTELLONE ◊+
JONI NOBLE McDONNELL ◊
JISHA V. DYMOND ◊+

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DAVID P. COOKE ◊+
NICHOLAS R. AMATO ◊
HARVEY WEISSBARD ◊
BRUNO GENOVA ◊

OF COUNSEL

JOSEPH M. HANNON ◊+
PETER F. BERK ◊
LISA A. JOHN ◊
LAUREN W. GERSHUNY ◊+
NICHOLAS J. REPICI ◊*
JENNIFER CARRILLO-PEREZ ◊
ALEXANDER L. D'JAMOOS ◊+
RAJIV D. PARIKH ◊+
GEMMA M. GIANTOMASI ◊+
AKINYEMI T. AKIWOWO ◊+
JENNIFER PAGANUCCI ◊+
GINA M. SCHNEIDER ◊
HARRIS S. FREIER ◊+*∞
JODI M. LUCIANI ◊+
JODI C. LIPKA ◊+

CYNTHIA L. M. HOLLAND ◊+
KATHRYN E. DUGAN ◊
EILEEN FITZGERALD ADDISON ◊
MATTHEW KERTZ ◊+*
JOHN SUWATSON ◊+
ROBERT W. FERGUSON, III ◊
LAUREN J. MARCUS ◊
JOSHUA E. KNAPP ◊+
JUSTIN A. JACOBS ◊+
PHILLIP M. ROPSKY ◊
ANA J. MURTEIRA ◊
DOUGLAS KLEIN ◊+
REBECCA PINK ◊+
FRANCIS M. GIANTOMASI ◊
ERICA B. LOWENTHAL ◊+

ALEXANDRA M. HILL ◊*
BRETT M. PUGACH ◊
JENNA M. BEATRICE ◊+

RONALD H. DEMARIA
(1939-2004)

MEMBER OF NEW JERSEY BAR ◊
MEMBER OF NEW YORK BAR +
MEMBER OF PENNSYLVANIA BAR *
MEMBER OF DISTRICT OF COLUMBIA ◊
MEMBER OF CONNECTICUT BAR ◊
MEMBER OF VIRGINIA BAR *

September 21, 2012

VIA PROCESS SERVER

Port Authority of New York and New Jersey
Office of the Secretary
225 Park Avenue South, 9th Floor
New York, New York 10003

Re: Export Transport Co. v. Port Authority of New York and New Jersey
Notice of Claim Pursuant to N.J.S.A. 32:1-164

Dear Sir or Madam:

This firm represents Export Transport Co. ("Claimant") with respect to the above claim. Claimant hereby submits the following claim pursuant to N.J.S.A. 32:1-164:

1. Name and Post-Office Address of Claimant and Claimant's Attorney

Claimant:

Export Transport Co.
136 Mohawk Street
Newark, New Jersey 07114

Attorneys for Claimant:

Genova Burns Giantomasi & Webster
494 Broad Street
Newark, New Jersey 07102

2012 SEP 26 P 2:32

PORT AUTHORITY OF NEW YORK AND NEW JERSEY
LAW DEPARTMENT
CLAIMS

494 BROAD STREET * NEWARK, NJ 07102-3230

TELEPHONE 973-533-0777 FACSIMILE 973-533-1112 WEBSITE www.genovaburns.com

NEW YORK, NY * CAMDEN, NJ * RED BANK, NJ * PHILADELPHIA, PA

GENOVA BURNS GIANTOMASI & WEBSTER

ATTORNEYS-AT-LAW

Port Authority of New York and New Jersey

September 21, 2012

Page 2

2. Nature of the Claim

Claimant asserts claims for breach of contract, breach of the implied covenant of good faith and fair dealing, fraudulent inducement based upon the Port Authority's lengthy history of mistreating Claimant, making affirmative misrepresentations to Claimant, and failing to fulfill its contractual obligations to Claimant with respect to the various premises Claimant has leased within Port Newark-Elizabeth Marine Terminal. These wrongful acts include breaches with respect to the premises Claimant currently leases from the Port Authority. Upon information and belief, in response to Claimant's attempts to encourage the Port Authority to honor its contractual obligations, the Port Authority has undertaken retaliatory action, including the filing of a summary dispossess action in the Superior Court of New Jersey, Special Civil Part, and continues to take such actions despite knowledge that its actions will cause harm to Claimant.

3. Time, When, the Place Where, and the Manner in Which the Claim Arose

The breaches and wrongful acts alleged as well as the damages realized by Claimant are ongoing, as the Port Authority is, upon information and belief, currently pursuing a retaliatory summary dispossess action in the Superior Court of New Jersey.

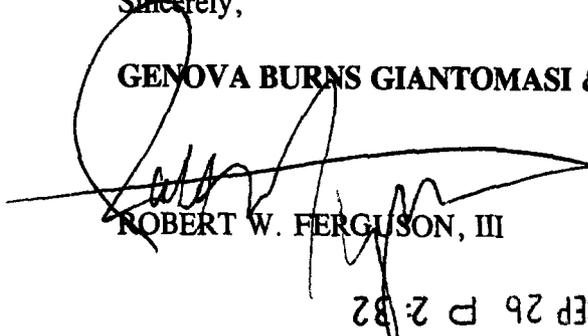
4. Items of Damage or Injuries Claimed to Have been Sustained

Total damages are impossible to estimate with specificity at this time. However, among other things, Claimant has suffered a significant loss in business revenue as a result of the Port Authority's breach of its contractual obligations to Claimant. Claimant has therefore suffered damages in the form of future unrealized profits due its inability to utilize its current leased premises in the manner provided for under its current lease.

Please be guided accordingly.

Sincerely,

GENOVA BURNS GIANTOMASI & WEBSTER


ROBERT W. FERGUSON, III

RWF/cr

2012 SEP 26 P 2:52

LAW DEPARTMENT
PORT AUTHORITY CLAIMS

MARK E. SEITELMAN

LAW OFFICES, PC.

TRINITY BUILDING

111 BROADWAY, 9TH FLOOR

NEW YORK, NY 10006-1901

212 962-2626

FAX: 212 962-5050

LETTERS@SEITELMAN.COM

October 9, 2012

MARK E. SEITELMAN

MICHAEL GOLDFARB

MIRSADE BAJRAKTAREVIC

DONALD D. CASALE

MARA G. PANDOLFO*

NICHOLAS A. CHIVILY

IRINA ROLLER

CARY S. SMOKE

PATRICK A. LYONS**

OF COUNSEL

LEGAL ASSISTANTS

ELINA ZHURAVLEVA

NATALYA CYADUKYAN

SHERRY HECKSTALL

MONTFORT AMERIS, JR.

ARELIS ALMONTE

SONIA WEEKES

OFFICE ADMINISTRATOR

MINNA S. MONTE

*ALSO ADMITTED IN NJ AND DC

**RETIRED

REGISTERED MAIL-R.R.R.

The Port Authority of New York & New Jersey

225 Park Avenue South. 13th Floor

New York, NY 10003

Attention: Claims Department

Re: Claimant: Alyson Aulet
Insured: The Port Authority of NY & NJ
Claim No.: Please Provide
D/A: 09/15/12

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 OCT 12 A 11:06

Dear Sir or Madam:

Please be advised that our office represents the above entitled who was involved in an automobile accident on the above date at the stated location.

Enclosed please find a completed no-fault application for benefits on behalf of our client.

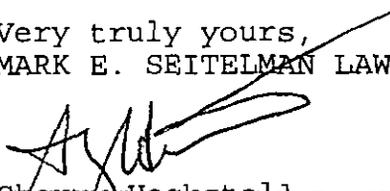
Also, enclosed please find a copy of the police report.

Please be advised that the other vehicle involved in this accident may not have sufficient liability coverage to compensate my client for the injuries sustained. Therefore, I hereby place you on notice of a claim under the Uninsured/Underinsured portion of your insured's policy.

Kindly communicate with the undersigned with reference to each and every aspect of this matter.

Thank your for your anticipated cooperation in this matter.

Very truly yours,
MARK E. SEITELMAN LAW OFFICES, P.C.


Sherry Heckstall
Paralegal

MG:sh

Enc.

Registered Mail R.R.R#:223 622 012 US

MICHAEL C. KAZER, P.C.

**ATTORNEY AT LAW
69 WASHBURN STREET
JERSEY CITY, NEW JERSEY 07306**

**(201) 792-9766
FAX: (201) 792-7736**

2012 OCT 26 P 2 18

October 23, 2012

**Township of Weehawken
400 Park Avenue
Weehawken, NJ 07086
Attn: Law Department**

**Port Authority of NY & NJ
225 Park Avenue, South
15th Floor
New York, NY 10003
Attn: Law Department**

**State of New Jersey
Justice Complex Division of Law
25 Market Street
1st Floor West Wing
Trenton, New Jersey 08625
Attn: Law Department**

**Hudson County Counsel
567 Pavonia Avenue
Jersey City, New Jersey 07306
Attn: Law Department**

**Re: My Client: Mamdouh Bayoumi
Date of Accident: August 1, 2012
Approximate time of Incident: 11:00 p.m.
Location of Incident: (See attached police report)**

Dear Sir\Madam:

Please be advised that this office has been retained by **Mamdouh Bayoumi**, for a motor vehicle accident that occurred on August 1, 2012.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 OCT 26 P 3:34

Please be advised we represent our client for a **Property Damage** claim. (See attached **Police Report**)

This notice is being submitting pursuant to N.J.S.A. 59:8-1 the fort claims notice.

Should you there be any questions concerning this correspondence, please feel free to contact my office at your earliest convenience.

Thank you for your attention and cooperation in this matter.

Very truly yours,

/s/ Michael C. Kazer
Michael C. Kazer, Esq.

MCK:kd

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 OCT 26 P 3:35

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

2012 JUN 25 A 8:10
LAW DEPARTMENT
POST AUTHORITY CLAIMS

1. Claimant's Name: Age: Address:

EASTERN MANAGEMENT COMPANY
4A CEDAR BROOK DRIVE
CRANBURY, N.J. 08512

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.

NOT APPLICABLE

3. Date of Accident: JUNE 11, 2012 Time: Approx. 7:00pm

4. Place of Accident. (Identify with sufficient particularity to distinguish from similar places.)
GEORGE WASHINGTON BRIDGE - Lower Level
Approx. 2-3 HUNDRED YARDS ONTO BRIDGE heading east
FROM N.J. SIDE IN CENTER LANE

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.
Right Rear Tire blow-out due to "pot hole" or other hole in road.

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

TOBY SIMON
BRUCE SIMON
YONATAN SIMON
MOSHE SIMON
NESANOL SIMON

ZENA LAZAR 215 PASSAIC AVE, PASSAIC, N.J 07055 ^{APT.} 31

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	<u> — </u>
(b)	For loss of earnings	\$	<u> — </u>
(c)	For property damages	\$	<u> 787.84 </u>

Total: \$ 787.84

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.

N/A

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

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

N/A

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.

LAW DEPARTMENT
FORT AUBURN
CLAIMS
2012 JUN 25 8:49

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.

N/A

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.

TIRE
Wheel
ALIGNMENT } \$787.84 See
ATTACHED

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.

POT Hole in ROADWAY

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.

POT hole could NOT be seen

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

No STATEMENTS
See Attached pictures + E-MAIL

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

Dated: _____, 20_____

Signed: _____
Claimant

AFFIDAVIT

STATE OF _____ :

:

COUNTY OF _____ :

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

_____ day of _____, 20_____

Claimant

Notary Public

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2017 JUN 25 A 8:49

In the Matter of the Claim

DANIEL E. INGLIS,

Claimant,

-against-

PORT AUTHORITY OF NEW YORK AND NEW JERSEY,

Respondent.

PORT AUTHORITY OF NY & NJ
OFFICE OF THE SECRETARY

2012 OCT 10 A 11:45

NOTICE OF CLAIM

To: 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, on behalf of claimant, hereby makes claim and demands against you as follows:

1. **The name and post office address of each claimant and claimant's attorneys are:**

Claimant: Daniel E. Inglis

Attorney: Kazmierczuk & McGrath
103-16 Metropolitan Avenue
Forest Hills, NY 11375
(718) 441-5460

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

To recover for _____ sustained as a result of the negligence and statutory violations of The Port Authority of New York and New Jersey and its contractors, agents and employees.

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

The accident occurred on December 24, 2011 at approximately 2:10a.m. in The Lincoln Tunnel (Eastbound Route 495), in the County of New York, City and State of New York. The accident occurred at the Exit of the South Tunnel (Eastbound) in the Near Lane-Exit Portal on the New York side of the tunnel adjacent to the emergency garage in New York. The accident which forms the basis of this claim was assigned Accident Investigation Case Number 11-L-1616 by the Port Authority of New York and New Jersey Police Accident Investigation Unit which resulted in a 108 page report of post-accident investigation. The accident occurred when the vehicle that claimant was driving came into contact with a tapered end precast concrete construction barrier which caused the vehicle to launch off the barrier and become airborne. As a result of the contact between the vehicle and the construction barrier which launched the vehicle, the claimant lost control of the vehicle. As a result of the contact the vehicle was propelled into the air and crashed on its side into a construction vehicle causing _____ to claimant. The accident and _____ were caused by the negligence of The Port Authority of New York and New Jersey, its agents, contractors and employees in failing to maintain proper traffic control in the tunnel, particularly in the vicinity of the construction area at the exit of the south tunnel on the New York side. The Port Authority of New York and New Jersey, its agents, contractors and employees failed to warn of the _____

conditions in the tunnel and in particular of the construction zone at the tunnel exit, with any lights, signboards or any other visual indicators. The Port Authority of New York and New Jersey, its agents, contractors and employees failed to properly guard the construction area at the tunnel exit with appropriate construction barriers. The Port Authority of New York and New Jersey, its agents, contractors and employees negligently guarded the construction area at the south tunnel exit with temporary precast construction barriers that made the tunnel more dangerous and more likely to cause an accident that would result in vehicles being launched into the air as a result of contact with the barriers. The Port Authority of New York and New Jersey, its agents, contractors and employees failed to properly protect motorists at the tunnel exit particularly in the misplacement of the tapered concrete construction barrier which resulted in the accident.

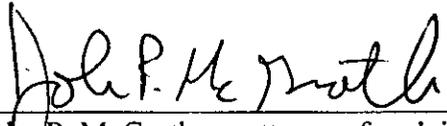
4. **The items of damage or injuries are:**

Claimant Daniel E. Inglis

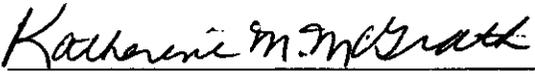
in the sum of TWENTY, MILLION DOLLARS
(\$20,000,000.00).

The undersigned hereby swears on behalf of claimant Daniel E. Inglis that the above statements in the claim are true and therefore presents this claim for adjustment and payment. You are hereby notified that unless said claim is adjusted and paid within the time provided by law from the date of presentation to you, the claimant intends to commence a legal action on this claim.

Dated: Forest Hills, New York
October 9, 2012


John P. McGrath, as attorney for claimant
Daniel E. Inglis

On October 9, 2012 before me personally came John P. McGrath, to me known, and known to me to be the individual described in, and who executed the foregoing Notice of Claim, and duly acknowledged to me that he executed same.


NOTARY PUBLIC

KATHERINE M. MCGRATH
Notary Public, State of New York
No. 02MC5064807
Qualified in Queens County
Commission Expires August 26, 2014

In the Matter of the Claim
DANIEL E. INGLIS,
Claimant,

PORT AUTHORITY OF NY & NJ
OFFICE OF THE SECRETARY

-against-

PORT AUTHORITY OF NEW YORK AND NEW JERSEY,
Respondent.

2012 OCT 10 A 11:45

NOTICE OF CLAIM

To: 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, on behalf of claimant, hereby makes claim and demands against you as follows:

1. **The name and post office address of each claimant and claimant's attorneys are:**

Claimant:	Daniel E. Inglis	Attorney:	Kazmierczuk & McGrath 103-16 Metropolitan Avenue Forest Hills, NY 11375 (718) 441-5460
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2. **The nature of the claim:**

To recover for _____ sustained as a result of the negligence and statutory violations of The Port Authority of New York and New Jersey and its contractors, agents and employees.

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

The accident occurred on December 24, 2011 at approximately 2:10a.m. in The Lincoln Tunnel (Eastbound Route 495), in the County of New York, City and State of New York. The accident occurred at the Exit of the South Tunnel (Eastbound) in the Near Lane-Exit Portal on the New York side of the tunnel adjacent to the emergency garage in New York. The accident which forms the basis of this claim was assigned Accident Investigation Case Number 11-L-1616 by the Port Authority of New York and New Jersey Police Accident Investigation Unit which resulted in a 108 page report of post-accident investigation. The accident occurred when the vehicle that claimant was driving came into contact with a tapered end precast concrete construction barrier which caused the vehicle to launch off the barrier and become airborne. As a result of the contact between the vehicle and the construction barrier which launched the vehicle, the claimant lost control of the vehicle. As a result of the contact the vehicle was propelled into the air and crashed on its side into a construction vehicle causing _____
The accident and _____ were caused by the negligence of The Port Authority of New York and New Jersey, its agents, contractors and employees in failing to maintain proper traffic control in the tunnel, particularly in the vicinity of the construction area at the exit of the south tunnel on the New York side. The Port Authority of New York and New Jersey, its agents, contractors and employees failed to warn of the _____

conditions in the tunnel and in particular of the construction zone at the tunnel exit, with any lights, signboards or any other visual indicators. The Port Authority of New York and New Jersey, its agents, contractors and employees failed to properly guard the construction area at the tunnel exit with appropriate construction barriers. The Port Authority of New York and New Jersey, its agents, contractors and employees negligently guarded the construction area at the south tunnel exit with temporary precast construction barriers that made the tunnel more dangerous and more likely to cause an accident that would result in vehicles being launched into the air as a result of contact with the barriers. The Port Authority of New York and New Jersey, its agents, contractors and employees failed to properly protect motorists at the tunnel exit particularly in the misplacement of the tapered concrete construction barrier which resulted in the accident.

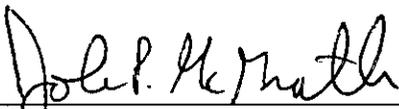
4. **The items of damage or injuries are:**

Claimant Daniel E. Inglis

in the sum of TWENTY MILLION DOLLARS
(\$20,000,000.00).

The undersigned hereby swears on behalf of claimant Daniel E. Inglis that the above statements in the claim are true and therefore presents this claim for adjustment and payment. You are hereby notified that unless said claim is adjusted and paid within the time provided by law from the date of presentation to you, the claimant intends to commence a legal action on this claim.

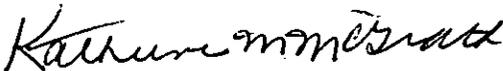
Dated: Forest Hills, New York
October 9, 2012



John P. McGrath, as attorney for claimant
Daniel E. Inglis

On October 9, 2012 before me personally came John P. McGrath, to me known, and known to me to be the individual described in, and who executed the foregoing Notice of Claim, and duly acknowledged to me that he executed same.

KATHERINE M. MCGRATH
Notary Public, State of New York
No. 02MC5064807
Qualified in Queens County
Commission Expires August 26, 2014



NOTARY PUBLIC



BOX 25369 | OKLAHOMA CITY, OK 73125
 1730 W. RENO 73106
 PH 405.235.3621 | FX 405.236.4842

PORT AUTHORITY OF NEW YORK AND NEW JERSEY
 OFFICE OF THE GENERAL COUNSEL
 2012 DEC 14 P 2:35

December 12, 2012

VIA HAND DELIVERY AND REGISTERED MAIL

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

**Re: Notice of Claim Pursuant to New York Unconsolidated Laws § 7107
 National September 11 Memorial & Museum – Pavilion, New York
 Bovis Contract number P-0004, CM Job Number 115619.00
 W&W Steel Contract 9-13, Structural Steel Trade Contract, dated October
 30, 2009**

To the Port Authority of New York and New Jersey:

Please accept this correspondence as a formal Notice of Claim in accordance with New York Unconsolidated Laws §§ 7107 and 7108. The claimant, W&W Steel, LLC (“W&W”), is located at 1730 W. Reno, Oklahoma City, Oklahoma 73106 and is represented by Roy S. Cohen and the law firm of Cohen, Seglias, Pallas, Greenhall & Furman, P.C., United Plaza, 30 South 17th Street, 19th Floor, Philadelphia, Pennsylvania 19103. Per the Notice of Claim requirements, W&W herewith provides a detailed description of the nature of its claim, the time when, the place where and the manner in which its claim arose, and the items of damage it has sustained.

On or about November 4, 2009, W&W contracted with the National September 11 Memorial and Museum at the World Trade Center Foundation, Inc. (f/k/a The World Trade Center Memorial Foundation, Inc.) (the “National Memorial”), through the National Memorial’s agent and construction manager, Lend Lease (US) Construction, LMB, Inc. (f/k/a Bovis Lend Lease LMB, Inc.) (“Bovis”), to furnish and install Structural Steel for the Museum Pavilion (“Work”) on the National September 11 Memorial & Museum (“Project”) for a price of \$7,289,240, subject to additions and deletions (the “Trade Contract”). In March 2010, the National Memorial assigned all of its rights, title, interest and obligations under the Trade Contract to The Port Authority of New York & New Jersey (“PANYNJ”) as the Owner of the Project, with an effective date of October 30, 2009.

The Architectural and Structural Drawings for the Project (the “Design Drawings”) were to be completed by the National Memorial’s architect and engineer (the “Design Team”) by June 1, 2009. The Work under the Trade Contract was first to commence September 1, 2009, with erection starting six (6) months later, per Exhibit B, item WRK 88. The Trade Contract also

required "This contractor is to start and finish all the erection and deck turnovers in no longer than 80 consecutive working days with the exception of come-back infill areas..." The milestone schedule in the Trade Contract (See Exhibit E.1) required that the "Start of the Memorial Pavilion Structural Steel", Activity 101452 commence on March 16, 2010. W&W bid and planned its work accordingly.

With a planned erection start of March 16, 2010, considering holidays, the 80 consecutive working days provided for a completion date of July 13, 2010, a period of 120 calendar days. Due the massive changes to the Work initiated by Bovis, the National Memorial and/or PANYNJ throughout the Project, which almost doubled the Contract Price, the start of erection was delayed until June 4, 2010, and substantial completion was not achieved until April 4, 2011. This delayed and extended W&W's on-site labor forces to a total duration of 315 calendar days, 195 calendar days longer than bid and planned.

Throughout the course of the Project, Bovis, PANYNJ, and their representatives, delayed, disrupted and eventually accelerated many of W&W's planned activities. As a direct result of the failure of Bovis, PANYNJ, and their representatives to properly plan, administer, and coordinate the Project, W&W was also forced to perform its work inefficiently and out-of-sequence. Further, W&W was required to accelerate and increase the workforce for many of its activities in order to maintain the Project's constantly changing schedule and scope of work, therefore incurring costs and expenses that were significantly higher than those it had estimated to complete the Work. Moreover, W&W has been forced to continue to employ its significantly-increased workforce well beyond the initially scheduled 120 calendar day period for erection.

W&W's Work has been significantly impacted by, among other things, the numerous amount of changes and extra work imposed on W&W's Trade Contract by Bovis, PANYNJ, and their representatives. As indicated above, the original Contract Price was \$7,289,240, but as a result of these imposed changes, both pending and approved ("Extra Work"), an excess of \$6,100,000 has been added to price of the Work, almost doubling the initial Contract Price.

To make matters worse, Bovis elected to accelerate the Project by having the Extra Work and the work of others constructed on top of and around work which W&W was scheduled to perform ("Stacking of Trades"). The result was the work was performed in such a way that the overall Project would be completed on time but all interim milestones would be delayed. Portions of W&W's work were also shifted into periods of extreme cold. The changes to include schedule impacts also affected the cost of shop drawing preparation and fabrication.

To fully understand how W&W has been forced to bear the costs of the Work, you need only to look at W&W's actual labor cost for erection. W&W's actual labor cost for erection alone on this Project for the Work, including all Extra Work, was \$7,358,717. This labor cost is staggering considering the original Contract Price for the Work, including materials, was \$7,289,240, which included an original estimate for labor cost of \$1,812,943. This increase of \$5,545,774 is a 406% increase in labor cost alone. Of this \$7,358,717 in labor cost, Bovis issued \$1,505,962.04 of time and material tickets to W&W, with the labor cost component being \$1,377,531.80 of those tickets.

As more fully described below, W&W makes a claim for an equitable adjustment to the Contract Price in the amount of \$4,791,146 covering detailing; engineering; unmitigated cost of fabrication; erection; bonding and use of capital over the course of the Project. In addition, W&W seeks compensation for the numerous change order requests which have failed to be timely processed or paid, which total approximately \$3,764,702.00. Further, W&W also requests an equitable adjustment to the Completion Date of two hundred and fifty-five (255) days in which to complete the Work, excluding come-back, due to delays caused by others and the Extra Work which W&W performed.

Summary of Request for Equitable Adjustment:

A. ADJUSTMENT DUE TO SIGNIFICANT CHANGES TO THE ARCHITECTURAL AND STRUCTURAL DRAWINGS (“DESIGN DRAWINGS”)

1. Impact of Change Order #2
 - a. Notifications and attempt to mitigate damages
 - 1) November 13, 2009
 - 2) December 14, 2009
2. Impact of Incomplete Design Drawings
 - a. Impact to the shop drawing preparation
 - b. Impact on steel fabrication
 - c. Delays to erection

B. ADJUSTMENT FOR DELAYS AND DAMAGES CAUSED BY BOVIS, PANYNJ, AND THEIR REPRESENTATIVES

1. Additional Cost of Engineering
2. Increased Cost of Detailing
3. Incurred Excess Fabrication Cost as a Result of the Acceleration Effort by Bovis
4. Additional Cost of Erection
 - a. Storage and Demurrage
 - b. Extreme Cold and Snow Impact
 - c. Extreme Temperatures Impact
 - d. Extended Performance Costs
 - e. Exclusions From this Notice of Claim Related Erection
 - f. Other Inefficiencies Impacting Erection
 - 1) Methodology for computing costs associated with other inefficiencies
 - a). Measured Mile Methodology is not applicable
 - b). Measured Productivity Losses Methodology
5. Bond Costs
6. Use of Capital

C. PENDING CHANGE ORDER REQUESTS AND UNPAID CHANGE ORDERS

D. CONCLUSION AND SUMMARY CALCULATION

SCHEDULE AND COMPLETION TIME:

The Trade Contract included specific requirements as to Work schedule.

Exhibit "B": Pavilion Structural Steel Scope of Work

Trade Specific Scope of Work: WRK 88, entitled "Schedule":

a. This contractor is to start and finish all the erection and deck turnovers in no longer than (80) consecutive working days with the exception of come-back infill areas defined by the CONSTRUCTION MANAGER...

Specifically the milestone(s) of this contract are:

-
- a. Release for engineering and detailing: 9/1/09
 - b. Notice of award: 10/1/09
 - c. Start of erection: 6 months (calendar days) after item 1, or 5 months (calendar days) after item 2
-

Complete is defined as having all connections approved and all steel plumbed and deck turned over ready for concrete placement.

b. CONTRACTOR shall erect all steel and metal deck in one continuous operation...

Exhibit "B": Pavilion Structural Steel Scope of Work

Section 5.22 states that "A Milestone schedule is part of this Contractor agreement. (See Exhibit E.1)

Milestone Schedule Excerpt:

Pavilion Milestones
MEMORIAL PAVILION DESIGN COMPLETE
1 June 09

The Trade Contract required steel design and detailing be completed in such a manner to allow for submittal, approvals, and fabrication to support an erection start of March 16, 2010, a period of 120 calendar days, and complete erection by July 13, 2010 (80 workdays from March 16, 2010).

In order to accomplish the Work within the times established by the Trade Contract, W&W had to schedule its engineers to develop the connection design; prepare the detail

shop drawings; order the materials; and reserve shop space to fabricate the steel. W&W's schedule is shown below:

Activity	Start	Finish
Connection Design	August 31, 2009	December 8, 2009
Prepare Shop Drawings	October 19, 2009	February 9, 2010
Approve Shop Drawings	November 25, 2009	March 19, 2010
Prep Drawings	December 2, 2009	March 30, 2010
Fabricate	January 4, 2010	May 18, 2010
Ship	February 8, 2010	June 30, 2010
Erect	*March 16, 2010	June 24, 2010
Detail	March 16, 2010	July 13, 2010
Comeback	July 20, 2010	July 28, 2010

* Seq 1, consisting of loose connection material, was scheduled to deliver February 24, 2010

The above planned schedule met the mandates imposed by the contract.

A. **ADJUSTMENT DUE TO SIGNIFICANT CHANGES TO THE ARCHITECTURAL AND STRUCTURAL DRAWINGS ("DESIGN DRAWINGS")**

1. **Impact of Change Order #2**

On September 16, 2009, a major Design Drawing change was transmitted to W&W. The revised Design Drawings were dated 26 days earlier, August 21, 2009. No explanation was given as to why the drawings were held 26 days before providing them to W&W. This Design Drawing change was ultimately incorporated into the Trade Contract Work and identified by W&W as Change Order 2 ("CO 2"). These significant changes resulted in a large volume of detailing costs and re-engineering costs.

This CO 2 and other Design Drawing changes made throughout the Project provide evidence that the Design Drawings were incomplete, incorrect, and deficient at the time of bid and for months thereafter. These deficiencies and lack of completed Design Drawings had significant negative impacts on the Project and W&W's Work.

CO 2 significantly impacted the scope of connection design, as well as added fabrication and erection time and costs. As a result of the CO 2, the connection designs could not be completed by the scheduled December 8, 2009 milestone and in fact, many of the connection designs could not even be started by that date. This delay to the connection design, as well as many of the resulting RFI's, greatly impacted W&W's planned preparation of shop drawings. **Attachment 1**, shows the substantial negative impact that CO 2, and its associated RFIs, as well as other subsequent design changes, had on the on the preparation of shop drawings and on fabrication.

a. Notifications and attempt to mitigate damages

1) **November 13, 2009**

On November 13, 2009, W&W notified Bovis it would make every attempt to mitigate the impacts to the schedule, but noted that the prices provided in the letter did not include the schedule recovery cost. The intent of the letter was to put Bovis on notice that additional cost were expected to be incurred for which W&W expected to be reimbursed.

*November 13, 2009
Bovis Lend Lease LMB, Inc.*

As discussed in our meeting on November 10, 2009, we are offering you a Rough Order of Magnitude price for the added costs we discussed with you that we have also addressed in our November 9, 2009 letter.

We believe this cost to be in the neighborhood of \$1,700,000. The price would cover the following:

- *Changes per the August 21, 2009 revised Architectural Structural Drawings*
- *Changes per Request For Information Responses to Date*
- *Added design responsibilities*

Our ROM includes connection design, detailing, fabrication, and erection. This price does not include any overtime or schedule recovery costs. Additionally, we cannot finalize these options with so many RFI questions still unanswered. We are still waiting on the bracing information, which is beyond critical, to complete detailing in the first half of the building. ... Other questions still remain open such as column locations, beam sizes, and unknown load and design criteria. Please know that we are working diligently to try to mitigate as much of the schedule impact as we can.

2) **December 14, 2009**

W&W again notified Bovis on December 14, 2009, of its potential cost impacts, as a result of the ongoing problems:

*December 14, 2009
Bovis Lend Lease LMB, Inc.*

We are issuing this letter to reserve our right under the Trade Contract giving notice to BLL of possible costs associated with this revised CPM Schedule. The schedule has slipped both in the shop and in the field for reasons not caused by W&W Steel.

We have been working diligently to incorporate the design revisions. Presently we are re-evaluating our shop schedule revising the production of the Pavilion project trying to replace the previously scheduled January start with the work of other projects. This planning effort will be complete shortly and we will advise BLL of our conclusion.

However, the latest Pavilion schedule may cause W&W to suffer additional costs for which we request compensation. The possible impacts are as follows:

- 1. Idle and Inefficient Shop Manpower*
- 2. Added Corporate Overhead*
- 3. Storage & Handling Cost*
- 4. Increased Field Labor Cost due to Union Agreement Wage Package Increase*
- 5. Added Equipment Cost*

In conclusion, we are hoping to mitigate the above impact cost but due to contractual obligations find it necessary to notify BLL of the potential cost associated with these delays caused solely by others.

Bovis responded to W&W's letter, acknowledging receipt, on December 16, 2009.

2. Impact of Incomplete Design Drawings

The high volume of RFIs (498) on this Project indicated that the Design Drawings were in fact not completed when the Project was bid or by the June 1, 2009 Milestone. The Design Drawings remained incomplete throughout the Project. Further, the Design Team refused to issue updated drawings, electing to force contractors, including W&W, to rely on unauthorized memos and notations on shop drawings.

The number of days lapsed for the engineer of record, architect or Bovis to respond to RFI's caused delays in the Work and in some cases Work stoppages.

RFI's resulted in out of sequence work, which in turn resulted in a larger work force than anticipated. Moreover, W&W was forced into a reactive, rather than a proactive, work mode in order to cover the concurrent activities through the job site.

a. Impact to the shop drawing preparation:

Activity ID	Description	Planned Finish	Actual Finish	Extended Period
4101	Prepare Shop Drawings Seq 1-1 & 1-2	11/24/2009	4/26/2010	153 Days
4201	Prepare Shop Drawings East Seq 1-4	12/1/2009	4/8/2010	128 Days
4701	Prepare Shop Drawings West Seq 1-5	1/15/2010	4/26/2010	101 Days
4301	Prepare Shop Drawings East Seq 2-1 & 2-2	12/1/2009	4/23/2010	143 Days
4401	Prepare Shop Drawings East Seq 3-1 & 3-2	12/15/2009	5/7/2010	143 Days
4501	Prep Shop Drawings East Seq 4-1 & 4-2	12/29/2009	6/2/2010	155 Days
4601	Prep Shop Drawings East Seq 5-1, 5-2 & 5-3	1/12/2010	6/22/2010	161 Days
4801	Prepare Shop Drawings West Seq 6-1 & 6-2	1/26/2010	6/29/2010	154 Days
5001	Prepare Shop Drawings West Seq 7-1 & 7-2	2/9/2010	7/13/2010	154 Days
4901	Prep Shop Drawings Seq 8-1, 8-2 & 8-3	2/9/2010	8/20/2010	192 Days
5101	Prepare Shop Drawings Seq 9-1	1/12/2010	7/30/2010	199 Days
5201	Prepare Shop Drawings Seq 10-1 & 10-2	2/16/2010	5/24/2010	97 Days

The extension of the shop drawing preparation in turn negatively impacted W&W's ability to fabricate the steel.

b. Impact on steel fabrication:

Activity ID	Description	Planned Finish	Actual Finish	Extended Period
4104	Fabricate Materials Seq 1-1 & 1-2	2/5/2010	5/25/2010	109 Days
4204	Fabricate Materials East Seq 1-4	2/12/2010	6/11/2010	119 Days
4304	Fabricate Materials East Seq 2-1 & 2-2	2/12/2010	6/4/2010	112 Days
4404	Fabricate Materials East Seq 3-1 & 3-2	2/26/2010	7/27/2010	151 Days
4504	Fabricate Materials East Seq 4-1 & 4-2	3/10/2010	8/13/2010	156 Days
4604	Fabricate Materials East Seq 5-1, 5-2 & 5-3	3/23/2010	8/27/2010	157 Days
4704	Fabricate Materials West Seq 1-5	3/19/2010	7/2/2010	105 Days
4804	Fabricate Materials West Seq 6-1 & 6-2	4/6/2010	9/3/2010	150 Days
4904	Fabricate Materials Seq 8-1, 8-2 & 8-3	4/20/2010	8/8/2010	110 Days
5004	Fabricate Materials West Seq 7-1 & 7-2	4/20/2010	9/10/2010	143 Days
5105	Fabricate Materials Seq 9-1	4/1/2010	8/23/2010	144 Days
5204	Fabricate Materials Seq 10-1 & 10-2	5/18/2010	10/15/2010	150 Days
5404	Fabricate Materials Seq 11-1, 11-2 & 11-3	5/4/2010	1/28/2011	269 Days

c. Delays to Erection:

Ultimately, the erection start date was pushed from a planned start of March 16, 2010, to June 4, 2010. As a result of the RFI's, other trade impacts and changes the final erection activities were extended as shown below. **Attachment 2** shows additional information as to delays and extensions associated with the table below.

Act ID	Description	Planned Finish	Actual Finish	Extended Period
4306	Erect East Seq 2-1 & 2-2	March 30, 2010	August 5, 2010	128 Days
4307	Detail East Seq 2-1 & 2-2	April 22, 2010	November 22, 2010	214 Days
4406	Erect East Seq 3-1 & 3-2	April 8, 2010	September 24, 2010	169 Days
4407	Detail East Seq 3-1 & 3-2	May 4, 2010	February 15, 2011	287 Days
4506	Erect East Seq 4-1 & 4-2	April 19, 2010	September 24, 2010	158 Days
4507	Detail East Seq 4-1 & 4-2	May 13, 2010	February 15, 2011	278 Days
4606	Erect East Seq 5-1, 5-2 & 5-3	April 28, 2010	November 9, 2010	195 Days
4607	Detail East Seq 5-1, 5-2 & 5-3	May 24, 2010	March 22, 2011	302 Days
4706	Erect West Seq 1-5	May 10, 2010	October 5, 2010	148 Days
4707	Detail West Seq 1-5	June 3, 2010	October 5, 2010	124 Days
4806	Erect West Seq 6-1 & 6-2	May 10, 2010	October 29, 2010	172 Days
4807	Detail West Seq 6-1 & 6-2	June 3, 2010	October 29, 2010	148 Days
4906	Erect Seq 8-1, 8-2 & 8-3	May 19, 2010	February 14, 2011	271 Days
4907	Detail Seq 8-1, 8-2 & 8-3	May 11, 2010	April 14, 2011	338 Days
5006	Erect West Seq 7-1 & 7-2	June 3, 2010	November 12, 2010	162 Days
5007	Detail West Seq 7-1 & 7-2	June 24, 2010	February 15, 2011	236 Days
5108	Erect Seq 9-1	June 10, 2010	September 6, 2010	88 Days
5109	Detail Seq 9-1	June 21, 2010	December 2, 2010	164 Days
5206	Erect Seq 10-1 & 10-2	June 24, 2010	December 8, 2010	167 Days
5207	Detail Seq 10-1 & 10-2	July 13, 2010	January 26, 2011	197 Days
	Erect Project	July 13, 2010	April 14, 2011	275 Days

Once erection began, per various demands from Bovis, W&W continued to incur delaying issues with the Work. Even after the delayed start date of June 2010, the Design Drawings were not complete and the work of the various contractors was not sufficiently coordinated by Bovis to allow W&W efficiently and continuously perform the Work. As can be seen from the above data, the Project was not constructed in a continuous operation, thereby requiring out of sequence work.

Bovis, in a successful effort to complete the Project on schedule simply accelerated all trades and the acceleration meant many worked on top of each other to accomplish their work ("Trade Stacking"). The acceleration method chosen by Bovis was to have W&W ready to perform at each gap available for W&W's work effort. Working both night and day, the scenario changed frequently. Planning horizons were often one (1) day or less, causing W&W's plan to fall into a reactionary mode. Crews were often mobilized for one task, but then would have to be moved and remobilized for another task. Further, because the lead time for ordering materials for the various trades remained as originally scheduled, this caused the work among the trades to be done in a haphazard manner. Sometime workers had to be sent home because of work stoppage on a particular task while other times, an increase in manpower was needed in order to perform the work within the accelerated time frame (the "gap"). Sometimes, this meant W&W often had less manpower performing, but the same supervision, equipment and other costs sensitive to the productive time on the Project. This effort was very costly to W&W.

Some examples of these inefficiencies include:

6/1/2010

Talk to Skanska personnel about site conditions, waiting for startup approval.

6/23/2010

Awaiting OK to begin drilling D25 girder.

6/28/2010

Re-survey D25 and D19 girder after Skanska tries to move them we are told by Port rep that D25 will be accepted as good 1/2" west at north end. D19 was 3/4 west at north end and couldn't be moved by Skanska. Surveyors onsite 1/2 day. Ironworkers continue to prep tools and equipment.

7/9/2010

Couldn't begin unloading 9:30 am because of equipment and material in our way from Navillis and Cruz.

7/13/2010

Still waiting for new benchmark from LKB surveyors.

7/27/2010

4th steel truck sent back because of difficulty backing down driveway, too much material in the way. We got truck in at 5:00 am and were told we couldn't work late to unload it.

7/28/2010

1 truck sent back because we were told to stop using crane from 12:30 until end of shift. Men lost productive time. Told Bovis driveway needs to be widened to

fit 13'-6" wide load into site.

7/29/2010

Erecting steel in seq 21. Tight iron because of Skanska D19 out of tolerance causes substantial delays.

8/4/2010

Erecting continues un seq. 21. tight steel encountered because Skanska plate girder misalignment.

8/19/2010

Welding, bolting, decking continue on seq 21 and 22. Barricades placed below to keep Skanska entering our work area. Same barricades disregarding and knocked over by Skanska.

8/30/2010

Men still unable to work along eastern and northern edge of building because of Tishman below. Continue welding and bolting where allowed. Work stoppage causing W&W continued hardship and inefficiencies.

9/8/2010

Job shut down by Bovis. Day shift unable to work except on Trident frame and job site cleanup. Some men sent home after two hours. No night shift last night. Men worked during the day.

9/9/2010

Work stoppage continues. No work allowed onsite during day shift.

9/10/2010

No day for a month or so. All work at night.

9/10/2010

Sort and erect sequence 42 steel. Job is now on nights for a month. Skanska's men were working below us again causing a two hour delay.

10/1/2010

Ordered not to work by Jim Fallon. No work onsite tonight because of Skanska working below on D 35 line. Men went home at 2:00 am at direction from James Fallon.

10/7/2010

2-hour shutdown because of Skanska men working below.

10/25/2010

Erecting seq 51 block steel. No deliveries. Couldn't work on east side of building because of debris left by others at the direction of Francis from Bovis. Bolting, welding all areas continues.

11/1/2010

Back on days. Unable to work on most of job because of Skanska, DCM and others working below. We are directed to stop all work east of D35 line by Bovis Supers and site safety personnel. All work west of D35 girder.

11/30/2010

1 Steel truck onsite at 6:00 am because of dirt deliveries after unable to back truck down driveway because of material in the way. Coupler welding continues, bent plate ongoing on 2nd floor.

12/1/2010

Unable to work onsite all day.

12/8/2010

Tree delivery causing hardship with our own deliveries (fuel, steel). Atrium green vertical tubes erected. 13 rebar picks took 2 hrs. Bolting, welding, plumbing, and bent plate continue. Overtime cancelled because Bovis ordered us to cease all hot work. Permit steel truck unloaded with catwalk beams and material.

12/9/2010

Permit load with catwalk beams here. Unable to get truck in because of bay crane in the way. Rebar truck also here.

12/16/2010

Coupler welding ongoing, 2 hour OT continues. Raising gang loading out trucks, experience hour delay for each truck. Bolting, welding continue as usual. Bent plate installation delayed on third floor because of inability to set up surveying instruments to give line. Sorbara work near atrium causes delays for our plumbing operation on same.

12/31/2010

Snow on roof level causes delays. Nowhere to safely dispose of snow. Basically waiting for snow to melt before work can continue on roof.

1/10/2011

Coupler welding ongoing. Stud shooting begins on core columns. Approved drawings arrive Friday afternoon. Raising gang using crane today. W&W drawings superseded by drawings given to us by Bovis today. We were told to stop plumbing atrium from lift because of concrete pour. No OT. 580 stair men

erecting pre-fab portion of grand stair and moving material off of plaza level.

1/26/2011

Temporary brace removed along D35 between plaza and 2nd floor. Work on roof suspended because of snow. Most men leave am because of weather conditions. Fuel delivery delayed because of trucks in the way. All men offsite by noon.

3/12/2011

Bovis cancelled Saturday worked already planned after C.O.B. Friday evening. Unable to get in touch with all men scheduled to come in. Ticket represents men who showed up for work on Saturday and were sent home.

B. ADJUSTMENT FOR DELAYS AND DAMAGES CAUSED BY BOVIS, PANYNJ AND THEIR REPRESENTATIVES

1. Additional Cost of Engineering

This project had significant connection design requirements. W&W's engineers prepared and submitted over 640 Engineering Drawings (EDs) for review. Those drawings required the additional submittal of 5,379 sets of calculations to validate the submitted connection designs.

The changes and the deficiencies of the Design Drawings caused major delays to the completion of the EDs, and subsequent delays to the preparation of shop drawings and ultimately to the fabrication shop.

During the project and primarily as a result of the changes and incomplete status of the Design Drawings, 927 revisions were made to the EDs and 1,383 revisions were made to the calculations (See Attachment 10). The time required to make the revisions are considerable and costly.

A conservative estimate of the time required to revise each ED is 45 minutes. Therefore, the calculated estimate of the cost W&W incurred on making ED revisions was 695.25 hours (927 revisions x 45 minutes).

The calculations required to be submitted for each ED are time consuming, some taking more than a day to perform. An average of one and a half hours each is a reasonable allowance for the time required to calculate and present the revised calculations for review. The total estimated time W&W spent on preparing the revised calculations was 2,074.5 hours (1,383 revisions X 1 ½ hours).

The contract provides a rate for engineering of \$160.00 per hour which includes overhead and profit. The total for additional engineering is:

1	ED Revisions	695.25 Hours
2	Revised Calculations	<u>2,074.5 Hours</u>
	Total	2,769.75Hours
	Rate	<u>\$160.00 Hour</u>
	Total	<u>\$443,160.00</u>

2. Increased Cost of Detailing

The changes made to the ED drawings and the RFI responses caused the detailers increased work since many shop drawings had to be revised and often resubmitted to accommodate the added or changed information.

The detailers maintained records as to the time required to make the changes as well as the change required. For the description of the added work performed, the date performed and the type of revision made, see Attachment 9.

- A Revisions made as a result of changes made to the ED drawings: 997 Hours.
- B Remediation Work: 114 Hours.
- C Design Revisions made on submittal drawings: 122 Hours.
- D Revisions made due to RFI responses: 1,043.5 Hours.

Summary:

A	ED drawings	997.0 Hours	
B	Remediation	114.0 Hours	
C	Submittal drawings	122.0 Hours	
D	RFI responses	<u>1,043.5 Hours</u>	
	Total	<u>2,276.5 Hours</u>	
	Cost 2,276.5 Hours @ \$50.00 per hour		\$113,825.00
	Overhead and Profit @ 15%		<u>\$17,073.75</u>
	Total		<u>\$130,898.75</u>

3. Incurred Excess Fabrication Cost as a Result of the Acceleration Effort by Bovis.

W&W bought and delivered the material necessary for the fabrication of the project to its AFCO plant located in Little Rock Arkansas. AFCO scheduled its plant to produce the steel as follows:

Week Of	Hours
12/28/2009	100
1/4/2010	200
1/11/2010	350
1/18/2010	500
1/25/2010	1,000
2/1/2010	1,000
2/8/2010	1,500
2/15/2010	1,500
2/22/2010	1,500
3/1/2010	1,000
3/8/2010	750
3/15/2010	500
3/22/2010	<u>105</u>
Total	<u>10,005</u>

W&W has many complex considerations to take into account, when scheduling production for its fabrication plants. It must consider the physical make-up of the jobs it has scheduled; when the product must be delivered, the amount of man-hours it has available and the type of hours available. For instance, W&W has limitations on the number of welders and welding equipment available at a given time. W&W, for its AFCO plant, had positioned its work force to perform the Project. It could not just cancel the planned use of production hours and still maintain the schedule required of the Project. W&W had to be prepared to fabricate the steel when the shop drawings were finally approved and release for fabrication. As noted in W&W's December 14, 2009 letter to Bovis "*We have been working diligently to incorporate the design revisions. Presently we are re-evaluating our shop schedule revising the production ... we are hoping to mitigate the above impact cost but due to contractual obligations find it necessary to notify BLL of the potential cost...*"

W&W, in good faith, attempted to mitigate the damages and costs incurred as a result of the design issues. It did all it could to maintain the ability to fabricate the steel to support the schedule and to mitigate the impacts from the design issues. W&W was able to mitigate a large part of the damage by doing several things. First, it got permission from another project owner to accelerate their project by transferring a large amount of work from its Oklahoma shop to the AFCO shop. That transfer created space in W&W's Oklahoma City shop in the later period, when that steel would have been fabricated. W&W had AFCO ship the raw materials for portions of this Project to Oklahoma City where it was incorporated and fabricated by that facility.

The cost to accomplish this transfer of materials and shop production hours greatly mitigated the damage caused by the design problems experienced by the Project but still resulted in damages to W&W.

W&W was unable to mitigate 4,650 of the 10,005 hours impacted as a result of the design deficiencies (See Attachment 4). Bovis must realize that had W&W been given an option to delay the fabrication, rather than overcome the delay, the damage to the shop would have been reduced. Had W&W not been able to make the changes that it did, thereby mitigating some of the damages, the cost to shift the plant into overtime to overcome the delay and still support the field operations would have been more costly to PANYNJ since not only this Project would have been shifted into overtime, but all projects.

The damage to the shop is properly measured by the value of to the shop man-hours reserved but not used.

The fixed hourly cost was determined as \$ 29.17 (See Attachment 5). The cost not mitigated is \$135,640.50 (4,650 Man-hours x \$29.17).

W&W moved approximately 800 tons of material from Little Rock, Arkansas to Oklahoma City. The cost to accomplish this was:

- 1 Load materials for shipment to Oklahoma City, 800 tons at \$75.00 per ton or \$60,000.00.
- 2 Unload 800 tons of materials at Oklahoma City, 800 tons at \$75.00 per ton or \$60,000.00.
- 3 Total labor cost to relocate materials, \$120,000.00.

Trucking cost to move materials is \$55,634.80 (See Attachment 6).

Total additional fabrication cost:

<u>Item</u>	<u>Total</u>
Unmitigated cost to Shop	\$135,640.50
Load and unload materials	120,000.00
Trucking cost	<u>55,634.80</u>
Total	\$311,275.30
Overhead and profit @15%	<u>46,691.30</u>
Total	<u>\$357,966.60</u>

4. Additional Cost of Erection

Earlier it was established, W&W was on site 195 calendar days (See Attachment 2) longer than anticipated by its schedule. The extension was primarily caused by Bovis' methods of delay recovery; foundation work by others, which had numerous errors;

weather; design errors discovered during construction; and other interferences. The extension was costly for W&W. It required its supervision, equipment, and other jobsite cost sensitive to time to extend much longer than anticipated by the contract schedule mandated at time of bid. It also forced W&W into difficult winter conditions, which were never anticipated by the plan and contract mandated dates.

During the Project, W&W had to request many answers to design problems (RFIs) discovered during the erection process. The number of RFI's required during erection is substantial and this also had a negative impact on the scheduling and performing of the erection work. In most cases the RFIs were not answered promptly, resulting in some form of work stoppage or shifting of the work to another area. The inability to have a continuous erection process caused many increases in cost. RFIs specifically affecting erection are shown below.

WW RFI	Subject	Required answer	Received answer	Days Late
290	Column 7 J.45/S Field RFI	6/5/10	6/9/10	4
291	Skewed Stiffener	6/7/10	6/14/10	7
292	ED 24.2 Face Plate supporting W21 beam	6/7/10	6/14/10	7
293	Deck Welding	6/11/10	6/14/10	3
294	Clarify Roof opening & C10x15.3	6/11/10	6/14/10	3
295	Work Point Rod Bracing	6/11/10	6/10/10	-1
296	ED Clarifications	6/18/10	6/22/10	4
297	Beam location on S-105 Roof Level	6/18/10	6/23/10	5
298	C12x30 Full Pen Splice	6/18/10	6/22/10	4
300	Roof screen posts WW RFI 254	6/18/10	7/14/10	26
301	ED 5.3 Cannot achieve Moment Connection	6/18/10	6/23/10	5
302	Atrium Maintenance Track Connection	6/18/10	7/1/10	13
303	Rebar Interference at 1.0-J-7	6/21/10	6/17/10	-4
304	S-H-9 Rebar Interference	6/21/10	6/17/10	-4
305	Catwalk Framing	6/21/10	6/24/10	3
307	Vertical Bracing Design Criteria	6/21/10	6/22/10	1
309	Verification of Compression Load of HSS Member	6/22/10	6/25/10	3
310	Verification of BP01-2 Calc Apprv Return Comment	6/22/10	6/25/10	3
311	Column 31 base connection on ED-20.5.2	6/25/10	6/29/10	4
312	Rebar Coupler Design Load for ED-20.5.6	6/25/10	6/25/10	0
313	Stair 1 intermediate landing elevation on A6-000	6/25/10	6/25/10	0
314	Section B/A1-104	6/25/10	6/25/10	0
315	Hilti Epoxy Substitution	6/29/10	6/29/10	0
316	Bolted-sleeved conn scheme for HSS Atrium Members	6/30/10	7/2/10	2
317	Beam penetration on drawing 41130 WW RFI 282	6/30/10	7/8/10	8
319	Grand Stair stringer	7/2/10	7/16/10	14

WW RFI	Subject	Required answer	Received answer	Days Late
320	Stair #2 intermediate landing elevation	7/2/10	7/8/10	6
321	Verification of HSS Sleeve Welding Conn to Base Pl	7/2/10	7/8/10	6
322	Proposed conn instead of fldng the base plate per	7/2/10	7/8/10	6
323	Column interfere with beam at roof level S105	7/6/10	7/12/10	6
325	Rebars on Drag Beam	7/7/10	7/15/10	8
328	Loadings on Atrium Maintenance System	7/8/10	7/15/10	7
329	Col Location for Grand Stair per RFI 220 Rspns	7/8/10	7/20/10	12
330	Family Room S-112	7/8/10	8/4/10	27
331	Grand Stair Connections per S-511	7/8/10	7/20/10	12
332	Bent Plate At Slab Edge Per S-500	7/8/10	7/12/10	4
333	Verify Handrail Dimensions on A6-500	7/8/10	7/12/10	4
334	Verify Grand Stair Dimensions on A3-100	7/8/10	7/8/10	0
335	Splice location conflict	7/12/10	7/12/10	0
336	Material size of hanger conflict	7/12/10	7/20/10	8
337	Response to RFI-318 request for calculations	7/13/10	7/29/10	16
338	Conflict on Hanger Locations	7/14/10	7/27/10	13
339	Sleeve for maint track interfering with Atrium spl	7/14/10	7/19/10	5
340	Missing monorail support beam member	7/14/10	7/16/10	2
341	Proposed Maintenance Track Dimensions	7/14/10	7/16/10	2
342	Connections of monorail	7/14/10	7/20/10	6
343	Missing dimension, end plate edge distance & matl	7/14/10	7/19/10	5
344	Hanger support of extended monorail support beam	7/14/10	7/19/10	5
345	Answer to WW RFI 305 - Catwalk framing	7/16/10	8/4/10	19
346	Correction to WW RFI 244	7/16/10	7/27/10	11
347	East Wall Mezz 1 - 2/S508	7/16/10	7/27/10	11
348	Verify Angles For Stair Treads	7/16/10	8/10/10	25
349	BLL RFI 0608 Curtain Wall: Slab Edge Clearances	7/16/10	10/20/10	96
350	Grand Stair Detail 3B/ S-510	7/16/10	8/23/10	38
351	Conflicting Location of hanger.	7/21/10	8/10/10	20
352	Discontinuous HSS12 support beam.	7/21/10	8/11/10	21
353	Trident Splice Gap Proposed	7/22/10	7/27/10	5
354	Increased reaction on W40x362 beam	7/23/10	8/4/10	12
355	Weld access holes	7/23/10	8/4/10	12
356	Column splice detail @ transition from tube column	7/26/10	7/29/10	3
357	Alternate detail for anchoring the Tridents	7/28/10	8/4/10	7
358	Cap plate weld for column 15/1	7/29/10	8/4/10	6
359	Deck support detail at 1, 2, 3/S-111	7/29/10	8/4/10	6
361	RFM 2	7/29/10	9/8/10	41
362	Roof screen post at High Roof	7/30/10	9/30/10	62
363	Roof screen post - 2/A10-100R5	7/30/10	9/14/10	46
364	Dunnage steel	7/30/10	8/6/10	7

WW RFI	Subject	Required answer	Received answer	Days Late
366	Remedial Field Mods 9, 10 & 11	7/30/10	9/1/10	33
367	SK-S5.104 re WW RFI 347 response	8/2/10	8/6/10	4
368	Approval Comment for Frame 101019A	8/2/10	7/29/10	-4
369	SKA-043 re WW RFI 245 response	8/4/10	6/9/10	-56
370	VB work point at roof screen	8/4/10	8/10/10	6
371	Deck support high roof -- approval comment	8/4/10	8/6/10	2
372	Remediation of Existing Girders	8/4/10	9/14/10	41
373	Follow-up to IDS RFI #037 (item #2).	8/4/10	8/10/10	6
374	Height & Skew of Tridents	8/3/10	8/6/10	3
377	Returned Approval Comments	8/9/10	8/9/10	0
378	Deck support high roof - BLL RFI 608 response	8/9/10	8/9/10	0
379	Tube to wide flange column transition	8/9/10	8/11/10	2
380	Follow-up to IDS RFI #041.	8/12/10	9/20/10	39
381	Hanger Loads	8/12/10	8/17/10	5
382	Roof Dunnage	8/12/10	10/21/10	70
383	Roof Screen support, VB work point BLL RFI 694 rsp	8/13/10	8/18/10	5
384	Follow-up to IDS RFI #051.	8/16/10	8/30/10	14
385	W&W WWST-0251, Bovis WWST-0225	8/16/10	9/20/10	35
386	Field Wldg of Plug Plates to the inside of Trident	8/13/10	8/30/10	17
387	Upturned WT Interferences Preventing Installation	8/17/10	10/12/10	56
388	Verify Roof Screen EL. per RFI 245 Response	8/17/10	9/20/10	34
389	Edge Distance on Girder 2503PG1	8/18/10	8/25/10	7
390	Field Welding of Column #17	8/18/10	8/26/10	8
391	Approval comment on E128	8/19/10	9/30/10	42
392	Remediation Required @ Column 7	8/20/10	9/20/10	31
393	FPR-5	8/23/10	9/1/10	9
394	Tube to wide flange column transition	8/23/10	9/1/10	9
395	TOS for Catwalk	8/25/10	9/1/10	7
396	Roof Screen Post Offset	8/25/10	9/30/10	36
397	Finish on Ronstan Bracing	8/24/10	9/2/10	9
398	Bracings At Roof Screen Posts	8/27/10	12/15/10	110
399	Remediation to Beam 22102A (RFM-19 & Calcs)	8/27/10	10/18/10	52
400	Paint on Grand Stair	9/3/10	9/8/10	5
401	Revised W&W RFI 393 - FPR-5	9/7/10	10/18/10	41
402	Clarify Rod Bracings For Screen Posts	8/7/10	9/20/10	44
403	Rod Bracings Fouls with Dunnage Steel	9/7/10	9/30/10	23
404	Approval Comments on Louver Support Framing	9/9/10	9/14/10	5
405	Wall Rail Brackets	9/9/10	9/10/10	1
406	Grand Stair	9/13/10	9/14/10	1
407	W&W RFI 406 Response	9/14/10	9/20/10	6
408	Deleted C12 per W&W RFI 165	9/17/10	9/30/10	13

WW RFI	Subject	Required answer	Received answer	Days Late
409	Weld Alternate Issue	9/17/10	9/22/10	5
410	Beam 51258 Stiffener Issue	9/17/10	10/5/10	18
411	Roof Screen Post Connection on ED-9.7	9/21/10	9/23/10	2
412	RFM-24 for approval	9/21/10	9/30/10	9
413	Roof Screen Post Bracing Connection per ED-9.9	9/27/10	9/30/10	3
414	E300 Approval Comments	9/27/10	9/30/10	3
415	Column 6 Anchor Bolt & Rebar Interference	9/27/10	9/29/10	2
416	Approval Return for Catwalk	10/8/10	10/20/10	12
417	Verify Beam Splice Location on SK-S-5.128	10/8/10	10/15/10	7
418	SK-S-5.112	10/8/10	10/15/10	7
419	Deck Sidelap Attachment	10/7/10	10/15/10	8
420	RFI 788 - E300 Approval Comments	10/11/10	10/18/10	7
421	Facade Steel Connection Per SK-S-5.122	10/12/10	10/14/10	2
422	Rebar Couplers For Core Walls	10/12/10	10/12/10	0
423	Field Modification to 15A105A	10/12/10	10/14/10	2
424	Approval Comments on E134	10/18/10	10/18/10	0
425	Approval Comments on E132 & E134	10/27/10	10/26/10	-1
426	Reference sketch SK-S-5.122 from RFI-421	10/28/10	10/26/10	-2
427	RFM-26 at Column 3	10/28/10	10/29/10	1
428	Remediation to Beam 22102A	11/1/10	12/1/10	30
429	Rebar Couplers At Core Walls	11/8/10	11/8/10	0
430	Missing Dims of HSS Column Supporting the Atrium	11/15/10	11/23/10	8
431	HSS Posts and Brackets Supporting the Atrium Roof	11/17/10	11/30/10	13
433	Additional Length to Bottom of Post	11/22/10	12/10/10	18
434	E135A Approval Comment (W&W Submittal #491)	11/22/10	12/1/10	9
435	E135 Approval Comment (W&W Submittal #491)	11/29/10	12/1/10	2
436	Stiffener Fouling Connection of 11117B	12/1/10	12/1/10	0
437	Exit Stair Intermediate Landing Support Beam	12/1/10	2/9/11	70
438	FW42132 Approval Comment	12/1/10	12/1/10	0
439	Support Angles At Stair Landing	12/1/10	12/20/10	19
440	Detail 12 on SK-S-5.144	12/6/10	12/10/10	4
441	FM-6	12/7/10	12/10/10	3
442	Column 61118A Field Mod #7	12/8/10	12/20/10	12
443	E113 Stub Welding	12/8/10	12/10/10	2
444	Detail 11 on SK-S-5.144	12/10/10	12/20/10	10
445	Detail 13 & 14 on SK-S-5.144	12/10/10	12/20/10	10
447	Cover Plates at Beam 42132A	12/20/10	1/12/11	23
448	FPR 25 (FM-8)	12/30/10	1/11/11	12
449	Revised Embedded Plate on ED-14.10.1	12/30/10	1/12/11	13

WW RFI	Subject	Required answer	Received answer	Days Late
450	Roof Screen Bracing Connection on SK-S-5.143	12/30/10	1/12/11	13
451	Roof Screen Detail 11 & 13 on SK-S-5.144	1/3/11	1/12/11	9
452	Horizontal Bracings per Detail 11 on SK-S-5.144	1/5/11	1/12/11	7
453	Response to W&W RFI #445	1/6/11	1/14/11	8
455	Clarify Studs For Core Wall Columns per S-400	1/7/11	1/12/11	5
456	Atrium Erection Rods	1/10/11	1/7/11	-3
457	FM-9 for FPR-26	1/17/11	1/14/11	-3
458	Spring Isolators & Chiller Info For Steel Dunnage	1/17/11	1/14/11	-3
459	Proposed Resolution NCR-004	1/19/11	1/25/11	6
460	FM 8 Rev 1 (RFI 448/FPR 25)	1/24/11	1/24/11	0
462	Relocate Beam Penetration on S-104	1/27/11	2/3/11	7
463	Restraint Angles For Beams at Elevator Opening	1/27/11	1/31/11	4
464	RFM 28	1/27/11	1/31/11	4
465	NCR-11 W&W RFM 29	1/28/11	1/31/11	3
466	Additional Floor Support	2/4/11	2/7/11	3
467	FM-11 (NCR 11 - MED - W&W-022)	2/10/11	2/16/11	6
468	Deck Support Channel	2/10/11	2/16/11	6
469	FM-12 for FPR 9-13-006	2/14/11	2/16/11	2
470	Deck Support Angle @ Electric Closet	2/10/11	2/16/11	6
471	Support For Level 2 Slab Edge	2/11/11	2/16/11	5
472	3rd Level Bent Plate Shimming	2/14/11	2/16/11	2
473	Exit Stair Wall "As Built" Dimensions	2/15/11	2/15/11	0
475	FM 5A - FM 5Jf Calcs dated 2/14/11	2/17/11	2/18/11	1
476	FM-13 for FPR-31 with calc's	2/16/11	2/23/11	7
477	Response to Bovis RFI 862	2/21/11	3/10/11	17
478	Resubmittal of RFI 476 - FM 13 for FPR 31	3/1/11	3/11/11	10
479	Clarification to Bovis RFI 975	3/2/11	3/11/11	9
480	Upturned WTs Not Installed	3/8/11	3/24/11	16
481	Field Installed Stiffener	3/16/11	3/24/11	8
482	FPR 32	3/15/11	3/24/11	9
483	Grand Stair Column Jackets	3/23/11	4/12/11	20
485	SK-S-5.162 Connection	4/7/11	4/11/11	4
486	Deck Ledger Angle	4/13/11	4/18/11	5
487	Façade Support Per SK-S-5.162 Rev. 1	4/27/11	4/28/11	1
488	NCR # 11-MED-W&W-036	6/1/11	8/9/11	69
489	NCR # 11-MED-W&W-038	6/9/11	8/9/11	61
490	NCR # 11-MED-W&W-033	6/24/11	8/9/11	46
491	NCR # 11-MED-W&W-034	6/23/11	6/20/11	-3
493	NCR # 11-MED-W&W-039	6/27/11	6/23/11	-4
494	NCR # 11-MED-W&W-042	6/28/11	8/9/11	42
495	Grand Stair #2 Connection Issue	7/13/11	8/9/11	27

WW RFI	Subject	Required answer	Received answer	Days Late
496	E602 & NCR #30	8/11/11	9/1/11	21
497	WW RFI 496 Response	9/2/11	9/14/11	12

a. **Storage and Demurrage**

Another of the cost increases incurred by W&W was storage yard related charges or demurrage. The Project, under the required erection time, would not have incurred added cost. Had delays not been imposed on W&W's work, allowing W&W to complete the Work within the 120 calendar day erection period, it would not have incurred additional storage yard and demurrage expenses. It should be noted that a contributing factor to these added costs was Bovis' insistence that W&W fabricate and deliver more steel to the storage yard; while at the same time being aware of on-site delays and Design Drawing revisions.

W&W incurred additional cost for demurrage as follows:

Date	Vendor	Amount
8/31/2010	Harris Reality Company LLC	\$424.62
8/31/2010	Harris Reality Company LLC	\$8,650.23
9/30/2010	Harris Reality Company LLC	\$9,291.49
12/31/2010	Harris Reality Company LLC	\$10,194.99
12/31/2010	Harris Reality Company LLC	\$10,193.07
12/31/2010	Harris Reality Company LLC	\$15,266.79
2/28/2011	Harris Reality Company LLC	\$8,738.75
2/28/2011	Harris Reality Company LLC	\$2,584.22
3/31/2011	Harris Reality Company LLC	<u>\$324.99</u>
	Total	\$65,669.15
	Overhead & profit @15%	<u>\$9,850.37</u>
	Total	<u>\$75,519.52</u>

b. **Extreme Cold and Snow Impact**

The Work, as bid by W&W, scheduled erection of the steel from March 2010 to August 2010. Had the steel been erected during that time, weather data reports show that W&W would only have been impacted by snow on one day - March 3, 2010. On March 3rd, the weather report shows that .07 inches of snow fell (See **Attachment 7**). Thus under the initial schedule for the Work, W&W would not have incurred any extra expenses for snow removal or inefficiencies due to working in extremely cold conditions. But because of numerous changes, Extra Work, and delays imposed on W&W by Bovis, PANYNJ and their authorized representatives, the Work was completed during a period of time where there was significant snowfall, low

temperatures and inclement weather. The weather during the time when the Work was actually completed exacerbated the poor site conditions and forced W&W employees to manage snow, ice and excessive mud. W&W incurred additional costs in removal of the snow, ice and mud. It also caused challenges with deliveries, equipment operation and adequacy of work areas.

Date	Condition
12/27/2010	<i>No work onsite today because of snow storm. Coupler welding continues at areas where snow has been cleaned. Welding on building in other locations begins as steel is cleaned of snow. 8 hours only today because of manpower being wet from snow removal.</i>
12/28/2010	<i>snow removal. Snow removal continues. Field work ongoing also. Temp brace installed.</i>
12/29/2010	<i>Snow removal/ cleanup and de-icing also continue where necessary.</i>
12/30/2010	<i>Bent plate installation begins on roof after melt off over weekend. Unable to land material below because of concrete operation below (tarps on curing. concrete).</i>
1/3/2011	<i>Men worked for two hours after that site became too dangerous to continue work.</i>
1/7/2011	<i>Snow cleanup begins.</i>
1/12/2011	<i>Rain and snow onsite today.</i>
1/18/2011	<i>Rain off and on during the am hours.</i>
1/19/2011	<i>Attempting to shoot studs on the roof with bitter cold, causing problems, Torch/ air lines freezing because of extreme cold.</i>
1/24/2011	<i>Snow am causes delays on roof.</i>
1/25/2011	<i>Most men can't make it in. Men involved in cleanup of snow. Most other work suspended onsite because of snow removal.</i>
1/27/2011	<i>Sleet and snow prevent work on the roof. Difficulty welding in areas due to rain and ice.</i>
2/1/2011	<i>Unable to weld anywhere because of wet and icy conditions, Men here for an hour show-up time. Stair gang off site after one hour also.</i>
2/2/2011	<i>also.</i>
2/7/2011	<i>Bent plate installation on roof resumes after snow melts.</i>
2/9/2011	<i>Safety cable installation begins on high roof after snow melted.</i>
2/23/2011	<i>Rain and snow limit work activity on high roof.</i>

W&W encountered seventeen (17) days its workmen had to remove and/or encounter the effects of the snow alone. These 17 days do not include the number of days that W&W was impacted by ice and excessive mud once the snow began to melt.

The average cost per day for the crew during the periods snow had to be removed was \$15,126.75. Although detailed records were not maintained as to the number of crew members required for snow cleanup and removal, a 25% factor is used in calculating an estimated cost. The estimated daily cost is \$3,781.69 per day, or \$64,288.69 for 17 days.

Total	\$64,288.69
Overhead Fee @ 15%	\$9,643.30
Total	\$73,931.99
Profit \$ 5%	\$3,696.60
Total	<u>\$77,628.59</u>

c. Extreme Temperatures Impact

In addition to the snow removal costs, W&W workmen were subject to extreme winter cold beyond that which would have been encountered had the delays not occurred. The temperatures from November 2010, to February 2011, were much lower than the period W&W would have experienced had the project not been delayed.

The cost of labor for each Payroll Period of Work on the Project affected by extreme temperatures is shown in the table below.

Period Ending	Total Payroll Cost
12/4/2010	\$ 123,693.98
12/11/2010	\$ 219,684.52
12/18/2010	\$ 179,467.54
12/25/2010	\$ 136,072.81
12/30/2010	\$ 5,676.08
1/1/2011	\$ 76,110.18
1/8/2011	\$ 87,484.91
1/15/2011	\$ 83,422.63
1/22/2011	\$ 99,456.37
1/29/2011	\$ 83,976.56
2/5/2011	\$ 70,639.36
2/12/2011	\$ 110,818.43
2/19/2011	\$ 113,671.72

2/26/2011	\$ 61,260.71
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It is well documented that there is a loss of efficiency in production when temperatures are extremely low. The US Army Corps of Engineers has determined the percentages of inefficiency associated with excessive cold are determined as:

Temperature Fahrenheit	Inefficiency
0 degrees	50%
10 degrees	40%
20 degrees	30%
30 degrees	20%
40 degrees	10%

A review of the temperatures experienced in the time period analyzed revealed the following for the New York City weather:

Average for period		Period Ending	Inefficiency Factor
High °F	Low °F		
47.74	38.67	12/4/2010	10%
36.54	29.61	12/11/2010	20%
38.27	27.97	12/18/2010	20%
37.11	29.33	12/25/2010	20%
35.48	26.32	12/30/2010	20%
47.40	36.45	1/1/2011	10%
38.97	30.79	1/8/2011	20%
32.67	24.04	1/15/2011	25%
36.01	26.24	1/22/2011	20%
31.74	24.41	1/29/2011	25%
36.31	26.41	2/5/2011	20%
37.81	26.80	2/12/2011	20%
54.30	35.07	2/19/2011	10%
42.87	27.91	2/26/2011	15%

Extra Work Orders involving time and materials have been submitted to Bovis. W&W acknowledges that this inefficiency calculation should not include the cost of actual time previously included in the submitted Extra Work Orders for the time period analyzed, which are pending reimbursement. That cost has been calculated below and deducted as follows.

Period Ending	Total Payroll Cost	Extra Work Orders	Amount Subject to Inefficiency
12/4/2010	\$ 123,693.98		\$123,693.98
12/11/2010	\$ 219,684.52	\$142,669.94	\$ 77,014.58
12/18/2010	\$ 179,467.54		\$179,467.54
12/25/2010	\$ 136,072.81	\$670.98	\$135,401.83
12/30/2010	\$ 5,676.08		\$ 5,676.08
1/1/2011	\$ 76,110.18		\$ 76,110.18
1/8/2011	\$ 87,484.91	\$57,534.53	\$ 29,950.38
1/15/2011	\$ 83,422.63	\$12,908.42	\$ 70,514.21
1/22/2011	\$ 99,456.37		\$ 99,456.37
1/29/2011	\$ 83,976.56		\$ 83,976.56
2/5/2011	\$ 70,639.36		\$ 70,639.36
2/12/2011	\$ 110,818.43		\$110,818.43
2/19/2011	\$ 113,671.72	\$687.51	\$112,984.21
2/26/2011	\$ 61,260.71	\$10,529.96	\$ 50,730.74

The remaining payroll is subject to the appropriate Inefficiency Percentage due to the extremely low temperatures. W&W would not have incurred delays and the costs associated with these delays had it been able to perform the Work during the period of time initially scheduled for the Work. The Work would not have been subject to a loss of efficiency due to extremely low temperatures.

Period Ending	Amount Subject to Inefficiency	Rate	Loss of efficiency
12/4/2010	\$ 123,693.98	10%	\$ 12,369.40
12/11/2010	\$ 77,014.58	20%	\$ 15,402.92
12/18/2010	\$ 179,467.54	20%	\$ 35,893.51
12/25/2010	\$ 135,401.83	20%	\$ 27,080.37
12/30/2010	\$ 5,676.08	20%	\$ 1,135.22
1/1/2011	\$ 76,110.18	10%	\$ 7,611.02
1/8/2011	\$ 29,950.38	20%	\$ 5,990.08
1/15/2011	\$ 70,514.21	25%	\$ 17,628.55
1/22/2011	\$ 99,456.37	20%	\$ 19,891.27
1/29/2011	\$ 83,976.56	25%	\$ 20,994.14
2/5/2011	\$ 70,639.36	20%	\$ 14,127.87

Period Ending	Amount Subject to Inefficiency	Rate	Loss of efficiency
2/12/2011	\$ 110,818.43	20%	\$ 22,163.69
2/19/2011	\$ 112,984.21	10%	\$ 11,298.42
2/26/2011	\$ 50,730.74	15%	\$ 7,609.61
Total	\$1,226,434.45	17.87%	\$ 219,196.05

Summary of Extreme Temperatures Impact:

Total	\$219,196.05
15% Overhead Fee	\$ 32,879.41
Subtotal	\$ 252,075.46
5% Profit	\$12,603.77
Total associated with inefficiency	\$264,679.23

d. Extended Performance Costs

Due to the extended time of performance on the Project, W&W incurred additional costs. An investigation into the costs revealed W&W had daily time sensitive costs. Details of these cost calculations are provided in Attachment 8.

Description	Cost
Job site Equipment	\$1,058,419.00
Safety Labor	\$98,550.00
Superintendent	\$422,294.00
Safety Director	\$313,176.00
Job Office Labor	\$25,251.00
Safety Job Supplies	\$59,488.00
Plumb Steel Job Supplies	\$21,211.00
Superintendent Job Supplies	\$2,480.00
Site Office Job Supplies	\$3,025.00
Project Manager travel	\$30,340.76
Engineering	\$128,444.00
Jobsite cost labor	\$36,940.05
Job site cost auto	\$42,801.44
Jobsite cost rental	\$16,149.50

Description	Cost
Job site cost office	\$620.63
Other Travel and shipping	\$73,324.75
Job Site Office Rental	\$85,192.00
Operators, Oilers	\$558,672.09
Traffic Control Labor	\$ 65,662.00
Total	\$3,042,041.22

W&W's first recorded work day on the Project was June 4, 2010. It substantially completed its work on April 14, 2011, a period of 315 calendar days of performance.

This calculates a daily time sensitive cost of \$9,657.27 (\$3,042,041.22 divided by 315). As previously illustrated in **Attachment 2**, W&W was on-site 195 calendar days longer than anticipated (315 less 120).

Therefore the time sensitive costs associated with the delays are \$1,883,167.65 (\$9,657.27 multiplied by 195).

Costs associated with change orders submitted (assuming payment from Bovis) or approved for Extra Work during this period of time, have been identified and these costs are deducted from the on-site time sensitive costs of \$1,883,167.65.

e. **Exclusions From this Notice of Claim Related to Erection**

W&W estimated and submitted numerous Change Orders on the Project during construction and also was directed to do Extra Work on time and material tickets. Since negotiations continue on settlement of these cost items, none of the costs in previously submitted change orders, requests for change orders, or time and material tickets and/or work orders have been included in this part of the Notice of Claim. For the most part, the cost that could be included in the Change Orders could not include the effects of the impacts contained in this Notice of Claim. For instance, the labor cost allowed for an Iron Worker Journeyman had specific breakdowns of costs as shown below. Such costs breakdowns were similar for all trades:

	<i>Straight Time</i>
<i>Base Rate</i>	\$42.30
<i>Overhead</i>	\$4.23
<i>Profit</i>	\$2.12
<i>FICA</i>	\$4.33

	<i>Straight Time</i>
<i>Fed Unemployment</i>	\$0.45
<i>State Unemployment</i>	\$5.49
<i>Welfare</i>	\$11.30
<i>Pension</i>	\$9.55
<i>Vacation</i>	\$14.25
<i>Annuity</i>	\$9.78
<i>Associate Dues</i>	\$0.30
<i>Paid Holiday</i>	\$0.16
<i>WC</i>	\$0.00
<i>Public Liability</i>	\$0.00
<i>Property</i>	\$0.00
<i>Other</i>	<u>\$14.17</u>
<i>Total</i>	<u>\$118.42</u>

Note that no allowance is provided to reimburse W&W for its cost being incurred as the work is extended waiting on the changed elements to be performed. Such cost concepts are reasonable if considered for small increments but not in the magnitude of work that W&W was required to perform. To ensure that any costs included in this Notice of Claim are not duplicated via inclusion in a requested change or on a time and material ticket, an attachment is provided validating that appropriate credit is given for costs which may have been partially reimbursed for impact cost requested in this Notice of Claim (See Attachment 3).

Description	Amount
Equipment charges	\$166,546.48
General Foremen	\$11,003.72
Operator	\$104,922.81
Superintendent	<u>\$10,422.68</u>
Total	<u>\$292,895.69</u>

Therefore the unreimbursed total on-site time sensitive cost is \$1,920,253.39 as calculated below:

Total additional cost	\$1,883,167.65
Less submitted in COs	<u>\$292,895.69</u>
Subtotal	\$1,590,271.96
Overhead fee @ 15%	<u>\$238,540.79</u>
Subtotal	<u>\$1,828,812.75</u>

5% Profit	\$91,440.64
Total	\$1,920,253.39

f. **Other Inefficiencies Impacting Erection**

In addition to the inefficiencies caused by weather, W&W was inflicted by inefficiencies due to stacking of trades; work changes; stoppages due to design issues; and scheduling problems as a result of the manner which Bovis chose to accelerate the Project so as to allow completion of the Project by the September 11 dedication event.

1) **Methodology for computing costs associated with other inefficiencies:**

a. **Measured Mile methodology is not applicable:**

W&W has not attempted to perform a measured mile analysis of the Project since the impacts occurred from the first day of the Project and continued throughout the entire Project and Work. W&W's Work was negatively impacted on the very first day that it was scheduled to begin the Work. W&W was precluded from commencement of the Work by predecessor trades. W&W has estimated the cost of inefficiency associated with these delays in **Attachment 11**.

The excerpts below from **Attachment 11** show that the Work was negatively impacted from the beginning and continued throughout the Project.

6/2/2010

Waiting for the go ahead to begin drilling onsite.

6/14/2010

Finish drilling D19 plate girder. Waiting for Skanska to locate D25 girder with guying cables and come a longs. Unable to work on D25 because of out of tolerance issues.

6/23/2010

No surveyors onsite today. Awaiting direction on further drilling/layout work. Returned to site with men at 2:15, unloaded pickup truck with welding cable, etc.

6/30/2010

Spoke to Skanska foreman, he's waiting for instruction on what to do if anything with D19 after only being to move it 3/16".

7/1/2010

Re-survey D19 after Skanska moved it for final time (3/16).

7/2/2010

Please coordinate the repair to girders D19 and D25. Wee need to confirm the survey internally and have repair details issued asap.

7/7/2010

Once we get the survey measurements validated, we can compute the corresponding eccentricity on the PA girder at each measurement location using the attached spreadsheet. I suspect that's what the EOR is really interested in. If the EOR's okay with just resulting eccentricity calcs and everyone's okay with field welding, then we can just locate our new steel in the "theoretical" location, field weld it to the PA girders and live with the eccentricities on the PA girders.

7/12/2010

We still do not have the bench mark from LKB. We need this we have people standing by and the time we are losing is pushing back the start date.

7/15/2010

Men offsite a.m. Waiting for approval to start welding. A start date on Monday 7/19 for sheer tabs and Monday 7/26 or Friday 7/23/10 for steel

7/19/2010

Vintech: The survey that was emailed to you on Saturday morning, 7/17/10, is obsolete and needs to be replaced with this one. Please concentrate all efforts on the vertical dimensions that need to change, i.e.: elevation changes and dimensions to holes for field location. The horizontal changes will be dealt with later. Please revise the existing erection plans to reflect the latest info per the attached survey and issue to the field today, 7/19/10.

7/27/2010

4th steel truck sent back because of difficulty backing down driveway, too much material in the way. We got truck in at 5:00 am and were told we couldn't work late to unload it.

7/30/2010

Erecting steel in sequence 21 and sequence 15. Some delays encountered by DCM erecting hub girder with Manitowoc 18000 crane, (1 hour).

8/5/2010

Difficulty erecting final pieces of seq 21 because of miss-aligned Skanska sub girder on D 19.

8/17/2010

Team: Mobilizing a crane won't work. There are too many obstacles in the way in the hanger. There is no time to prepare, submit and have approved pretask plans etc. We propose to build a tent over our welding and burning operation and use smoke eaters to absorb the smoke produced.

8/18/2010

Steve. I am predicting that Bovis , Joe will be putting pressure on you to move things. Do not even if he says give him a ticket. We need to hang steel and stay on schedule. Call me tonight if you need. - Will not move anything for Cepiel, Bovis, at all

8/19/2010

Welding, bolting, decking continue on seq 21 and 22. Barricades placed below to keep Skanska entering our work area. Same barricades disregarding and knocked over by Skanska.

8/23/2010

No work onsite. 1 hour show up time for the men. Job rained out.

8/26/2010

Unloaded 3 trucks with 41 sequence steel. Sorted steel had to finish prepping floor to land steel because of work stoppage during day shift.

8/27/2010

Men still unable to work along eastern and northern edge of building because of Tishman below. Continue welding and bolting where allowed. Work stoppage causing W&W continued hardship and inefficiencies.

9/1/2010

Just to highlight a few items that we all need to recall and review in regard to the Trident erection: 1) Because of the Trident erection accelerations, we are erecting ahead of finally approved shop and erection drawing approval by Buro Happold. 2) There was a second late design update which involved the rotation of the Trident bases. 3) An updated version of erection drawing E902 was forwarded by Greg Clover's email dated August 17. 4) As expected, Buro Happold declined our request for a review of the temporary bracing for the Tridents. Those materials were detailed

as sequence 94. Because of the very late change regarding the skew of the Trident bases, I'd suggest we make one final check of the anchor rod locations.

9/2/2010

Steve, tonight we cannot install shims in the F0023 piece. There is a 5: problem need to understand before we make any adjustments.

9/3/2010

We cannot work on the Pavilion during the day until all proper safeguard are in place to protect against falling tools and material. A mitigation plan has to be established and approved prior to WW continuing work on the pavilion during the day.

9/8/2010

Job shut down by Bovis. Day shift unable to work except on Trident frame and job site clean up. Some men sent home after two hours. No night shift last night. Men worked during the day.

9/9/2010

No work allowed onsite during day shift. W&W directed to stop work by Bovis.

9/27/2010

Steve. Bovis needs to shut down the road to set trees and thus we can not have deliveries. Can we work around?

10/1/2010

I have just been informed that skanska will not be done shotcreting the wall at d35. This is within the established caz. Directly under the area to be bolted next to the area for decking and adjacent to the area for erection. I have directed your field personnel not to begin work until skanska is not within the caz.

10/6/2010

We were directed to go back to work by James Fallon at 11 pm after two hours of hardship. Having ticket signed regarding same.

10/7/2010

2 hour shutdown because of Skanska men working below.

10/18/2010

Per calculation, the welds are not required so W&W is being instructed to provide additional field work to achieve a strength that is beyond that required by the specified loads.

10/21/2010

Erecting seq 51 block steel. No deliveries. Couldn't work on east side of building because of debris left by others at the direction of Francis from Bovis. Bolting, welding all areas continues.

10/29/2010

The attached RFM's have been voided since I've learned the connections could be bolted after all. Also, I never received a reply to the message below, but I've heard there may be other RFM's that we thought couldn't be bolted but ultimately were, so perhaps there should be other RFM's voided as well...??

11/1/2010

The latest copy of ED23.2 Rev3 (see attached) we received from Greg on 3/1 doesn't include the existing stiffener plates on the ED, so there was no information about the welding. The only thing we knew about the field cutting of the existing stiffener plates to suit the bottom flange connection plate per approval comment noted on E119 (see attached). This is what it shows on E119 Rev5 which is the latest copy. The flange connection plates (11117A and 11117B) didn't have any slot on the original detail; simply because they could not be located (see attached Email). Therefore we have no idea how the slot has been cut on the flanges connection plates.

11/1/2010

Unload 3 trucks with plank mats. Begin clean up and prep work. Mat laydown for Sobara crane, begin moving steel east as directed by BLL. Only steel erection at night, rest of job back on days.

11/11/2010

No deliveries tonight. Erecting seq 71 and sort being erect seq 72. Using man lifts where possible to erect steel.

11/17/2010

Crane unable to work. Men off site at 10pm due to high wind condition on steel, unsafe to work. No trucks ordered tonight. High winds continue tonight.

11/18/2010

I've read through FPR-24. Are you just asking us to issue a "voided" RFM-24 so the requirement reverts back to the original Ed-1.10?

11/23/2010

I understand that WWST was to sketch any conflicts with coupler installation and submit to BLL for design team review/ response. Please provide sketches ASAP. I also understand that there is an issue with one of the resolutions that were provided by the design team on Friday. Please provide a sketch showing this issue ASAP.

11/29/2010

1 Steel truck onsite at 6:00 am because of dirt deliveries after unable to back truck down driveway because of material in the way. Coupler welding continues, bent plate ongoing on 2nd floor. Rain begins at 1:30 causing delays onsite.

12/7/2010

Tree delivery causing hardship with our own deliveries (fuel, steel). Atrium green vertical tubes erected. 13 rebar picks took 2 hrs. Bolting, welding, plumbing, and bent plate continue. Overtime cancelled because Bovis ordered us to cease all hot work. Permit steel truck unloaded with catwalk beams and material.

12/14/2010

Charlie, can you do me a favor please. John Kraft is onsite asking Jerry to put up controlled access zones and to station our men to tell Sorbara to move out of the way. This guy is really harassing us and asking us to do unreasonable things. Can you talk to Bob Higgins about this guy? He wants to send men home and we think he's being totally unreasonable. He's causing us real morale problems now. I've got some of my best men threatening to quit over this guy's antics. Any help regarding this would be appreciated. Thanks

12/20/2010

No crane work today. Work on hanging platform below drag beams continues. Sorbara men welding couplers continues. Field work on channel in Plaza level begins. Brace removal on D35 begins. Bent plate installation on 3rd floor continues. Most men work 2 hours OT.

12/21/2010

We still have RFI to BLL about this topic as well that has yet to be responded

12/23/2010

1/2 day union holiday. Coupler welding ongoing plumbing roof steel. Bolting, welding ongoing.

12/28/2010

2 surveyors only since Monday, no longer necessary on coupler layout. Bolting atrium continues, welding couplers continues snow removal continues. Field work ongoing also. Temp brace installed.

1/4/2011

Per response to WW RFI433, the additional 2'0 that we added because conflicts between the design drawings, the bottom elevation is 348'-11 1/2. This is the elevation we used to detail and fabricate the posts. With the response to RFI433, I assume no trimming will be required.

1/4/2011

WWGL will have their surveyors and field staff on site at 9AM tomorrow (Weds 1/5) to review discrepancies in bent plate surveying. Please have Scott meet with us.

1/5/2011

I've been working on these studs for 2 days now. Still don't have the answer you want but hopefully a solution. Nelson has a warehouse in Penn. But they are worthless. The best option is to go and pick them up from a supplier that's about 15 or 20 miles. Please let me know if you can pick them up. If not, we'll try and find a hot shot to deliver.

1/7/2011

Men worked for two hours after that site became too dangerous to continue work. Snowy weather causes work stoppage

1/11/2011

Please see attached response to W&W RFI448

1/12/2011

Installing studs on columns, installing channel at plaza level. Unable to perform most work tasks because of poor turn out and site conditions. Snow cleanup begins.

1/19/2011

W&W is going to hold up the concrete pour. Provide shoring. Who gave you this information?

1/19/2011

Charlie, this must be done by Sunday, per our phone conversation today in which you agreed to comply. Post Road's crane will be on site Monday morning and they cannot be delayed any further.

1/19/2011

The initial detail for this joint had the N/S channel coped and the E/W channel continuous. The EOR accepted this joint per RFI263 with the requirement that full moment capacity of the coped lower channel is achievable. There is not enough access between the E/W channel and the E/W HSS 20x8 dummy stringer to make an effective complete penetration weld therefore since the E/W channel is very lightly loaded, the easiest solution is to cope the bottom to the E/W channel and seat it on the N/S channel. There apparently is some miss placed communication concerning ED-20.5.9 but the shop drawing for these members are approved as fabricated. That's how we got to where we are now.

1/20/2011

Charlie, Bovis Fallon called me and asked if we could put a raising gang together for the whole day tomorrow. I had not major objections to it if you don't. They want to move Sorbaras shit and then remove trident temp frame after.

1/24/2011

Our customer had relocated one of the stairs. We need you to provide us with a drawing. Please coordinate with Weldon. This is an urgent issue.

1/25/2011

Gary Johnson to Steve and Scott: We're going to have to move this beam about 6 inches inward from the edge of the building and abandon the previous connection. This is a hot item in the field as the progress of concrete work depends on the relocation. We'll have to provide the formal submittal of calculations for a field welded connection after the fact, but could you confirm the details of the field welded connection that you want to use? As far as we know, the fix will involve just removing the bolts and sliding the beam down the web of the supporting beams to the new location before welding.

1/25/2011

Joe, After we got off the phone, I spoke to our Steve Dawson and got the following story; Today Steve Dawson at the beginning of the shift had a conversation with your Steve Miller regarding the platform and the need to make slight modifications which our Steve Dawson began to implement. We were not directed to stop but conversely allowed to continue during the mods by Steve Miller. You and I spoke by phone to confirm that we could continue to

implement the mods. At completion of the mods, we will have the plat formed signed off prior to use. Charlie

1/27/2011

From Weldon Man to Steve: The connection for the nets on the 3rd floor have started to yield due to the weight of the snow collection in them as you can see in the attached pictures. We need to drop the nets in the morning before we can work on moving the beam and pulling the deck for Bovis (both areas are under this zone) Andrew will have Bovis clear the snow off the platforms below as we drop the nets. Bovis has cleared the other subs from below this area due to this condition.

1/31/2011

Referencing SD4.0, A1-102, S-103; at the 2nd level along grid 17 East side of the bldg, we've been informed on site that there is a problem with the height of the pour stop. The slab in that area transitions per the Arch dwgs and the edge will be too short. We need to confirm that our pour stops elevations are correct per the dwgs and approved.

2/1/2011

Unable to weld anywhere because of wet and icy conditions, Men here for an hour show-up time. Stair gang off site after one hour also. Rain and sleet conditions cause work stoppage onsite.

2/4/2011

Continue install bent plate on 2nd floor along east wall as an extra. Fieldworks ongoing 2nd floor, 3rd floor. Stair installation ongoing. Bent piece installation along east wall halted.

2/16/2011

Greg, We are having issues with the fit up and erection of the Grand stair please provide the requested information so we can do more investigation. This is hot and we need this info in the morning.

2/17/2011

***Warning inclement weather advisory** notice to take precautionary steps in preparation of high winds.*

2/22/2011

The RFI response is wrong. Please resubmit and inform the EOR that the marked end is always on the left side of the shop drawing. The EOR is looking at the wrong end of the beam. ED-13.28

referenced by EOR clearly shows this beam framing it into the column web with a shear connection only, no moment connection.

2/23/2011

Permits for March: Resubmit...change rules again.

2/28/2011

Doug: To achieve the proper slope, any angle will have to be cut down quite a bit. The thinner the angle, the better, because the cut side dimension of the angle won't be much more than the angle thickness. We'll leave the fix up to you. Make a sketch of whatever you decide to do and we'll dress it up for submittal.

2/28/2011

Unable to weld in certain locations. Welding at NJ shop begins on façade steel under inspection from Port Authority. Rain again today off and on halts some work activities.

3/2/2011

Joe, Last week at our weekly mtg, you mentioned that the Bovis plan for installation of the roof screen structural steel was to be after Sept. 11, 2001. Please understand that would this be the planned schedule. W&W would incur significant additional cost. This email will serve as notice from W&W to Bovis. The added cost would include the following: 1) There would be no crane with which we would erect the steel.

Additionally, there is no place to position a crane to erect the steel. As we understand, Bovis plans to remove the Memorial Plaza access road in April of 2011. The steel will require a crane to set due to the designed size of the pieces. The discussion was that a crane would need to be positioned on Greenwich Street. All thru out the job, we have been told that this is not possible. 2) The finished roof would have been installed by the 9/11/11 so Bovis would have to install protection. 3) The curtain wall system would be installed 9/11/11, Bovis would need to provide protection.

3/3/2011

Since this problem was created by the field pushing concrete work ahead of steel progress, we suggested that it be discussed in the field with Bovis and/or the curtainwall contractor. Buro Happold will have to re-design the connection to allow bracing to the concrete OR the concrete will have to be removed to allow access back to the structural framing. Right now, there's nothing wrong with the connection except that concrete is in the way and access for steel framing is denied. I don't see that there's anything for us

to write about in RFI format.

3/3/2011

BH needs to provide a design. We do not have the design criteria for this member and connection.

3/3/2011

Doug, this appears to be another field issue where concrete is blocking access. We suggest that you bring this problem up in a field meeting and ask how they want to handle the problem.

3/7/2011

After re-evaluation of the cantilevered scaffold, we concluded that the North East Façade steel cannot be installed with the scaffold in place

3/9/2011

Joe, I do not believe we can make 3/15 COB for high roof due to lost time today due to weather, tomorrow sounds like bad weather and we have the problem of Sorboro working beneath.

3/11/2011

I suggested that due to the forecast of wind gusts up to 29 mph that the work (on the north east façade steel erection) be postponed until next week

3/11/2011

A handful of men showed up and were sent home, I couldn't get a hold of these guys last night. I asked Sorbara worker I know and he told me they didn't pour because the wall they poured yesterday has to cure for three days before they pour the roof slab. The scaffold rods are still in the way as of 8:00 am this morning.

3/15/2011

This RFI was rejected. Also all back up information should be an RFI from the Eor or the approval submittal

3/19/2011

Guys, today in the weekly Bovis discussed that the East Farcade beam may need to be moved. They said Scott did a survey.

3/22/2011

The dates provided by Sorbara were developed on 3/19/11 with a note that no weather was considered.

3/22/2011

Weldon, this splice was originally designed as a bolted splice. Vintech later determined that the bolted splice is not possible due to the slope of the fascia so the vertical plate was added to the CP splice these members. These members have open holes because they were fabricated before the splice was revised. The net capacity of these members is adequate per the original calculations submitted and are not a design issue.

3/25/2011

If the glass contractor was directed to match the steel elevations, why don't they match? We need to know: 1) Is the steel erected to the as-detailed location 2) Do the glass contractor elevations vary from the locations detailed in the October model?

3/28/2011

Bob, For what it's worth, it's also important to know the origin of the problem so we can all work cooperatively toward a solution. If these are new elevations for the façade beams, this is not a "fix", but rather a late design revision.

b. Measured Productivity Losses Methodology:

Because the Measured Mile methodology is not applicable in measuring the cost associated with the loss of productivity for this Project, W&W is relying on studies and research to guide us in this calculation of measured productivity losses resulting from the owner's actions. Research conducted by the Mechanical Contractors Association, the Electrical Contractors Association, and the U.S. Army Corps of Engineers provide guides as to how to estimate the loss of productivity on a project when the Measured Mile methodology is not an appropriate methodology. These guides, when applied to W&W Work, estimate productivity losses incurred by W&W on this Project as follows:

The Mechanical Contractors Association determined the impacts expected are:	Percent of Loss Conditions			
	Factor	Minor	Average	Severe
1 Stacking of trades: Operations take place within physically limited space with other contractors. Results in congestion of personnel, inability to locate tools conveniently, increase loss of tools, additional safety hazards and increased visitors. Optimum crew cannot be utilized		10%	20%	30%
2. Morale and attitude: Excessive hazard and, competition for overtime, over-inspection, multiple contract changes and		5%	15%	30%

rework, disruption of labor rhythm and schedule, poor site conditions etc.			
Total	15%	35%	60%

A study conducted by a consortium of associations in the wall and ceiling contractors industry, using studies on labor productivity in the construction industry by major trade organizations, academic institutions, government agencies and the U.S. Department of Labor, as a baseline of literature in the labor productivity field, also addressed these issues and found the following productivity impact factors and ranges:

	Upper Range of typically observed productivity impacts		
	Framing	Hanging	Finishing
Congestion	44%	40%	47%
Fragmentation	50%	41%	47%
Acceleration	42%	42%	47%

Impacts to Labor Productivity in Steel Framing and Installation and Finishing of Gypsum Wallboard, R. Brown Consulting Group, LLC, 2009, Northwest Wall and Ceiling Bureau.

The Electrical Contractors Association, as well as the US Army Corps of Engineers (Construction Productivity Advancement Program), conducted research into the impact of such changes in productivity (Extreme weather, trade stacking, crowding, changes to work, and ripple effects). Many other independent studies have been conducted in cases where the project was impacted from the beginning and is difficult or impossible to determine the full impact using the Measured Mile Methodology.

All of the factors cited by these organizations have occurred in this Project and have been determined to cause inefficiency and loss of productivity. The ranges of productivity losses for such have range from 15% to 60%.

As indicated earlier in this Notice of Claim, W&W's actual labor cost for erection alone on this Project for the Work, including all Extra Work requested by Bovis, was \$7,358,717. The original Contract Price for the Work (full scope of work) was \$7,289,240, which included an original estimate for labor cost of \$1,812,943. This increase of \$5,545,774 is a 406% increase in labor cost alone. Of this \$7,358,717 in labor cost, Bovis issued \$1,505,962.04 of time and material tickets to W&W, with the labor cost component being \$1,377,531.80 of those tickets.

Using the lowest possible range of inefficiency (15%) in its calculations, W&W calculates its loss due to inefficiencies in productivity, not otherwise addressed, to be \$743,516.97. It should be noted that by using the low

percentage, W&W would still not be fully reimbursed for its labor cost overruns.

The calculation is as follows:

Total Labor		\$7,358,717.00
Adjustments:		
Snow Removal	\$64,288.69	
Extreme temperatures impact	\$219,196.05	
Safety Labor	\$98,550.00	
Superintendent	\$422,294.00	
Safety Director	\$313,176.00	
Job Office Labor	\$25,251.00	
Engineering	\$128,444.00	
Jobsite cost labor	\$36,940.05	
Operators, Oilers	\$558,672.09	
Traffic Control Labor	\$65,662.00	
Time and Material labor	\$1,321,249.52	\$3,253,723.40
Total Subject to inefficiency		\$4,104,993.60
Inefficiency @ 15%		\$615,749.04
Overhead Fee@ 15%		\$92,362.36
Subtotal		\$708,111.40
5% Profit		\$35,405.57
Total		\$743,516.97

Summary of Additional Cost of Erection

a. Storage and Demurrage	\$75,519.52
b. Extreme Cold and Snow Impact	\$77,268.59
c. Extreme Temperatures Impact	\$264,679.23
d. Extended Performance Costs	\$1,920,253.39
e. Other inefficiencies impacting	\$743,516.97
Total Additional Cost of Erection	\$3,081,237.70

5. Bond Cost

The damages that W&W incurred are shown throughout this Notice of Claim as Bovis' original delay in the issuance of the Notice to Proceed was compounded by numerous delays in the Work throughout the Project. These compounded delays have resulted in a long list of expenses born by W&W, including but not limited to additional bonding costs.

W&W was required to pay additional bond premium on the increased Contract Price and an additional 1% as a result of the bond having to be extended for an additional year. The cost is as follows:

Bond cost on adds to contract	\$110,000.00
Added cost due to delay	\$24,000.00
Total	\$134,000.00

6. Use of Capital

W&W bid this Project with Trade Contract provisions that required a reasonable but specific time table for performance of the Work. With a planned start of September 1, 2009 for the Work W&W was to have been completed with the Work by at the latest July 2010. The Trade Contract sets forth a payment process to compensate W&W for the Work. This process includes Bovis forwarding W&W Pay Applications to the Owner for payment and Bovis making payment to W&W within seven (7) days from its receipt the funds from Owner. As for compensation of Extra Work, the Trade Contract includes a process for payment for Extra Work in Article 19 of Exhibit B to the Trade Contract.

Throughout the course of the Project, W&W was directed to perform Extra Work, some of which was performed under duress. W&W has expended hundreds of hours of time in attempting to collect payment for the Extra Work and to arbitrate its disputes with Bovis, the National Memorial and/or PANYNJ.

In January 2011, almost two years ago, W&W submitted to Bovis extensive spreadsheets and documentation showing that Bovis and PANYNJ owed \$4,585,285 in Extra Work performed by W&W. The vast majority of the change order requests for this Extra Work had been submitted prior to April of the previous year (2010).

Throughout the Project, Bovis and PANYNJ conducted change order meetings in which W&W was required to appear to answer questions about pricing for Extra Work directed by Bovis. On most occasions, W&W was not provided an agenda in advance so that its project managers could attend the change order meetings with the proper documentation in hand. During these meetings, representatives from Bovis, PANYNJ and their authorized contractors ("Change Order Committee") made blanket cuts to W&W submitted change order requests. These cuts would be blanket percentage cuts that did not seem to be related to any true dispute. The Change Order Committee initially and surprisingly demanded additional information at each Change Order Meeting, allowing them to "table" the change order request for an additional period of time. Later the Change Order Committee took an "arm twisting approach." If W&W wanted to be paid anything, including payments under the base Contract Price, then it would have to agree to discount its change order request amounts by a particular percentage as determined by the Change Order Committee. The Change Order Committee also refused to allow for

any extensions of time for any of the Extra Work it directed. Under duress, W&W agreed to discount many of its change order requests.

In spite of discounting numerous change order requests and approval of the discounted amounts by The Change Order Committee, payment for Extra Work was not forthcoming. W&W's executive team made several trips to New York in an attempt to collect monies owed to W&W and which were more than 12 months past due in payment. Bovis and PANYNJ have ignored three (3) demand letters sent to numerous representatives of Bovis and PANYNJ. All of W&W's attempts at obtaining arbitration pursuant to the Trade Contract have also been ignored.

In December 2011, Bovis and PANYNJ had still not paid W&W \$2,323,113 of discounted change orders which they had approved and another \$1,191,549 for Extra Work completed by W&W on the Project, for a total of \$3,514,662.

As an example of this delinquency of payment is the Roof Screen Framing Design Revisions. W&W submitted its Extra Work costs of \$492,642 in a change order request on 3-7-11. The Change Order Committee approved a discounted amount of \$455,000 on 8-24-11. However, W&W still has not received payment for this Extra Work.

The above example shows that even when W&W has discounted the cost of the Extra Work in an effort to prompt payment, PANYNJ continues to delay payment, thus forcing W&W to fund a portion of the Project at its own expense.

More than two years since the Extra Work was directed by Bovis, the parties are still negotiating the costs submitted by W&W for the Extra Work. After PANYNJ has imposed massive changes to the Work, impeded the Work, executed numerous changes, and nearly doubled the Contract Price, W&W has only been paid slightly more than its original Contract Price. W&W has been forced to tie up millions of dollars that it would have otherwise had available to it for other uses. While PANYNJ has been able to move its Project forward without additional payment to W&W, the delay and strong arm tactics used by the Change Order Committee have allowed PANYNJ to use W&W's capital at no additional costs. In this Notice of Claim, W&W is also seeking interest on the use of the capital. This interest is separate and apart from the interest that PANYNJ owes W&W for unpaid amounts delayed in payment, whether this interest would be allowed under the New York Prompt Payment Act or through common law.

The Federal Government in its contracting regulations recognizes that it must pay for the imputed cost of money on capital which it has used in the performance of a contract. W&W expected to be paid normal and routine progress payments for the Work. At no time would W&W have expected to tie up more than 25% of its capital for its portion of the Project. Twenty-five percent (25%) of the initial Contract Price of \$7,289,240 would be \$1,822,310. At its peak, W&W would have estimated that it might have \$1,822,310 "invested". However, this amount would decrease as the Work was completed. Instead, W&W has tied up between two million (\$2,000,000) to nine million (\$9,000,000) of its

capital, as a result of the Change Order Committee's delays in processing change order requests and PANYNJ's failure to pay for Extra Work, even when the Change Order Committee has approved the amount of the change order.

W&W places a reasonable cost factor on its capital of five percent (5%) and is entitled to, at a minimum, be reimbursed at this 5% rate. The reimbursement of the cost of money from July 2010 through February 2012 (which is that last time that W&W performed this calculation) at 5% is \$643,883 as shown below.

Period	Net Costs	Cash Receipts from <u>Lend Lease</u>	Net Cash flow	Cumulative Net Cash flow	Capital Costs
9/30/09	\$960		(\$960)		
10/31/09	\$444,499		(\$444,499)	(\$445,459)	
11/30/09	\$236,543		(\$236,543)	(\$682,002)	
12/31/09	\$233,637		(\$233,637)	(\$915,639)	
1/31/10	\$485,690	\$94,500	(\$391,190)	(\$1,306,829)	
2/28/10	\$406,988	\$625,424	\$218,436	(\$1,088,393)	
3/31/10	\$5,336	\$211,760	\$206,424	(\$881,969)	
4/30/10	\$123,930	\$217,260	\$93,330	(\$788,639)	
5/31/10	\$574,429	\$146,284	(\$428,145)	(\$1,216,784)	
6/30/10	\$342,688	\$61,614	(\$281,074)	(\$1,497,858)	
7/31/10	\$682,824	\$108,834	(\$573,990)	(\$2,071,848)	\$8,633
8/31/10	\$1,935,203	\$337,166	(\$1,598,037)	(\$3,669,885)	\$15,291
9/30/10	\$2,189,888	\$359,639	(\$1,830,249)	(\$5,500,134)	\$22,917
10/31/10	\$1,727,038		(\$1,727,038)	(\$7,227,172)	\$30,113
11/30/10	\$1,561,533	\$2,003,854	\$442,321	(\$6,784,851)	\$28,270
12/31/10	\$1,921,098		(\$1,921,098)	(\$8,705,949)	\$36,275
1/31/11	\$1,011,829	\$1,345,378	\$333,549	(\$8,372,400)	\$34,885
2/28/11	\$347,388	\$240,373	(\$107,015)	(\$8,479,415)	\$35,331
3/31/11	\$753,857	\$897,845	\$143,988	(\$8,335,427)	\$34,731
4/30/11	\$689,536	\$40,326	(\$649,210)	(\$8,984,637)	\$37,436
5/31/11	\$274,643	\$695,280	\$420,637	(\$8,564,000)	\$35,683
6/30/11	\$238,567	\$71,739	(\$166,828)	(\$8,730,828)	\$36,378
7/31/11	\$114,815	\$7,560	(\$107,255)	(\$8,838,083)	\$36,825
8/31/11	\$36,729	\$176,245	\$139,516	(\$8,698,567)	\$36,244
9/30/11	\$23,313		(\$23,313)	(\$8,721,880)	\$36,341
10/31/11	\$0	\$152,441	\$152,441	(\$8,569,439)	\$35,706
11/30/11	\$0		\$0	(\$8,569,439)	\$35,706

12/30/11					\$35,706
1/31/12					\$35,706
2/28/12					\$35,706
	\$16,362,961	\$7,793,522	(\$8,569,439)		\$643,883.00

C. PENDING CHANGE ORDER REQUESTS AND UNPAID CHANGE ORDERS

Throughout the course of the Project, W&W was directed to perform numerous changes and additions to its scope of work for the benefit of PANYNJ. Bovis and PANYNJ have approved change orders totaling \$5,014,744.00, for a revised Contract Price of \$12,303,984.00. Of these approved change orders, however, PANYNJ has failed and refused to pay W&W the sum of \$2,613,475.00 which remains due and owing. In addition, Bovis, PANYNJ and/or their agents have unjustifiably failed to process a total of \$1,151,227.00 in pending change order requests for additional work that W&W undisputedly performed on the Project. In total, \$3,764,702.00 remains due and owing to W&W in connection with the change order work that W&W performed on the Project. (See Attachment 12).

D. CONCLUSION

As stated above, during the course of the Project, Bovis, PANYNJ and their authorized representatives delayed and disrupted many of W&W's planned activities. W&W repeatedly requested extensions of time to complete the extra work and to adjust the Completion Date as a result of Bovis' delays and disruptions. But instead of granting extensions of time, Bovis accelerated the work and forced W&W to perform its work inefficiently and out of sequence.

The actions of Bovis, PANYNJ and their authorized representatives had a cumulative negative impact to Work starting with the delays to the Design Drawings (CO 2); increasing W&W's costs in engineering, detailing, fabrication, erection, and bonding. Further, Bovis' and PANYNJ's slow payment forced W&W to finance months of work on the Project through the use of its capital. PANYNJ's failure to pay for work completed by W&W for more than 12 months is in direct opposition to public policy, which supports the position that contractors should be promptly paid for their work within the state of New York.

As explained in this Notice of Claim and its attachments, W&W is entitled to an equitable adjustment due to the deficient and inaccurate Design Drawings and because of delays and damages caused by Bovis, PANYNJ, and their representatives, which constitutes a breach of the Trade Contract. W&W has complied with all notice provisions of the Contract Documents (repeatedly provided notice to Bovis that the significant design changes were negatively impacting the Work) and has provided proof of actual and reasonable additional costs directly resulting from the delays.

Total Request for Equitable Adjustment to the Completion Date is 255 calendar days in which to complete the Work, excluding come-back infill areas.

**Total Request for Equitable Adjustment to the Contract Price:
The Contract Price should be increased by the amount of \$8,555,848.05, exclusive of interest and other costs to which W&W would be entitled under the New York Prompt Payment Act, McKinney's General Business Law § 756, et seq.**

<i>Engineering Costs</i>	\$443,160.00
<i>Detailing Costs</i>	\$130,898.75
<i>Fabrication Costs</i>	\$357,966.60
<i>Additional Cost of Erection</i>	\$3,081,237.70
<i>Bonding</i>	\$134,000.00
<i>Use of Capital</i>	\$643,883.00
<i>Pending Change Order Requests and Unpaid Change Orders</i>	\$3,764,702.00
<i>Total increase to Contract Price</i>	\$8,555,848.05

W&W reserves the right to modify its damage amounts and/or supplement the information contained herein.

As required by New York Unconsolidated Laws § 7107, I, Rick Cooper, being of full age, do hereby swear under penalty of perjury that the facts contained in this Notice of Claim are true and correct to the best of my knowledge, information and belief. W&W sincerely hopes that this Notice will provide the basis for discussion to review and resolve this claim amicably in the immediate future. We look forward to hearing from you after you have had an opportunity to review the above.

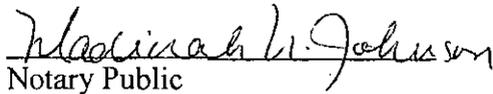
Sincerely,



Rick Cooper
President and CEO

STATE OF New York)
) SS
COUNTY OF NEW YORK)

On the 13 of December, 2012, before me, the undersigned, came and appeared Rick Cooper, personally known to me or proved to me on the basis of satisfactory evidence to be the individual who executed this Notice of Claim and who acknowledged to me that he/she executed the same. Said individual made such appearance before me, the undersigned, in the City of NEW YORK, County of NEW YORK, State of NEW YORK.


Notary Public

MADINAH N. JOHNSON
Notary Public, State of New York
No. 01JO6257021
Qualified in Bronx County
Commission Expires March 5, 2016

Attachment Table of Contents

Attachment 1	Schedule Impacts Resulting from RFI's and connection design changes
Attachment 2	Schedule Impacts Occurring During Erection
Attachment 3	Validation that appropriate credit is given for costs which have been partially reimbursed (some of which are pending) for impact cost requested
Attachment 4	W&W was unable to mitigate 4,650 of the 10,005 hours impacted as a result of the design deficiencies
Attachment 5	The hourly cost is \$29.17
Attachment 6	Cost to move materials from Little Rock to Oklahoma City
Attachment 7	The weather data reports only one day which W&W would be subject to snow had the delays not occurred
Attachment 8	Details of the cost calculations are provided
Attachment 9	Detailers made revisions
Attachment 10	Engineering Revisions
Attachment 11	Other Efficiency Losses
Attachment 12	Pending Change Order Requests and Unpaid Change Orders

2017 DEC 14 P 4:06
LVA DEPARTMENT
PORT AUTHORITY OF ARKANSAS

Attachment 1
Schedule Impacts Resulting from RFI's and connection
design changes

Attachment 1

Schedule Impacts resulting from RFI's and connection design changes;

The contract required that detailing be completed in such a manner to allow for submittal, approval, and fabrication to support an erection start of March 16, 2010.

In order to accomplish this work within the times established by the contract W&W had to schedule its engineers to develop the connection design, prepare the shop detail drawings, order the materials, and reserve the shop production capacity to fabricate the steel. W&W's schedule developed to support the contract schedule targets was:

Activity	Start	Finish
Connection Design	August 31, 2009	December 8, 2009
Prepare shop drawings	October 19, 2009	February 9, 2010
Approve shop drawings	November 25, 2009	March 19, 2010
Prep Drawings	December 2, 2009	March 30, 2010
Fabricate	January 4, 2010	May 18, 2010

The connection design work was necessary before any shop drawings could be completed. W&W has on staff connection designers. The connection design was late for all areas due to the changes made and lack of information on the contract steel design drawings. The planned versus actual finish dates for connection design were:

Connection Design		Planned Finish	Actual Finish	Delayed finish
1103	Plaza Level Beams Connection Design (SR)	Oct. 16, 2009	Feb. 11, 2010	118 Days
1109	Existing Plate Girder Connection Designs (RF)	Oct. 16, 2009	Nov. 20, 2009	35 Days
1112	Bracing Connection Design thru Level 2 (SA)	Oct. 16, 2009	Feb. 19, 2010	126 Days
1110	Drag Beam Connection Design (RF)	Oct. 27, 2009	Feb. 11, 2010	107 Days
1104	Level 2 Beams Connection Design (SR)	Oct. 27, 2009	Apr. 16, 2010	171 Days
1113	Bracing Connection Design Level 2 thru Roof (SA)	Nov. 13, 2009	May 4, 2010	172 Days
1105	Mech Level 3 Beams Connection Design (SR)	Nov. 10, 2009	Apr. 16, 2010	157 Days
1111	Stair Connection Design (RF)	Dec. 15, 2009	Jun. 1, 2010	168 Days
1106	Roof Level Beams Connection Design (SR)	Nov. 24, 2009	Feb. 19, 2010	87 Days
1107	Hi Roof Level Beams Connection Design (SR)	Dec. 1, 2009	Feb. 15, 2010	76 Days

A major design change was transmitted to W&W on September 16, 2009; the transmittal was of drawings dated August 21, 2009. This change was ultimately incorporated into the contract and identified by W&W as Change Order 2. The change revised many drag beam connections originally designed by the owner's engineers and required W&W redesign those connections to accommodate significant increased loadings. The change impacted and delayed most of the connection designs. The change also mandated many RFI's to supplement incomplete steel design details.

Partial RFI's affecting Connection Design

Area	WW RFI	Subject	Submitted	Response Required	Response Received	Delayed Response Time
All	2	Vertical Bracing Connection Design	9/15/09	9/18/09	10/9/09	21 Days
All	3	Vertical Bracing Tension Capacity	9/15/09	9/18/09	10/28/09	40 Days
All	4	Connection Reactions	9/15/09	9/18/09	10/9/09	21 Days
2/6-1	5	Column Splice Information	9/15/09	9/18/09	11/3/09	46 Days
2/3	13	Beam reaction clarifications S-110	9/30/09	10/5/09	10/16/09	11 Days
2/6-1	24	W36x194 to C12x20.7 support intent	10/9/09	10/15/09	12/3/09	49 Days
All	30	RFI 094 Response Re-submission	10/9/09	10/12/09	10/28/09	16 Days
4/6-2	43	Facade Restraint W14x233's	10/21/09	10/26/09	1/22/10	88 Days
3	44	W14x99's depth insufficient for reaction given	10/21/09	10/26/09	10/30/09	4 Days
All	45	Seismic Provisions- structural steel	10/29/09	11/4/09	12/2/09	28 Days
All	46	Class B Slip Critical	10/26/09	10/30/09	12/2/09	33 Days
All	47	W&W RFI 005 Re-submission	10/26/09	10/30/09	11/3/09	4 Days
All	49	Bracing Loads	10/29/09	11/4/09	11/14/09	10 Days
6-1	51	Beam locations, Sizes & elevations	10/29/09	11/3/09	11/3/09	0 Days
ALL	54	Invalid member Sizes	10/29/09	11/3/09	11/9/09	6 Days
1/2/6-1	55	Preliminary Drag Beam and Plaza Connection Details	10/27/09	11/3/09	11/10/09	7 Days
4	56	Grid 25 Connection (S110)	11/2/09	11/5/09	11/4/09	0 Days
1	61	Design of Connections to Concrete Drag Beams	11/5/09	11/12/09	12/3/09	21 Days
2	66	Grid J-D25 Moment Intent	11/9/09	11/11/09	11/17/09	6 Days
3	69	Field Splice W40x503 Shear Reaction	11/11/09	11/13/09	11/20/09	7 Days
8	70	Stair Stringer Reaction needed	11/11/09	11/13/09	11/17/09	4 Days
1	85	B/S506 Connection to PA PG-5	11/25/09	11/30/09	12/3/09	3 Days
1/6-1	86	Bolster @ J.95/S on Drag Beam	11/25/09	11/30/09	12/3/09	3 Days

Area	WW RFI	Subject	Submitted	Response Required	Response Received	Delayed Response Time
5	94	Mechanical Mezz. & Blast Reactions	12/5/09	12/9/09	12/8/09	0 Days
2	95	Connection at grid D19 near J.95	12/3/09	12/8/09	12/24/09	16 Days
4/7-1	99	Actual End Moments S104	12/14/09	12/17/09	1/5/10	19 Days
2	119	BCC.1/XXX Clarification of Connection	1/7/10	1/11/10	1/11/10	0 Days
10	121	Connection to existing steel on S-102	1/11/10	1/15/10	1/15/10	0 Days
3	129	Reaction of C5x6.7 channels	1/13/10	1/15/10	1/20/10	5 Days
4	130	Member sizes and reactions	1/13/10	1/15/10	1/15/10	0 Days
3/4/5	132	Beam Moments	1/13/10	1/15/10	1/21/10	6 Days
3	147	Actual Tension Forces required	1/20/10	1/22/10	2/1/10	10 Days
1	148	Follow-up question to RFI 061	1/21/10	1/22/10	1/21/10	0 Days
1	153	ED 22.13 & 24.6	1/25/10	1/27/10	2/19/10	23 Days
All	155	W&W RFI 148 Follow up clarification	1/26/10	1/28/10	2/4/10	7 Days
3	189	Rod Bracing Connection For W14x233	3/8/10	3/12/10	3/17/10	5 Days
3	197	Reaction of W40x503 to column 21 web	3/10/10	3/12/10	3/17/10	5 Days
10	198	Steel-Design Loads for atrium connections	3/12/10	3/17/10	3/18/10	1 Days
2	216	Response to W&W RFI 121 (Bovis 320)	3/17/10	3/22/10	3/26/10	4 Days
5	227	End Connection for W18x35 on S-111	3/26/10	3/31/10	3/26/10	0 Days
5	235	ED 7.4 per WWST 0046	4/2/10	4/4/10	4/19/10	15 Days
5	236	End reaction for W10x19	4/2/10	4/4/10	4/19/10	15 Days
10	243	Load Combination for HSS welded connections	4/6/10	4/9/10	4/15/10	6 Days
10	246	Proposed connection- Atrium	4/12/10	4/14/10	4/19/10	5 Days
8	251	Grand Stair Connection to main steel	4/15/10	4/19/10	4/23/10	4 Days
2	254	ED 10.8 approval comments per WWST-0091	4/20/10	4/23/10	4/23/10	0 Days
10	261	Steel - Proposed Connection Atrium	4/27/10	4/29/10	5/7/10	8 Days
10	262	Steel Follow up to IDS RFI 017 (WW 255, Bovis 513)	4/27/10	4/29/10	5/7/10	8 Days
5	265	Steel - Beam Reactions Needed	5/3/10	5/5/10	5/7/10	2 Days
4/7-1	272	EOR Approval of ED's (WW SUB 101)	5/12/10	5/14/10	6/2/10	19 Days
All	273	Design Revisions on Approval Submittals	5/18/10	5/20/10	5/19/10	0 Days
10	274	Proposed Connection	5/18/10	5/20/10	6/1/10	12 Days

Area	WW RFI	Subject	Submitted	Response Required	Response Received	Delayed Response Time
6-2	283	ED 20.5.2 Approval Comment SUB WWST-0132	6/1/10	6/5/10	6/9/10	4 Days
1	289	ED 20.12.0 & ED 20.12.2 Dimension clarification	6/2/10	6/5/10	6/9/10	4 Days
1	292	ED 24.2 Face Plate supporting W21 beam	6/2/10	6/7/10	6/14/10	7 Days
3/6-2	296	ED Clarifications	6/16/10	6/18/10	6/22/10	4 Days
5	301	ED 5.3 Cannot achieve Moment Connection	6/16/10	6/18/10	6/23/10	5 Days
ALL	307	Vertical Bracing Design Criteria	6/17/10	6/21/10	6/22/10	1 Days
10	309	Verification of Compression Load of HSS Member	6/18/10	6/22/10	6/25/10	3 Days
5	354	Increased reaction on W40x362 beam	7/21/10	7/23/10	8/4/10	12 Days

W&W incorporated the connection design using submitted ED drawings. The ED drawings were late being prepared because of the steel design changes, incomplete steel design and resultant RFI's. In addition the drawings were often slow in being reviewed and approved by the owner's design team. Many of the calculations had to be restarted as a result of the revised design drawings released to W&W on September 16, 2009. Many of the ED drawings were critiqued and edited by the owner's design team and valuable time was lost in defending the original ED drawings.

Connection Design (ED) Drawings submittals/Approval				
Description	Submitted	Required	Received	Days Late
ED's & Calcs for Approval	10/15/09	11/5/09	11/11/09	6
ED's & Calculations for Re-approval	10/28/09	11/18/09	11/30/09	12
New/Rev. ED's & Calcs for Approval	11/2/09	11/23/09	11/30/09	7
ED's & Calcs for Approval	11/9/09	11/30/09	11/30/09	0
Revised ED's & Calcs for Approval	11/13/09	12/4/09	12/2/09	0
Drag Beam Connections	11/20/09	12/11/09	12/22/09	11
Plate Girder Connections for Approval	11/20/09	12/11/09	1/5/10	25
Level 2 ED's & Calcs for Approval	11/30/09	12/21/09	1/5/10	15
Plaza Level ED's & Calcs for Re-approval	11/30/09	12/21/09	1/6/10	16
New & Rev. Ed's/Calcs for Approval	12/8/09	12/29/09	1/11/10	13
Drag Beam Plaza Level Prelims.	12/15/09	12/29/09	1/13/10	15
ED's/Calcs -Partial Plaza Level Bracing	12/16/09	1/6/10	1/12/10	6
Updated ED's & Calcs - Plaza Level	12/22/09	1/12/10	1/13/10	1
Drag Beam Conns Rev. for Const. Moments	12/28/09	1/18/10	1/28/10	10
New/Revised ED's &/Calcs For Approval	1/6/10	1/27/10	1/23/10	0
New/Rev EDs. PG/Plaza	1/8/10	1/29/10	2/17/10	19

Connection Design (ED) Drawings submittals/Approval				
Description	Submitted	Required	Received	Days Late
Level 3 ED's & Calcs	1/13/10	2/3/10	3/12/10	37
Plaza Level ED's & Calcs for Re-approval	1/18/10	2/8/10	2/5/10	0
Level 2 ED's & Calcs For Re-approval	1/18/10	2/8/10	2/24/10	16
ED's & Calcs for Column Splices	1/20/10	2/10/10	2/4/10	0
Revised ED & Calcs per RFI 81 & 119	1/20/10	2/10/10	2/6/10	0
Plaza Level ED's/Calcs for Re-approval	1/20/10	2/10/10	2/9/10	0
Rev ED's Plaza Level	1/20/10	2/10/10	2/19/10	9
Level 3 Mezzanine 1 ED's & Calcs	1/20/10	2/10/10	3/3/10	21
Level 3 Mezzanine 2 ED's & Calcs	1/20/10	2/10/10	3/8/10	26
Rev ED's Plaza	1/25/10	2/15/10	2/24/10	9
Rev ED's PG approval	1/25/10	2/15/10	2/27/10	12
Rev. ED Plaza	1/25/10	2/15/10	2/27/10	12
ED's PG level	1/25/10	2/15/10	2/27/10	12
ED's address RFI #141	2/1/10	2/22/10	3/1/10	7
Rev ED's Plaza	2/1/10	2/22/10	3/3/10	9
ED's PG & Plaza	2/3/10	2/24/10	3/11/10	15
ED's PG's approval	2/5/10	2/26/10	3/11/10	13
Core Roof/High Roof Core ED's & Calcs	2/5/10	2/26/10	3/22/10	24
Re-Approval Plaza ED's	2/9/10	3/2/10	3/11/10	9
Approval ED's Plaza	2/9/10	3/2/10	3/11/10	9
Plate girder connections	2/9/10	2/23/10	3/4/10	9
PG level ED's	2/11/10	3/4/10	3/12/10	8
Approval Plaza Moments	2/15/10	3/8/10	3/12/10	4
Rev. ED's Plaza	2/15/10	3/8/10	3/12/10	4
Revised ED's Plaza	2/15/10	3/8/10	3/15/10	7
Roof Connection ED's & Calcs	2/16/10	3/9/10	3/23/10	14
ED's & Calcs - Column Splices	2/19/10	3/12/10	3/16/10	4
Rev ED's - PG Level	2/19/10	3/12/10	3/18/10	6
ED's - Revised PG/Drag Beam	2/22/10	3/15/10	3/18/10	3
ED's - Revised PG/Plaza Level	2/24/10	3/17/10	3/19/10	2
ED's - Revised PG Level	2/24/10	3/17/10	3/19/10	2
ED's - Revised Plaza	2/24/10	3/17/10	3/19/10	2
ED's - Plaza Level Drag Beam	2/24/10	3/17/10	3/19/10	2
Revised Plaza ED	3/2/10	3/16/10	3/22/10	6
Rev. PG & Plaza Level ED's	3/2/10	3/16/10	3/22/10	6
ED's & Calcs - Plaza Level Connections	3/2/10	3/16/10	3/22/10	6
Revised Roof Level ED's	3/2/10	3/16/10	3/23/10	7
Rev ED's 2nd Level Core	3/2/10	3/16/10	3/24/10	8
ED - Rev. Drag Beam Connection	3/2/10	3/16/10	4/13/10	28
Drag Beam Connection ED's & Calcs	3/8/10	3/29/10	3/30/10	1

Connection Design (ED) Drawings submittals/Approval				
Description	Submitted	Required	Received	Days Late
2nd Floor ED's	3/8/10	3/29/10	3/30/10	1
PG Level ED's & Calcs	3/8/10	3/29/10	3/31/10	2
2nd Floor Revised ED's & Calcs	3/8/10	3/29/10	4/6/10	8
Drag Beam ED's	3/9/10	3/30/10	3/30/10	0
PG/Plaza ED's	3/9/10	3/30/10	3/31/10	1
PG ED's	3/9/10	3/30/10	3/31/10	1
PG Level ED & Calcs	3/9/10	3/30/10	3/31/10	1
Drag Beam Connection ED's	3/9/10	3/30/10	3/31/10	1
PG ED's & Calcs	3/9/10	3/30/10	4/2/10	3
Plaza Vertical Bracing ED's & Calcs	3/17/10	4/7/10	4/6/10	0
3rd LVL Mech Mezz ED's & Calcs	3/18/10	4/8/10	4/6/10	0
2nd LVL Core Conn ED's & Calcs	3/19/10	4/9/10	4/2/10	0
Rev. Plaza Level Core ED	3/19/10	4/9/10	4/2/10	0
2nd Level Bracing ED's & Calcs	3/25/10	4/15/10	4/13/10	0
Vert Bracing/Beam Girder Conn ED's	3/30/10	4/20/10	4/7/10	0
Roof Screen ED's & Calcs	4/2/10	4/23/10	4/15/10	0
ED's & Calcs - Drag Beams	4/2/10	4/23/10	4/19/10	0
Fascia Framing ED's & Calcs	4/2/10	4/23/10	4/23/10	0
Rev EDs. & Calcs per WWST-0046	4/5/10	4/26/10	4/23/10	0
New & Revised ED's and Calcs	4/5/10	4/26/10	5/3/10	7
Rev ED's per WWST-0024 Comments	4/13/10	5/4/10	4/29/10	0
Rev ED's per WWST-0082 Comments	4/13/10	5/4/10	4/30/10	0
Vertical Bracing ED's & Calcs	4/14/10	5/5/10	5/6/10	1
Revised ED per WWST 0093-051200	4/20/10	5/11/10	5/5/10	0
3rd Level Bracing ED's & Calcs	4/20/10	5/11/10	5/7/10	0
3rd Level Bracing ED's & Calcs	4/22/10	5/13/10	5/13/10	0
Rev EDs./Calcs per WWST-0090 Comments	4/23/10	5/14/10	5/13/10	0
Rev EDs./Calcs per Rtn Apr. Comments	4/28/10	5/19/10	5/18/10	0
3rd Level ED's & Calcs	4/29/10	5/20/10	5/20/10	0
ED/Calcs - Drag Beam North Side @ Atrium	4/30/10	5/21/10	5/20/10	0
Drag Beam Level EDs. & Calcs	5/3/10	5/24/10	5/20/10	0
2nd Floor ED's & Calcs	5/3/10	5/24/10	5/20/10	0
2nd Floor ED's & Calcs	5/3/10	5/24/10	5/20/10	0
Second Level ED	5/4/10	5/25/10	5/24/10	0
Plaza Level ED's	5/4/10	5/25/10	5/24/10	0
Rev ED/Calcs per WWST-0107	5/6/10	5/27/10	5/25/10	0
Rev EDs/Calcs per WWST-0098 Cmnts	5/6/10	5/27/10	5/26/10	0
Vertical Bracing ED's	5/7/10	5/28/10	5/26/10	0
Rev ED's/Calcs per WWST-0105	5/10/10	5/31/10	5/26/10	0

Connection Design (ED) Drawings submittals/Approval				
Description	Submitted	Required	Received	Days Late
EDs/Calcs in Reponse to WWST-0073	5/10/10	5/31/10	5/26/10	0
ED's - B2 per WWST-0108	5/10/10	5/31/10	5/27/10	0
Plaza ED's/Calcs - Rspn to WWST-0110	5/10/10	5/31/10	5/27/10	0
Vertical Bracing ED & Calcs	5/10/10	5/31/10	5/27/10	0
EDs/Calcs - 2nd Level to Drag Beam	5/10/10	5/31/10	5/27/10	0
New/Revd. EDs & Calcs per RFI-250	5/10/10	5/31/10	5/27/10	0
Revised ED's	5/10/10	5/31/10	5/27/10	0
Vertical Bracing ED's & Calcs	5/12/10	6/1/10	5/28/10	0
Revised ED's per WWST-0101 Comments	5/12/10	6/2/10	6/1/10	0
Revised ED's & Calcs	5/14/10	6/4/10	5/28/10	0
Rev EDs/Calcs per WWST-0082	5/14/10	6/4/10	6/1/10	0
Revised ED's per RFI #266	5/14/10	6/4/10	6/1/10	0
Revised ED per WWST-0138	5/19/10	6/9/10	6/1/10	0
Revised ED's	6/1/10	6/22/10	6/16/10	0
Revised ED's per Rtn Apr. Comments	6/2/10	6/23/10	6/16/10	0
Revised ED-13.9 (r1)	6/2/10	6/23/10	6/16/10	0
Revised ED's per WWST-0131	6/2/10	6/23/10	6/21/10	0
Revised ED-13.4.1 (r2,3)	6/3/10	6/24/10	6/17/10	0
Revised ED's per RFI #076	6/9/10	6/30/10	6/22/10	0
Rev EDs per Rtn Apr. Comments	6/9/10	6/30/10	6/22/10	0
Revised ED's per RFI #131	6/9/10	6/30/10	6/22/10	0
High Roof ED's & Calcs	6/15/10	7/6/10	6/29/10	0
Rev EDs per WWST-0130	6/16/10	7/7/10	7/8/10	1
Roof EDs & Calcs	6/16/10	7/7/10	7/9/10	2
New & Revised ED's & Calcs	6/16/10	7/7/10	7/15/10	8
Revised ED-21.6 (r5)	6/17/10	7/8/10	7/15/10	7
Rev ED's per WWST-0163 Comments	6/21/10	7/12/10	7/15/10	3
Rev EDs-Beam to Interior Drag Beam Conn	6/21/10	7/12/10	7/15/10	3
Revised ED's	6/22/10	7/13/10	7/15/10	2
Revised ED-7.3.7 (r1)	6/22/10	7/13/10	7/15/10	2
Revised ED's	6/22/10	7/13/10	7/16/10	3
Rev. EDs & Calcs - 3rd Level	6/24/10	7/15/10	7/16/10	1
Rev EDs & Calcs per RFI ##301	6/24/10	7/15/10	7/20/10	5
Revised ED's	6/30/10	7/21/10	7/16/10	0
Revised ED's	6/30/10	7/21/10	7/16/10	0
Revised ED's - Vertical Bracing	7/2/10	7/23/10	7/19/10	0
Revised ED's per WWST-0156 Comments	7/7/10	7/28/10	7/19/10	0
Revised ED per W&W RFI 312 Response	7/12/10	8/2/10	7/20/10	0
Revised ED-8.14 (r1) & Calcs	7/13/10	8/3/10	7/23/10	0

Connection Design (ED) Drawings submittals/Approval				
Description	Submitted	Required	Received	Days Late
EDs - New beams added per RFI 237	7/14/10	8/4/10	7/23/10	0
Revised ED's per RFI #270	7/20/10	8/10/10	7/27/10	0
Revised ED-14.5 (r2)	7/20/10	8/10/10	7/27/10	0
New ED-9.7 per RFI #187	7/26/10	8/16/10	8/4/10	0
Revised ED-13.22 (r1) & ED-13.22.1 (r1)	8/2/10	8/23/10	8/20/10	0
Revised ED's & Calcs	8/3/10	8/24/10	8/20/10	0
Rev ED-8 (r9) & ED-8.9 (r1) & Calcs	8/3/10	8/24/10	8/20/10	0
Revised ED's per WW RFI #356	8/4/10	8/25/10	8/20/10	0
Revised ED's per Bovis RFI #635	8/4/10	8/25/10	8/20/10	0
Rev ED's per WW RFI 346	8/5/10	8/26/10	8/19/10	0
Rev ED-13.22 (r2) & ED-13.22.1 (r2)	8/11/10	9/1/10	9/10/10	9
Revised ED's per WW RFI 354 Response	8/11/10	9/1/10	9/10/10	9
ED's & Calcs - Catwalk	8/24/10	9/14/10	9/10/10	0
ED-9.8 & Calcs for Approval	9/17/10	10/8/10	10/15/10	7
ED-9.9	9/21/10	10/12/10	10/20/10	8
Rev ED's & RFM's per WWST-0299	9/21/10	10/12/10	10/20/10	8
Revised ED-21.7 A (r2)	9/27/10	10/18/10	10/15/10	0
Rev ED-4.19 (r1) & Calcs	10/5/10	10/26/10	10/21/10	0
Revised ED's per W&W RFI 421	10/26/10	11/16/10	12/15/10	29

The connection designs were provided to the detailers often before ED drawings approval was obtained so as to minimize the delay which imposed risk to W&W. The shop detail drawings were submitted as required for approval before fabrication. The pattern remained the same in that the delays associated with connection design and approval, delayed the preparation of shop drawings. The approval of the drawings, once submitted, was not always completed in a timely manner.

The shop drawing submitted schedule plan as required and submitted by W&W was:

Approval of Shop Drawings			
Act	Description	Planned Submittal	Planned Return
4102	Approve Shop Drawings Seq 1-1 & 1-2	11/25/2009	12/18/2009
4202	Approve Shop Drawings East Seq 1-4	12/4/2009	12/29/2009
4302	Approve Shop Drawings East Seq 2-1 & 2-2	12/4/2009	12/29/2009
4402	Approve Shop Drawings East Seq 3-1 & 3-2	12/18/2009	1/13/2010
4502	Approve Shop Drawings East Seq 4-1 & 4-2	1/4/2010	1/25/2010
4602	Approve Shop Drawings East Seq 5-1, 5-2 & 5-3	1/15/2010	2/5/2010
4702	Approve Shop Drawings West Seq 1-5	1/20/2010	2/10/2010
4802	Approve Shop Drawings West Seq 6-1 & 6-2	1/29/2010	2/19/2010
4902	Approve Shop Drawings Seq 8-1, 8-2 & 8-3	2/12/2010	3/5/2010
5002	Approve Shop Drawings West Seq 7-1 & 7-2	2/12/2010	3/5/2010
5103	Approve Shop Drawings Seq 9-1	2/12/2010	2/25/2010
5202	Approve Shop Drawings Seq 10-1 & 10-2	2/19/2010	3/12/2010
5402	Approve Shop Drawings Seq 11-1, 11-2 & 11-3	2/26/2010	3/19/2010
Approve Shop Drawings		11/25/2009	3/19/2010

The actual as compared to the planned was:

Activity ID	Description	Planned Finish	Actual Finish	Delayed Finish
4101	Prepare Shop Drawings Seq 1-1 & 1-2	11/24/2009	4/26/2010	153 Days
4201	Prepare Shop Drawings East Seq 1-4	12/1/2009	4/8/2010	128 Days
++4701	Prepare Shop Drawings West Seq 1-5	1/15/2010	4/26/2010	101 Days
4301	Prepare Shop Drawings East Seq 2-1 & 2-2	12/1/2009	4/23/2010	143 Days
4401	Prepare Shop Drawings East Seq 3-1 & 3-2	12/15/2009	5/7/2010	143 Days
4501	Prep Shop Drawings East Seq 4-1 & 4-2	12/29/2009	6/2/2010	155 Days
4601	Prep Shop Drawings East Seq 5-1, 5-2 & 5-3	1/12/2010	6/22/2010	161 Days
4801	Prepare Shop Drawings West Seq 6-1 & 6-2	1/26/2010	6/29/2010	154 Days
5001	Prepare Shop Drawings West Seq 7-1 & 7-2	2/9/2010	7/13/2010	154 Days
4901	Prep Shop Drawings Seq 8-1, 8-2 & 8-3	2/9/2010	8/20/2010	192 Days
5101	Prepare Shop Drawings Seq 9-1	1/12/2010	7/30/2010	199 Days
5201	Prepare Shop Drawings Seq 10-1 & 10-2	2/16/2010	5/24/2010	97 Days

The delays in the submittals process shown above was also impacted by RFI's as the detailers struggled with the need for additional information. A large portion of the delay was a result of W&W's inability to efficiently prepare shop detail drawings because of the delays associated with the completion of the connection designs, previously shown, that later were revised or deleted. Additional RFI's and the delays due to the necessity for resubmittals and approval delays further impacted the shop detail drawing process. Some of those RFI's and the delayed responses are shown below:

RFI Documents Required by Incomplete/Unclear Steel Design Documents					
W&W RFI #	Subject	Submitted	Required	Received	Delayed Response Time
7	Missing Reference Drawings/Shops	9/28/09	10/1/09	10/20/09	19
8	HSS Column Base 4/S506	9/29/09	10/2/09	10/16/09	14
9	East Wall S-102 Clarifications	9/30/09	10/5/09	10/9/09	4
10	W21x93 between J & K line	9/30/09	10/5/09	10/26/09	21
11	South Core Wall D19 to D35 (S110)	9/30/09	10/5/09	10/19/09	14
12	Plate Girder 3 TOS @ J.95/D35	9/30/09	10/5/09	10/16/09	11
14	Piggy Back Post @ AS2 line (S-102& S-506)	9/30/09	10/5/09	10/16/09	11
15	Brace Work Point 4/S-200	10/5/09	10/9/09	10/26/09	17
16	W12x16 along Grid 1 (S102)	10/7/09	10/12/09	10/30/09	18
17	Cantilevered W16x36 along D35 (S103)	10/7/09	10/12/09	10/28/09	16
18	Column base plate and anchor bolts	10/7/09	10/12/09	10/28/09	16
19	Roof Beam size and reaction	10/7/09	10/12/09	10/28/09	16
20	Column #13 Location (7/S506)	10/7/09	10/12/09	10/26/09	14
21	Column Locations (S100)	10/7/09	10/12/09	11/14/09	33
22	TOS elevations, slope, member sizes clarify	10/7/09	10/12/09	12/2/09	51
23	Column #9 Location	10/7/09	10/12/09	10/28/09	16
25	HSS Post Clarification (S101 & S102)	10/9/09	10/15/09	10/26/09	11
26	Column 19, 21, 23, 27, & 28 locations	10/9/09	10/15/09	10/28/09	13
27	Grid Line dimensions do not close out	10/9/09	10/15/09	10/30/09	15
28	Column Schedule S400	10/9/09	10/15/09	11/20/09	36
29	Plate girder #3 TOS discrepancy	10/9/09	10/12/09	10/22/09	10
31	Hangers & WT's along South Drag Beam	10/14/09	10/19/09	1/11/10	84
32	Beam Locations Dimensions, Beam sizes	10/14/09	10/19/09	11/3/09	15
33	Member Clearances S102	10/14/09	10/19/09	10/26/09	7
34	Skewed W30x90 to W30x173	10/15/09	10/19/09	10/28/09	9
35	Re-submission of Bovis RFI 146 (W&W RFI 9)	10/15/09	10/19/09	10/28/09	9
36	Beam locations & elevations	10/16/09	10/22/09	10/28/09	6
37	Roof Screen Beam Locations S106	10/16/09	10/22/09	12/16/09	55
38	Beam Size Clarifications S110	10/16/09	10/22/09	10/29/09	7

RFI Documents Required by Incomplete/Unclear Steel Design Documents					
W&W RFI #	Subject	Submitted	Required	Received	Delayed Response Time
39	Top of Steel 3rd level Mezz 1- Core	10/20/09	10/27/09	10/30/09	3
40	Grand Stair Dimensions	10/20/09	10/27/09	11/14/09	18
41	Beam Size & Section Clarification	10/20/09	10/25/09	10/29/09	4
42	Cover Plates 2/S-400	10/21/09	10/26/09	11/2/09	7
48	Column 30 & 30/1 offset dimension	10/28/09	10/30/09	10/30/09	0
50	Beam location dimensions, elevations	10/29/09	11/2/09	11/2/09	0
52	Drag Beal Elevations	10/29/09	11/3/09	10/30/09	0
53	Drag Beam Clarifications	10/29/09	11/3/09	11/4/09	1
57	Drag Beam elevation 2/S551	11/2/09	11/6/09	11/4/09	0
58	Channels on S104 clarify supports	11/2/09	11/6/09	11/4/09	0
59	Plaza Level Steel Confirmations	11/3/09	11/6/09	11/14/09	8
60	Grand Stair Layout, Drawing A9-000	11/5/09	11/12/09	11/9/09	0
62	Location of Columns 30 and 30/1	11/5/09	11/12/09	11/9/09	0
63	Column #31 moved per A3-100/Rev. 5	11/6/09	11/10/09	11/14/09	4
64	Column #3, 4, 5, structure below	11/6/09	11/9/09	11/20/09	11
65	W16x31 at grid J/D35	11/6/09	11/12/09	12/4/09	22
67	Box Shown on S-100	11/10/09	11/12/09	11/12/09	0
68	Existing Shop Drawings (Cives E1922)	11/10/09	11/13/09	1/11/10	59
71	Missing Dimensions @ Core	11/11/09	11/13/09	12/7/09	24
72	Upturned Wt.'s and existing shop drawing steel	11/11/09	11/13/09	11/18/09	5
73	S104 Beam Size no longer made	11/11/09	11/16/09	11/20/09	4
74	W36x150 beam location	11/17/09	11/20/09	12/1/09	11
75	S-102 W40x503 located between H & J/11.65 & 14	11/17/09	11/20/09	11/30/09	10
76	1/S-110 Column orientations at plaza level	11/17/09	11/20/09	11/30/09	10
77	Vertical Bracing member changes	11/17/09	11/20/09	11/20/09	0
78	Column 3, 4, 5 elevation confirmation	11/17/09	11/20/09	11/30/09	10
79	Crane Rental & Schedule	11/19/09	11/25/09	12/11/09	16
80	Edge of slab confirmation	11/19/09	11/25/09	11/30/09	5
81	Beam location on drawing S102 Rev. 7	11/19/09	11/23/09	12/14/09	21
82	ED-2.6 & 2.6.1 & Connection	11/20/09	11/25/09	12/2/09	7
83	Follow up to W&W RFI 36- Beam Locations	11/20/09	11/25/09	11/30/09	5
84	W&W RFI 66 Re-submission	11/24/09	11/30/09	12/3/09	3
87	Follow up to RFI 059	11/30/09	12/4/09	12/1/09	0
88	Slab edge confirmation S102 R. 7	12/1/09	12/5/09	12/3/09	0
89	Work point @ vertical bracing - See attached	12/1/09	12/4/09	12/2/09	0
90	High Roof Elevations	12/2/09	12/9/09	12/14/09	5

RFI Documents Required by Incomplete/Unclear Steel Design Documents					
W&W RFI #	Subject	Submitted	Required	Received	Delayed Response Time
91	Slab edge dimension S103 R. 7	12/4/09	12/6/09	12/4/09	0
92	Missing Dimension S103 R. 7	12/5/09	12/10/09	12/7/09	0
93	Provide and confirm dimension S102 R. 7	12/5/09	12/9/09	12/4/09	0
96	WT 5x11- Detail 3/S506	12/4/09	12/8/09	12/7/09	0
97	Column Base plate clarifications	12/7/09	12/11/09	1/6/10	26
98	TOS for W36x194 (S102)	12/9/09	12/11/09	12/23/09	12
100	Box Columns built from Plate- Charpy Testing	12/14/09	12/17/09	12/23/09	6
101	Beam Elevation W18x40	12/16/09	12/18/09	12/21/09	3
102	Dimension on A1-102 Rev. 5	12/16/09	12/18/09	12/23/09	5
103	W&W RFI 081 Response and Beam Sizes	12/16/09	12/18/09	12/23/09	5
104	Third Level Dimensions Required	12/16/09	12/21/09	12/27/09	6
105	Beam Locations @ Core for plaza and level 2	12/16/09	12/21/09	1/5/10	15
106	Beam Locations at Openings S103 & A1-102	12/21/09	12/24/09	12/24/09	0
107	Roof Level Beam Locations	12/21/09	12/24/09	1/8/10	15
108	Columns built from Plate	12/23/09	12/28/09	12/24/09	0
109	Detail 1/S507 WT8x? Spaced @?	12/29/09	1/4/10	1/13/09	9
110	Opening shown on str., not arch.	12/29/09	1/4/10	1/5/10	1
111	Bolting of Base Plates per W&W RFI 097	1/5/10	1/8/10	1/7/10	0
112	Add # 7 W16 & Section 1B/S551.1	1/5/10	1/8/10	1/11/10	3
113	High Roof Level Beams	1/6/10	1/8/10	2/23/10	46
114	Upturned WT dimensions	1/6/10	1/8/10	1/11/10	3
115	High Roof slab edge dimension	1/6/10	1/8/10	1/7/10	0
116	Roof Level Opening	1/6/10	1/8/10	1/11/10	3
117	Roof Level underside deck elevations	1/6/10	1/8/10	1/11/10	3
118	High Roof Level underside of Deck elevations	1/6/10	1/8/10	1/11/10	3
120	Atrium Framing Elevations	1/11/10	1/15/10	1/28/10	13
122	Beam Location S101 and S102 Add # 7	1/11/10	1/15/10	1/21/10	6
123	Col # 17/1 coordinate added on Add #7	1/11/10	1/15/10	1/15/10	0
124	Added infill MOU area- Plaza Level	1/11/10	1/15/10	1/21/10	6
125	W&W RFI 102 Response	1/11/10	1/15/10	1/13/10	0
126	Dimension on S102 Add # 7	1/11/10	1/15/10	1/15/10	0
127	Plaza Level Opening	1/11/10	1/15/10	1/27/10	12
128	Partial Plan S103 beam moved	1/13/10	1/15/10	1/15/10	0
131	W12x16 in lieu of W8x13's	1/13/10	1/15/10	1/15/10	0
133	Beam size substitution	1/13/10	1/15/10	1/15/10	0
134	Verify PG-Submittal Stiffeners req'd.	1/13/10	1/15/10	1/19/10	4

RFI Documents Required by Incomplete/Unclear Steel Design Documents					
W&W RFI #	Subject	Submitted	Required	Received	Delayed Response Time
135	Preliminary Atrium to Drag Beam	1/13/10	1/15/10	1/28/10	13
136	Roof Screen Post Locations	1/14/10	1/19/10	1/27/10	8
137	Base plate for Col 24 & 25	1/14/10	1/19/10	1/21/10	2
138	S-508	1/14/10	1/19/10	1/20/10	1
139	Beam Size on S200 Rev. 8	1/14/10	1/19/10	1/15/10	0
140	Member size on S200 Rev. 8	1/14/10	1/19/10	1/15/10	0
141	Column # 18 Splice	1/18/10	1/20/10	1/21/10	1
143	Substitute W40x397 in lieu of W36x150	1/18/10	1/20/10	1/21/10	1
144	Existing PG-2 & Col. 7	1/19/10	1/21/10	1/20/10	0
145	Beam Moments @ High Roof	1/20/10	1/22/10	2/11/10	20
146	High roof beam sizes	1/20/10	1/22/10	1/21/10	0
149	HSS Post Locations	1/22/10	1/28/10	2/23/10	26
150	11/S-505 Rev. 8	1/22/10	1/28/10	2/2/10	5
151	Slab edge locations	1/22/10	1/28/10	2/2/10	5
152	Detail 1B/S-551.1	1/25/10	1/27/10	2/1/10	5
154	Follow up to W&W RFI 081 (RFI 256)	1/25/10	1/28/10	2/11/10	14
156	Slab Edge Support for high roof level @ core	1/27/10	2/1/10	2/15/10	14
157	Column # 28 size discrepancy	1/27/10	2/1/10	2/4/10	3
158	Dimensions @ East Wall	1/27/10	2/1/10	2/4/10	3
159	Dimension & member size for level 2 @ core	1/27/10	2/1/10	2/4/10	3
160	Slab Edge Distance	1/27/10	2/1/10	2/11/10	10
161	Follow to W&W RFI 138 (348)	1/27/10	2/1/10	2/4/10	3
162	Follow up to W&W RFI 124 (325)	1/27/10	2/1/10	2/4/10	3
163	Beam location A1-101 Rev. 7	1/27/10	2/1/10	3/2/10	29
164	MC 7 x 22.7 Gr. 50 not available	2/2/10	2/5/10	2/11/10	6
165	North Drag beam/Atrium Framing	2/5/10	2/9/10	3/8/10	27
166	Beam penetration location	2/5/10	2/9/10	2/22/10	13
167	Beam penetration interference	2/5/10	2/9/10	2/23/10	14
168	East wall dimension	2/5/10	2/9/10	2/22/10	13
169	East Wall dimension	2/5/10	2/9/10	2/22/10	13
170	W&W RFI 127 Response Follow (Bovis 328)	2/5/10	2/9/10	2/15/10	6
173	Louver Support Frame Plans and elevations	2/8/10	2/12/10	3/3/10	19
174	Follow up to W&W RFI 148 (0349)	2/8/10	2/12/10	2/22/10	10
175	W&W RFI 147 Response (Bovis 0354)	2/8/10	2/12/10	2/22/10	10
176	3,4/S11- Louver Support Frame	2/8/10	2/12/10	2/22/10	10
178	Steel- Beam Location	2/12/10	2/16/10	2/23/10	7
179	Steel-S-111 beam size and section	2/12/10	2/16/10	2/22/10	6

RFI Documents Required by Incomplete/Unclear Steel Design Documents					
W&W RFI #	Subject	Submitted	Required	Received	Delayed Response Time
180	Steel-Clarify roof screen sections & details	2/12/10	2/16/10	2/22/10	6
181	Steel- Third level S104	2/18/10	2/23/10	2/23/10	0
182	Steel- Sheet S104, Grid G.8 -D35	2/18/10	2/23/10	2/23/10	0
183	Steel- 2nd floor framing for fascia beams	2/18/10	2/23/10	2/23/10	0
184	Beam location on S-110	2/26/10	3/1/10	3/4/10	3
185	W8x31 Column for Grand Stair # 1	2/26/10	3/1/10	3/12/10	11
186	Fire Shutter Door Detail	2/26/10	3/1/10	3/2/10	1
187	Roof Screen Support Posts	3/8/10	3/12/10	3/24/10	12
188	Wall location on A1-101R8 (WW RFI 127)	3/8/10	3/12/10	3/10/10	0
190	Post location on S-102R8	3/8/10	3/12/10	3/17/10	5
191	Clarify Roof Screen Size with Beam Spacing's	3/8/10	3/12/10	4/12/10	31
192	Col 1 and 2 coordinate on S-101	3/8/10	3/12/10	3/17/10	5
193	Opening at A2-003R9 --ADD#8	3/8/10	3/12/10	3/17/10	5
194	Existing shop drawings	3/8/10	3/12/10	3/15/10	3
195	W&W RFI 163 Response Bovis 0375	3/8/10	3/12/10	3/11/10	0
196	HSS Size on SK-S-5.031	3/10/10	3/12/10	3/11/10	0
199	Steel - Missing Beam Size on S-106	3/12/10	3/16/10	3/17/10	1
200	Steel - Dimensions & Clarify	3/12/10	3/16/10	3/22/10	6
201	Steel - Section 3 on S-531	3/12/10	3/16/10	3/18/10	2
202	Steel -L6x4 at Slab Edge on SECT. 12/S-500	3/12/10	3/16/10	3/17/10	1
203	Steel - Clarify Slab Edge Per Detail 4/S-505	3/12/10	3/16/10	3/17/10	1
204	Steel - Clarify Dimensions of Elevator Shaft	3/12/10	3/16/10	3/23/10	7
205	Steel - Material Size	3/15/10	3/16/10	3/17/10	1
206	Steel - Supply Dimension	3/15/10	3/16/10	3/18/10	2
207	Steel - Splice if needed	3/15/10	3/16/10	3/18/10	2
208	Steel - Verify Degree of inclination	3/17/10	3/22/10	3/29/10	7
209	Steel - Splice Locations	3/17/10	3/22/10	3/18/10	0
210	Steel - Supply dimensions	3/17/10	3/22/10	4/23/10	32
211	Steel - Verify Dimensions	3/17/10	3/22/10	3/29/10	7
212	Steel - Extension of HSS members	3/17/10	3/22/10	3/23/10	1
213	Steel - Splice location didn't work	3/17/10	3/22/10	3/18/10	0
214	Steel - Bottom of base plate elevation	3/17/10	3/22/10	3/19/10	0
215	Steel- Beam location	3/17/10	3/22/10	3/22/10	0
218	Clarify Beam Locations on S-103	3/22/10	3/25/10	3/24/10	0
220	Clarify Column Location per RFI #185	3/22/10	3/25/10	3/26/10	1
221	Clarify Beam Sizes on S-103 & S-110	3/22/10	3/25/10	3/26/10	1

RFI Documents Required by Incomplete/Unclear Steel Design Documents					
W&W RFI #	Subject	Submitted	Required	Received	Delayed Response Time
222	Column 1 & 2 Locations per RFI #192 Response	3/22/10	3/25/10	3/26/10	1
223	Beams at Core Wall per RFI #159 & 178 Responses	3/22/10	3/25/10	3/26/10	1
225	W&W Sub # 72 RFI per EOR Request	3/22/10	3/25/10	3/29/10	4
226	Steel - Missing dimensions S104	3/26/10	3/31/10	3/31/10	0
228	Detail 9 S103, Detail 2 & 3 S507	3/26/10	3/31/10	3/29/10	0
229	Beam Penetration on S103	3/26/10	3/31/10	3/29/10	0
231	Verify Slab Edge at high roof (A1-105)	3/26/10	3/31/10	4/12/10	12
232	Proposed connection at miter joint	3/26/10	3/31/10	3/29/10	0
234	Edge of Concrete RFI	4/2/10	4/4/10	4/19/10	15
237	W&W RFI 225 response comments	4/2/10	4/4/10	4/19/10	15
238	W&W RFI 228 Response (Bovis 474)	4/2/10	4/4/10	5/18/10	44
239	Memorial Plate girder # 2FW	4/6/10	4/8/10	4/14/10	6
240	Clarify welding of built up box columns.	4/6/10	4/8/10	4/19/10	11
241	Beam Sizes on S-200, S-11 & RFI Response	4/6/10	4/8/10	4/19/10	11
242	W&W Sub 95, Response to WWST -0056	4/6/10	4/8/10	4/19/10	11
244	WTC RFI for Submittal WWST -0066	4/12/10	4/14/10	4/23/10	9
245	Clarify W&W RFI 187 Response (BOVIS 430)	4/12/10	4/14/10	4/28/10	14
247	Clarify RFI # 182 Response	4/15/10	4/19/10	4/19/10	0
248	Missing Dimension on S-105	4/15/10	4/19/10	4/19/10	0
249	Approval Comment on E121	4/15/10	4/19/10	4/23/10	4
250	Column # 31	4/15/10	4/19/10	4/23/10	4
252	Base plate configuration	4/15/10	4/19/10	4/23/10	4
253	Top flange plates	4/20/10	4/23/10	4/23/10	0
255	Material size, weld & length of internal stiff. Pl	4/20/10	4/23/10	4/23/10	0
256	Proposed Baseplate configuration	4/20/10	4/24/10	4/23/10	0
257	Beam size on S-103	4/20/10	4/23/10	4/23/10	0
258	Elevation against dimensions	4/20/10	4/23/10	4/23/10	0
259	Proposed dimension for splice	4/20/10	4/23/10	4/23/10	0
260	Steel - Atrium RFI	4/27/10	4/29/10	4/28/10	0
263	W&W RFI 165 Response (Bovis 389)	4/27/10	4/29/10	5/7/10	8
264	Escalator Drawings & Bearing Plate	5/3/10	5/5/10	5/4/10	0
266	WWST - 0098 clarifications	5/3/10	5/6/10	5/7/10	1
267	Verify High Str. A490 Bolts at splice locations	5/3/10	5/6/10	5/14/10	8
268	Steel - W&W RFI 254 Response (Bovis 512)	5/7/10	5/11/10	5/10/10	0

RFI Documents Required by Incomplete/Unclear Steel Design Documents					
W&W RFI #	Subject	Submitted	Required	Received	Delayed Response Time
269	Fascia framing W&W RFI 043 & Add. 8	5/7/10	5/11/10	5/10/10	0
270	W&W RFI 253 Follow up (Bovis 0511)	5/7/10	5/11/10	5/10/10	0
271	Sub #127 Approval Comments shop dwg 21196	5/7/10	5/11/10	5/10/10	0
275	Cap Plates at end of all open HSS tube	5/18/10	5/20/10	6/2/10	13
276	Anchor Bolt Conflict	5/18/10	5/20/10	6/2/10	13
277	Seq 1-5 Approval Comment 21187	5/20/10	5/24/10	6/22/10	29
278	Seq. 1-5 Approval Comment 15110A	5/20/10	5/24/10	6/25/10	32
279	Louver Frame & S-111	5/20/10	5/24/10	6/2/10	9
280	Missing Dimensions on S104	5/20/10	5/24/10	6/10/10	17
281	Missing dimension on S104	5/20/10	5/24/10	6/10/10	17
282	Beam penetration on S104	5/20/10	5/24/10	6/10/10	17
285	W&W RFI 268 Response (Bovis 0532)	6/1/10	6/5/10	6/9/10	4
286	Roof Screen RFI	6/2/10	6/5/10	6/14/10	9
288	Approval Comment 31129	6/2/10	6/5/10	6/21/10	16
290	Column 7 J.45/S Field RFI	6/2/10	6/5/10	6/9/10	4
291	Skewed Stiffener	6/2/10	6/7/10	6/14/10	7
293	Deck Welding	6/9/10	6/11/10	6/14/10	3
294	Clarify Roof opening & C10x15.3	6/9/10	6/11/10	6/14/10	3
297	Beam location on S-105 Roof Level	6/16/10	6/18/10	6/23/10	5
298	C12x30 Full Pen Splice	6/16/10	6/18/10	6/22/10	4
300	Roof screen posts WW RFI 254	6/16/10	6/18/10	7/14/10	26
302	Atrium Maintenance Track Connection	6/16/10	6/18/10	7/1/10	13
305	Catwalk Framing	6/17/10	6/21/10	6/24/10	3
310	Verification of BP01-2 Calcs Apr. Return Comment	6/18/10	6/22/10	6/25/10	3
311	Column 31 base connection on ED-20.5.2	6/23/10	6/25/10	6/29/10	4
312	Rebar Coupler Design Load for ED-20.5.6	6/23/10	6/25/10	6/25/10	0
313	Stair 1 intermediate landing elevation on A6-000	6/23/10	6/25/10	6/25/10	0
314	Section B/A1-104	6/23/10	6/25/10	6/25/10	0
315	Hilti Epoxy Substitution	6/25/10	6/29/10	6/29/10	0
316	Bolted-sleeved conn scheme for HSS Atrium Members	6/28/10	6/30/10	7/2/10	2
317	Beam penetration on drawing 41130 WW RFI 282	6/28/10	6/30/10	7/8/10	8
319	Grand Stair stringer	6/30/10	7/2/10	7/16/10	14
320	Stair #2 intermediate landing elevation	6/30/10	7/2/10	7/8/10	6
321	Verification of HSS Sleeve Welding Conn to Base Pl	6/30/10	7/2/10	7/8/10	6
322	Proposed conn instead of weldng the base	6/30/10	7/2/10	7/8/10	6

RFI Documents Required by Incomplete/Unclear Steel Design Documents					
W&W RFI #	Subject	Submitted	Required	Received	Delayed Response Time
	plate per				
323	Column interfere with beam at roof level S105	7/1/10	7/6/10	7/12/10	6
328	Loadings on Atrium Maintenance System	7/6/10	7/8/10	7/15/10	7
329	Col Location for Grand Stair per RFI 220 Rspn	7/6/10	7/8/10	7/20/10	12
330	Family Room S-112	7/6/10	7/8/10	8/4/10	27
331	Grand Stair Connections per S-511	7/6/10	7/8/10	7/20/10	12
332	Bent Plate At Slab Edge Per S-500	7/6/10	7/8/10	7/12/10	4
333	Verify Handrail Dimensions on A6-500	7/6/10	7/8/10	7/12/10	4
334	Verify Grand Stair Dimensions on A3-100	7/6/10	7/8/10	7/8/10	0
335	Splice location conflict	7/8/10	7/12/10	7/12/10	0
336	Material size of hanger conflict	7/8/10	7/12/10	7/20/10	8
337	Response to RFI-318 request for calculations	7/9/10	7/13/10	7/29/10	16
338	Conflict on Hanger Locations	7/12/10	7/14/10	7/27/10	13
339	Sleeve for maint. track interfering with Atrium splice	7/12/10	7/14/10	7/19/10	5
340	Missing monorail support beam member	7/12/10	7/14/10	7/16/10	2
341	Proposed Maintenance Track Dimensions	7/12/10	7/14/10	7/16/10	2
342	Connections of monorail	7/12/10	7/14/10	7/20/10	6
343	Missing dimension, end plate edge distance & matl.	7/12/10	7/14/10	7/19/10	5
344	Hanger support of extended monorail support beam	7/12/10	7/14/10	7/19/10	5
345	Answer to WW RFI 305 - Catwalk framing	7/14/10	7/16/10	8/4/10	19
346	Correction to WW RFI 244	7/14/10	7/16/10	7/27/10	11
347	East Wall Mezz 1 - 2/S508	7/14/10	7/16/10	7/27/10	11
348	Verify Angles For Stair Treads	7/14/10	7/16/10	8/10/10	25
349	BLL RFI 0608 Curtain Wall: Slab Edge Clearances	7/14/10	7/16/10	10/20/10	96
350	Grand Stair Detail 3B/ S-510	7/14/10	7/16/10	8/23/10	38
351	Conflicting Location of hanger.	7/19/10	7/21/10	8/10/10	20
352	Discontinuous HSS12 support beam.	7/19/10	7/21/10	8/11/10	21
353	Trident Splice Gap Proposed	7/20/10	7/22/10	7/27/10	5
356	Column splice detail @ transition from tube column	7/22/10	7/26/10	7/29/10	3
357	Alternate detail for anchoring the Tridents	7/26/10	7/28/10	8/4/10	7
358	Cap plate weld for column 15/1	7/27/10	7/29/10	8/4/10	6
359	Deck support detail at 1, 2, 3/S-111	7/27/10	7/29/10	8/4/10	6
361	RFM 2	7/27/10	7/29/10	9/8/10	41
362	Roof screen post at High Roof	7/28/10	7/30/10	9/30/10	62

RFI Documents Required by Incomplete/Unclear Steel Design Documents					
W&W RFI #	Subject	Submitted	Required	Received	Delayed Response Time
363	Roof screen post – 2/A10-100R5	7/28/10	7/30/10	9/14/10	46
364	Dunnage steel	7/28/10	7/30/10	8/6/10	7
366	Remedial Field Mods 9, 10 & 11	7/28/10	7/30/10	9/1/10	33
367	SK-S5.104 re WW RFI 347 response	7/29/10	8/2/10	8/6/10	4
368	Approval Comment for Frame 101019A	7/29/10	8/2/10	7/29/10	0
370	VB work point at roof screen	8/2/10	8/4/10	8/10/10	6
371	Deck support high roof – approval comment	8/2/10	8/4/10	8/6/10	2
373	Follow-up to IDS RFI #037 (item #2).	8/2/10	8/4/10	8/10/10	6
374	Height & Skew of Tridents	8/2/10	8/3/10	8/6/10	3
377	Returned Approval Comments	8/5/10	8/9/10	8/9/10	0
378	Deck support high roof – BLL RFI 608 response	8/5/10	8/9/10	8/9/10	0
379	Tube to wide flange column transition	8/6/10	8/9/10	8/11/10	2
380	Follow-up to IDS RFI #041.	8/10/10	8/12/10	9/20/10	39
381	Hanger Loads	8/10/10	8/12/10	8/17/10	5
382	Roof Dunnage	8/10/10	8/12/10	10/21/10	70
383	Roof Screen support, VB work point BLL RFI 694 rspn	8/11/10	8/13/10	8/18/10	5
384	Follow-up to IDS RFI #051.	8/12/10	8/16/10	8/30/10	14
388	Verify Roof Screen EL. per RFI 245 Response	8/13/10	8/17/10	9/20/10	34
391	Approval comment on E128	8/17/10	8/19/10	9/30/10	42
395	TOS for Catwalk	8/23/10	8/25/10	9/1/10	7
396	Roof Screen Post Offset	8/23/10	8/25/10	9/30/10	36
398	Bracings At Roof Screen Posts	8/25/10	8/27/10	12/15/10	110
402	Clarify Rod Bracings For Screen Posts	9/3/10	8/7/10	9/20/10	44
403	Rod Bracings Fouls with Dunnage Steel	9/3/10	9/7/10	9/30/10	23
404	Approval Comments on Louver Support Framing	9/7/10	9/9/10	9/14/10	5
405	Wall Rail Brackets	9/7/10	9/9/10	9/10/10	1

As the RFI responses were incorporated into the drawings, the drawings were ultimately prepared and submitted/re-submitted for approval. The contract allowed 14 days for approval by the owner's design team; the approval time frame was often violated and exceeded and further delayed the fabrication. The delays in approval are shown below.

Shop Detail Drawing Approvals				
Description	Submitted	Required	Received	Days Delayed
Box Column Blanks	12/28/09	1/11/10	1/13/10	2
Deck Drawings	1/14/10	1/28/10	7/7/10	160
Revised Base Pl. (PG)	1/20/10	2/10/10	2/17/10	7
PG Level to Address RFI #71	1/26/10	2/9/10	3/1/10	20
Plaza Level Framing	2/16/10	3/2/10	3/23/10	21
Seq. 11 & 14 Steel	3/9/10	3/23/10	3/29/10	6
Response to Sub #39	3/9/10	3/30/10	7/7/10	99
Seq. 11 Re-Approval	3/10/10	3/24/10	3/30/10	6
Deck Drawings	3/10/10	3/24/10	4/2/10	9
Plaza Level Framing	3/12/10	3/26/10	4/2/10	7
Plaza Level Framing	3/12/10	3/26/10	7/7/10	103
Response to WW Sub #14	3/17/10	4/7/10	7/7/10	91
Plate Girder Connections	4/6/10	4/9/10	4/12/10	3
Plate Girder Connections	4/6/10	4/9/10	4/12/10	3
Plate Girder Connections	4/6/10	4/9/10	4/12/10	3
Rspn to Rtn Apr. #70 & #78 Comments	4/8/10	4/29/10	4/29/10	0
2nd Level Steel	4/8/10	4/15/10	4/26/10	11
Rspn. to Rtn Approval Comments	4/8/10	4/29/10	7/7/10	69
Response to WWST-0055 & WWST-0066	4/9/10	4/30/10	4/28/10	0
Drag Beams	4/9/10	4/16/10	4/19/10	3
Drag Beams	4/9/10	4/16/10	4/19/10	3
Rspn. to Rtn Approval Comments	4/13/10	5/4/10	4/30/10	0
Rspn..... to Rtn Approval Comments	4/13/10	5/4/10	5/5/10	1
Embed Angle 1-2	4/19/10	4/26/10	5/3/10	7
Shim Plates	4/19/10	4/26/10	5/5/10	9
Rspn..... to Return Approval Comments	4/20/10	5/11/10	5/7/10	0
Plaza Re-Submit	4/20/10	4/27/10	4/30/10	3
Plaza Re-Submit	4/20/10	4/27/10	4/30/10	3
Rspn..... to Rtn Approval Comments	4/23/10	5/14/10	5/13/10	0
Rspn..... to Rtn Apr. Comments	4/23/10	5/14/10	5/13/10	0
Mezzanine 1 Bracing	4/23/10	5/14/10	5/25/10	11
Plaza Approval	4/23/10	4/30/10	5/19/10	19
Seq. 1-5 Drag Steel	4/26/10	5/17/10	5/5/10	0

Shop Detail Drawing Approvals				
Description	Submitted	Required	Received	Days Delayed
PG Loose Connection Plates	4/26/10	5/17/10	5/20/10	3
Response to WWST-0095 Comments	4/28/10	5/19/10	5/18/10	0
Balance 2nd Floor Steel	5/4/10	5/11/10	5/20/10	9
Response to WWST-0096 Comments	5/6/10	5/27/10	5/27/10	0
New Stiff Plate Pg Lvl	5/6/10	5/13/10	5/25/10	12
Drag Beam - Re-Approval	5/6/10	5/13/10	5/27/10	14
Deck Drawings for Re-Approval	5/6/10	5/13/10	5/28/10	15
3rd Level Beam Conn ED's	5/7/10	5/28/10	5/25/10	0
Rspn..... to Rtn Apr. Comments	5/10/10	5/31/10	5/27/10	0
Response to Rtn Apr. Comments	5/10/10	5/31/10	5/27/10	0
Up Turned WT's	5/11/10	5/18/10	5/27/10	9
Plaza Re-Submit	5/11/10	5/18/10	6/4/10	17
Seq. 1-5 Re-Approval	5/21/10	6/1/10	6/4/10	3
Atrium Framing	5/24/10	5/31/10	6/9/10	9
Seq. 4-1 Approval	5/26/10	6/2/10	6/15/10	13
Seq. 4-2 Framing	5/27/10	6/3/10	6/15/10	12
Response to WWST-0122	6/1/10	6/22/10	6/21/10	0
Response to WWST-0125	6/1/10	6/22/10	6/21/10	0
Resubmit of W&W Sub 177	6/1/10	6/8/10	6/16/10	8
Wind Bracing System	6/3/10	6/24/10	6/17/10	0
Area 3 Re-Submittal	6/7/10	6/14/10	6/24/10	10
Rspn..... to W&W Rtn Apr. 171 Comments	6/7/10	6/28/10	7/8/10	10
Area 3 Re-Submit	6/8/10	6/15/10	6/17/10	2

Once the shop detail drawings were returned, they often, because ongoing steel design changes and RFI responses, were marked up with further changes requiring either further clarification or even further changes to the drawing. The late breaking design changes and comments had to be incorporated into the shop detail drawings before fabrication could be accomplished. The time required to incorporate review comments and release shop detail drawings for fabrication is typically seven (7) days or less. However, due to the unusual volume of late breaking design revisions added to the shop detail drawings. The time to release the shop detail drawings for this project took longer than normal. This caused further delay in the fabrication process. The time for this process is shown below:

Time Required to Release Detail Shop Drawings for Fabrication					
Area	Seq	No. of drawings	Date From Approval	Date To Fab	Average No. of Days
1	1	22	3/8/2010	5/22/2010	21
1	2	5	3/8/2010	5/7/2010	3
1	4	13	3/29/2010	5/5/2010	39
1	5	13	3/12/2010	5/21/2010	13
2	2	84	3/23/2010	6/4/2010	47
2	2	72	3/23/2010	6/4/2010	45
3	1	120	4/26/2010	6/8/2010	37
3	2	126	4/26/2010	8/26/2010	36
4	1	117	6/15/2010	6/28/2010	13
5	1	39	6/24/2010	9/3/2010	27
5	2	28	6/24/2010	7/22/2010	29
5	3	107	7/20/2010	8/16/2010	22
6	1	75	7/7/2010	7/26/2010	21
6	2	1	8/24/2010	8/26/2010	1
7	1	2	8/4/2010	8/5/2010	1
7	2	78	7/22/2010	8/20/2010	26
8	1	59	8/13/2010	8/19/2010	6
9	2	8	8/2/2010	8/31/2010	15
10	1	78	6/9/2010	7/9/2010	31
10	2	12	10/1/2010	9/9/2010	23
12	1	47	5/27/2010	6/1/2010	6

The result was delay to the planned fabrication schedule. This delay is shown below:

Activity ID	Description	Planned Finish	Actual Finish	Extended Period
4104	Fabricate Materials Seq 1-1 & 1-2	2/5/2010	5/25/2010	109 Days
4204	Fabricate Materials East Seq 1-4	2/12/2010	6/11/2010	119 Days
4304	Fabricate Materials East Seq 2-1 & 2-2	2/12/2010	6/4/2010	112 Days
4404	Fabricate Materials East Seq 3-1 & 3-2	2/26/2010	7/27/2010	151 Days
4504	Fabricate Materials East Seq 4-1 & 4-2	3/10/2010	8/13/2010	156 Days
4604	Fabricate Materials East Seq 5-1, 5-2 & 5-3	3/23/2010	8/27/2010	157 Days
4704	Fabricate Materials West Seq 1-5	3/19/2010	7/2/2010	105 Days
4804	Fabricate Materials West Seq 6-1 & 6-2	4/6/2010	9/3/2010	150 Days
4904	Fabricate Materials Seq 8-1, 8-2 & 8-3	4/20/2010	8/8/2010	110 Days
5004	Fabricate Materials West Seq 7-1 & 7-2	4/20/2010	9/10/2010	143 Days
5105	Fabricate Materials Seq 9-1	4/1/2010	8/23/2010	144 Days
5204	Fabricate Materials Seq 10-1 & 10-2	5/18/2010	10/15/2010	150 Days
5404	Fabricate Materials Seq 11-1, 11-2 & 11-3	5/4/2010	1/28/2011	269 Days

W&W is entitled to the damages which the delays caused its shop and operation.

Attachment 2
Schedule Impacts Occurring During Erection

Attachment 2

Schedule Impacts Occurring During Erection;

The Trade Contract included specific requirements as to Work schedule.

Exhibit "B": Pavilion Structural Steel Scope of Work
Trade Specific Scope of Work: WRK 88, entitled "Schedule":

This contractor is to start and finish all the erection and deck turnovers in no longer than (80) consecutive working days with the exception of come-back infill areas defined by the CONSTRUCTION MANAGER...

Specifically the milestone(s) of this contract are:

-
- a. Release for engineering and detailing: 9/1/09
 - b. Notice of award: 10/1/09
 - c. Start of erection: 6 months (calendar days) after item 1, or 5 months (calendar days) after item 2
-

Complete is defined as having all connections approved and all steel plumbed and deck turned over ready for concrete placement.

CONTRACTOR shall erect all steel and metal deck in one continuous operation...

Exhibit "B": Pavilion Structural Steel Scope of Work
Section 5.22 states that "A Milestone schedule is part of this Contractor agreement.
(See Exhibit E.1)

Milestone Schedule Excerpt:

Pavilion Milestones
MEMORIAL PAVILLION DESIGN COMPLETE
1 June 09

Equating these dates to the 80 consecutive working days required in Exhibit "B", W&W would be required to complete its work by July 13, 2010.

W&W's plan to meet the contract imposed dates was:

Activity	Planned Start	Planned Finish
Ship	February 8, 2010	June 30, 2010
Mobilize	February 18, 2010	June 24, 2010
Erect	March 16, 2010	July 13, 2010
Comeback	July 20, 2010	July 28, 2010

Thus, W&W was to be on site from February 18, 2010 to July 13, 2010, a period of 145 days and 15 days as come back to install work, which would be installed on the roof after all was completed. The comeback work was like a separate project.

The detail of the schedule generated by W&W was:

Act ID	Activity Description	Start	Finish
3102	Field Survey of Existing Steel & Concrete	December 14, 2009	December 29, 2009
3103	Install Matting	February 18, 2010	February 26, 2010
3104	Install Temporary Crane Platform	March 1, 2010	March 9, 2010
4106	Install Seq 1-1 & 1-2	February 24, 2010	March 17, 2010
4206	Erect East Seq 1-4	March 16, 2010	March 25, 2010
4207	Detail East Seq 1-4	March 26, 2010	April 19, 2010
4306	Erect East Seq 2-1 & 2-2	March 19, 2010	March 30, 2010
4307	Detail East Seq 2-1 & 2-2	March 19, 2010	April 22, 2010
4406	Erect East Seq 3-1 & 3-2	March 31, 2010	April 8, 2010
4407	Detail East Seq 3-1 & 3-2	March 31, 2010	May 4, 2010
4506	Erect East Seq 4-1 & 4-2	April 9, 2010	April 19, 2010
4507	Detail Seq East 4-1 & 4-2	April 9, 2010	May 13, 2010
4606	Erect East Seq 5-1, 5-2 & 5-3	April 20, 2010	April 28, 2010
4607	Detail East Seq 5-1, 5-2 & 5-3	April 20, 2010	May 24, 2010
4706	Erect West Seq 1-5	April 29, 2010	May 10, 2010
4707	Detail West Seq 1-5	April 29, 2010	June 3, 2010
4806	Erect West Seq 6-1 & 6-2	April 29, 2010	May 10, 2010
4807	Detail West Seq 6-2 & 6-2	April 29, 2010	June 3, 2010
4906	Erect Seq 8-1, 8-2 & 8-3	May 11, 2010	May 19, 2010
4907	Detail Seq 8-1, 8-2 & 8-3	May 11, 2010	June 15, 2010
5006	Erect West Seq 7-1 & 7-2	May 20, 2010	June 3, 2010
5007	Detail West Seq 7-1 & 7-2	May 20, 2010	June 24, 2010
5107	Prep. Load & Haul Tridents Seq 9-1	May 6, 2010	June 3, 2010
5108	Erect Seq 9-1	June 4, 2010	June 10, 2010
5109	Detail Seq 9-1	June 4, 2010	June 21, 2010
5206	Erect Seq 10-1 & 10-2	June 11, 2010	June 24, 2010
5207	Detail Seq 10-1 & 10-2	June 11, 2010	July 13, 2010

The plan had W&W on site for 145 calendar days from February 18, 2010 to July 13, 2010. However, actual erection was to start on March 16, 2010 and complete July 13, 2010, a period of 120 calendar days.

As shown in **Attachment 1**, W&W was given changes which modified the design and delayed the fabrication. These changes mandated a different schedule than that required in the bid

documents. The schedule submitted by W&W to accommodate the changes known at that time is shown below:

Activity ID	Description	Early Start	Early Finish
4106	Install Seq 1-1 & 1-2	April 22, 2010	May 13, 2010
4206	Erect East Seq 1-4	July 1, 2010	July 13, 2010
4207	Detail East Seq 1-4	July 1, 2010	August 5, 2010
4306	Erect East Seq 2-1 & 2-2	May 17, 2010	May 27, 2010
4307	Detail East Seq 2-1 & 2-2	July 1, 2010	August 5, 2010
4406	Erect East Seq 3-1 & 3-2	June 7, 2010	June 15, 2010
4407	Detail East Seq 3-1 & 3-2	July 14, 2010	August 17, 2010
4506	Erect East Seq 4-1 & 4-2	June 18, 2010	June 29, 2010
4507	Detail East Seq 4-1 & 4-2	July 23, 2010	August 26, 2010
4606	Erect East Seq 5-1, 5-2 & 5-3	July 1, 2010	July 13, 2010
4607	Detail East Seq 5-1, 5-2 & 5-3	August 3, 2010	September 6, 2010
4706	Erect West Seq 1-5	July 13, 2010	July 23, 2010
4707	Detail West Seq 1-5	August 12, 2010	September 15, 2010
4806	Erect West Seq 6-1 & 6-2	July 22, 2010	August 2, 2010
4807	Detail West Seq 6-1 & 6-2	August 3, 2010	September 6, 2010
4906	Erect Seq 8-1, 8-2 & 8-3	August 4, 2010	August 12, 2010
4907	Detail Seq 8-1, 8-2 & 8-3	August 13, 2010	September 16, 2010
5006	Erect West Seq 7-1 & 7-2	August 13, 2010	August 26, 2010
5007	Detail West Seq 7-1 & 7-2	August 24, 2010	September 27, 2010
5108	Erect Seq 9-1	September 8, 2010	September 14, 2010
5109	Detail Seq 9-1	September 8, 2010	September 23, 2010
5206	Erect Seq 10-1 & 10-2	September 15, 2010	September 28, 2010
5207	Detail Seq 10-1 & 10-2	September 15, 2010	October 14, 2010
5407	Erect Seq 11-1, 11-2 & 11-3	October 11, 2010	October 19, 2010
5408	Detail Seq 11-1, 11-2 & 11-3	October 20, 2010	November 9, 2010

The plan submitted by W&W, required an extension of performance time beyond that originally planned. The new plan was from May17, 2010 to October 14, 2010 (150 calendar days). Thus, if the new plan is effective, W&W will incur 30 days of increased performance time (150 days less 120 days). This plan was also delayed and the erection actually did not start until June 4, 2010. (Activities 5407 & 5408 are the come-back work).

The new plan could not be performed and even before erection was to start, further delays occurred. The record will show the site was not ready for W&W to start in spite of the incorporation of the delays imposed by the design changes. The daily reports show:

June 1, 2010

Talk to Skanska personnel about site conditions, waiting for startup approval.

June 2, 2010

Check site conditions, review drawings with new foreman. Waiting for startup approval. Walk site.

June 3, 2010

Waiting for the go ahead to begin drilling onsite.

June 4, 2010

More equipment arrives today. Begin installing equipment on D19 girders.

W&W could not start on April 22, 2010, as per its revised schedule and incurred an additional delay of 43 days (April 22, 2010 to June 4, 2010). W&W had not rented equipment nor manned the site during the period. Some costs were incurred relative to supervision and demurrage on materials.

Immediately after beginning on site, W&W discovered the girders, which formed the foundation for its work, were not installed properly. Notes from the daily reports confirm this problem as well as W&W being paid to make the corrections.

D19 Girder

June 4, 2010

More equipment arrives today. Begin installing equipment on D19 girders.

June 14, 2010

Begin drilling holes on D-19.

June 15, 2010

Finish drilling D19 plate girder. Waiting for Skanska to locate D25 girder with guying cables and come a longs. Unable to work on D25 because of out of tolerance issues.

June 30, 2010

Spoke to Skanska foreman, he's waiting for instruction on what to do if anything with D19 after only being to move it 3/16".

July 1, 2010

Re-survey D19 after Skanska moved it for final time. (3/16).

August 18, 2010

Extra work on D19 girder. 4 hours whole gang.

D25 Girder

June 7, 2010

Installed stanchion posts on D-25 girder.

June 23, 2010

Awaiting OK to begin drilling D25 girder.

June 29, 2010

Men begin prep work for drilling D 25. Skanska installs flange hooks over the top of D19 that will be in our way erecting column.

June 30, 2010

Continue layout work on plate girders. Begin drilling D25 plate girder holes.

It is clear the foundation on which W&W was to install its work was not ready for work to be done and W&W could not even perform the starting work "in one continuous operation..." as anticipated and required by the contract.

Other delays occurred on the site including the necessity for W&W to work days and nights in order to accommodate other trades, which had not completed the efforts required, to have a site free from disruptions. Some of the ongoing problems which W&W incurred, as noted in the daily reports are:

July 9, 2010

Couldn't begin unloading 9:30 am because of equipment and material in our way from Navillis and Cruz.

7/13/2010

Still waiting for new benchmark from LKB surveyors.

7/27/2010

4th steel truck sent back because of difficulty backing down driveway, too much material in the way. We got truck in at 5:00 am and were told we couldn't work late to unload it.

7/28/2010

1 truck sent back because we were told to stop using crane from 12:30 until end of shift. Men lost productive time. Told Bovis driveway needs to be widened to fit 13'-6" wide load into site.

7/29/2010

Erecting steel in seq 21. Tight iron because of Skanska D19 out of tolerance causes substantial delays.

8/4/2010

Erecting continues un seq. 21. tight steel encountered because Skanska plate girder misalignment.

8/19/2010

Welding, bolting, decking continue on seq 21 and 22. Barricades placed below to keep Skanska entering our work area. Same barricades disregarding and knocked over by Skanska.

8/30/2010

Men still unable to work along eastern and northern edge of building because of Tishman below. Continue welding and bolting where allowed. Work stoppage causing W&W continued hardship and inefficiencies.

9/8/2010

Job shut down by Bovis. Day shift unable to work except on Trident frame and job site cleanup. Some men sent home after two hours. No night shift last night. Men worked during the day.

9/9/2010

Work stoppage continues. No work allowed onsite during day shift.

9/10/2010

No day for a month or so. All work at night.

9/10/2010

Sort and erect sequence 42 steel. Job is now on nights for a month. Skanska's men were working below us again causing a two hour delay.

10/1/2010

Ordered not to work by Jim Fallon. No work onsite tonight because of Skanska working below on D 35 line. Men went home at 2:00 am at direction from James Fallon.

10/7/2010

2 hour shutdown because of Skanska men working below.

10/25/2010

Erecting seq 51 block steel. No deliveries. Couldn't work on east side of building because of debris left by others at the direction of Francis from Bovis. Bolting, welding all areas continues.

11/1/2010

Back on days. Unable to work on most of job because of Skanska, DCM and others working below. We are directed to stop all work east of D35 line by Bovis Supers and site safety personnel. All work west of D35 girder.

11/30/2010

1 Steel truck onsite at 6:00 am because of dirt deliveries after unable to back truck down driveway because of material in the way. Coupler welding continues, bent plate ongoing on 2nd floor.

12/1/2010

Unable to work onsite all day.

12/8/2010

Tree delivery causing hardship with our own deliveries (fuel, steel). Atrium green vertical tubes erected. 13 rebar picks took 2 hrs. Bolting, welding, plumbing, and bent plate continue. Overtime cancelled because Bovis ordered us to cease all hot work. Permit steel truck unloaded with catwalk beams and material.

12/9/2010

Permit load with catwalk beams here. Unable to get truck in because of bay crane in the way. Rebar truck also here.

12/16/2010

Coupler welding ongoing, 2 hour OT continues. Raising gang loading out trucks, experience hour delay for each truck. Bolting, welding continue as usual. Bent plate installation delayed on third floor because of inability to set up surveying instruments to give line. Sorbara work near atrium causes delays for our plumbing operation on same.

12/31/2010

Snow on roof level causes delays. Nowhere to safely dispose of snow. Basically waiting for snow to melt before work can continue on roof.

1/10/2011

Coupler welding ongoing. Stud shooting begins on core columns. Approved drawings arrive Friday afternoon. Raising gang using crane today. W&W drawings superseded by drawings given to us by Bovis today. We were told to stop plumbing atrium from lift because of concrete pour. No OT. 580 stair men erecting pre-fab portion of grand stair and moving material off of plaza level.

1/26/2011

Temporary brace removed along D35 between plaza and 2nd floor. Work on roof suspended because of snow. Most men leave am because of weather conditions. Fuel delivery delayed because of trucks in the way. All men offsite by noon.

3/12/2011

Bovis cancelled Saturday worked already planned after C.O.B. Friday evening. Unable to get in touch with all men scheduled to come in. Ticket represents men who showed up for work on Saturday and were sent home

Delays were incurred due to surveys performed incorrectly or having to be redone. These were not the responsibility of W&W. Excerpts from the daily reports reflecting these problems are shown below:

6/17/2010

Drilling operation on hold pending survey and steel plate girder correction by others.

6/24/2010

No surveyors onsite today.

6/25/2010 No surveyors onsite today.

7/1/2010

Re-survey D19 after Skanska moved it for final time (3/16).

7/2/2010

Re-survey PG-2 girder from Pavillion steel.

7/9/2010

Surveyors here a.m. but left because new benchmark was not yet brought up.

7/12/2010

Still waiting for new benchmark from LKB surveyors.

8/5/2010

Difficulty erecting final pieces of seq 21 because of mis-aligned Skanska sub girder on D 19.

12/29/2010

2 surveyors only since Monday

Weather delays caused additional impact to the project. Data as shown on the weather which W&W would have experienced had the initial delays not occurred as shown in **Attachment 7**, confirm that weather would not have been a factor had the project not been delayed:

7/14/2010

Rain causes onsite delays.

7/29/2010

Showers off and on. (1 hour lost production)

8/23/2010

Rain begins again at 12:20 am men stand by.

8/23/2010

Job rained out.

8/25/2010

No work onsite today. Men waited three hours in the rain to unload mats.

10/11/2010

Most men rained out after an hour. No men onsite after 11pm due to rain and lightning.

10/14/2010

Men rained out. Heavy rain and wind.

10/15/2010

Unable to work crane because of high winds.

10/18/2010

2 1/2 hour rain causes work stoppage.

10/26/2010

Lost 2 hours erection due to rain.

11/4/2010

Rained out.

11/8/2010

Worked until 11am. Rained out after.

11/16/2010

Rain and wind cause cancellation of Escalator installation. Heavy rain continues all night

11/17/2010

Crane unable to work. Men off site at 10pm due to high wind condition on steel, unsafe to work. No trucks ordered tonight.

11/26/2010

Rain causes 1-1/2 hour work stoppage onsite.. All other work ongoing between rain.

12/27/2010

No work onsite today because of snow storm.

12/28/2010

Coupler welding continues at areas where snow has been cleaned. Atrium bolting today because there are no Sorbara men below us. Welding on building in other locations begins as steel is cleaned of snow. 8 hours only today because of manpower being wet from snow removal.

12/29/2010

Snow removal continues.

12/30/2010

Snow removal/ cleanup and de-icing also continue where necessary.

1/7/2011

Men worked for two hours after that site became too dangerous to continue work.

1/12/2011

Snow cleanup begins.

1/18/2011

Rain and snow onsite today.

1/19/2011

Rain off and on during the am hours.

1/24/2011

Attempting to shoot studs on the roof with bitter cold, causing problems, Torch/ air lines freezing because of extreme cold.

1/25/2011

Snow am causes delays on roof.

1/27/2011

Most men can't make it in. Men involved in cleanup of snow. Most other work suspended onsite because of snow removal.

2/1/2011

Sleet and snow prevent work on the roof. Difficulty welding in areas due to rain and ice.

2/2/2011

Unable to weld anywhere because of wet and icy conditions, Men here for an hour show-up time. Stair gang off site after one hour also.

2/7/2011

Bent plate installation on roof resumes after snow melts.

2/9/2011

Safety cable installation begins on high roof after snow melted.

2/28/2011

Rain again today off and on halts some work activities.

3/10/2011

Heavy rain at noon.

3/21/2011

Rain for most of the day halts most work activity onsite.

3/23/2011

Rain and snow limit work activity on high roof.

3/24/2011

Rain for first hour of day slows work.

4/1/2011

Weather onsite causes some delays.

Other noted delays; which have not been identified above, also impacted the project, including holidays, which should not have incurred while W&W was performing its work had the initial delays not occurred:

6/3/2010

Waiting for the go ahead to begin drilling onsite.

7/6/2010

Men preparing for welders arrival. Men offsite today at 1:30pm due to Queen's visit to site.

7/15/2010

Men off site a.m. Waiting for approval to start welding. A start date on Monday 7/19 for sheer tabs and Monday 7/26 or Friday 7/23/10 for steel

7/27/2010

Lost whole day because of red tape. Night shift begins tonight.

7/30/2010

Erecting seq 21 and 14 steel. 1 hour delay because of DCM erecting hub girder.

7/30/2010

Erecting steel in sequence 21 and sequence 15. Some delays encountered by DCM erecting hub girder with Manitowoc 18000 crane, (1 hour).

8/3/2010

Move scaffold and material at request of Bovis day super. Erected sequence 21 steel.

9/9/2010

No work allowed onsite during day shift. W&W directed to stop work by Bovis.

9/14/2010

No day shift. Erect sequence 42 block. Erect perimeter hanging beams in sequence 41.

9/15/2010

No day shift. Welding D35 girder. Sequence 41 continues.

11/25/2010

No work Thanksgiving Day.

12/17/2010

Hardship onsite because surveyors are interfered with by Sorbara's trucks.

12/21/2010

Sorbara's men below us, unable to work on atrium.

12/24/2010

1/2 day union holiday. Coupler welding ongoing plumbing roof steel. Bolting, welding ongoing.

12/24/2010

No work tomorrow, Christmas Day.

1/3/2011

Unable to land material below because of concrete operation below (tarps on curing concrete). 8 hours only. No OT.

2/22/2011

No work yesterday, President's day.

It is evident throughout the erection process W&W had no ability to control its own destiny. First not being allowed to start erection until months later than planned, to immediately encountering problems with the work of previous trades to which its steel attached, to others working below and around its operation often causing the work to stop.

The planned versus the actual reflects all the delays which occurred.

Act ID	Description	Planned Finish	Actual Finish	Extended Period
4206	Erect East Seq 1-4	March 25, 2010	July 29, 2010	126 Days
4207	Detail East Seq 1-4	April 19, 2010	September 9, 2010	143 Days
4306	Erect East Seq 2-1 & 2-2	March 30, 2010	August 5, 2010	128 Days
4307	Detail East Seq 2-1 & 2-2	April 22, 2010	November 22, 2010	214 Days
4406	Erect East Seq 3-1 & 3-2	April 8, 2010	September 24, 2010	169 Days
4407	Detail East Seq 3-1 & 3-2	May 4, 2010	February 15, 2011	287 Days
4506	Erect East Seq 4-1 & 4-2	April 19, 2010	September 24, 2010	158 Days
4507	Detail East Seq 4-1 & 4-2	May 13, 2010	February 15, 2011	278 Days
4606	Erect East Seq 5-1, 5-2 & 5-3	April 28, 2010	November 9, 2010	195 Days
4607	Detail East Seq 5-1, 5-2 & 5-3	May 24, 2010	March 22, 2011	302 Days
4706	Erect West Seq 1-5	May 10, 2010	October 5, 2010	148 Days

Act ID	Description	Planned Finish	Actual Finish	Extended Period
4707	Detail West Seq 1-5	June 3, 2010	October 5, 2010	124 Days
4806	Erect West Seq 6-1 & 6-2	May 10, 2010	October 29, 2010	172 Days
4807	Detail West Seq 6-1 & 6-2	June 3, 2010	October 29, 2010	148 Days
4906	Erect Seq 8-1, 8-2 & 8-3	May 19, 2010	February 14, 2011	271 Days
4907	Detail Seq 8-1, 8-2 & 8-3	May 11, 2010	April 14, 2011	338 Days
5006	Erect West Seq 7-1 & 7-2	June 3, 2010	November 12, 2010	162 Days
5007	Detail West Seq 7-1 & 7-2	June 24, 2010	February 15, 2011	236 Days
5108	Erect Seq 9-1	June 10, 2010	September 6, 2010	88 Days
5109	Detail Seq 9-1	June 21, 2010	December 2, 2010	164 Days
5206	Erect Seq 10-1 & 10-2	June 24, 2010	December 8, 2010	167 Days
5207	Detail Seq 10-1 & 10-2	July 13, 2010	January 26, 2011	197 Days
	Erect Project	July 13, 2010	April 14, 2011	275 Days

As noted above, the project was not completed in the same manner as planned. W&W shifted its work force from area to area, as conditions would allow it to continue work.

W&W's first recorded work day on the project was June 4, 2010, this compared to its plan of starting erection March 16, 2010. W&W incurred start delays and was not allowed to start until almost the time it originally planned to be complete. It substantially completed its work on April 14, 2011, a period of 275 calendar days beyond the time it should have completed.

The schedule in the contract required W&W to complete its work within 80 continuous workdays. The schedule presented by W&W was to start erection on March 16, 2010 and complete the Work by July 13, 2010, a period of 120 calendar days (excluding the comeback area) met the contract requirements.

Due to the acceleration method by which the job recovered the delays W&W was onsite 275 days later than anticipated at bid time (July 13, 2010 to April 14, 2011).

Because the actual start of erection was delayed until June 4, 2011 and substantial completion was not achieved until April 14, 2011, (a period of 315 calendar days) W&W was onsite 195 days longer than allowed at bid time. (315 less 120)

Consequently, W&W is entitled to compensable delay for the added 195 days.

Attachment 3

Validation that appropriate credit is given for costs which have been partially reimbursed (some of which are pending) for impact cost requested.

Attachment 3

Validation that costs which have been reimbursed (or pending in negotiations) for impacts have properly been credited;

During the project W&W has requested reimbursement for certain cost, which it now claims were impacted, as a result of the delay and disruption occurring due to Owner causation. The purpose of this analysis is to provide validation, that such costs have been eliminated.

Change Orders submitted:

CO#	BLL CO	PA MP#	Description/Comments	Submitted	CO Issued
1	LL002		Move Tridents	\$12,000.00	\$12,000.00
2		MP002	Addendum # 6.	\$752,475.00	
3	LL009	MP007	Bracing Changes	\$304,166.00	\$254,305.00
4	LL006	MP008	Addendum # 7 (& DCN 48r1)	\$84,932.00	\$60,000.00
5			Addendum # 8 (& DCNs 19r1 & 20r1)	\$12,659.00	
6		MP017	Field labor escalation	\$36,750.00	
7		MP034	Louver Support Bovis #404	\$84,975.00	
8		MP037	Add stiffeners to girder RFI # 134 Bovis # 340	\$39,702.00	
9	LL010	MP033	Add façade framing	\$160,722.00	\$160,722.00
10			Coupler Material Only	\$63,216.00	
11	LL016	MP091	Atrium Maint. Framing SK-DD012a, 012b & 012c (WWSE had as 9-13-MS)	\$44,073.00	\$43,000.00
12		MP038	SKS5.029 SE Stair	\$4,532.00	
13	LL007	MP026	WW RFI # 127 Bovis # 328	\$4,617.00	\$4,464.00
14	LL007	MP026	Add stub beams WW RFI # 81 Bovis # 256	\$9,746.00	\$9,421.00
15	LL007	MP026	WW RFI # 138 Bovis RFI # 348	\$21,877.00	\$21,148.00
16	LL014	MP097	SKS5.076	\$15,159.00	\$14,062.00
17	LL015	MP093	Catwalks SKS076	\$3,513.00	\$3,300.00
18	LL022	MP090	Jacket Conns Bovis RFI # 642	\$11,908.00	\$11,400.00
19	LL020	MP092	Façade - Rejected Bovis intends to pay this from allowance.	\$13,937.00	\$12,000.00
20	LL012	MP096	Bm. Penetrations SKS5.112	\$2,780.00	\$2,780.00
21		MP099	Glass Inserts	\$192,065.00	
22	LL011	MP084	Wrap Tridents T&M	\$8,310.00	\$7,326.00
22	LL017	MP140	Temp Stair Relocate T&M	\$9,727.00	\$9,727.00
22	LL019	MP077	Move Temp Str T&M ,	\$14,078.00	\$14,078.00
22	LL013	MP085	Trident Stiffeners T&M	\$24,134.00	\$21,554.00
22		MP101	Field Weld Clips T&M	\$3,313.00	
22		MP103	Perimeter Nets T&M	\$10,322.00	
22		MP158	Remove deck@ Gen. T&M	\$28,692.00	

CO#	BLL CO	PA MP#	Description/Comments	Submitted	CO Issued
22		MP180	Cut holes in deck T&M	\$2,524.00	
22		MP094	Shutdowns T&M	\$97,888.00	
22		MP036	Addn'l Survey (T&M) PIN MP-0036	\$84,122.00	
22		MP100	Relocate Material (T&M) MP-0100	\$51,192.00	
22		MP051 & 142	Install couplers on T&M	\$756,564.00	
22			Temporary Stair Added Work (T&M)	\$69,817.00	
22			Balance of T&M to Date	\$272,701.00	
23	LL021	MP139	Trident AB's	\$17,720.00	\$16,400.00
24	LL08	MP027	Night Time Erection	\$525,000.00	\$438,000.00
25	LL004,05	MP01A,B	Night Time Raising Gang	\$1,233,924.00	\$1,233,924.00
26		MP087	Bolt base PL Bovis RFI # 276	\$102,591.00	
27	LL018	MP133	Revise N Work Platform	\$63,658.00	\$63,658.00
28		MP134	Roof Screen Revisions	\$492,642.00	
29			ASI 005 Bm Penetrations	\$131,013.00	
30			Exit Stair landing rework	\$139,520.00	
31		MP184	Concrete guying and bracing	\$34,946.00	
32		MP183	Added crane costs PACC # 1	\$216,847.00	
33			Façade Revs SKS5.122r1, FW41192 & 41233, Bovis # 803	\$68,677.00	
34			Façade revs per S Kremmidas E-mail	\$68,002.00	
DO			Add brace at col 31 RFIs # 225, 251, 385 Bovis # 722	\$26,494.00	
DP			AB's foul existing rebar SK-S-5.129 show alt hole location.	\$38,290.00	
DR			Relocate existing beam at Second level	\$22,956.00	
EB			Additional Beam Framing 2nd Floor	\$16,173.00	
ER			Welding Studs on Columns	\$71,900.00	
EV			Beam Penetration SK-S-5.155	\$16,758.00	
FA			Added Bent Plate at Island	\$20,525.00	
DB			Updated Plaza slab at S/W corner at Atrium.	\$9,076.00	
DH			Additional concrete core set-out plan and beam (51639A) FW at 3rd level Mezz.	\$9305.00	
DN			Weld in lieu of bolting RFI # 409 Bovis # 771	\$5,190.00	
AY			Addition of extension plates for bearing at Plaza level.	\$9,752.00	
			Total	<u>\$6,650,147.00</u>	<u>\$2,409,269.00</u>

As can be seen, most of the changes requested by W&W have not been resolved or paid. An analysis of the cost reveals W&W had nineteen (19) types of jobsite time sensitive cost consisting of:

	Description
1	Job site Equipment
2	Safety Labor
3	Superintendent
4	Safety Director
5	Job Office Labor
6	Safety Job Supplies
7	Plumb Steel Job Supplies
8	Superintendent Job Supplies
9	Site Office Job Supplies
10	Project Manager travel
11	Engineering
12	Jobsite cost labor
13	Job site cost auto
14	Jobsite cost rental
15	Job site cost office
16	Other Travel and shipping
17	Job Site Office Rental
18	Operators, Oilers
19	Traffic Control Labor

The equipment cost included in the field portion of the submitted change order requests is as follows:

C.O. #	BLL CO	PA MP#	Description	Field Portion Amount	Equipment	Other Equipment
1	LL002		Moved the Two Trident columns from hanger 17	\$12,000.00	\$2,500.00	\$0.00
2		MP002	Addendum #6 design revisions	\$250,000.00	\$6,000.00	\$8,479.68
3	LL009	MP007	Revised bracing and columns changes.	\$52,161.00	\$0.00	\$2,500.00
4	LL006	MP008	Per Addendum #7 design revisions	\$3,565.90	\$0.00	\$450.00
5			Addendum #8 design revisions	\$1,018.60	\$0.00	\$157.00
6		MP017	Field labor escalation per working agreement rates with 06-01-10 start	\$34,500.00	\$0.00	\$0.00
7		MP034	Louver support framing plans and elevations	\$52,268.00	(\$3,000.00)	\$3,598.00
8		MP037	Additional stiffeners at PG	\$30,922.50	\$0.00	\$600.00
9	LL010	MP033	Added framing, bracing, and connections at façade	\$79,446.30	\$8,000.00	\$2,100.00

C.O. #	BLL CO	PA MP#	Description	Field Portion Amount	Equipment	Other Equipment
11	LL016	MP091	Atrium maintenance hanger system.	\$28,100.00	\$3,000.00	\$500.00
12		MP038	SE stair removed and replaced with infill steel SKSS.024	\$1,209.40	\$0.00	\$250.00
13	LL007	MP026	Plaza level openings	\$1,488.00	\$0.00	\$257.00
14	LL007	MP026	Added built-up stub beams	\$1,476.00	\$0.00	\$150.00
15	LL007	MP026	Dimension info	\$4,777.85	\$0.00	\$421.00
16	LL014	MP097	Additional struts and hangers required at 3rd level D.19/J.95.	\$10,616.00	\$0.00	\$307.00
17	LL015	MP093	REVISE Catwalks SKS076	\$1,976.00	\$0.00	\$0.00
18	LL022	MP090	Grand Stair Column Jacket connection revised	\$69,816.00	\$0.00	\$2,313.00
21		MP099	Bent Plate w/curtain wall connection	\$90,910.65	\$0.00	\$3,200.00
23	LL021	MP139	Trident AB's changes	\$15,619.00	\$0.00	\$771.00
24	LL08	MP027	Night Time Erection	\$438,000.00	\$0.00	\$0.00
25	LL004,05	MP01A,B	Night time steel erection	\$1,168,324.00	\$0.00	\$4,700.00
26		MP087	Column base plates clarification/changes	\$22,562.20	\$0.00	\$2,200.00
27	LL018	MP133	Revised platform re-work due to load changes.	\$63,658.00	\$15,000.00	\$2,591.00
28		MP134	Roof Screen Revisions	\$231,000.00	\$0.00	\$11,394.00
29			Beam penetration field work	\$123,602.00	\$4,000.00	\$4,080.00
30			Exit Stair Field Work	\$132,876.00	\$0.00	\$8,700.00
31		MP184	Concrete Guying & Bracing	\$30,048.00	\$4,000.00	\$0.00
32		MP183	Added crane Cost for PACC No 1	\$206,521.00	\$0.00	\$0.00
33			Revisions to facade framing. ED 14.5, and 14.9.	\$54,740.00	\$0.00	\$4,800.00
34			N/E Façade Revisions	\$61,659.00	\$8,000.00	\$2,800.00
U			Clarify slab edge per detail 4/S-505	\$1,617.00	\$0.00	\$257.00
V			Beam (W40x503) reaction to column 21 web	\$1,050.00	\$0.00	\$257.00
X			Changed base plate thickness on columns	\$781.50	\$0.00	\$0.00
AJ			Revised connections per ED11.7, 23.8, 23.12, 23.12.1, 23.13, and 23.13.1.	\$586.50	\$0.00	\$0.00
AT			1-5 drag beam steel marked-up submittal (15100A, 15101A thru 15110A).	\$6,290.00	\$0.00	\$514.00
AX			Return ED packages ED-3.8.9, ED-8, -8.1, -8.2, -8.4, and -8.13.	\$1,462.30	\$0.00	\$140.00
AY			Addition of extension plates for bearing at Plaza level.	\$8,865.00	\$0.00	\$850.00
BA			Added Channels back into framing per 7/S-509 (which was omitted in Add'm #8).	\$2,400.00	\$0.00	\$400.00
BK			Changed beam/col conn. requirements at 3rd flr. Grid AA.3/D35.	\$3,483.00	\$0.00	\$600.00
BV			Curtain wall-Additional Wall panel support	\$4,114.00	\$0.00	\$425.00
CC			Curtain wall additional beam framing	\$2,600.00	\$0.00	\$260.00
CE			Updated beam size from a W12x50 to a W24x55.	\$871.00	\$87.00	\$0.00

C.O. #	BLL CO	PA MP#	Description	Field Portion Amount	Equipment	Other Equipment
CF			Connection to MC has changed to AB's into concrete wall.	\$3,483.00	\$0.00	\$350.00
CG			PG2 - extra work (slotted plates)	\$3,768.00	\$0.00	\$450.00
DA			Sketches per the STR/MEP coord at the plaza level; addn'l openings in beams. SKS5.112 & 113	\$10,700.00	\$0.00	\$4,000.00
DB			Updated Plaza slab at S/W corner at Atrium.	\$6,825.00	\$0.00	\$400.00
DH			Additional concrete core set-out plan and beam (51639A) FW at 3rd level Mezz.	\$7,205.00	\$0.00	\$7,200.00
DO			Added brace at column 31 per sketch and RFI.	\$25,748.00	\$0.00	\$514.00
DP			AB's foul existing rebar SK-S-5.129 show alt hole location.	\$36,467.00	\$6,000.00	\$1,457.00
DR			Relocate existing beam at Second level	\$20,956.00	\$0.00	\$771.00
EB			Additional Beam Framing 2nd Floor	\$14,112.00	\$0.00	\$1,057.00
ER			Welding Studs on Columns	\$62,900.00	\$0.00	\$5,500.00
EV			Beam Penetration SK-S-5.155	\$15,724.00	\$0.00	\$1,285.00
FA			Added Bent Plate at Island	\$17,722.00	\$0.00	\$1,028.00
			Revised beam connections	\$3,145.00	\$0.00	\$0.00
FS			Temporary Stair Added Work	\$66,492.00	\$0.00	\$600.00
			Added Crane Cost North Platform Removal	\$7,000.00	\$7,000.00	\$0.00
DN			Weld in lieu of bolting RFI # 409 Bovis # 771	\$4,840.00	\$0.00	\$0.00
			Totals	<u>\$3,626,680.70</u>	<u>\$21,087.00</u>	<u>\$69,580.00</u>

Some of the changes included operators, those changes and the amounts are:

CO #	Operators
16	\$969.76
27	\$969.76
28	\$8,727.84
29	\$17,455.68
31	\$1,939.52
Total	<u>\$30,062.56</u>

Many of the changes, which were made in the field, were done so using extra work orders on a time and material basis. Analysis of those changes confirmed the following costs were included in the tickets:

Tickets for Superintendent, General Foreman, Operators local 14, operators local 15 and, 750 tower crane:

Date Submitted	Invoice No.	Superintendent	Gen Foreman	Op Local 14	Op local 15	750 Tower Crane
9/13/10	9130001	\$708.88	\$708.88	\$893.12	\$0.00	\$1,500.00
9/13/10	9130002	\$177.22	\$0.00	\$223.28	\$186.55	\$375.00
9/13/10	9130003	\$1,417.76	\$1,417.76	\$1,786.24	\$1,492.40	\$0.00
9/13/10	9130004	\$177.22	\$0.00	\$223.28	\$186.55	\$375.00
9/13/10	9130005	\$708.88	\$0.00	\$893.12	\$746.20	\$1,500.00
9/13/10	9130006	\$354.44	\$0.00	\$446.56	\$373.10	\$750.00
9/13/10	9130007	\$354.44	\$0.00	\$1,786.24	\$373.10	\$0.00
9/13/10	9130008	\$708.88	\$708.88	\$0.00	\$1,492.40	\$1,500.00
9/13/10	9130009	\$0.00	\$2,599.02	\$2,478.08	\$1,492.40	\$0.00
9/13/10	9130010	\$2,000.00	\$1,965.60	\$0.00	\$0.00	\$0.00
9/20/10	9130012	\$0.00	\$0.00	\$0.00	\$0.00	\$375.00
9/20/10	9130018	\$0.00	\$0.00	\$0.00	\$0.00	\$375.00
9/27/10	9130027	\$354.44	\$354.44	\$0.00	\$0.00	\$750.00
9/27/10	9130024	\$1,417.76	\$0.00	\$0.00	\$0.00	\$0.00
9/27/10	9130025	\$0.00	\$531.66	\$0.00	\$0.00	\$0.00
10/12/10	9130031	\$0.00	\$177.22	\$0.00	\$0.00	\$0.00
10/12/10	9130030	\$0.00	\$177.22	\$0.00	\$0.00	\$0.00
10/12/10	9130029	\$0.00	\$0.00	\$0.00	\$0.00	\$375.00
10/12/10	9130028	\$1,417.76	\$1,471.76	\$0.00	\$0.00	\$3,000.00
10/29/10	9130038	\$0.00	\$177.22	\$0.00	\$0.00	\$0.00
10/29/10	9130039	\$0.00	\$737.10	\$0.00	\$0.00	\$375.00
11/15/10	9130040	\$0.00	\$836.91	\$0.00	\$1,865.50	\$0.00
12/11/10	9130046	\$0.00	\$0.00	\$468.56	\$390.08	\$0.00
12/11/10	9130044	\$0.00	\$0.00	\$468.56	\$390.08	\$375.00
12/11/10	9130047	\$0.00	\$0.00	\$937.12	\$780.16	\$3,000.00
12/11/10	9130051	\$125.00	\$0.00	\$0.00	\$0.00	\$3,000.00
1/3/11	9130056	\$0.00	\$0.00	\$3,748.48	\$0.00	\$0.00
1/3/11	9130057	\$0.00	\$0.00	(\$2,486.82)	\$0.00	\$0.00
1/3/11	9130059	\$0.00	\$0.00	\$11,245.44	\$0.00	\$0.00
1/3/11	9130062	\$0.00	\$0.00	\$937.12	\$0.00	\$0.00
1/14/11	9130064	\$0.00	\$0.00	\$2,811.36	\$0.00	\$0.00
3/1/11	9130070	\$0.00	\$0.00	\$937.12	\$780.16	\$6,375.00
4/3/11	9130073	\$0.00	\$0.00	\$0.00	\$0.00	\$7,312.50
4/3/11	9130075	\$0.00	\$122.85	\$0.00	\$0.00	\$0.00
4/3/11	9130076	\$0.00	\$0.00	\$351.42	\$292.56	\$6,375.00

Date Submitted	Invoice No.	Superintendent	Gen Foreman	Op Local 14	Op local 15	750 Tower Crane
4/3/11	9130080	\$0.00	\$0.00	\$468.56	\$390.08	\$1,500.00
4/3/11	9130086	\$0.00	\$0.00	\$937.12	\$780.16	\$3,000.00
4/3/11	9130087	\$0.00	\$0.00	\$937.12	\$780.16	\$0.00
5/3/11	9130094	\$0.00	(\$982.80)	(\$1,112.83)	(\$926.44)	\$4,000.00
5/3/11	9130095	\$500.00	\$0.00	\$0.00	\$0.00	\$4,000.00
6/1/11	9130050R	\$0.00	\$0.00	\$25,182.72	\$8,434.08	\$0.00
Totals		\$10,422.68	\$11,003.72	\$54,560.97	\$20,299.28	\$50,187.50

Tickets for light towers, air compressors, welding equipment, boom lift, 1090 crane and generators are shown below:

Date	Invoice No.	Light Towers	Air Compressor	Welding Equip	Boom Lift	1090 Crane	Generator
9/13/10	9130001	\$40.80	\$128.52	\$0.00	\$0.00	\$0.00	\$0.00
9/13/10	9130002	\$10.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9/13/10	9130003	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9/13/10	9130004	\$3.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9/13/10	9130005	\$3.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9/13/10	9130006	\$6.80	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9/13/10	9130007	\$6.80	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9/13/10	9130008	\$27.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9/13/10	9130009	\$0.00	\$0.00	\$835.38	\$0.00	\$0.00	\$0.00
9/13/10	9130010	\$0.00	\$0.00	\$835.38	\$0.00	\$0.00	\$0.00
9/13/10	9130011	\$0.00	\$0.00	\$835.38	\$0.00	\$0.00	\$0.00
9/13/10	9130012	\$0.00	\$0.00	\$835.38	\$0.00	\$0.00	\$0.00
9/20/10	9130012	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9/20/10	9130013	\$0.00	\$0.00	\$128.52	\$0.00	\$0.00	\$0.00
9/20/10	9130014	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9/20/10	9130015	\$0.00	\$0.00	\$257.04	\$0.00	\$0.00	\$0.00
9/20/10	9130016	\$0.00	\$0.00	\$257.04	\$0.00	\$0.00	\$0.00
9/20/10	9130017	\$0.00	\$0.00	\$257.04	\$0.00	\$0.00	\$0.00
9/20/10	9130018	\$3.40	\$0.00	\$257.04	\$0.00	\$0.00	\$0.00
9/27/10	9130027	\$13.60	\$64.26	\$0.00	\$0.00	\$0.00	\$0.00
9/27/10	9130025	\$20.40	\$96.39	\$0.00	\$0.00	\$0.00	\$0.00
10/12/10	9130033	\$0.00	\$0.00	\$0.00	\$168.00	\$0.00	\$0.00
10/12/10	9130031	\$0.00	\$0.00	\$257.04	\$0.00	\$0.00	\$0.00
10/12/10	9130028	\$54.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11/15/10	9130041	\$0.00	\$642.60	\$642.60	\$0.00	\$0.00	\$0.00
12/11/10	9130046	\$0.00	\$0.00	\$353.43	\$0.00	\$1,500.00	\$0.00
12/11/10	9130045	\$0.00	\$0.00	\$353.43	\$0.00	\$0.00	\$0.00

Date	Invoice No.	Light Towers	Air Compressor	Welding Equip	Boom Lift	1090 Crane	Generator
12/11/10	9130043	\$0.00	\$0.00	\$2,409.75	\$0.00	\$0.00	\$0.00
1/3/11	9130056	\$0.00	\$0.00	\$1,028.16	\$0.00	\$0.00	\$0.00
1/3/11	9130059	\$0.00	\$0.00	\$2,184.84	\$0.00	\$0.00	\$0.00
1/3/11	9130060	\$0.00	\$0.00	\$257.04	\$0.00	\$0.00	\$0.00
1/3/11	9130062	\$0.00	\$0.00	\$321.30	\$0.00	\$0.00	\$0.00
1/14/11	9130065	\$0.00	\$0.00	\$0.00	\$448.00	\$0.00	\$0.00
1/14/11	9130064	\$0.00	\$0.00	\$771.12	\$0.00	\$0.00	\$0.00
1/14/11	9130066	\$0.00	\$0.00	\$128.52	\$0.00	\$0.00	\$0.00
3/1/11	9130072	\$0.00	\$0.00	\$771.12	\$0.00	\$0.00	\$0.00
4/3/11	9130078	\$0.00	\$0.00	\$257.04	\$0.00	\$0.00	\$0.00
4/3/11	9130082	\$0.00	\$0.00	\$1,285.20	\$0.00	\$0.00	\$0.00
4/3/11	9130089	\$0.00	\$0.00	\$96.39	\$0.00	\$0.00	\$0.00
4/3/11	9130090	\$0.00	\$0.00	\$257.04	\$0.00	\$0.00	\$0.00
4/3/11	9130091	\$0.00	\$0.00	\$192.78	\$0.00	\$0.00	\$0.00
4/3/11	9130092	\$0.00	\$0.00	\$128.52	\$0.00	\$0.00	\$0.00
5/3/11	9130095	\$0.00	\$0.00	\$1,092.45	\$952.00	\$0.00	\$0.00
5/3/11	9130097	\$0.00	\$0.00	\$0.00	\$112.00	\$0.00	\$0.00
6/1/11	9130050R	\$0.00	\$0.00	\$2,184.84	\$0.00	\$0.00	\$1,919.00
Total		\$190.40	\$931.77	\$19,470.81	\$1,680.00	\$1,500.00	\$1,919.00

Summary:

The summary of the time sensitive cost included in the changes and the time and material tickets is provided below:

Description	Amount
Equip charges	\$166,546.48
General Foremen	\$11,003.72
Operator	\$104,922.81
Superintendent	<u>\$10,422.68</u>
Total	<u>\$292,895.69</u>

Attachment 4

W&W was unable to mitigate 4,650 of the 10,005 hours impacted as a result of the design deficiencies

Attachment 4

W&W was unable to mitigate 4,650 of the 10,005 hours impacted as a result of the design deficiencies;

As discussed previously, maintaining a full shop is a difficult balance between bidding new work and fulfilling schedule commitments. W&W simply cannot commit to its customers to perform work, which it does not have the capacity to do. Although it has several facilities, each acts independently as to schedule and what its availability is at any given period.

In this case AFCO committed its shop to perform the work for this project by the schedule dictated on the bid documents as follows:

Dates	Plan
12/28/2009	100
1/4/2010	200
1/11/2010	350
1/18/2010	500
1/25/2010	1,000
2/1/2010	1,000
2/8/2010	1,500
2/15/2010	1,500
2/22/2010	1,500
3/1/2010	1,000
3/5/2010	750
3/15/2010	500
3/22/2010	105
Total	10,005

The plan developed by W&W, using its AFCO plant, would meet the erection dates established in the contract.

As shown in **Attachment 1**, the shop drawings necessary for fabrication could not be prepared in time for the fabrication start of December 28, 2009, as planned by AFCO. As a result; AFCO was forced to underutilize its shop until management could develop a plan which would safely allow for the job to complete on schedule, and to support the field requirements.

AFCO, working with W&W's plant, arranged for work to be transferred that would partially offset some of the losses it was incurring and also to allow for shop time at W&W to perform the work in a later time. AFCO's shop for the 2nd quarter was essentially full, which meant it could not now perform the project during the period which the fabrication had been shifted.

W&W shifted a large amount of the John Wayne Airport project to AFCO, which opened up W&W's Oklahoma shop to perform the work for this delayed project in a later time frame. As a result of the transfer, AFCO's shop had losses, but not to the extent that it would have incurred but for the transfer. It also saved the Owner large amounts of overtime, which would have occurred had not W&W handled the problem in the creative way it did.

The net result of the issues was that AFCO lost 4,650 hours, which W&W was unable to mitigate.

The 4,650 hours were determined as follows:

Period	Actual	Plan	Capacity	Open hours	Unmitigated hours
12/28/2009	4,512	100	7,500	2,988	100
1/4/2010	5,813	200	7,500	1,687	200
1/11/2010	6,242	350	7,500	1,258	350
1/18/2010	6,001	500	7,500	1,499	500
1/25/2010	6,261	1,000	7,500	1,239	1,000
2/1/2010	6,425	1,000	7,500	1,075	1,000
2/8/2010	5,409	1,500	7,500	2,091	1,500
				Total	4,650

Attachment 5
The hourly cost is \$29.17

Attachment 5

The hourly cost is \$29.17;

The damages which W&W incurred for the unmitigated 4,650 hours is limited to the "fixed Cost" of its factory as related to its AFCO facility.

This attachment provides the accounting used to establish what that cost was at the time of the loss.

AFCO STEEL COST PER MANHOUR	2009 TOTAL	\$/PMH	Variable Cost	Fixed Cost	Footnotes
LABOR	\$12,934,440.08	\$16.48	\$13.81		a
TEMPORARY LABOR	\$2,246,703.85	\$2.86	\$2.40		b
VACATION & HOLIDAY	\$1,051,134.34	\$1.34			b
SUPERVISION/SUPPORT	\$4,089,650.39	\$5.21			b
PAYROLL TAX	\$1,427,627.06	\$1.82	\$4.16		b
WORKMANS COMP	\$419,623.11	\$0.53	\$0.72		b
LABOR & SUPERVISION	\$22,169,178.83	\$28.25	\$21.09		c
GROUP HOSPITAL	\$1,828,897.72	\$2.33			b
MEDICAL	\$0.00	\$0.00			b
MEDICAL COST	\$1,828,897.72	\$2.33			
THRIFT PLAN #1	\$0.00	\$0.00			
THRIFT PLAN "A" PLANT	\$1,070,835.85	\$1.36			b
THRIFT PLAN COST	\$1,070,835.85	\$1.36			
AUTO EXPENSE	\$19,399.84	\$0.02			
TRUCK EXPENSE	\$1,384.32	\$0.00			
STORAGE	\$0.00	\$0.00			
TRAFFIC & STORAGE	\$20,784.16	\$0.02			
TRAVEL EXPENSE	\$101,217.95	\$0.13			
MEALS & ENTERTAINMENT	\$0.00	\$0.00			
TRAVEL & ENTERTAINMENT	\$101,217.95	\$0.13			
TELEPHONE	\$69,765.36	\$0.09			
UTILITIES	\$1,557,872.80	\$1.98			
UTILITY COST	\$1,627,638.16	\$2.07			
SUPPLIES	\$2,798,403.44	\$3.57	\$1.76		d
REPAIRS & MAINTENANCE	\$1,391,120.85	\$1.77			
SMALL TOOLS EXPENSE	\$518,840.95	\$0.66			
SUPPLY/REPAIR COST	\$4,708,365.24	\$6.00			
GUARD SERVICE	\$81,203.02	\$0.10			
COMPUTER LEASE MAINTENANCE	\$0.00	\$0.00			
COMPUTER EXPENSES ALLOC	\$0.00	\$0.00			
MISC EXPENSES	\$43,354.41	\$0.06			
INSURANCE-GENERAL	\$118,349.34	\$0.15			
RENT OF EQUIPMENT	\$29,797.62	\$0.04			
OTHER COST	\$272,704.39	\$0.35			
DEPRECIATION	\$1,680,862.52	\$2.14			

AFCO STEEL COST PER MANHOUR	2009 TOTAL	S/PMH	Variable Cost	Fixed Cost	Footnotes
TAXES -GENERAL	\$349,587.19	\$0.45			
MANUFACTURING COST	\$33,830,072.01	\$43.10	\$22.85	\$20.26	e
MANUFACTURING COST /HR	\$43.10				
G & A					
SALARIES & WAGES	\$3,488,781.09	\$4.45			
PAYROLL TAX	\$322,467.96	\$0.41			
WORKMANS COMP	\$42,814.81	\$0.05			
GROUP HOSPITAL	\$289,487.93	\$0.37			
THRIFT PLAN "A"	\$276,272.84	\$0.35			
ADVERTISING	\$25,426.85	\$0.03			
AUTO EXPENSE	\$96,808.07	\$0.12			
TRAVEL EXPENSE	\$288,054.94	\$0.37			
ENTERTAINMENT	\$141,886.27	\$0.18			
DEPRECIATION	\$149,486.17	\$0.19			
INSURANCE-GENERAL	\$294,595.34	\$0.38			
TAXES -GENERAL	\$66,678.03	\$0.08			
OFFICE SUPPLIES & EXPENSE	\$167,599.94	\$0.21			
TELEPHONE	\$98,162.78	\$0.13			
POSTAGE	\$59,402.38	\$0.08			
PROFESSIONAL FEES	\$337,197.78	\$0.43			
DUES & SUBSCRIPTION	\$99,607.70	\$0.13			
CONVENTIONS,MEETINGS & EDUC	\$17,744.26	\$0.02			
CONTRIBUTIONS	\$65,417.27	\$0.08			
RETIREMENT	\$0.00	\$0.00			
REPAIRS & MAINTENANCE	\$208,090.19	\$0.27			
MISCELLANEOUS	-\$190,689.46	-\$0.24			
COMPUTER EXPENSE	\$2,212.05	\$0.00			
COMPUTER EXPENSES ALLOC	\$0.00	\$0.00			
TEMPORARY LABOR	\$36,310.43	\$0.05			
INHOUSE DETAILING/ENGINEERING	\$607,885.97	\$0.77			
TOTAL G & A COST	\$6,991,701.59	\$8.91		\$8.91	f
TOTAL G & A COST/HOUR	\$8.91				
TOTAL COST	\$40,821,773.60	\$52.01		\$29.17	

Footnotes:

- A The unproductive hours is considered as fixed.
- B Rather than calculating each of the burdens, a single distribution was used.
- C The difference between the \$28.25 and the \$21.09 is fixed
- D The supplies were analyzed; a distribution was made based on the data.
- E Fixed is the difference between what has been determined as variable less the total cost.
- F All G&A is considered fixed. AFCO recovers those cost shown through its shop rate.

Attachment 6
Cost to move materials from Little Rock to Oklahoma
City

Attachment 6

Cost to move materials from Little Rock to Oklahoma City;

Once W&W was able to get permission to shift some of the work from its Oklahoma shop to AFCO, which opened up shop time, W&W would use to mitigate the delay caused by the Owner's changes the shift of the materials which AFCO had on hand became necessary. The materials which AFCO had purchased and had delivered must be shipped to Oklahoma City, in order for W&W's Oklahoma City shop to fabricate the steel for the memorial.

W&W only shipped materials that AFCO could not use in its ordinary projects which it had on hand. Approximately 300 tons of raw steel was not shipped, but used on other projects at AFCO.

The materials were shipped and the cost was as follows:

Date	Vendor	Amount
4/13/2010	FEDEX FREIGHT EAST	\$278.63
4/15/2010	JONES HEAVY HAULING.INC.	\$755.50
4/15/2010	JONES HEAVY HAULING.INC.	\$1,145.00
4/15/2010	JONES HEAVY HAULING.INC.	\$950.00
4/15/2010	JONES HEAVY HAULING.INC.	\$950.00
4/15/2010	JONES HEAVY HAULING.INC.	\$950.00
4/15/2010	JONES HEAVY HAULING.INC.	\$950.00
4/15/2010	JONES HEAVY HAULING.INC.	\$950.00
4/15/2010	JONES HEAVY HAULING.INC.	\$755.50
4/15/2010	JONES HEAVY HAULING.INC.	\$755.50
4/15/2010	JONES HEAVY HAULING.INC.	\$755.50
4/15/2010	JONES HEAVY HAULING.INC.	\$755.50
4/15/2010	JONES HEAVY HAULING.INC.	\$755.50
4/15/2010	JONES HEAVY HAULING.INC.	\$755.50
4/15/2010	JONES HEAVY HAULING.INC.	\$950.00
4/15/2010	JONES HEAVY HAULING.INC.	\$1,145.00
4/15/2010	JONES HEAVY HAULING.INC.	\$1,795.00
4/15/2010	JONES HEAVY HAULING.INC.	\$755.50
4/15/2010	JONES HEAVY HAULING.INC.	\$755.50
4/15/2010	JONES HEAVY HAULING.INC.	\$950.00
4/15/2010	JONES HEAVY HAULING.INC.	\$950.00
4/22/2010	JONES HEAVY HAULING.INC.	\$755.50
4/22/2010	JONES HEAVY HAULING.INC.	\$755.50
4/22/2010	JONES HEAVY HAULING.INC.	\$950.00
4/22/2010	JONES HEAVY HAULING.INC.	\$950.00
4/22/2010	JONES HEAVY HAULING.INC.	\$1,018.00
4/22/2010	JONES HEAVY HAULING.INC.	\$1,018.00
4/22/2010	JONES HEAVY HAULING.INC.	\$1,018.00

Date	Vendor	Amount
4/22/2010	JONES HEAVY HAULING.INC.	\$755.50
4/22/2010	JONES HEAVY HAULING.INC.	\$755.50
4/22/2010	JONES HEAVY HAULING.INC.	\$950.00
4/22/2010	J.B. HUNT TRANSPORT, INC.	\$895.00
4/26/2010	JONES HEAVY HAULING.INC.	\$950.00
4/26/2010	JONES HEAVY HAULING.INC.	\$755.50
4/26/2010	JONES HEAVY HAULING.INC.	\$755.50
4/26/2010	JONES HEAVY HAULING.INC.	\$950.00
4/26/2010	JONES HEAVY HAULING.INC.	\$950.00
4/26/2010	J.B. HUNT TRANSPORT, INC.	\$895.00
4/26/2010	J.B. HUNT TRANSPORT, INC.	\$895.00
4/26/2010	J.B. HUNT TRANSPORT, INC.	\$895.00
4/26/2010	J.B. HUNT TRANSPORT, INC.	\$895.00
4/26/2010	J.B. HUNT TRANSPORT, INC.	\$895.00
4/26/2010	J.B. HUNT TRANSPORT, INC.	\$895.00
4/26/2010	J.B. HUNT TRANSPORT, INC.	\$895.00
4/29/2010	J.B. HUNT TRANSPORT, INC.	\$895.00
4/29/2010	MELTON TRUCK LINES, INC.	\$957.00
4/29/2010	PRIME INC.	\$1,300.00
4/30/2010	J.B. HUNT TRANSPORT, INC.	\$895.00
4/30/2010	J.B. HUNT TRANSPORT, INC.	\$895.00
4/30/2010	JONES HEAVY HAULING.INC.	\$755.50
4/30/2010	JONES HEAVY HAULING.INC.	\$755.50
5/21/2010	JONES HEAVY HAULING.INC.	\$950.00
5/21/2010	J.B. HUNT TRANSPORT, INC.	\$895.00
5/31/2010	JONES HEAVY HAULING.INC.	\$755.50
5/31/2010	JONES HEAVY HAULING.INC.	\$1,018.00
6/16/2010	JONES HEAVY HAULING.INC.	\$316.67
6/30/2010	CAST TRANSPORTATION	\$3,088.00
6/30/2010	CAST TRANSPORTATION	<u>\$3,088.00</u>
Total		\$55,634.80

In addition to the cost of shipping the materials, the materials must be loaded and then unloaded when it arrives in the Oklahoma City shop. AFCO had already incurred the expense of unloading the materials when it arrived from the supplier initially.

The loading cost is estimated at \$75.00 per ton or (800 tons @ \$75.00) \$60,000.00.

The unloading cost is also estimated at \$75.00 per ton or (800 tons @ \$75.00) \$60,000.00.

Attachment 7

The weather data reports only one day which W&W would be subject to snow had the delays not occurred

Attachment 7

The weather data reports only one day which W&W would be subject to snow had the delays not occurred;

The original plan required of W&W and the plan proposed and utilized by the Owner, was to start erection on March 16, 2010. The plan contemplated some preparatory work in the weeks prior to March 16, 2010, such as installation of temporary crane platform and assembly of a crawler crane.

The weather during the planned period on the project was:

Date	Incident	Quantity
Tuesday, March 02, 2010	Rain	0.01 in
Wednesday, March 03, 2010	Rain	0.07 in
Friday, March 12, 2010	Rain	0.21 in
Saturday, March 13, 2010	Rain	3.86 in
Sunday, March 14, 2010	Rain	0.24 in
Monday, March 15, 2010	Rain	0.33 in
Tuesday, March 16, 2010	Rain	T
Monday, March 22, 2010	Rain	1.34 in
Tuesday, March 23, 2010	Rain	0.11 in
Friday, March 26, 2010	Rain	0.14 in
Sunday, March 28, 2010	Rain	0.54 in
Monday, March 29, 2010	Rain	1.58 in
Tuesday, March 30, 2010	Rain	2.45 in
Wednesday, March 31, 2010	Rain	0.01 in
Friday, April 09, 2010	Rain	0.3 in
Friday, April 16, 2010	Rain	0.31 in
Saturday, April 17, 2010	Rain	0.01 in
Wednesday, April 21, 2010	Rain	0.03 in
Sunday, April 25, 2010	Rain	1.6 in
Monday, April 26, 2010	Rain	0.69 in
Tuesday, April 27, 2010	Rain	0.05 in
Monday, May 03, 2010	Fog, Rain	1.29 in
Saturday, May 08, 2010	Rain	0.04 in
Wednesday, May 12, 2010	Rain	0.43 in
Friday, May 14, 2010	Rain	0.04 in
Tuesday, May 18, 2010	Rain	1.09 in
Wednesday, May 19, 2010	Rain	T
Sunday, May 23, 2010	Rain	0.01 in
Monday, May 24, 2010	Rain	0.03 in
Thursday, May 27, 2010	Rain	0.06 in
Tuesday, June 01, 2010	Rain	T
Sunday, June 06, 2010	Rain	0.02 in

Date	Incident	Quantity
Wednesday, June 09, 2010	Rain	0.89 in
Thursday, June 10, 2010	Fog, Rain	0.25 in
Sunday, June 13, 2010	Fog, Rain	0.30 in
Monday, June 14, 2010	Rain	0.01 in
Thursday, June 17, 2010	Fog, Rain	0.45 in
Sunday, June 20, 2010	Rain	0.01 in
Tuesday, June 22, 2010	Fog, Rain	0.27 in
Monday, June 28, 2010	Rain	0.01 in
Thursday, July 08, 2010	Rain	T
Friday, July 09, 2010	Rain	0.02 in
Sunday, July 11, 2010	Rain	0.01 in
Tuesday, July 13, 2010	Fog, Rain	0.84 in

Legend:
Snow
Rain > .4 inches
Non Work Day

The timing of the original work would have put the project for W&W in a period where favorable weather conditions occurred. No lost time or extra work due to snow, only 8 workdays were affected by rain of which 3 days likely would have impacted the project so lost time would not have occurred.

Attachment 8

Details of the cost calculations are provided

Attachment 8

Details of the cost calculations are provided;

W&W Steel Erectors, LLC is a separate company from W&W Steel, LLC . W&W's parent company maintains separate cost accounts for its erection company. W&W's parent company WWSC Holdings, LLC also has cost related to its erection and project management included in its AFCO company accounts.

An analysis was made of each of the cost items listed below to determine the total amount expended and if such costs should properly be considered as a time sensitive cost. Unless shown differently the cost appears in the W&W Erectors job costs.

The cost determined was:

Description	Cost
Job site Equipment	\$1,058,419.00
Safety Labor	\$98,550.00
Superintendent	\$422,294.00
Safety Director	\$313,176.00
Job Office Labor	\$25,251.00
Safety Job Supplies	\$59,488.00
Plumb Steel Job Supplies	\$21,211.00
Superintendent Job Supplies	\$2,480.00
Site Office Job Supplies	\$3,025.00
Project Manager travel	\$30,340.76
Engineering	\$128,444.00
Jobsite cost labor	\$36,940.05
Job site cost auto	\$42,801.44
Jobsite cost rental	\$16,149.50
Job site cost office	\$620.63
Other Travel and shipping	\$73,324.75
Job Site Office Rental	\$85,192.00
Operators, Oilers	\$558,672.09
Traffic Control Labor	\$ 65,662.00
Total	<u>\$3,042,041.22</u>

Extracted from Cost reports:

Safety Labor

Safety Labor	\$ 98,550.00	<u>\$ 98,550.00</u>
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Superintendent

Superintendent Labor Burden	\$422,294.00	<u>\$422,294.00</u>
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Safety Director

Safety Director Labor	\$289,615.00	
Safety Director Subcontractor	\$ 23,561.00	<u>\$313,176.00</u>

Job Office Labor

Site Office Labor	\$ 25,251.00	<u>\$25,251.00</u>
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Safety Job Supplies

Safety Job Supplies	\$ 59,488.00	<u>\$59,488.00</u>
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Plumb Steel Job Supplies

Plumb Steel Job Supplies	\$ 21,211.00	<u>\$21,211.00</u>
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Superintendent Job Supplies

Superintendent Job Supplies	\$ 2,480.00	<u>\$2,480.00</u>
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Site Office Job Supplies

Other Direct Costs Office Supplies	\$1,473.00	
Site Office Job Supplies	\$1,552.00	<u>\$3,025.00</u>

Project Manager travel (AFCCO booked cost)

2/28/2011	AMERICAN EXPRESS /IN: 022811	\$2,911.90
5/31/2010	AMERICAN EXPRESS /IN: 052310*	\$3,165.50
6/30/2010	AMERICAN EXPRESS /IN: 062210	\$2,048.00
7/31/2010	AMERICAN EXPRESS /IN: 072210	-\$320.20
8/31/2010	AMERICAN EXPRESS /IN: 082210	\$3,413.50
9/30/2010	AMERICAN EXPRESS /IN: 092210	\$3,002.20
10/31/2010	AMERICAN EXPRESS /IN: 102210	\$1,393.60
11/30/2010	AMERICAN EXPRESS /IN: 112210	\$3,384.90
12/31/2010	AMERICAN EXPRESS /IN: 122210	\$239.40
5/7/2010	GARY D. JOHNSON 024390	\$163.00
5/7/2010	GARY D. JOHNSON 024390	\$88.78
5/17/2010	GARY D. JOHNSON 024555	\$223.46

Project Manager travel (AFCO booked cost)		
5/28/2010	GARY D. JOHNSON 024702	\$21.70
6/7/2010	GARY D. JOHNSON 024892	\$77.67
6/28/2010	GARY D. JOHNSON 025297	\$54.78
7/20/2010	GARY D. JOHNSON 025728	\$329.02
8/2/2010	GARY D. JOHNSON 025929	\$175.71
8/16/2010	GARY D. JOHNSON 026181	\$101.97
8/30/2010	GARY D. JOHNSON 026449	\$51.48
9/10/2010	GARY D. JOHNSON 026610	\$65.37
9/24/2010	GARY D. JOHNSON 026994	\$158.84
10/1/2010	GARY D. JOHNSON 027121	\$10.60
10/18/2010	GARY D. JOHNSON 027401	\$118.17
10/25/2010	GARY D. JOHNSON 027528	\$146.69
11/5/2010	GARY D. JOHNSON 027735	\$72.77
12/6/2010	GARY D. JOHNSON 028185	\$24.57
12/15/2010	GARY D. JOHNSON 028351	\$242.01
12/28/2010	GARY D. JOHNSON 028640	\$133.60
1/18/2011	GARY D. JOHNSON 028976	\$21.20
2/2/2011	GARY D. JOHNSON 029236	\$68.57
2/21/2011	GARY D. JOHNSON 029578	\$69.39
5/17/2010	GARY D. JOHNSON 024555	\$732.72
5/28/2010	GARY D. JOHNSON 024702	\$682.69
6/7/2010	GARY D. JOHNSON 024892	\$97.90
6/28/2010	GARY D. JOHNSON 025297	\$572.89
8/2/2010	GARY D. JOHNSON 025929	\$589.86
8/16/2010	GARY D. JOHNSON 026181	\$452.53
8/30/2010	GARY D. JOHNSON 026449	\$504.95
9/10/2010	GARY D. JOHNSON 026610	\$441.16
9/24/2010	GARY D. JOHNSON 026994	\$202.80
10/1/2010	GARY D. JOHNSON 027121	\$671.75
10/18/2010	GARY D. JOHNSON 027401	\$160.08
10/25/2010	GARY D. JOHNSON 027528	\$1,119.26
11/5/2010	GARY D. JOHNSON 027735	\$487.13
12/6/2010	GARY D. JOHNSON 028185	\$551.24
12/15/2010	GARY D. JOHNSON 028351	\$652.40
12/28/2010	GARY D. JOHNSON 028640	\$13.00
2/2/2011	GARY D. JOHNSON 029236	\$374.97
2/21/2011	GARY D. JOHNSON 029578	\$375.28
		<u>\$30,340.76</u>

Traffic Control Labor

Traffic Control Labor	\$ 65,662.00	<u>\$65,662.00</u>
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Operators, Oilers (cost from certified payrolls)

Period Ending	Total includes burdens
07/24/10	\$1,879.28
07/31/10	\$21,777.30
08/07/10	\$20,984.11
08/14/10	\$29,559.44
08/21/10	\$22,917.74
08/28/10	\$23,896.99
09/04/10	\$24,894.58
09/11/10	\$19,020.47
09/18/10	\$24,522.87
09/25/10	\$22,432.07
10/02/10	\$25,773.66
10/09/10	\$23,553.58
10/16/10	\$22,321.20
10/23/10	\$22,012.09
10/30/10	\$25,730.77
11/06/10	\$23,544.46
11/13/10	\$25,473.31
11/20/10	\$20,580.11
11/27/10	\$16,204.03
12/04/10	\$15,372.85
12/11/10	\$27,056.58
12/18/10	\$15,461.88
12/25/10	\$7,141.26
01/01/11	\$4,510.27
01/08/11	\$3,758.56
01/15/11	\$6,878.36
01/22/11	\$7,385.67
01/29/11	\$5,889.15
02/05/11	\$2,255.14
02/12/11	\$7,966.71
02/19/11	\$3,805.54
02/26/11	\$1,879.28
03/05/11	\$2,161.17
03/12/11	\$8,530.54

Operators, Oilers (cost from certified payrolls)

03/19/11	\$7,213.27
03/26/11	\$1,879.28
04/02/11	\$1,879.28
04/09/11	\$4,510.27
04/16/11	\$4,573.65
04/23/11	\$1,485.31

\$558,672.09

Jobsite cost labor (AFCO booked cost)

8/31/2010	ONSITE JOB MANAGERS	\$8,292.17	
9/30/2010	ONSITE JOB MANAGERS	\$8,189.41	
10/31/2010	ONSITE JOB MANAGERS	\$8,114.03	
11/30/2010	ONSITE JOB MANAGERS	\$8,225.44	
12/31/2010	ONSITE JOB MANAGERS	\$4,119.00	\$36,940.05

Job site cost auto (AFCO booked cost)

7/20/2010	JOHN MONTANA	\$1,302.95	
7/31/2010	AMERICAN EXPRESS	\$2,097.30	
8/4/2010	JOHN MONTANA	\$1,389.86	
8/19/2010	JOHN MONTANA	\$11,777.53	
8/31/2010	JOHN MONTANA	\$1,120.17	
9/17/2010	JOHN MONTANA	\$1,267.59	
9/30/2010	AMERICAN EXPRESS	\$1,328.60	
10/5/2010	JOHN MONTANA	\$2,552.56	
10/13/2010	UNIVERSAL FLEETCARD	\$27.65	
10/25/2010	JOHN MONTANA	\$589.16	
10/25/2010	JOHN MONTANA	\$329.73	
10/31/2010	AMERICAN EXPRESS	\$3,558.00	
11/5/2010	JOHN MONTANA	\$794.98	
11/11/2010	UNIVERSAL FLEETCARD	\$42.63	
11/30/2010	JOHN MONTANA	\$1,283.91	
11/30/2010	UNIVERSAL FLEETCARD	\$43.76	
11/30/2010	AMERICAN EXPRESS	\$4,119.90	
12/14/2010	JOHN MONTANA	\$4,271.89	
12/15/2010	UNIVERSAL FLEETCARD	\$93.46	
12/28/2010	UNIVERSAL FLEETCARD	\$113.25	
12/31/2010	JOHN MONTANA	\$1,027.50	
12/31/2010	AMERICAN EXPRESS	\$2,862.00	
1/31/2011	AMERICAN EXPRESS	\$152.80	
2/3/2011	JOHN MONTANA	\$654.26	\$42,801.44

Jobsite cost rental (AFCO booked cost)

8/12/2010	FURNISHED QUARTERS, LLC	\$6,056.06	
8/25/2010	FURNISHED QUARTERS, LLC	\$6,257.93	
8/27/2010	FURNISHED QUARTERS, LLC	-	
		\$6,257.93	
8/27/2010	FURNISHED QUARTERS, LLC	\$6,257.93	
10/11/2010	FURNISHED QUARTERS, LLC	<u>\$3,835.51</u>	\$16,149.50

Job site cost office (AFCO booked cost)

9/23/2010	AT&T MOBILITY	\$154.48	
10/21/2010	AT&T MOBILITY	\$156.65	
11/22/2010	AT&T MOBILITY	\$153.57	
12/22/2010	AT&T MOBILITY	<u>\$155.93</u>	\$620.63

Engineering

Job site Engineering Labor	\$115,781.00	
Engineering Subcontract	<u>\$12,662.00</u>	\$128,444.00

Other Travel and shipping (W&W OKC booked cost)

This cost includes detailing travel and shipping

9/30/2009	AMERICAN EXPRESS	\$959.77
11/30/2009	WELDON L. MANN JR	\$840.00
11/30/2009	FEDERAL EXPRESS CORP.	\$47.16
11/30/2009	FEDERAL EXPRESS CORP.	\$23.88
11/30/2009	AMERICAN AIRLINES INC	\$3,211.70
11/30/2009	FEDERAL EXPRESS CORP.	\$25.44
11/30/2009	FEDERAL EXPRESS CORP.	\$14.03
11/30/2009	FEDERAL EXPRESS CORP.	\$22.15
11/30/2009	HERTZ CORPORATION	\$192.23
12/31/2009	FEDERAL EXPRESS CORP.	\$39.55
12/31/2009	FEDERAL EXPRESS CORP.	\$44.20
12/31/2009	FEDERAL EXPRESS CORP.	\$40.81
12/31/2009	FEDERAL EXPRESS CORP.	\$94.87
12/31/2009	FEDERAL EXPRESS CORP.	\$119.33
1/31/2010	FEDERAL EXPRESS CORP.	\$23.70
1/31/2010	FEDERAL EXPRESS CORP.	\$42.73
1/31/2010	FEDERAL EXPRESS CORP.	\$318.07
1/31/2010	FEDERAL EXPRESS CORP.	\$255.43
1/31/2010	FEDERAL EXPRESS CORP.	\$47.40
1/31/2010	FEDERAL EXPRESS CORP.	\$69.82

Other Travel and shipping (W&W OKC booked cost)		
This cost includes detailing travel and shipping		
1/31/2010	FEDERAL EXPRESS CORP.	\$150.94
2/28/2010	FEDERAL EXPRESS CORP.	\$136.95
2/28/2010	FEDERAL EXPRESS CORP.	\$296.12
2/28/2010	WELDON L. MANN JR	\$955.00
2/28/2010	FEDERAL EXPRESS CORP.	\$77.93
2/28/2010	FEDERAL EXPRESS CORP.	\$191.41
2/28/2010	FEDERAL EXPRESS CORP.	\$128.06
2/28/2010	FEDERAL EXPRESS CORP.	\$210.39
2/28/2010	FEDERAL EXPRESS CORP.	\$81.56
3/31/2010	FEDERAL EXPRESS CORP.	\$87.11
3/31/2010	FEDERAL EXPRESS CORP.	\$145.68
3/31/2010	FEDERAL EXPRESS CORP.	\$283.00
3/31/2010	FEDERAL EXPRESS CORP.	\$100.42
3/31/2010	FEDERAL EXPRESS CORP.	\$210.92
3/31/2010	FEDERAL EXPRESS CORP.	\$67.09
3/31/2010	FEDERAL EXPRESS CORP.	\$79.66
3/31/2010	FEDERAL EXPRESS CORP.	\$204.21
3/31/2010	PHILLIPS 66 COMPANY	\$37.74
4/30/2010	FEDERAL EXPRESS CORP.	\$186.77
4/30/2010	FEDERAL EXPRESS CORP.	\$174.55
4/30/2010	FEDERAL EXPRESS CORP.	\$302.48
4/30/2010	WELDON L. MANN JR	\$1,761.02
4/30/2010	FEDERAL EXPRESS CORP.	\$287.60
4/30/2010	FEDERAL EXPRESS CORP.	\$180.35
4/30/2010	FEDERAL EXPRESS CORP.	\$216.31
4/30/2010	FEDEX OFFICE	\$60.16
4/30/2010	AMERICAN EXPRESS	\$1,742.03
5/31/2010	TRIANGLE/A & E INC	\$435.67
5/31/2010	WELDON L. MANN JR	\$4,066.00
5/31/2010	HERTZ CORPORATION	\$828.28
5/31/2010	FEDERAL EXPRESS CORP.	\$203.55
5/31/2010	FEDERAL EXPRESS CORP.	\$137.50
5/31/2010	WELDON L. MANN JR	\$2,652.00
5/31/2010	AMERICAN EXPRESS	\$593.06
5/31/2010	AMERICAN AIRLINES INC	\$6,040.61
5/31/2010	FEDERAL EXPRESS CORP.	\$87.85
5/31/2010	SHERRY LABORATORIES OKLA LLC	\$146.00

Other Travel and shipping (W&W OKC booked cost)		
This cost includes detailing travel and shipping		
5/31/2010	BURO HAPPOLD CONSULTING	\$683.97
6/30/2010	FEDERAL EXPRESS CORP.	\$211.63
6/30/2010	FEDERAL EXPRESS CORP.	\$154.78
6/30/2010	FEDERAL EXPRESS CORP.	\$215.81
6/30/2010	FEDERAL EXPRESS CORP.	\$134.94
6/30/2010	FEDERAL EXPRESS CORP.	\$319.13
6/30/2010	FEDERAL EXPRESS CORP.	\$10.94
7/31/2010	FEDERAL EXPRESS CORP.	\$249.59
7/31/2010	AMERICAN EXPRESS	\$484.58
7/31/2010	FEDERAL EXPRESS CORP.	\$271.19
7/31/2010	ACCURATE LABORATORIES INC	\$326.00
7/31/2010	AMERICAN AIRLINES INC	\$2,037.50
7/31/2010	FEDERAL EXPRESS CORP.	\$98.75
8/31/2010	FEDERAL EXPRESS CORP.	\$273.30
8/31/2010	BAYLESS TRAVEL ASSOCIATES	\$120.00
8/31/2010	FEDERAL EXPRESS CORP.	\$369.98
8/31/2010	FEDERAL EXPRESS CORP.	\$222.28
8/31/2010	AMERICAN AIRLINES INC	\$1,363.80
8/31/2010	FEDERAL EXPRESS CORP.	\$335.68
8/31/2010	FEDERAL EXPRESS CORP.	\$214.24
8/31/2010	FEDERAL EXPRESS CORP.	\$483.72
8/31/2010	FEDERAL EXPRESS CORP.	\$20.73
9/30/2010	FEDERAL EXPRESS CORP.	\$80.39
9/30/2010	FEDERAL EXPRESS CORP.	\$142.69
9/30/2010	AMERICAN EXPRESS	\$82.99
9/30/2010	DOUG O'CONNOR	\$1,958.33
9/30/2010	FEDERAL EXPRESS CORP.	\$314.51
9/30/2010	FEDERAL EXPRESS CORP.	\$344.74
9/30/2010	FEDERAL EXPRESS CORP.	\$150.85
10/31/2010	DOUG O'CONNOR	\$1,158.63
10/31/2010	BAYLESS TRAVEL ASSOCIATES	\$240.00
10/31/2010	FEDERAL EXPRESS CORP.	\$92.15
10/31/2010	FEDERAL EXPRESS CORP.	\$95.89
10/31/2010	DOUG O'CONNOR	\$1,181.00
10/31/2010	FEDERAL EXPRESS CORP.	\$73.72
10/31/2010	AMERICAN AIRLINES INC	\$2,107.60
10/31/2010	BAYLESS TRAVEL ASSOCIATES	\$80.00
10/31/2010	FEDERAL EXPRESS CORP.	\$134.51

Other Travel and shipping (W&W OKC booked cost)		
This cost includes detailing travel and shipping		
11/30/2010	FEDERAL EXPRESS CORP.	\$175.53
11/30/2010	DOUG O'CONNOR	\$678.00
11/30/2010	FEDERAL EXPRESS CORP.	\$244.99
11/30/2010	FEDERAL EXPRESS CORP.	\$335.21
11/30/2010	AMERICAN AIRLINES INC	\$682.99
11/30/2010	FEDERAL EXPRESS CORP.	\$205.36
11/30/2010	INSURICA – OKC	\$412.00
12/31/2010	FEDERAL EXPRESS CORP.	\$110.35
12/31/2010	FEDERAL EXPRESS CORP.	\$926.85
12/31/2010	FEDERAL EXPRESS CORP.	\$140.36
12/31/2010	FEDERAL EXPRESS CORP.	\$67.04
1/31/2011	FEDERAL EXPRESS CORP.	\$109.57
1/31/2011	FEDERAL EXPRESS CORP.	\$20.14
1/31/2011	DOUG O'CONNOR	\$459.00
1/31/2011	DOUG O'CONNOR	\$1,065.00
1/31/2011	FEDERAL EXPRESS CORP.	\$136.09
1/31/2011	CLUB QUARTERS WORLD CT	\$3,640.65
1/31/2011	FEDERAL EXPRESS CORP.	\$69.95
1/31/2011	FEDERAL EXPRESS CORP.	\$21.41
2/28/2011	DOUG O'CONNOR	\$1,074.00
2/28/2011	FEDERAL EXPRESS CORP.	\$96.19
2/28/2011	FEDERAL EXPRESS CORP.	\$107.97
2/28/2011	FEDERAL EXPRESS CORP.	\$158.44
2/28/2011	DOUG O'CONNOR	\$964.00
2/28/2011	FEDERAL EXPRESS CORP.	\$90.04
2/28/2011	STEVEN P WIGER	\$195.36
2/28/2011	DOUGLAS O'CONNOR	\$7,383.23
3/31/2011	DOUG O'CONNOR	\$395.00
3/31/2011	FEDERAL EXPRESS CORP.	\$235.34
3/31/2011	FEDERAL EXPRESS CORP.	\$173.94
3/31/2011	DOUG O'CONNOR	\$223.00
3/31/2011	FEDERAL EXPRESS CORP.	\$139.82
3/31/2011	FEDERAL EXPRESS CORP.	\$72.83
3/31/2011	FEDERAL EXPRESS CORP.	\$92.13
3/31/2011	TERRY L RIEKEN	\$684.11
3/31/2011	DOUGLAS O'CONNOR	\$4,249.14
4/30/2011	FEDERAL EXPRESS CORP.	\$61.20
4/30/2011	FEDERAL EXPRESS CORP.	\$66.72

Other Travel and shipping (W&W OKC booked cost)		
This cost includes detailing travel and shipping		
4/30/2011	FEDERAL EXPRESS CORP.	\$83.19
4/30/2011	FEDERAL EXPRESS CORP.	\$78.07
5/31/2011	FEDERAL EXPRESS CORP.	\$40.52
5/31/2011	DOUG O'CONNOR	\$253.00
5/31/2011	FEDERAL EXPRESS CORP.	\$69.47
5/31/2011	FEDERAL EXPRESS CORP.	<u>\$18.76</u>
		<u>\$73,324.75</u>

Site Office Rental

Site Office Job Equipment Rent	\$ 56,160.00	
Site Office Rent	<u>\$ 29,032.00</u>	<u>\$ 85,192.00</u>

Job site Equipment

Crane Rental Job Equipment	\$183,550.00	
Crane Rental Job Equipment Rent	\$335,255.00	
Trident Job Equipment	\$6,514.00	
Survey Job Equipment	\$15,981.00	
Bolting Job Equipment	\$65,923.00	
Welding Job Equipment Rental	\$28,646.00	
Other Direct Costs Rents	\$40,935.00	
Safety Job Equipment Rental	\$2,025.00	
Plumb Steel Job Equipment Rental	\$2,135.00	
Small Tools and Job Supplies	\$360,583.00	
Safety Job Equipment	\$6,533.00	
Deck Job Equipment	\$3,493.00	
Site Office Job Equipment	<u>\$6,846.00</u>	<u>\$1,058,419.00</u>

Attachment 9
Detailers made revisions

Attachment 9

Detailers made revisions

Because of the many changes made to the design the detailers had to revise the drawings and often make new submittals before fabrication could be accomplished.

- A Revisions made as a result of changes made to the ED drawings: 997 Hours.
- B Remediation Work: 114 Hours.
- C Design Revisions made on submittal drawings: 122 Hours.
- D Revisions made due to RFI responses: 1,043.5 Hours.

Summary:

A	ED drawings	997.0 Hours
B	Remediation	114.0 Hours
C	Submittal drawings	122.0 Hours
D	RFI responses	<u>1,043.5 Hours</u>
	Total	<u>2,276.5 Hours</u>

The details of the revisions made are:

A. ED Drawings:

Date	Design Drawing	Description	Revision Hours
2/10/10	ED1.4, ED1.1.1	ED revised (Model, connections and E12 revised)	13.00
2/10/10	S-102R8	Sub #57,58,59,60 (Comparison, distribution and revise connection)	30.00
2/10/10	S-103R8	Sub #68 & 71 (Comparison, distribution and revise connection)	28.00
2/15/10	ED15.2, ED2.15b, ED2.18d, ED3.8, ED3.8.1, ED3.8.2, ED3.8.3, ED3.35l, ED3.40f, ED3.46, ED20.2, ED20.11.1, ED20.11.2, ED2.12, ED2.13, ED2.15	Angles substitution (Connections revised)	8.00

Date	Design Drawing	Description	Revision Hours
2/19/10	S-103R8	Sub #26- ED3.8, ED3.8.1, ED3.8.2, ED3.8.3, ED3.8.5, ED3.8.6, ED3.14, ED3.15, ED3.33c, ED3.34j, ED3.41h (Make comparison between ED and revised connection in model)	26.00
2/19/10	S-102R8	Sub #34- ED12.1	8.00
2/19/10		Sub #36- ED 2n (Mill order and model revised)	12.00
2/19/10		Sub #37- ED2.14i (Revised model)	2.00
2/19/10		Sub #38- ED20.11.3 (Revised model)	8.00
2/19/10		Sub #43- Ed1.2 and ED22.4 (Revised model)	4.00
2/19/10		Make comparison between ED of Sub #19 and 22 (Some ED were the same)	1.00
2/19/10		ED of Sub #11 Make comparison and revised model	24.00
2/19/10		Headup copy and Sub #9 Comparison and revised model	30.00
2/23/10	S-102R8	Sub #27 Make comparison and distribution	1.00
2/23/10	S-102R8	Headup copy of ED20.31r0 and ED20.32r0 per email on Jan. 15, 2010 8:54am. When compare to Sub #22 which had the same revision number but the connection were different. Revise model and drawing E114rA	4.00
2/23/10		Sub #28 Compare to headup copy per email Dec. 22, 2009 8:44am	1.00
2/23/10	S-102R8	Sub #32 Make comparison and distribution, ED11.4 and ED2.3.1 revised (Revise connection in model)	12.00
2/23/10	S-102R7, S-103R8	Sub #39 Make comparison and distribution, ED11.4 and ED1.6 revised (Revise connection in model)	5.00
2/23/10	S-103R8	Sub #40 (Make comparison and distribution)	0.50
2/23/10	S-102R8	Sub #41 (Make comparison and distribution. ED 21.3 and ED21.3.1 revised. Revise connection in model)	6.00
2/23/10	S-102R8	Sub #41 ED12.2, 20.3, 22.9, 24.4 revised (Revised connection in model)	16.00
3/9/10	S-400r8	Col splice's location revised per ED3.1.3B & 3.1.3F. Revise mill order and prefab shop drawing	8.00
3/10/10	S-102R8	Sub #42 Comparison and distribution. ED1.4, 1.4.1, 1.4.2, 20.2, 23.1, 23.6, ED24.6, 24.6.1, 20.4, 1.10 Revise connections in model	22.00
3/10/10	S-102R8	Sub #16 Comparison and distribution. ED20.11, 20.11.1, 22.1, ED22.2, 22.4, 22.7, 22.8, 22.9 Revise connections in model	20.00
3/10/10	S-102R8	Sub #55 Comparison and distribution. ED1.1.1, 1.3, 22.1, 22.1.1, 22.4 Revise connections in model	12.00
3/10/10	S-102R8	Sub #56 Comparison and distribution. ED22.2, 22.3, 22.7, 22.8, 22.11, 22.14, 22.15, 24.8 Revise connections in model	16.00
3/10/10	S-102R8	Sub #43 Comparison and distribution	1.00
3/10/10	S-102R8	Sub #43 Comparison and distribution. ED2.18a, 2.18r & ED2.19i	10.00
3/24/10		Sub #52, 62, 63, v64, 65, 66, 67 (Comparison and distribution)	3.00

Date	Design Drawing	Description	Revision Hours
3/24/10		Sub #69 ED11.1 and ED13- (Comparison and distribution) ED22.8 (Comparison and distribution) Revise connection, mill order, shop drawings and model changed due to bolt's spacing, doubler plate, weld size and thickness of stiffener revised)	5.00
3/24/10		Sub #70- (Comparison and distribution) ED1.5- revise connection in model and shop drawing, revise mill order for connection plate. ED1.5.2- Charged on DCN 026. ED11.2- Stiffener (Charged on DCN 026) ED12.1- Col 24 base plate and vertical brace revised (Re	36.00
3/25/10		Sub #72- Review only	1.00
3/25/10		Sub #73- ED2M (Comparison and distribution)	2.00
3/25/10		Sub #79, 88 and 92 (Comparison and distribution)	2.00
3/25/10		Sub #95- (Comparison and distribution)	1.00
3/25/10		Sub #96- (Comparison and distribution) ED13.7- Slot added to doubler plate	4.00
3/25/10		ED11.7- Gusset plate revised (Revise model, mill order and shop drawing)	5.00
3/25/10		ED12.5- Connection revised. Prepare email. (Revise model, mill order and shop drawing)	4.00
3/25/10		Sub #98- ED20.5r1- Redrawn (Revise model, connection and mill order) (Comparison and distribution)	5.00
3/25/10		Sub #102- (Comparison and distribution)	1.00
3/25/10		ED3.8.10r2 from email. Revise model, mill order and connection. Field weld added to E drawing.	6.00
3/25/10		Sub #73- ED2.6- Bolts added to post base plate to existing Pg-2 instead of field weld. (Revise model, shop drawing, field work E drawing, base plate sketch and mill order)	7.00
3/25/10		ED2.7- Bolts added to post base plate to existing Pg-2 instead of field weld. (Revise model, shop drawing, field work E drawing, and mill order)	6.00
3/25/10		Sub #74- ED24.2- Connection plate thickness and weld size revised (Revise model, shop drawing and mill order)	4.00
3/25/10		Sub #75- ED22.6- Drag beam splice plate revised. (Revise model and mill order)	4.00
3/25/10		ED24.6.1- Drag beam seat plate revised (Revise model and mill order)	4.00
3/25/10		Sub #76- ED1.1.1- Col flange plate held up 4" and bolt dimension revised. (Revise model, mill order, shop drawing, field weld for flange plate deleted)	6.00
3/25/10		ED22.13.1- Connection plate thickness revised. (Revise model, shop drawing and mill order)	5.00
3/25/10		Sub #77 ED1.8- Base plate bolts added, cover plate shorten for col. 12 and 15. (Revise mill order, shop drawing, E drawing for field work and model)	8.00

Date	Design Drawing	Description	Revision Hours
3/29/10		Sub #78- ED20.3.1- Shim added (Revise model, shop drawing) ED22.9- Review only ED24.4- Review only	2.00
3/29/10		Sub #89- ED12.1- Stiffeners added to drag beam (Revise model, shop drawing and add mill order)	4.00
3/29/10		ED13.3- Base plate of col 28 revised (Revise model, shop drawing, mill order and base plate sketch) ED13.3.1- Review only	7.00
3/29/10		Sub #94- (Comparison and distribution)	4.00
3/29/10		ED4.3.1- Stiffeners added (Revise model and add mill order)	3.00
3/29/10		ED4.3.6- Moment plates removed and shear plate revised (Revise model and mill order)	4.00
3/29/10		ED4.14o-2 connections revised (Revise model)	3.00
3/29/10		Sub #93- (Comparison and distribution)	5.00
3/29/10		ED10.8.1, 10.8.2- Connection bolts added and deleted (Revise model, shop drawing and mill order)	7.00
4/6/10		Sub #101- Comparison and distribute ED24.1, 24.1.1, 24.2- bracket and seated connection plate size revised (Revise model, connection and mill order) Send email questions on ED	8.00
4/6/10		ED20.12, 20.12.1, 20.12.2, 20.12.3- Revised model, mill order and E drawing	6.00
4/12/10		Sub #109- Review and distribution	0.50
4/12/10		Sub #110- Review and distribution	0.50
4/12/10		Sub #111- Comparison and distribution ED1.7- Shear plate thickness revised. Model, E drawing, shop drawing and mill order revised	4.00
4/12/10		ED20.5.4- WT 7 size revised. Revise model, shop drawing and mill order	3.00
4/12/10		Sub #112- Review and distribution	1.00
4/12/10		Sub #118,119- Review and distribution ED3.8.9- Bolts and plate thickness revised. Revise model, mill order and shop drawing	4.50
4/12/10		Sub #128 and 129- Review and distribution	1.00
4/12/10		ED1.1 rev 3 from email Apr 21, 2010 11:38AM (Revise shop drawing and E drawing)	2.00
4/12/10		ED10.8.1r1 and ED10.8.2- revised model, review and distribution (From email apr 23, 2010)	3.00
4/19/10		ED2.6.1r8- Revise model, shop drawing, mill order and E drawing.	10.00
4/26/10		Sub #132- Comparison and distribution ED20.5.4 R2: Base plate revised- Revise model, mill order, sketch and shop drawing	4.00
4/26/10		Sub #133- Comparison and distribution. ED3.8.7 R3- bolts added, plate thickness and weld size revised (Revise model and mill order)	4.00

Date	Design Drawing	Description	Revision Hours
4/26/10		Sub #134- Comparison and distribution. ED4.1.1R3- Moment plate revised (Revise model) ED4.3.11R2- Flange plate added (Revise model. Add mill order and field weld) ED4.3.11.3R2- Reinforce plate added (Add mill order and revise model)	13.00
4/26/10		ED1.1.1, ED1.8- Bolts revised from sc to x bolt ED1.4.2- Prep B/S for stiffener to existing PG (Revise shop and E drawings)	5.00
5/3/10		Sub #147- ED13.3: Dimension and profile of base plate revised (Revise mill order, sketch, shop drawing and model)	8.00
5/4/10		Sub #148: ED11.7- Brace, beams, colum and gusset plates revised, doublers added. (Revise model, shop drawings and mill order)	10.00
5/4/10		Sub #149: ED10.2- Moment connection added to beam and stiffener added to column. (Revise model, shop drawings, mill order and E drawing)	6.00
5/4/10		ED11.7.1- Connection revised (Revise model, shop drawings)	3.00
5/4/10		ED11.9- Beam, brace and column revised (Revise model, shop drawings and mill order)	12.00
5/4/10		ED11.9.1- Cope added to T/B flange. (Revise model and shop drawing)	3.00
5/4/10		Ed12.5- End connection angle size and gusset plate revised. (Revise model and shop drawing)	3.00
5/4/10		ED12.8- Brace beam connections revised, doublers plate added to column (Revise model and shop drawing)	8.00
5/4/10		ED12.8.1- Connection revised (Revise model and shop drawing)	3.00
5/4/10		ED12.9- End connection revised and doublers plate added (Revise model and shop drawing)	4.00
5/4/10		ED13.4.1- Brace beam connection revised (Revise model and shop drawing)	6.00
5/4/10		ED13.7- Connection revised (Revise model and shop drawing)	2.00
5/4/10		ED13.7.1- Weld size and gusset plate revised. (Revise model and shop drawing)	4.00
5/4/10		ED13.10- Connection revised. (Revise model and shop drawing)	2.00
5/4/10		Sub #148: ED3.6- Doublers plate added (Revise model and shop drawing)	2.00
5/4/10		Sub #157- ED3.8.10- Doublers plate added (Revise model and shop drawing)	2.00
5/28/10		Sub #166- Comparison and distribution ED1.5.2- Revise E drawing, shop drawing and model	2.00
5/28/10		Sub #167- Comparison and distribution	1.00
5/28/10		Sub #168- Comparison and distribution ED2-S- Doublers added (Revise model and shop drawing. Add mill order)	3.00
5/28/10		Sub #170- Comparison and distribution ED1.1.1 and 1.8- Revise model, shop drawing and E drawing	3.00
5/28/10		Sub #172, 175, 176, 182- Comparison and distribution	2.00

Date	Design Drawing	Description	Revision Hours
5/28/10		Sub #200, 201, 202- Comparison and distribution	1.00
5/28/10		Sub #171- Comparison and distribution. ED11.7- Revise shop drawing. ED20.3.1- Revise model and shop drawings	6.00
5/31/10		Sub #173, 174 & 180- Comparison and contribution. ED3.8.6B- Revise model and mill order number. ED3.8.6- Revise model, mill order number and shop drawing	12.00
5/31/10		ED7.3.2r3- Column orientation revised. Revise model and shop drawing. Prepare email.	7.00
5/31/10		Sub #233- Comparison and distribution. ED13.32- Revised both end connection in model due to erection problem and prepare email	10.00
5/31/10		ED11.34r1- Flange bent plate added per wwrfi 268 answer (Model and mill order added)	3.00
6/5/10		ED13.4.1- Revise model and shop drawing. Gather sheets added and deleted. Prepare e-mail and create CNC file	24.00
6/11/10		Tran #190- Review and make distribution. ED12.3, 12.3.1, 12.3.2- Cap plate thickness and stiffeners size revised. (Revise model, shop drawing, and gather sheet)	8.00
6/11/10		Sub #254 ED4.13r3- Revise model and shop drawings	2.00
6/24/10		Review Appl. Comment and prepare email	24.00
6/24/10		ED1.5.2r3, ED3.2r4, ED3.8.6r4, ED6.2r2, ED6.3r1, ED7.3.2r3, ED8.15r0, ED10.10r1, ED11.23r1, ED12.5r4, ED12.17r1, ED12.21r2, ED13.4r2, ED13.4.1r5, ED13.21r2, ED13.291r2, ED13.29.1r2, ED13.33r1, ED14.14r1, ED20.0r5, ED21.7.1r0, ED13.20r1, ED13.7r3, ED20.12.	9.00
6/24/10		ED10.8r2, ED10.8.1r2, ED10.8.2r2, ED11.7r5, ED11.9r3, ED11.9.1r2, ED13.6.1r2, ED13.20.1r1, ED13.7.1r3, ED13.16.1r2 (Revise model, shop drawings, gather sheet, and CNC file)	60.00
6/24/10		ED13.13.1r1, ED13.14.1r2, ED13.11r2, ED13.12r1 (Revise model, shop drawings, gather sheet, and CNC file)	10.00
6/24/10		ED10.3.r3, ED10.9r2, ED10.9.1r3, ED10.9.3r1, ED11.16r3, ED11.17r1, ED11.22.1r1, ED12.10r3, ED12.101r1, ED14.1r1, ED12.15r3, ED11.27r1, 11.27.1r1, ED11.27.1r2 (Revise model, shop drawings, gather sheet, and CNC file)	46.00
7/5/10		Sub #195 ED11.19.1 and 13.16.1 Revise model, shop drawing and mill order number	3.00
7/5/10		Sub #248 and #267- Compare and make contribution	2.00
7/5/10		Sub #258, 259 and #270- Compare and make contribution	6.00
7/5/10		Sub #266 and #268- Compare, make contribution and prepare email	1.00
7/7/10		Sub #272- Compare and make distribution	1.00

Date	Design Drawing	Description	Revision Hours
7/7/10		Sub #271- Compare and make distribution ED8.13- Connection plate thickness revised (Revise model and shop drawings) ED6.2- Connection plate thickness revised (Revise model and shop drawings)	6.00
7/9/10		ED8.14r1- Plates added for moment connection (Revise model, E drawing and shop drawing)	8.00
7/12/10		Sub #183- ED10.9- Takeoff dimension revised (Revise model) ED13.8- Shear plate relocated from W21 to W14 (Revise model and mill order)	4.00
7/12/10		Sub #182 and #186- ED7.4d and ED13.13- Doubler added and connection revised (Revise model)	1.00
7/12/10		Sub #187- ED12.11, ED12.11.1- Bolt revised (Revise model and shop drawings)	5.00
7/12/10		Tran #190- ED13.14- Cap plate revised (Revise model and shop drawing)	4.00
7/14/10		Sub #278- Compare and make distribution. ED20.5.6- Weld size revised (Shop drawing revised)	1.00
7/14/10		Sub #279, 288, 289, 290- Compare and make distribution	4.00
7/14/10		Sub #280- Compare and make distribution. ED11.21- Doubler plate added (Revise model gather sheet and shop drawing) Ed10.8r3- bottom plates deleted (create field work on E drawing)	5.00
7/14/10		Sub #287- Compare and make distribution. ED13.8.1- Stiffener plate thickness revised (Revise model, gather sheet and shop drawing)	5.00
7/14/10		Sub #338- ED7.3 Take off and thickness of plate revised (Revise model, shop drawing, CNC file, gather sheet)	6.00
7/21/10		ED10.4.1r1 and ED13.29r1- Compare and make distribution. Prepare email. Revise model, shop drawings, gather sheet and CNC file	24.00
8/10/10		ED11.37, 11.37.1- Doubler plate and weld size revised, one connection plate added (Revise model, shop drawing, CNC file, gather sheet, bolt list, add field work detail to E drawing)	6.00
8/10/10		ED13.22.1, 13.22- Connection plate thickness revised (Revise model, shop drawing, CNC file, gather sheet, and bolt list)	3.00
8/18/10		ED20.5.6r4 revised- Revise model, shop drawing, CNC file, bolt list and gather sheets	6.00
8/23/10		Tran #283, sub #365 and sub #390- Compare, distribution and prepare Email	6.00
8/23/10		ED4.3.10r2- Irregular plate added to bottom of beam 71102 and lower seat on column 71169 (Revise model, shop drawings, CNC file, gather sheets and bolt list)	5.00
8/23/10		ED4.20r1- Angle size revised (Revise model, shop drawing (71103), CNC file and gather sheet)	2.00

Date	Design Drawing	Description	Revision Hours
8/23/10		ED8.15r1- Cap plate thickness revised to col 41198 (create FW drawing, add FW to E drawing and detail new FW material)	5.00
8/23/10		ED10.9r3, 10.9.1r4- Plates added to top flange (Add two plates to model, prepare two shop drawing, gather sheets and CNC file, revise E drawing)	6.00
8/23/10		ED11.9r4- Added note to shop drawing	1.00
8/23/10		ED11.17r2- Shear plate thickness revised (Create FW drawing, add FW to E drawing and detail new FW material)	4.00
		Total Hours	997.00

B. Remediation

Date	Design Drawing	Description	Revision Hours
6/2/10		Provide template for field drilling to existing members. Prepare shop drawings and add marks to E drawing	20.00
6/12/10		Field correction due to field survey- Revise bolt length, shims and add field work	50.00
7/30/10		Create fieldwork to suit existing girder condition	10.00
8/17/10		Field survey elevation revised. Prepare field work drawing	4.00
8/17/10		Field work made to 51189 due to late ED revision	4.00
9/9/10		Additional field work per- (RFM15, 18,22) RFI #MP005: D35/H.3 PA Girder remediation RFI #MP006: Edge distance on girder 2503PG1. RFI #MP007: Field welding of column #17. RFI #MP008: Steel 102 line shear wall anchor bolt review above RFI and prepare email and RFI for questions. Detailed field work materials, add field work details to E115 and E118.	8.00
9/9/10		RFM-1-14, 16-18, and 23 field work required (Prepare email) RFM-1, 9, 10, 11: Field weld added to E113. RFM-12 and 13: Field weld added to E114. RFM-14: New plate detail to replace shim pack and field weld to E114. RFM-16: New plate detail to replace shim pack and field weld to E116. RFM-2: Field weld added to E117. RFM-17: New plate detail to replace shim pack and field weld to E117. RFM-23: Detail 1 deleted and added field weld to E119	14.00
9/9/10		RFM-2R1: New plate detail to replace shim pack and field weld revised. RFM-11R1: Field weld revised.	4.00
		Total Hours	114.00 Hours

C. Submittal Drawings:

Date	Design Drawing	Description	Revision Hours
1/27/10	A1-104R6	Compare drawing line by line due to some dimensions had been changed but not clouded. Dim revised for beams at east wall per section B. Southeast corner dimensions revised. Workpoint elevation added and revised (Model will be revised)	6.00
1/27/10	A1-105R4	Section added, workpoint dimensions and elevation revised. Dim revised for beams at east wall per section B. (Make comparison and revise model	5.00
1/27/10	BLL RFI 0271r1	Review only. Note: sk rfi 17A, B and C angles with studs at edge of slab assume not in contract, therefore not quote	0.50
1/27/10	BLL RFI 0316	Review only.	0.50
5/31/10		Appl. Return Sub #177- WT added two new shop drawing and adv bill added, model, shop drawings, and E drawing revised	8.00
7/15/10		SK-S-5.088- One beam deleted. Review and prepare email (Revise model, shop drawings, E drawing, mill order, CNC file and gather sheet)	6.00
8/12/10	A2-001r1	Comparison. Wall relocated- Assume not affect structural	2.00
8/12/10	A3-011r4	Comparison. Wall relocated- Assume not affect structural	2.00
8/12/10	A2-005r3	Comparison	1.00
8/12/10	A3-052r3	Comparison	2.00
8/12/10	A5-401r3	Comparison. Louver support elevation revised. (Revise 7- shop drawing and E drawing)	10.00
8/12/10	A7-501r0	New drawing for Catwalk added. Compare with structural drawing and prepare email. Charge on review time only.	3.00
8/12/10	A10-100r5	Comparison and prepare email. Charge on review time only.	3.00
9/10/10		Located points for slab edge. Add coordinate to E300, 400, 401, 500, 502, 601, 700, 720	10.00
11/10/10		Review approval return 457, 463, 467 and 470. Prepare RFI	10.00
11/10/10		Prepare RFI and update E drawing	4.00
11/10/10		Prepare and review email	4.00
11/10/10		Appl. Return #457- Revised E132, 133, 134, 135 and 135A. -Detail new material for rebar DWG16133	18.00

Date	Design Drawing	Description	Revision Hours
11/10/10		Appl. Return #463- Revised E136 and 136A. -Detail new material for rebar detailed DWG16132	9.00
11/10/10		Appl. Return #467- Revised E137, 138, 138A, 139 and 140- Detail new material for rebar detailed DWG16134	18.00
11/10/10		Appl. Return #470- E139A pending latest rebar drawing for DB08	0.00
		Total Hours	122.00 Hours

D. RFI Responses

Date	Design Drawing	Description	Revision Hours
11/17/09	S-110R7	Size revised from W21x90 to W18x40 and delete W14 (Mill order revised)	1.00
11/17/09	S-102R7	Elevation revised to all drag beams. Model revised	5.00
11/17/09	S-102R7	Clarify PG3 elevation due to wrong elevation shown in different design drawings (Review time)	0.50
11/17/09	S-110R7	Added reactions to core area (Add complexity to connection)	7.00
11/17/09	S-102R7	Remove reaction of 290K from W12x16 (Review only)	0.50
11/17/09	S-102R7	4 beams size revised (Mill order revised)	1.00
11/17/09	S-103R7	Clarify beam size due to contradiction between elevation plan and floor plan (Review time)	0.50
11/17/09	S-400R7	Insufficient information for columns 15/1, 17/1, 30/1, and 31. Elevation conflict between structural and architectural drawing	6.00
11/17/09	S-102R7	Insufficient information for beam location and sizes missing revised arch A1-104R4 and A1-105R2 for slab edge model revised	26.00
11/17/09	S-100R4	Column #9 location conflict between design and architect drawing (Geometry sketch prepared, revised model)	5.00
11/17/09	S-102R7, S-551.1R5	Wrong information shown on plan which contradict with sections along D19	1.50
11/17/09	S-100R4	Eastern and Northern of Column 21 and 22 geometry come out different from architect drawing A3-0120R0 (J.11, columns and beams @ plaza 2.3 and 4 relocate) (Revised model)	9.00
11/17/09	S-102R7	Dimensions discrepancy between architect drawings	1.50
11/17/09	S-400R7	No information for column 3-5	1.00

Date	Design Drawing	Description	Revision Hours
11/17/09	S-100R4	PG3 TOS discrepancy (Review only)	0.50
11/17/09	S-101R7	Insufficient information for upturn weight and hanger size discrepancy between plan and sect.	1.50
11/17/09	S-102R7	Insufficient information for beam location and beam size	1.00
11/17/09	S-508R2	Revised C15 connection to concrete wall (Review)	0.50
11/17/09	S-102R7	Insufficient information for beams location and elevation (Some confuse answers which could not find in architectural and resend questions)	6.00
11/27/09	S-110R7	Beam size revised and added (Adv bill revised)	1.00
11/27/09	S-102R7	Mezz 1 core elevation revised (Model revised)	11.00
11/27/09	A3-100R5	Stair revised (Model revised)	6.00
11/27/09	S-510R7	Beam size revised (Adv bill revised)	1.00
11/27/09	S-102R7	Confuse information for column 30 and 31-1 (Review)	1.00
11/27/09	S-200R7	Bracing load added (Add complexity to connection)	30.00
11/27/09	S-102R7, S-551R7	Tos elevation discrepancy between plans and sections (Review)	2.00
11/27/09	S-552R7	Clarify beam location and elevation (Review)	0.50
11/27/09	S-553R7	Tos elevation discrepancy between plans and sections (Review)	0.50
11/27/09	S-551R7	Drag beam clarifications (Review)	0.50
11/27/09	S-102R7	Beams size revised (Adv bill revised)	1.50
11/27/09	S-110R7	Beam size revised (Adv bill revised)	1.00
11/27/09	S-551R7	Drag beam elevation 2/S551 (Review)	0.50
11/27/09	S-104R7	Clarify channel support (Review)	0.50
11/27/09	S-102R7	Confirmation of drag beam elevation and column orientation (Model revised)	5.00
11/27/09	S-102R7	Grand stair layout removed (Review)	0.50
11/27/09	S-500R7	Section 9/S500 revised (Added complexity)	5.00
11/27/09	S-102R7	Confirmation of column 30 and 30/1 location (Review)	0.50
11/27/09	S-102R7	Column 30 moved per A3-100R5 (Review)	0.50
11/27/09	S-102R7	Insufficient information for existing beam below (Review)	2.00
11/27/09	S-102R7	Splice location added for drag beam (Model and adv bill revised)	3.00
11/27/09	S-102R7	Vertical brace member change (Review)	0.50
12/22/09	S-110R7	SK-S-5.015.1R2, SK-S-5.015.2R2, SKA016R4, SKA-017R4, SKA-018R4 and SKA-019R4 added for missing dimension at core. Sketches show opening and beams added. 3 beams added, 4 beams revised, mill order and model revised	10.00

Date	Design Drawing	Description	Revision Hours
12/22/09	S-101R7	Upturned WT and existing shop drawing (Review only)	0.50
12/22/09	S-104R7	Beam substitution due to beam size no longer made (Review only)	0.50
12/22/09	S-102R7	New slab edge plan drawing A1-101R5 to show location of east drag beam. Compare drawing A1-105R3 and A1-105R5. Review model and revised model. Review and revised mill order due to slab changed	16.00
12/22/09	S-101R7	Confirmation on Column 3-5 elevation (Review only)	0.50
12/22/09	S-102R7	New architectural drawing A1-102R5 to resolve the edge of slab conflict between architectural and structural drawing. Compare drawing A1-102R3 and A1-102R5. Review and revised model	10.00
1/8/10	S-104R8	Bay line along D19- W40x503 revised from 3 piece to 1 piece over column and splice added (beam and column mill order and model revised)	8.00
1/20/10	S-103R8	Plan S-103 beam move mill order and model revised 3 connections revised	10.00
2/15/10	S-103R8	Elevation of C5x6.7 revised (Revise model)	1.00
2/15/10	S-103R7	Beams located at center below partition (Beam relocated- revise model)	4.00
2/15/10	S-610R7	Atrium framing elevation conflict between architect drawing and structural drawing (RFI prepared and review)	8.00
2/15/10		Follow up question to RFI061 (Review)	0.50
2/15/10	S-102R8	W18 along D25 reinforcing steel deleted mill order, model and connection revised	7.00
2/15/10	S-105R8, S-111R8	Roof screen post locations added (RFI prepare and review)	1.00
2/15/10	S-111R8	W12x16 in lieu of W8x13 at core (Mill order revised and review)	1.00
2/15/10	S-103R8	Request actual moments for connections (Review only)	0.50
2/15/10	S-103R8, S-105R8	Beam size substitution (Review only)	0.50
2/15/10	S-400R8	Column 18 splice criteria (Review)	0.50
2/16/10	S-102R7	Verify blast reactions (Review only)	0.50
2/16/10	S-102R7	Follow up to WW RFI036 about beam location (Review and prepare RFI)	1.00
2/16/10	S-102R7	Verify connection to existing PG6 (Review only)	0.50
2/16/10	S-102R7	Follow up WW RFI059- 2 beams deleted (Revise mill	1.00

Date	Design Drawing	Description	Revision Hours
		order)	
2/16/10	S-102R7	Slab edge dimension revised per sketch SKA-020R6 (Revise model)	3.00
2/16/10	S-111R7	High roof elevation provided	1.00
2/16/10	S-103R7	Slab edge dimension verification (Review only)	0.50
2/16/10	S-102R7	Provide and confirm dimensions (Update model)	1.00
2/16/10	S-102R7	Beam size revised and moment load added (Mill order and model revised)	1.50
3/1/10	S-104R8	Beam penetration interference. Penetration relocated (Revise model and connection, review and prepare RFI)	10.00
3/11/10	S-102R7	WT deleted from section 3/S506 (Prepare VDI RFI042 and review mill order)	1.50
3/11/10	S-400R8	Base plate information for revised core columns (Review and distribute information to detailer for making mill order)	1.00
3/11/10	S-102R7	Elevation for stair supporting beam revised (Prepare VDI RFI043, revise connection, and model)	4.00
3/11/10		Build up box columns require charpy v-notch testing (Review and add note to mill order sheet)	3.00
3/11/10	S-103R7	Confused elevation information (Review and prepare RFI)	1.50
3/11/10	A1-102R5	Request work point dimension (Prepare RFI)	1.50
3/11/10	S-102R7	Clarify beam size re WW RFI81 response on SK-S-5-025R0 (Prepare RFI)	1.50
3/11/10	S-104R7	Third floor dimension and beam size required (Prepare RFI and revise mill order)	2.50
3/11/10	S-110R7	Clarify beam location @ Plaza Level 2 (Prepare RFI)	1.50
3/12/10	S-103R7	Conflict between S103R7 and A1-102R5 (Prepare RFI)	1.50
3/12/10	S-105R7	Roof beam location (Prepare RFI)	2.00
3/12/10	S-200R7	Design criteria for new built up plate columns (Review only)	0.50
3/12/10	S-111R7	Section 1/S507-WT8 not required (Prepare RFI)	1.50
3/12/10	S-110R7	Contradiction between structural drawing and architectural drawing (Prepare RFI)	1.50
3/12/10	S-200R7	Bolting of base plates per WW RFI097 (Review)	1.50
3/12/10	S-551.1R6	Section 1B- Elevation for W16 revised ED1.4 revised due to elevation revised (Revise model)	2.00
3/12/10	S-102R7	Sketches for façade steel added (Prepare RFI and review)	0.00

Date	Design Drawing	Description	Revision Hours
3/12/10	A1-101R3	Wall dimension revised along line J (Prepare RFI and ignore the change per email instruction)	1.00
3/15/10	S-111R7	Slab at roof contradicted with structural drawing (Prepare RFI only)	3.00
3/15/10	S-106R7	Roof screen beams location (Prepare RFI and review sketches)	2.00
3/15/10	S-101R7	Upturned WT dimension (Prepare RFI)	1.50
3/15/10	A1-105R2	High roof slab dimension (Prepare RFI)	1.50
3/15/10	A1-104R4	Roof level opening dimension (Prepare RFI)	1.50
3/15/10	A1-104R4	Roof slope different from RFI022 response to A1-104 (Prepare RFI)	1.50
3/15/10	A1-105R2	Roof slope different from RFI090 response to A1-105 (Prepare RFI)	1.50
3/15/10	S-102R8	Clarification of connection arrangement after WW RFI081 response (Prepare RFI)	1.50
3/15/10	S-102R8	Clarify beam location (Prepare RFI)	2.00
3/17/10	S-100R5	Column 17/1 coordinate at S100 not agree with A3-032 (Prepare RFI and review)	2.00
3/17/10	S-110R8	Clarify infill beam elevations (Prepare RFI and review)	1.50
3/17/10	A1-102R5	Missing work point dimension per WW RFI102 response. Issue new RFI (Prepare RFI and review)	2.00
3/17/10	S-102R8	Dimension missing (Prepare RFI and review)	1.50
3/17/10	S-103R9	Beams and reaction added ED20.5 (Review only)	
3/17/10	S-102R8	Preliminary Atrium connection to drag beam (Review only)	1.00
3/17/10	S-200R8	Base plate for column 24 and 25 (Review and prepare RFI)	2.00
3/17/10	S-102R8	Location of wall angles (Review and prepare RFI)	2.00
3/17/10		ED20.5- Request moment connection (Review only)	1.00
3/31/10	S-103R9	Beam penetration relocated to clear beam (Model revised and prepare RFI)	6.00
3/31/10	S-102R9	Piggy column base plate removed (Revise model, shop drawings, E drawings and mill order)	8.00
4/7/10	S-102R8	Substitute W40x397 in lieu of W36x150 (Review only)	0.50
4/7/10	S-101r8	T.O.S elevation of existing plate girder not agree with design drawing (Prepare RFI and review)	4.00
4/7/10	S-111R9	Beams and moment connection at high roof (Review only)	0.50
4/7/10	S-111R8	High roof beams' size do not match S-200R8 (Review)	0

Date	Design Drawing	Description	Revision Hours
4/7/10	S-103R8	W&W request tension forces for C5. BHS response to relocate C5 (Revise model and review mill)	0
4/7/10	S-102R8, S-103R8, S-104R8	Ask to provide information of elevator post's location, not shown on Architectural or Structural drawing (Prepare RFI and review)	6.00
4/7/10	S-102-3R8	Slab edge dimension not match on Architectural and Structural (Review and prepare RFI)	5.00
4/7/10	S-551.1	Clarify detail of 1B/S-551.1 shear tab connection (Review only)	0.50
4/7/10		Clarify ED22.13 and 24.61 (Review only)	0.50
4/7/10	S-102R8	Clarify reactions (Review only)	0.50
4/8/10		W&W RFI148 follow up clarification (Review only)	0.50
4/8/10	S-111R8	No supporting steel along slab edge on east wall (Review answer and prepare RFI)	5.00
4/8/10	S-400R8	Column #28 size discrepancy between S200 and S400 (Review and prepare RFI)	2.00
4/8/10	S-102R8	Dimension missing (Prepare RFI and review)	3.00
4/8/10	S-110R8	Dimension and member size at core (Review and prepare RFI)	2.00
4/8/10	S-103R8	Slab edge distance (Review and prepare RFI)	2.00
4/8/10	S-102R8	Follow up to W&W RFI124- Elevation revised (Review and prepare RFI)	3.00
4/8/10	S-508	Section 7,9/S508-MC7x22.7 GR50 not available (Review only)	0.50
4/8/10	S-501	Beam penetration location (Review and prepare and RFI)	2.00
4/8/10	A1-102R6	No dimension for east wall on both architectural and structural drawing (Review and prepare RFI)	3.00
4/8/10	A1-1103R4	East wall dimension missing (Review and prepare RFI)	3.00
4/8/10	S-110R8, S102R8	WW RFI response follow up (Review and prepare RFI)	5.00
4/8/10	S-105	Beam substitution at roof (Review only)	0.50
4/8/10	S-504	Chill Dunnage connection clarification (Review)	1.00
4/8/10		Follow up to WW RFI148 (Review only)	0.50
4/8/10	S-103R8	Follow up to WW RFI175 response (Review and prepare RFI)	
4/8/10	S-104R8	Connection at grid G.8- D35	2.00
4/8/10	S-104R8, S-110R8	Steel beams location (Review and prepare RFI)	2.00
4/8/10	S-104R8	Clarify beam size that cannot provide full bearing for elevator post (Review only)	1.00

Date	Design Drawing	Description	Revision Hours
4/12/10	S-103R9	2nd floor framing for fascia beams (Review only)	1.00
4/12/10	S-110R9	Clarify beam location (Review and prepare RFI)	1.00
4/12/10	S-510R8	No information for column to support stair (Review and prepare RFI)	3.00
4/12/10	S-103R9	Fire shutter door by other (Review only)	0.50
4/12/10	S-102R9	Wall location on A1-101R8 (Review and prepare)	2.00
4/12/10	S-103R9	Rod bracing connection for W14x233 (Review and prepare RFI)	3.00
4/12/10	S-102R8	HSS location different from WW RFI121 response (Review and prepare RFI)	2.00
4/12/10	S-101R9	Column 1 and 2 cordinated do not agree with WW RFI036 (Review and prepare RFI)	4.00
4/13/10	S-104R9	Opening not agree between structural and architectural (Review and prepare RFI)	1.00
4/13/10		Request existing shop drawing (Review only)	0
4/13/10	A1-101R8	WW RFI163-AAI response does not agree with ADD #8 drawing (Review and compare)	0
4/13/10	S-103R9	Reaction of W40x503 to column 21 web (Review only)	0
4/13/10	S-102R9	Clarify dimension of elevator shaft- dimension from A1-101 not agree with Thyssen shop drawing (Review and prepare RFI)	3.00
4/13/10	S-105R9	Steel beam at opening location foul beam flange- one opening deleted (Beams deleted in model, mill order deleted and prepare RFI)	5.00
4/13/10	S-510R8	Clarify column location per WW RFI185- BHS response refer to sketch SK-S-5.050 for revised column coordinates (Review and prepare RFI)	4.00
4/13/10	S-553R8	Dimension revised for drag beams (Review and prepare RFI) (Model and mill order changes charged under DCN 020)	3.00
4/13/10	S-110R9	Beam at core wall per RFI 159 and 178 response (Review and prepare RFI)	1.00
4/16/10	S-111R9	Outrigger added. Add to model. Add mill order and make connection. Review and prepare RFI.	9.00
4/23/10	S-106R8, S-507	Missing beam size at roof screen plan. (Prepare RFI and add mill order)	7.00
4/26/10	S-400R9	Column cover plate not required (Prepare RFI) Revise model, connection and mill order	10.00
4/29/10	S-111R9	Beam size missing and wrong section shown. (Beam, mill order, model and shop drawing added. Prepare RFI)	9.00

Date	Design Drawing	Description	Revision Hours
5/7/10		Beam size revised from W33x130 to W12x30 without clouded (Revise model and mill order. Prepare RFI)	5.00
6/14/10		WW Sub#161 Prelim approval return- Redraw stiffeners, Revise E drawing, shop drawing and gather sheet (Prepare RFI)	8.00
6/17/10	S-105R9	Design changed (Prepare RFI)- Revised model and mill order	6.00
7/9/10	S-110R9	SK-S-5.082- Section mark added, deck support angles and studs added to beams and elevation revised. (Revise model, E drawing, shop drawings and advance bill, add new shop drawing)	85.00
7/15/10		Dummy stringer added per SK-S-5.040r1 with section A-A. Review and prepare email (Add dummy stinger and connection in model, prepare mill order and shop drawing)	24.00
7/29/10		Deck support angles added to Mezz. 1, 2 and High Roof per APPL return WWST- 0201 and 0216 comment. (Prepare RFI, revise model, shop drawings, bolt lists and gather sheets, create CNC file, kiss file and new shop drawing)	144.00
8/13/10	S-104	Missing dimension (Prepare RFI)	1.50
8/13/10		Clarification on approval comment 31170 (Prepare RFI)	2.00
8/13/10		Widening base plate to receive coupler for rebar on approval comment 31170 (Prepare email)	2.00
8/13/10		Confirm intermediate landing elevation (Prepare RFI)	2.00
8/13/10		Insufficient information for wall channel (Prepare RFI)	2.00
8/13/10		Penetration reinforcing plate on drawing 41130 interfere with beam connection plate (Revise model and shop drawing)	4.00
8/25/10		Intermediate landing elevations different from plan view and elevation view (Review and prepare RFI)	2.00
8/25/10		Column #3 interfere with beam at roof. Cut bottom flange to clear. (Prepare RFI, revise model, shop drawing and CNC file)	5.00
8/25/10	S-500	Verify bent plate information	3.00
8/25/10	A6-500	Verify handrail dimensions	4.00
8/25/10	A2-100	Verify grand stair #2 dimension	4.00
8/25/10		RFI response- Review only	3.00
8/25/10		SKA-043 re WW RFI245 response Prepare RFI	2.00

Date	Design Drawing	Description	Revision Hours
8/30/10		Added angles shown below stair treads on architectural drawing 6 and 9/ A6-401 (Not shown on structural drawing) Erection aid revised. Prepare RFI. Revised model, shop drawing, gather sheet, E drawing, CNC file and kiss file	148.00
8/31/10		Sketch SK-S-5.105 for revised angle hanger and catwalk framing. Prepare email. Detail 2 new hangers, create new E drawing for field work and add new mill order	0
8/31/10		Request hanger load. Review. Prepare email requesting ED	0
9/23/10	S-103R9	Beam size revised without clouded (Prepare RFI, revise model and mill order)	8.00
9/24/10		Review approval comment, RFI and prepare Email	5.00
9/28/10		Request missing dimension for deck support. (Prepare RFI)	2.00
9/28/10		Tube to wide flange column transition. Review only	1.00
9/28/10		Verify elevation of roof screen per WW RFI245 response (Prepare RFI)	2.00
9/28/10		Verify top of steel elevation for catwalk (Review only and prepare RFI)	3.00
9/28/10		Verify elevation of louver (Review only and prepare RFI)	3.00
9/28/10		Lack of information for wall mounted stair handrail (Review and prepare email)	3.00
10/12/10		Make field work E drawing for stiffeners	2.00
10/18/10		Field modification to 15A105A (Prepare email and field weld detail added to E121)	2.00
10/27/10		Review and prepare RFI only (Changes had been charged under DCN 153)	3.00
11/4/10		Cancelled embedded plate. (Revise model and void E127 drawing)	4.00
12/11/10	SK-S-5.147.1R0, 5.147.2R0, 5.147.3R0, 5.148, 5.149.1, 5.149.2, 5.068	Review comments added to sketches by E.O.R. issued thru various E-mails and by RFI responses. Prepare RFI #VDI 211, 212 plus additional E-mails for further clarifications. Update E-plans and detail new materials accordingly	70.00
12/11/10	SK-S-5.147.1R1, 5.147.3R1	Review comments added on sketches by E.O.R. and RFI responses. Update E-plans and detail new materials accordingly	30.00

Date	Design Drawing	Description	Revision Hours
12/23/10	SK-S-5.150	Revise Sect A-A and P-P per sketch issued by BLL RFI #880 response	2.00
12/23/10		Revise drag beam connection at Plaza Level per FM-6 issued by RFI #441 response	<u>2.00</u>
		Total Hours	<u>1,043.5</u>

Attachment 10

Engineering Revisions

Attachment 10

Engineering Revisions;

Each Engineering Drawing (ED) revised was necessary as a result of new information received or comments made by the reviewing engineers. Some revisions are to be expected. However the magnitude of the changes made on this project far exceeds those normally anticipated. The revisions meant new EDs had to be issued, submitted and approval obtained. As proof of the accuracy of the EDs, calculations had to be provided also.

1 Engineering Drawing revisions

Below are the 927 revisions made to the Engineering Drawings

Drawing Number	Original Date	Revs	Drawing Number	Original Date	Revs	Drawing Number	Original Date	Revs
ED-1.0	10/15/09	2	ED-13.9	2/1/10	1	ED-23.8	1/18/10	1
ED-1.1	9/29/09	3	ED-14.1	3/9/10	1	ED-23.9	2/15/10	1
ED-1.1.1	9/29/09	4	ED-14.10	3/13/10	2	ED-24.1	10/30/09	3
ED-1.10	12/3/09	2	ED-14.10.1	3/16/10	6	ED-24.1.1	2/10/10	3
ED-1.2	9/30/09	1	ED-14.11	3/19/10	1	ED-24.2	10/1/09	5
ED-1.3	10/2/09	2	ED-14.14	3/24/10	1	ED-24.3	10/1/09	2
ED-1.3.1	10/2/09	4	ED-14.15	3/24/10	1	ED-24.4	10/1/09	3
ED-1.4	10/5/09	3	ED-14.16	3/24/10	1	ED-24.5	10/1/09	2
ED-1.4.1	10/1/09	2	ED-14.2	3/10/10	2	ED-24.6	9/28/09	3
ED-1.4.2	10/1/09	3	ED-14.3.1	3/10/10	1	ED-24.6.1	11/16/09	2
ED-1.5	10/5/09	5	ED-14.4.1	3/10/10	1	ED-24.6.1 A	11/16/09	1
ED-1.5.1	1/5/10	1	ED-14.4.2	3/11/10	1	ED-24.6.1 B	11/16/09	1
ED-1.5.2	1/11/10	3	ED-14.4.3	3/11/10	2	ED-24.6.1 C	11/16/09	1
ED-1.6	10/5/09	4	ED-14.5	3/12/10	4	ED-24.6.1 D	11/16/09	1
ED-1.7	11/16/09	2	ED-14.6	3/12/10	1	ED-24.6.1 E	11/16/09	1
ED-1.8	11/25/09	3	ED-14.8	3/12/10	1	ED-24.6.1 F	11/16/09	1
ED-1.9 -	12/3/09	1	ED-14.8.1	3/12/10	1	ED-24.6.1 G	11/16/09	1
ED-10	9/3/09	4	ED-15.7	9/15/10	2	ED-24.7	10/1/09	7
ED-10 A	9/9/09	5	ED-2 C	9/22/09	1	ED-24.8	10/1/09	4
ED-10.1	9/16/09	1	ED-2 D	9/23/09	2	ED-25	10/28/10	3
ED-10.10	9/22/09	1	ED-2 P	1/18/10	1	ED-25.1	10/28/10	3
ED-10.11	3/1/10	2	ED-2 R	1/18/10	1	ED-25.2	10/28/10	1
ED-10.11.1	3/1/10	1	ED-2 S	4/1/10	1	ED-25.2.1	10/28/10	1
ED-10.2	9/7/09	1	ED-2.1	9/21/09	11	ED-25.2.2	10/28/10	1
ED-10.3	2/2/10	3	ED-2.10	10/8/09	3	ED-25.3	10/28/10	2
ED-10.4	3/1/10	1	ED-2.10.1	10/9/09	3	ED-25.4	10/28/10	3
ED-10.4.1	3/1/10	1	ED-2.10.2	10/10/09	5	ED-25.5	10/28/10	2
ED-10.4.2	3/1/10	1	ED-2.11	10/9/09	4	ED-3	10/12/09	3

Drawing Number	Original Date	Revs	Drawing Number	Original Date	Revs	Drawing Number	Original Date	Revs
ED-10.5	9/18/09	1	ED-2.12	10/2/09	3	ED-3.1	10/7/09	3
ED-10.7	2/18/10	1	ED-2.13	10/2/09	6	ED-3.1.1	10/7/09	1
ED-10.8	9/9/09	3	ED-2.13.1	10/5/09	6	ED-3.1.2	10/15/09	1
ED-10.8.1	9/21/09	3	ED-2.14	10/7/09	2	ED-3.1.3	9/17/09	1
ED-10.8.2	9/21/09	3	ED-2.15	10/7/09	6	ED-3.1.3 A	12/18/09	1
ED-10.9	2/3/10	4	ED-2.16	10/7/09	5	ED-3.1.3 B	12/18/09	1
ED-10.9.1	2/2/10	4	ED-2.17	10/7/09	5	ED-3.1.3.1	12/22/09	4
ED-10.9.2	2/3/10	2	ED-2.18	10/7/09	9	ED-3.13	11/2/09	1
ED-10.9.3	2/22/10	2	ED-2.19	12/18/09	2	ED-3.14	11/4/09	2
ED-11	9/10/09	4	ED-2.2	10/7/09	4	ED-3.14.1	11/4/09	1
ED-11 A	9/10/09	5	ED-2.3.1	12/1/09	2	ED-3.15	11/5/09	1
ED-11.1	10/14/09	1	ED-2.4	9/17/09	2	ED-3.17	11/5/09	1
ED-11.16	2/9/10	3	ED-2.4.1	9/23/09	2	ED-3.18	11/6/09	1
ED-11.17	2/3/10	2	ED-2.4.2	9/23/09	1	ED-3.2	10/14/09	4
ED-11.19.1	2/10/10	1	ED-2.4.3	9/24/09	1	ED-3.22	11/6/09	2
ED-11.2	10/16/09	5	ED-2.4.6	9/28/09	3	ED-3.24	11/9/09	1
ED-11.21	2/16/10	2	ED-2.4.7	9/28/09	3	ED-3.25	11/9/09	1
ED-11.22.1	2/17/10	1	ED-2.4.8	9/17/09	3	ED-3.27	11/10/09	1
ED-11.23	2/11/10	1	ED-2.5	9/28/09	3	ED-3.30	11/10/09	1
ED-11.23.1	2/11/10	1	ED-2.6	9/29/09	8	ED-3.33	11/23/09	1
ED-11.24	2/16/10	1	ED-2.6.1	10/14/09	10	ED-3.34	11/23/09	2
ED-11.25	2/16/10	1	ED-2.7	9/29/09	6	ED-3.36	11/24/09	3
ED-11.27	2/16/10	1	ED-2.8	9/30/09	4	ED-3.37	11/23/09	4
ED-11.27.1	2/17/10	2	ED-2.9	10/2/09	4	ED-3.40	11/23/09	4
ED-11.29	3/8/10	2	ED-20.0	10/15/09	7	ED-3.41	11/23/09	2
ED-11.3	10/17/09	1	ED-20.10	10/14/09	3	ED-3.42	11/23/09	3
ED-11.30	3/8/10	1	ED-20.11	10/14/09	2	ED-3.44	11/23/09	4
ED-11.30.1	3/8/10	1	ED-20.11.2	10/14/09	3	ED-3.46	11/5/09	2
ED-11.32	3/8/10	1	ED-20.11.1	10/14/09	3	ED-3.5.1	10/28/09	1
ED-11.33	3/9/10	1	ED-20.12.0	10/27/09	2	ED-3.5.2	10/28/09	1
ED-11.33.1	3/9/10	1	ED-20.12.1	11/14/09	2	ED-3.6	10/28/09	3
ED-11.34	3/9/10	1	ED-20.12.2	11/14/09	4	ED-3.8	10/10/09	1
ED-11.37	3/9/10	2	ED-20.12.3	11/14/09	2	ED-3.8.1	10/19/09	2
ED-11.37.1	3/9/10	3	ED-20.2	10/14/09	1	ED-3.8.2	10/20/09	1
ED-11.4	11/5/09	6	ED-20.3	11/16/09	3	ED-3.8.3	10/20/09	1
ED-11.6	10/15/09	1	ED-20.3 A	11/16/09	1	ED-3.8.4	10/21/09	1
ED-11.7	1/9/10	6	ED-20.3 B	11/16/09	1	ED-3.8.6	10/22/09	5

Drawing Number	Original Date	Revs	Drawing Number	Original Date	Revs	Drawing Number	Original Date	Revs
ED-11.7.1	11/30/09	2	ED-20.3 C	11/16/09	1	ED-3.8 6 A	10/22/09	2
ED-11.9	1/11/10	4	ED-20.3 D	11/16/09	1	ED-3.8 A	10/12/09	1
ED-11.9.1	1/12/10	2	ED-20.3 E	11/16/09	1	ED-3.8.10	10/27/09	2
ED-12	9/24/09	5	ED-20.3 F	11/16/09	1	ED-3.8.11	10/27/09	2
ED-12 A	9/24/09	5	ED-20.3 G	11/16/09	1	ED-3.8.7	10/21/09	3
ED-12.1	9/25/09	6	ED-20.3 H	11/16/09	1	ED-3.8.8	10/26/09	1
ED-12.10	10/7/10	4	ED-20.3 J	11/16/09	1	ED-3.8.9	10/26/09	5
ED-12.10.1	2/9/10	1	ED-20.3.1	12/29/09	5	ED-3.8.9 A	10/27/09	3
ED-12.11	2/7/10	1	ED-20.3.2	2/15/10	1	ED-4	11/20/09	3
ED-12.11.1	2/8/10	1	ED-20.3.3	2/15/10	1	ED-4.1	11/24/09	1
ED-12.12	2/7/10	1	ED-20.4	10/14/09	1	ED-4.1.1	11/24/09	3
ED-12.13.1	2/5/10	3	ED-20.5	11/16/09	2	ED-4.10	12/21/09	1
ED-12.14.1	2/4/10	1	ED-20.5.1	3/9/10	4	ED-4.12	12/21/09	1
ED-12.15	2/4/10	4	ED-20.5.2	3/9/10	2	ED-4.13	12/21/09	2
ED-12.15.1	2/4/10	2	ED-20.5.3	3/9/10	2	ED-4.14	12/21/09	1
ED-12.16	3/2/10	1	ED-20.5.4	3/9/10	2	ED-4.15	12/21/09	1
ED-12.16.1	3/2/10	1	ED-20.5.5	3/9/10	2	ED-4.16	12/21/09	1
ED-12.17	3/2/10	1	ED-20.5.6	3/12/10	4	ED-4.17	12/22/09	1
ED-12.17.1	3/3/10	1	ED-20.5.7	3/10/10	2	ED-4.19	6/21/10	1
ED-12.18	3/2/10	2	ED-20.5.8	3/10/10	1	ED-4.2	11/25/09	6
ED-12.19	3/3/10	1	ED-20.5.9	5/10/10	1	ED-4.20	6/21/10	1
ED-12.19.1	3/4/10	1	ED-20.6	10/14/09	1	ED-4.3.1	11/30/09	2
ED-12.2	9/30/09	4	ED-20.6.1	1/4/10	1	ED-4.3.1.1	11/30/09	2
ED-12.21	3/1/10	1	ED-20.7	10/14/09	1	ED-4.3.1.2	12/11/09	3
ED-12.22.2	2/18/10	2	ED-21.1	10/22/09	1	ED-4.3.10	12/11/09	2
ED-12.25	3/19/10	1	ED-21.2	10/22/09	1	ED-4.3.11.2	12/14/09	1
ED-12.3	10/6/09	1	ED-21.2.1	10/22/09	1	ED-4.3.11.3	12/14/09	2
ED-12.3.1	10/6/09	2	ED-21.3	10/22/09	1	ED-4.3.11.4	12/14/09	1
ED-12.3.2	3/10/10	2	ED-21.3.1	10/22/09	1	ED-4.3.3	12/4/09	1
ED-12.5	10/1/09	4	ED-21.4	10/24/09	3	ED-4.3.5	12/15/09	2
ED-12.6	10/1/09	1	ED-21.5	10/24/09	2	ED-4.3.5.2	12/15/09	4
ED-12.8	10/1/09	2	ED-21.6	10/24/09	6	ED-4.3.6	12/15/09	1
ED-12.8.1	10/2/09	2	ED-21.7	3/1/10	2	ED-4.3.6.1	12/16/09	1
ED-12.9	10/6/09	3	ED-21.7 A	8/30/10	2	ED-4.3.8.1	12/16/09	1
ED-13	9/10/09	4	ED-21.7.1	3/1/10	2	ED-4.3.8.2	12/16/09	1
ED-13.1	10/19/09	4	ED-22.1	10/20/09	4	ED-4.3.9.2	12/17/09	1
ED-13.10	2/2/10	2	ED-22.10	10/21/09	2	ED-4.5	12/17/09	1
ED-13.11	2/18/10	2	ED-22.11	10/26/09	2	ED-4.8	12/18/09	1

Drawing Number	Original Date	Revs	Drawing Number	Original Date	Revs	Drawing Number	Original Date	Revs
ED-13.11.1	2/18/10	2	ED-22.12	10/26/09	2	ED-5	1/12/10	1
ED-13.12	2/18/10	1	ED-22.13	10/30/09	6	ED-5.1	12/15/09	1
ED-13.13	2/18/10	1	ED-22.13.1	11/12/09	2	ED-5.2	12/15/09	1
ED-13.13.1	2/18/10	1	ED-22.14	11/13/09	2	ED-5.3	1/12/10	1
ED-13.14	2/19/10	2	ED-22.14.1	12/30/09	1	ED-6	1/14/10	1
ED-13.14.1	2/19/10	3	ED-22.15	11/3/09	2	ED-6.1	1/14/10	2
ED-13.16	2/19/10	2	ED-22.2	10/20/09	3	ED-6.2	1/14/10	3
ED-13.16.1	2/19/10	3	ED-22.3	10/21/09	4	ED-6.3	1/14/10	1
ED-13.18	2/22/10	1	ED-22.4	10/21/09	7	ED-7	1/19/10	6
ED-13.2	10/19/09	4	ED-22.5	10/20/09	3	ED-7.1	1/19/10	7
ED-13.20	2/19/10	1	ED-22.6	11/16/09	3	ED-7.3.2	1/25/10	3
ED-13.20.1	2/19/10	1	ED-22.6 A	11/16/10	1	ED-7.3.4	1/26/10	1
ED-13.21	2/23/10	2	ED-22.6 B	11/16/10	1	ED-7.3.5	1/27/10	1
ED-13.22	2/23/10	2	ED-22.6 C	11/16/10	1	ED-7.3.6	1/27/10	3
ED-13.22.1	2/23/10	2	ED-22.6 D	11/16/10	1	ED-7.3.7	1/27/10	1
ED-13.26	2/24/10	1	ED-22.6 E	11/16/10	1	ED-7.3.8	5/3/10	1
ED-13.27	2/24/10	1	ED-22.6 F	11/16/10	1	ED-7.4	1/27/10	3
ED-13.29	3/4/10	2	ED-22.6.1	1/18/10	1	ED-7.5	1/27/10	1
ED-13.29.1	3/5/10	2	ED-22.7	10/26/09	2	ED-7.6	1/27/10	1
ED-13.3	10/19/09	5	ED-22.8	10/21/09	3	ED-7.7	2/2/10	4
ED-13.3.1	1/17/10	1	ED-22.9	10/26/09	4	ED-7.8	3/11/10	2
ED-13.31	3/8/10	1	ED-23.1	10/26/09	1	ED-8	1/19/10	9
ED-13.32	3/8/10	4	ED-23.13	4/23/10	1	ED-8.1	2/5/10	3
ED-13.32.1	3/8/10	1	ED-23.13.1	4/23/10	1	ED-8.13	2/23/10	3
ED-13.32.2	3/8/10	2	ED-23.2	11/16/09	3	ED-8.14	3/4/10	1
ED-13.33	5/25/10	2	ED-23.2 A	11/16/09	1	ED-8.15	6/15/10	1
ED-13.33.1	3/8/10	1	ED-23.2 B	11/16/09	1	ED-8.2	2/5/10	2
ED-13.34	4/8/10	1	ED-23.2 C	11/16/09	1	ED-8.3	2/5/10	3
ED-13.34.1	4/9/10	1	ED-23.2 D	11/16/09	1	ED-8.4	2/5/10	2
ED-13.38.1	6/8/10	1	ED-23.2 E	11/16/09	1	ED-9	3/26/10	3
ED-13.4	1/20/10	2	ED-23.2 F	11/16/09	1	ED-9.1	3/26/10	1
ED-13.4.1	1/21/10	5	ED-23.2 G	11/16/09	1	ED-9.2	3/26/10	1
ED-13.5	1/22/10	1	ED-23.3	10/27/09	1	ED-9.3	3/26/10	1
ED-13.6	1/26/10	2	ED-23.3.1	11/15/09	2	ED-9.4	3/26/10	1
ED-13.6.1	1/26/10	2	ED-23.4	10/26/09	3	ED-9.5	3/26/10	1
ED-13.7	1/27/10	3	ED-23.5	11/13/09	1	ED-9.6	3/26/10	1
ED-13.7.1	1/28/10	4	ED-23.7	12/18/09	1	ED-9.7	7/16/10	2

2 Calculation revisions

The 1,383 revised and resubmitted calculations are listed below:

Drawing Number	Original Date	Revs	Drawing Number	Original Date	Revs	Drawing Number	Original Date	Revs
1.2 E	11/12/09	1	2.13 H	10/7/09	2	3.8.9 D	11/25/09	4
1.2 F	11/12/09	1	2.13 I	10/7/09	2	3.8.9 E	11/25/09	4
1.2 G	11/12/09	1	2.13 Jf	10/7/09	2	3.8.9 F	11/25/09	4
1.3 A	11/12/09	1	2.13.1 A	10/7/09	1	3.8.9 G	11/25/09	4
1.3 B	11/12/09	1	2.14 G	10/7/09	1	3.8.9 H	11/25/09	4
1.3 C	11/12/09	1	2.14 H	10/7/09	1	3.8.9 I	11/25/09	4
1.3 D	11/12/09	1	2.14 I	10/7/09	1	3.8.9 J	11/25/09	4
1.4.2 A	11/13/09	1	2.14 J	10/7/09	1	3.8.9 K	11/25/09	4
1.4.2 B	11/13/09	1	2.14 K	10/7/09	1	3.8.9 L	11/25/09	4
1.4.2 C	11/13/09	1	2.14 L	10/7/09	1	3.8.9 M	11/25/09	4
1.4.2 D	11/13/09	1	2.14 M	10/7/09	1	3.8.9 N	11/25/09	4
1.4.2 E	11/13/09	1	2.14 N	10/7/09	1	3.8.9 O	11/25/09	4
1.4.2 F	11/13/09	1	2.14 O	10/7/09	1	3.8.9 P	11/25/10	4
1.5 A	10/5/09	2	2.14 P	10/7/09	1	3.8.9 Pf	11/25/09	2
1.5 B	11/13/09	2	2.14 Q	10/7/09	1	3.8.9 Q	3/1/10	1
1.5 C	11/13/09	2	2.14 R	10/7/09	1	3.8.9 R	3/1/10	1
1.5 D	11/13/09	2	2.14 S	10/7/09	1	3.8.9 Sf	3/1/10	1
1.5 E	3/2/10	1	2.14 T	10/7/09	1	4.13 AA	12/21/09	2
1.5 F	3/2/10	1	2.14 U	10/7/09	1	4.13 AB	12/21/09	2
1.5 G	3/2/10	1	2.14 V	10/7/09	1	4.13 AC	12/21/09	2
1.5 H	3/2/10	1	2.14 W	10/7/09	1	4.13 AD	12/21/09	2
1.5 I	3/2/10	1	2.15 AF	10/7/09	1	4.13 AE	12/21/09	2
1.5 J	3/2/10	1	2.15 AG	10/7/09	1	4.13 W	12/21/09	2
1.5 K	3/2/10	1	2.15 AH	10/7/09	1	4.13 X	12/21/09	2
1.5.2 A	1/11/10	2	2.15 AI	10/7/09	1	4.13 Y	12/21/09	2
1.5.2 B	1/11/10	2	2.15 AJ	10/7/09	1	4.13 Z	12/21/09	2
1.5.2 C	1/11/10	2	2.15 AK	10/7/09	1	4.3 A	11/30/09	1
1.5.2 D	1/11/10	2	2.15 AL	10/7/09	1	4.3 B	11/30/09	1
1.5.2 E	1/11/10	1	2.15 AM	10/7/09	1	4.3 C	11/30/09	1
1.5.2 F	1/11/10	1	2.15 AN	10/7/09	1	4.3 Df	11/30/09	1
1.5.2 G	1/11/10	1	2.15 AO	10/7/09	1	4.3.1 A	12/4/09	2
1.7 A	11/16/09	1	2.15 K	10/7/09	1	4.3.1 B	12/4/09	2
1.7 B	11/16/09	1	2.15 L	10/7/09	1	4.3.1 C	12/4/09	2
1.7 C	11/16/09	1	2.15 M	10/7/09	1	4.3.1 D	12/4/09	2
1.7 D	11/16/09	1	2.15 N	10/7/09	1	4.3.1 E	12/4/09	2
1.7 E	11/16/09	1	2.15 O	10/7/09	1	4.3.1 F	12/4/09	2
1.7 F	11/16/09	1	2.15 P	10/7/09	1	4.3.1 G	12/4/09	2

Drawing Number	Original Date	Revs	Drawing Number	Original Date	Revs	Drawing Number	Original Date	Revs
1.7 G	11/16/09	1	2.15 Q	10/7/09	1	4.3.1 H	12/4/09	2
1.7 H	11/16/09	1	2.15 R	10/7/09	1	4.3.1 I	12/4/09	2
1.7 J	11/16/09	1	2.15 S	10/7/09	1	4.3.1 J	12/4/09	2
10.3 A	3/25/10	1	2.15 T	10/7/09	1	4.3.1 K	12/4/09	2
10.3 B	3/25/10	1	2.15 U	10/7/09	1	4.3.1 L	12/4/09	2
10.3 C	3/25/10	1	2.17 G	10/7/09	2	4.3.1 M	12/4/09	2
10.3 D	3/25/10	1	2.17 H	10/7/09	2	4.3.1 N	12/4/09	2
10.3 E	3/25/10	1	2.17 I	10/7/09	2	4.3.1 O	12/4/10	2
10.3 F	3/25/10	1	2.17 J	10/7/09		4.3.10 A	12/16/09	1
10.3 G	3/25/10	1	2.17 Jf	10/7/09	1	4.3.10 B	12/16/09	1
10.3 H	3/25/10	1	2.17 Kf	10/7/09		4.3.10 C	12/16/09	1
10.3 I	3/25/10	1	2.18 A	10/7/09	1	4.3.10 D	12/16/09	1
10.3 J	3/25/10	1	2.18 AA	10/7/09	2	4.3.10 E	12/16/09	1
10.3 Kf	3/25/10	1	2.18 AB	10/7/09	2	4.3.10 F	12/16/09	1
10.4.1 Lf	5/7/10	1	2.18 AC	10/7/09	2	4.3.10 G	12/16/09	1
10.4.2 A	5/7/10	1	2.18 AD	10/7/09	2	4.3.10 H	12/16/09	1
10.4.2 B	5/7/10	1	2.18 AE	10/7/09	2	4.3.10 If	12/16/09	1
10.4.2 C	5/7/10	1	2.18 AF	10/7/09	1	4.3.11 A	12/16/09	1
10.4.2 D	5/7/10	1	2.18 AJ	11/10/09	1	4.3.11 B	12/16/09	1
10.4.2 E	5/7/10	1	2.18 AK	11/10/09	1	4.3.11 C	12/16/09	1
10.4.2 F	5/7/10	1	2.18 AL	11/10/09	1	4.3.11 D	12/16/09	1
10.4.2 G	5/7/10	1	2.18 AM	11/10/09	1	4.3.11 E	12/16/09	1
10.4.2 H	5/7/10	1	2.18 Anf	11/10/09	1	4.3.11 F	12/16/09	1
10.4.2 If	5/7/10	1	2.18 B	10/7/09	1	4.3.11 G	12/16/09	1
10.9.1 A	4/1/10	1	2.18 C	10/7/09	1	4.3.11 H	12/16/09	1
10.9.1 B	4/1/10	1	2.18 D	10/7/09	1	4.3.11 I	12/16/09	1
10.9.1 C	4/1/10	1	2.18 E	10/7/09	1	4.3.11 J	12/16/09	1
10.9.1 D	4/1/10	1	2.18 L	10/7/09	1	4.3.11 K	12/16/09	1
10.9.1 E	4/1/10	1	2.18 M	10/7/09	1	4.3.11 L	12/16/09	1
10.9.1 F	4/1/10	1	2.18 N	10/7/09	1	4.3.11 M	12/16/09	1
10.9.1 G	4/1/10	1	2.18 O	10/7/09	1	4.3.11 N	12/16/09	1
10.9.1 H	4/1/10	1	2.18 P	10/7/09	1	4.3.11 O	12/16/09	1
10.9.1 I	4/1/10	1	2.18 Q	10/7/09	1	4.3.11 P	12/16/09	1
10.9.1 J	4/1/10	1	2.18 R	10/7/09	1	4.3.11 Q	12/16/09	1
10.9.1 Kf	4/1/10	1	2.18 S	10/7/09	1	4.3.11 R	12/16/09	1
10.9.1 Lf	4/1/10	1	2.18 T	10/7/09	1	4.3.11 S	12/16/09	1
10.9.3 A	3/25/10	1	2.19 V	1/8/10	1	4.3.11 Tf	12/16/09	1
10.9.3 B	3/25/10	1	2.19 W	1/8/10	1	4.3.11.3 A	3/17/10	1
10.9.3 C	3/25/10	1	2.19 X	1/8/10	1	4.3.11.3 B	3/17/10	1
10.9.3 D	3/25/10	1	2.19 Y	1/8/10	1	4.3.11.3 C	3/17/10	1
10.9.3 E	3/25/10	1	2.19 Z	1/8/10	1	4.3.11.3 D	3/17/10	1

Drawing Number	Original Date	Revs	Drawing Number	Original Date	Revs	Drawing Number	Original Date	Revs
10.9.3 F	3/25/10	1	2.4.2 A	10/7/09	1	4.3.11.3 Ef	3/17/10	1
10.9.3 G	3/25/10	1	2.4.2 B	10/7/09	1	4.3.12 M	12/14/09	1
10.9.3 H	3/25/10	1	2.4.2 C	10/7/09	1	4.3.2 A	12/4/09	1
10.9.3 I	3/25/10	1	2.4.2 D	10/7/09	1	4.3.3 A	12/4/09	1
10.9.3 J	3/25/10	1	2.4.3 Af	10/7/09	1	4.3.4 A	12/4/09	1
10.9.3 Kf	3/25/10	1	2.6 B	10/7/09	1	4.3.6 A	12/16/09	2
11.16 A	4/1/10	1	2.6 C	10/7/09	1	4.3.6 B	12/16/09	2
11.16 B	4/1/10	1	2.6 D	10/7/09	1	4.3.6 C	12/16/09	2
11.16 C	4/1/10	1	2.6 E	10/7/09	1	4.3.6 D	12/16/09	2
11.16 D	4/1/10	1	2.6 F	10/7/09	1	4.3.6 E	12/16/09	2
11.16 E	4/1/10	1	2.6 G	10/7/09	1	4.3.6 F	12/16/09	2
11.16 F	4/1/10	1	2.6 H	10/7/09	2	4.3.6 Gf	12/16/10	2
11.16 G	4/1/10	1	2.6 I	10/7/09	1	4.3.8 A	12/16/09	1
11.16 H	4/1/10	1	2.8 A	11/13/09	1	4.3.8 B	12/16/09	1
11.16 I	4/1/10	1	2.8 B	11/13/09	1	4.3.8 C	12/16/09	1
11.16 J	4/1/10	1	2.8 C	11/13/09	1	4.3.8 D	12/16/09	1
11.17 A	3/24/10	1	2.8 D	11/13/09	1	4.3.8 E	12/16/09	1
11.17 B	3/24/10	1	2.8 Ef	11/13/09	1	4.3.8 F	12/16/09	1
11.17 C	3/24/10	1	20.11 A	11/13/09	1	4.3.8 G	12/16/09	1
11.17 Df	3/24/10	1	20.11 B	11/13/09	1	4.3.8 H	12/16/09	1
11.2 H	1/4/10	1	20.11 C	11/13/09	1	4.3.8 I	12/16/09	1
11.21 A	3/24/10	2	20.11 D	11/13/09	1	4.3.8 J	12/16/09	1
11.21 B	3/24/10	2	20.11 E	11/13/09	1	4.3.8 K	12/16/09	1
11.21 C	3/24/10	2	20.11 F	11/13/09	1	4.3.8 L	12/16/09	1
11.21 D	3/24/10	2	20.2 A	11/11/09	1	4.3.8 M	12/16/09	1
11.21 E	3/24/10	2	20.2 B	11/11/09	1	4.3.8 N	12/16/09	1
11.21 F	3/24/10	2	20.2 C	11/11/09	1	4.3.8 O	12/16/09	1
11.21 G	3/24/10	2	20.2 D	11/11/09	1	4.3.8 P	12/16/09	1
11.21 Hf	3/24/10	2	20.2 E	11/11/09	1	4.3.8 Q	12/16/09	1
11.25 I	11/30/10	1	20.5 A	11/16/09	1	4.3.8 R	12/16/09	1
11.25 J	11/30/10	1	20.5 B	11/16/09	1	4.3.9 A	12/16/09	1
11.25 K	11/30/10	1	20.5 C	11/16/09	1	4.3.9 B	12/16/09	1
11.25 Lf	11/30/10	1	20.5 D	11/16/09	1	4.3.9 C	12/16/09	1
11.27 A	3/26/10	1	20.5 E	11/16/09	1	4.3.9 D	12/16/09	1
11.37.1 A	5/25/10	1	20.5 F	11/16/09	1	4.3.9 E	12/16/09	1
11.37.1 B	5/25/10	1	20.5 G	11/16/09	1	4.3.9 F	12/16/09	1
11.37.1 C	5/25/10	1	20.5 H	11/16/09	1	4.3.9 G	12/16/09	1
11.37.1 D	5/25/10	1	20.5 J	11/16/09	1	4.3.9 H	12/16/09	1
11.37.1 E	5/25/10	1	20.5 K	11/16/09	1	4.3.9 I	12/16/09	1
11.37.1 F	5/25/10	1	20.5 L	11/16/09	1	4.3.9 J	12/16/09	1
11.37.1 G	5/25/10	1	20.5 M	11/16/09	1	4.3.9 K	12/16/09	1

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11.37.1 H	5/25/10	1	20.5 N	11/16/09	1	4.3.9 L	12/17/09	1
11.37.1 I	5/25/10	1	20.5.6 F	6/1/10	2	4.3.9 M	12/17/09	1
11.37.1 J	5/25/10	1	20.6 D	11/13/09	1	4.3.9 N	12/17/09	1
11.37.1 Kf	5/25/10	1	20.7 A	11/16/09	1	4.3.9 O	12/17/09	1
11.4 A	11/9/09	2	21.5 L	12/18/09	1	4.3.9 Pf	12/17/09	1
11.4 B	11/9/09	2	21.5 M	12/18/09	1	4.7 A	12/17/09	1
11.4 C	11/9/09	2	21.6 A	11/13/09	1	4.7 B	12/17/09	1
11.4 D	11/9/09	2	21.6 C	11/13/09	3	4.7 C	12/17/09	1
11.4 E	11/9/09	2	21.6 D	11/13/09	1	4.7 Df	12/17/10	1
11.4 F	11/9/09	2	21.6 E	12/21/09	2	5.3 A	1/14/10	3
11.4 G	11/9/09	2	21.6 F	12/21/09	1	5.3 B	1/14/10	3
11.6 A	11/4/09	1	22.1 A	11/4/09	1	5.3 C	1/14/10	3
11.6 B	11/4/09	1	22.13 A	11/13/09	1	5.3 D	1/14/10	3
11.6 C	11/4/09	1	22.13 F	11/13/09	1	5.3 E	1/14/10	3
11.7 A	3/8/10	1	22.13 G	11/13/09	1	5.3 Ff	1/14/10	1
11.7 B	3/8/10	1	22.2 I	11/4/09	1	6.1 A	12/22/09	1
11.7 C	3/8/10	1	22.8 A	11/12/09	1	6.1 AA	12/22/09	1
11.7 D	3/8/10	1	22.8 B	11/12/09	1	6.1 AB	12/22/09	1
11.7 E	3/8/10	1	22.8 C	11/12/09	1	6.1 AS	12/22/09	1
11.7 F	3/8/10	1	22.8 H	12/16/09	1	6.1 AT	12/22/09	1
11.7 G	3/8/10	1	22.8 I	12/15/09	1	6.1 AU	12/22/09	1
11.7 H	3/8/10	1	22.8 J	12/15/09	1	6.1 AV	12/22/09	1
11.7 I	3/8/10	1	22.8 K	12/17/09	1	6.1 AW	12/22/09	1
11.7 J	3/8/10	1	22.8 L	12/17/09	1	6.1 B	12/22/09	1
11.7 K	3/8/10	1	22.9 A	11/12/09	2	6.1 BB	12/22/09	1
11.7 L	3/8/10	1	22.9 B	11/12/09	1	6.1 BC	12/22/09	1
11.7 M	3/8/10	1	22.9 C	12/16/09	1	6.1 BD	12/22/09	1
11.7 N	3/8/10	1	22.9 D	12/15/09	1	6.1 BE	12/22/09	1
11.7 O	3/8/10	1	22.9 E	12/15/09	1	6.1 BG	12/22/09	2
11.9 A	3/4/10	1	22.9 F	12/17/09	1	6.1 BH	12/22/09	2
11.9 B	3/4/10	1	22.9 G	12/17/09	1	6.1 BI	12/22/09	2
11.9 C	3/4/10	1	24.2 C	12/14/09	3	6.1 BJ	12/22/09	2
11.9 D	3/4/10	1	24.2 D	12/14/09	2	6.1 BK	12/22/09	2
11.9 E	3/4/10	1	24.2 E	12/14/09	2	6.1 BL	12/22/09	1
11.9 F	3/4/10	1	24.2 F	12/14/09	2	6.1 BM	12/22/09	1
11.9 G	3/4/10	1	24.2 G	12/14/09	2	6.1 BN	12/22/09	1
11.9 H	3/4/10	1	24.2 H	12/14/09	2	6.1 BO	12/22/09	1
11.9 I	3/4/10	1	24.2 I	12/14/09	2	6.1 BPf	12/22/09	1
11.9 J	3/4/10	1	24.2 J	12/14/09	2	6.1 C	12/22/09	1
11.9 Kf	3/4/10	1	24.2 K	12/14/09	2	6.1 D	12/22/09	1
11.9 Lf	6/3/10	1	24.2 L	12/14/09	2	6.1 E	12/22/09	1

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12.10 A	3/29/10	1	24.2 M	2/11/10	1	6.1 F	12/22/09	1
12.10 B	3/29/10	1	24.2 N	2/11/10	1	6.1 G	12/22/09	1
12.10 C	3/29/10	1	24.2 O	2/11/10	1	6.1 H	12/22/09	1
12.10 D	3/29/10	1	25 B	10/29/10	1	6.1 I	12/22/09	1
12.10 E	3/29/10	1	25 B	10/29/10	1	6.1 J	12/22/09	1
12.10 F	3/29/10	1	25 B	10/29/10	1	6.1 O	12/22/09	1
12.10 G	3/29/10	1	25 B	10/29/10	1	6.1 P	12/22/09	1
12.10 H	3/29/10	1	25.1 A	10/29/10	1	6.1 Q	12/22/09	1
12.10 I	3/29/10	1	25.1 B	10/29/10	1	6.1 R	12/22/09	1
12.10 J	3/29/10	1	25.1 C	10/29/10	1	6.1 S	12/22/09	1
12.10 K	3/29/10	1	25.1 D	10/29/10	1	6.1 Y	12/22/09	1
12.10 L	3/29/10	1	3.1 AA	10/7/09	1	6.1 Z	12/22/09	1
12.10 Mf	3/29/10	1	3.1 AB	10/7/09	1	6.2 A	1/18/10	2
12.11.1 A	3/24/10	1	3.1 AC	10/7/09	1	6.2 B	1/18/10	2
12.11.1 B	3/24/10	1	3.1 AD	10/7/09	1	6.2 C	1/18/10	2
12.11.1 C	3/24/10	1	3.1 Q	10/7/09	1	6.2 D	1/18/10	2
12.11.1 D	3/24/10	1	3.1 R	10/7/09	1	6.2 E	1/18/10	2
12.11.1 E	3/24/10	1	3.1 S	10/7/09	1	6.2 F	1/18/10	2
12.11.1 Ff	3/24/10	1	3.1 T	10/7/09	1	6.2 G	1/18/10	2
12.14.1 A	3/29/10	1	3.1 U	10/7/09	1	6.2 H	1/18/10	2
12.14.1 B	3/29/10	1	3.1 Z	10/7/09	1	6.2 I	1/18/10	2
12.14.1 C	3/29/10	1	3.1.3 A	10/16/09	1	6.2 J	1/18/10	2
12.14.1 D	3/29/10	1	3.1.3 C	10/16/09	1	6.2 K	1/18/10	2
12.14.1 E	3/29/10	1	3.1.3 D	10/16/09	1	6.2 L	1/18/10	2
12.14.1 F	3/29/10	1	3.1.3 E	10/16/09	1	6.2 M	1/18/10	2
12.14.1 G	3/29/10	1	3.1.3 F	10/16/09	1	6.2 N	1/18/10	2
12.14.1 H	3/29/10	1	3.14 A	11/18/09	1	6.2 O	1/18/10	2
12.14.1 I	3/29/10	1	3.14 B	11/18/09	1	6.2 P	1/18/10	2
12.14.1 J	3/29/10	1	3.14 C	11/18/09	1	6.2 Q	1/18/10	1
12.14.1 K	3/29/10	1	3.14 D	11/18/09	1	6.3 A	1/18/10	3
12.14.1 L	3/29/10	1	3.14 E	11/18/09	1	6.3 B	1/18/10	3
12.14.1 M	3/29/10	1	3.14 F	11/18/09	1	6.3 C	1/18/10	3
12.14.1 N	3/29/10	1	3.14 G	11/18/09	1	6.3 Df	1/18/10	3
12.14.1 O	3/29/10	1	3.14 H	11/18/09	1	7.3.2 A	2/1/10	1
12.14.1 P	3/29/10	1	3.14 If	11/18/09	1	7.3.2 B	2/2/10	1
12.14.1 Q	3/29/10	1	3.22 A	11/10/09	1	7.3.2 C	2/2/10	1
12.14.1 R	3/29/10	1	3.22 B	11/10/09	1	7.3.2 D	2/2/10	1
12.14.1 S	3/29/10	1	3.22 C	11/10/09	1	7.3.2 E	2/2/10	1
12.14.1 Tf	3/29/10	1	3.22 D	11/10/09	1	7.3.2 F	2/2/10	1
12.15 A	4/29/10	1	3.22 E	11/10/09	1	7.3.2 Gf	2/2/10	1
12.15 B	4/29/10	1	3.22 F	11/10/09	1	7.3.5 A	2/2/10	1

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12.15 C	4/29/10	1	3.22 G	11/10/09	1	7.3.5 B	2/2/10	1
12.15 D	4/29/10	1	3.22 H	11/10/09	1	7.3.5 C	2/2/10	1
12.15 E	4/29/10	1	3.22 If	11/10/09	1	7.3.5 D	2/2/10	1
12.15 F	4/29/10	1	3.29 A	11/11/09	1	7.3.5 E	2/2/10	1
12.15 G	4/29/10	1	3.29 B	11/11/09	1	7.3.5 F	2/2/10	1
12.15 H	4/29/10	1	3.29 C	11/11/09	1	7.3.5 G	2/2/10	1
12.15 I	4/29/10	1	3.29 Df	11/11/09	1	7.3.5 H	2/2/10	1
12.15 J	4/29/10	1	3.40 A	10/7/09	2	7.3.5 I	2/2/10	1
12.15 K	4/29/10	1	3.40 B	10/7/09	2	7.3.5 Jf	2/2/10	1
12.15 L	4/29/10	1	3.40 C	10/7/09	2	7.3.6 A	2/2/10	2
12.15 Mf	4/29/10	1	3.40 D	10/7/09	2	7.3.6 B	2/2/10	2
12.22.2 B	4/17/10	2	3.40 E	10/7/09	2	7.3.6 C	2/2/10	2
12.22.2 C	4/17/10	1	3.40 F	10/7/09	2	7.3.6 D	2/2/10	2
12.7 A	3/10/10	1	3.40 G	10/7/09	2	7.3.6 E	2/2/10	2
12.7 B	3/10/10	1	3.40 H	10/7/09	1	7.3.6 F	2/2/10	2
12.7 C	3/10/10	1	3.40 I	10/7/09	1	7.3.6 G	2/2/10	2
12.7 D	3/10/10	1	3.40 J	10/7/09	1	7.3.6 H	2/2/10	2
12.8 A	3/10/10	1	3.40 K	10/7/09	1	7.3.6 I	2/2/10	2
12.8 B	3/10/10	1	3.42 A	10/7/09	1	7.3.6 J	2/2/10	2
12.8 C	3/10/10	1	3.42 B	10/7/09	1	7.3.6 Jf	2/2/10	1
12.8 D	3/10/10	1	3.42 C	10/7/09	1	7.4 CU	1/22/10	1
12.8 E	3/10/10	1	3.42 Df	10/7/09	1	7.4 CV	1/22/10	1
12.8 F	3/10/10	1	3.44 F	10/7/09	1	7.4 CW	1/22/10	1
12.8 G	3/10/10	1	3.44 G	10/7/09	1	7.4 CX	1/22/10	1
12.8 H	3/10/10	1	3.44 H	10/7/09	1	7.4 CY	1/22/10	1
12.8 I	3/10/10	1	3.44 I	10/7/09	1	7.4 CZ	1/22/10	1
12.8 J	3/10/10	1	3.44 J	10/7/09	1	7.4 DA	1/22/10	1
12.8 K	3/10/10	1	3.44 K	10/7/09	1	7.4 DB	1/22/10	1
12.8 L	3/10/10	1	3.44 L	10/7/09	1	7.4 DC	1/22/10	1
12.8 M	3/10/10	1	3.6 A	11/4/09	1	7.4 DD	1/22/10	1
12.8 N	3/10/10	1	3.6 B	11/4/09	1	7.4 DE	1/22/10	1
12.8 O	3/10/10	1	3.6 C	11/4/09	1	7.4 Dff	1/22/10	1
12.8 P	3/10/10	1	3.6 D	11/4/09	1	7.4.BF	1/22/10	1
12.8 Q	3/10/10	1	3.6 E	11/4/09	1	7.4.BG	1/22/10	1
12.8 R	3/10/10	1	3.6 F	11/4/09	1	7.4.BH	1/22/10	1
12.8 S	3/10/10	1	3.6 Gf	11/4/09	1	7.4.BI	1/22/10	1
12.8 Tf	3/10/10	1	3.8 A	11/12/09	1	7.4.BJ	1/22/10	1
12.9 A	3/10/10	1	3.8 B	11/12/09	1	7.4.BK	1/22/10	1
12.9 B	3/10/10	1	3.8 C	11/12/09	1	7.6 H	1/22/10	1
12.9 C	3/10/10	1	3.8 D	11/12/09	1	7.6 I	1/22/10	1
12.9 D	3/10/10	1	3.8 E	11/12/09	1	7.6 J	1/22/10	1

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12.9 E	3/10/10	1	3.8 F	11/12/09	1	7.6 K	1/22/10	1
12.9 F	3/10/10	1	3.8 G	11/12/09	1	7.6 L	1/22/10	1
12.9 G	3/10/10	1	3.8 H	11/12/09	1	7.6 R	1/22/10	1
12.9 H	3/10/10	1	3.8 I	11/12/09	1	7.6 S	1/22/10	1
12.9 I	3/10/10	1	3.8 J	11/12/09	1	7.6 T	1/22/10	1
12.9 J	3/10/10	1	3.8 Kf	11/12/09	1	7.6 U	1/22/10	1
12.9 Kf	3/10/10	1	3.8.1 A	11/4/09	1	7.6 V	1/22/10	1
13.10 A	3/9/10	1	3.8.1 B	11/4/09	1	7.6 W	1/22/10	1
13.10 B	3/9/10	1	3.8.1 C	11/4/09	1	7.7 A	1/22/10	1
13.10 C	3/9/10	1	3.8.1 D	11/4/09	1	7.7 B	1/22/10	1
13.10 D	3/9/10	1	3.8.1 E	11/4/09	1	7.7 BF	3/11/10	1
13.10 E	3/9/10	1	3.8.1 F	11/4/09	1	7.7 BG	3/11/10	1
13.10 F	3/9/10	1	3.8.1 G	11/4/09	1	7.7 BH	3/11/10	1
13.10 G	3/9/10	1	3.8.1 H	11/4/09	1	7.7 BI	3/11/10	1
13.11.1 I	4/13/10	1	3.8.1 I	11/4/09	1	7.7 BJ	3/11/10	1
13.11.2 I	8/13/10	1	3.8.1 J	11/4/09	1	7.7 C	1/22/10	1
13.11.2 J	8/13/10	1	3.8.1 K	11/4/09	1	7.7 D	1/22/10	1
13.11.2 K	8/13/10	1	3.8.1 Lf	11/4/09	1	7.7 E	1/22/10	1
13.11.2 L	8/13/10	1	3.8.10 A	11/23/09	1	7.7 F	1/22/10	1
13.11.2 M	8/13/10	1	3.8.10 B	11/23/09	1	7.7 G	1/22/10	1
13.11.2 N	8/13/10	1	3.8.10 C	11/23/09	1	7.7 H	1/22/10	1
13.11.2 Of	8/13/10	1	3.8.10 D	11/23/09	1	7.7 I	1/22/10	1
13.13.1 E	4/12/10	1	3.8.10 E	11/23/09	1	7.7 J	1/22/10	1
13.14.1 L	4/9/10	1	3.8.10 F	11/23/09	1	7.7 K	1/22/10	1
13.14.1 M	4/9/10	1	3.8.10 G	11/23/09	1	7.7 L	1/22/10	1
13.14.1 N	4/9/10	1	3.8.10 H	11/23/09	1	7.7 M	1/22/10	1
13.14.1 O	4/9/10	1	3.8.10 I	11/23/09	1	7.7 N	1/22/10	1
13.14.1 P	4/9/10	1	3.8.10 J	11/23/09	1	7.7 O	1/22/10	1
13.14.1 Q	4/9/10	1	3.8.10 K	11/23/09	1	7.7 P	1/22/10	1
13.14.1 R	4/9/10	1	3.8.10 L	11/23/09	1	7.7 Q	1/22/10	1
13.14.1 S	4/9/10	1	3.8.10 M	11/23/09	1	7.7 R	1/22/10	1
13.14.1 T	4/9/10	1	3.8.10 N	11/23/09	1	7.7 S	1/22/10	1
13.14.1 U	4/9/10	1	3.8.10 O	11/23/09	1	7.7 T	1/22/10	1
13.14.1 V	4/9/10	1	3.8.10 Pf	11/23/09	1	7.7 U	1/22/10	1
13.16.1 A	4/14/10	1	3.8.11 A	11/17/09	1	7.7 V	1/22/10	1
13.16.1 B	4/14/10	1	3.8.11 B	11/17/09	1	7.7 W	1/22/10	1
13.16.1 C	4/14/10	1	3.8.11 C	11/17/09	1	7.7 X	1/22/10	1
13.16.1 D	4/14/10	1	3.8.11 D	11/17/09	1	7.7 Y	1/22/10	1
13.16.1 E	4/14/10	1	3.8.11 E	11/17/09	1	8.1 K	2/3/10	2
13.16.1 F	4/14/10	1	3.8.11 F	11/17/09	1	8.1 L	2/3/10	1
13.16.1 G	4/14/10	1	3.8.11 G	11/17/09	1	8.1 M	2/3/10	1

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13.16.1 H	4/14/10	1	3.8.11 H	11/17/09	1	8.1 N	2/3/10	1
13.16.1 I	4/14/10	1	3.8.11 I	11/17/09	1	8.1 O	2/3/10	1
13.16.1 J	4/14/10	1	3.8.11 Jf	11/17/09	1	8.1 P	2/3/10	1
13.16.1 K	4/14/10	1	3.8.2 A	11/4/09	1	8.1 Q	2/3/10	1
13.16.1 L	4/14/10	1	3.8.2 B	11/4/09	1	8.1 R	2/3/10	1
13.16.1 W	4/14/10	1	3.8.2 C	11/4/09	1	8.1 S	2/3/10	1
13.18 A	3/24/10	1	3.8.2 D	11/4/09	1	8.1 T	2/3/10	1
13.18 B	3/24/10	1	3.8.2 E	11/4/09	2	8.1 U	2/3/10	1
13.18 C	3/24/10	1	3.8.2 F	11/4/09	2	8.1 V	2/3/10	1
13.18 Df	3/24/10	1	3.8.2 G	11/4/09	2	8.1 W	2/3/10	1
13.21 A	6/7/10	1	3.8.2 H	11/4/09	2	8.1 X	2/3/10	1
13.21 B	6/7/10	1	3.8.2 I	11/4/09	2	8.1 Y	2/3/10	1
13.21 C	6/7/10	1	3.8.2 J	11/4/09	2	8.1 Z	2/3/10	1
13.21 D	6/7/10	1	3.8.2 K	11/4/09	2	8.13 A	4/5/10	1
13.21 E	6/7/10	1	3.8.3 A	11/13/09	1	8.13 B	4/5/10	1
13.21 F	6/7/10	1	3.8.3 B	11/13/09	1	8.13 C	4/5/10	1
13.21 Gf	6/7/10	1	3.8.3 C	11/13/09	1	8.13 D	4/5/10	1
13.29.1 A	5/6/10	1	3.8.3 D	11/13/09	1	8.2 A	2/4/10	2
13.29.1 B	4/20/10	1	3.8.3 E	11/13/09	1	8.2 AU	2/4/10	1
13.29.1 C	4/20/10	1	3.8.3 F	11/13/09	1	8.2 AV	2/4/10	1
13.29.1 D	4/20/10	1	3.8.3 G	11/13/09	1	8.2 AW	2/4/10	1
13.29.1 E	4/20/10	1	3.8.3 H	11/13/09	1	8.2 AX	2/4/10	1
13.29.1 F	4/20/10	1	3.8.3 I	11/13/09	1	8.2 AY	2/4/10	1
13.29.1 G	4/20/10	1	3.8.3 J	11/13/09	1	8.2 AZ	2/4/10	1
13.3 E	1/5/10	1	3.8.3 K	11/13/09	1	8.2 B	2/4/10	2
13.3 I	1/15/10	1	3.8.3 L	11/13/09	1	8.2 C	2/4/10	2
13.3 J	1/15/10	1	3.8.3 M	11/13/09	1	8.2 D	2/4/10	2
13.3 K	1/15/10	1	3.8.3 N	11/13/09	1	8.2 E	2/4/10	2
13.30 A	4/20/10	1	3.8.3 O	11/13/09	1	8.2 F	2/4/10	2
13.30 B	4/20/10	1	3.8.3 P	10/20/09	1	8.2 G	2/4/10	2
13.30 C	4/20/10	1	3.8.3 Q	10/20/09	1	8.2 H	2/4/10	2
13.34.1 A	6/10/10	1	3.8.4 A	11/23/09	1	8.2 I	2/4/10	2
13.34.1 B	6/10/10	1	3.8.4 B	11/23/09	1	8.2 J	2/4/10	2
13.34.1 C	6/10/10	1	3.8.4 C	11/23/09	1	8.3 AE	2/4/10	2
13.34.1 D	6/4/10	1	3.8.4 D	11/23/09	1	8.3 AF	2/4/10	2
13.35 F	6/10/10	1	3.8.4 E	11/23/09	1	8.3 AG	2/4/10	2
13.4.1 A	3/17/10	2	3.8.5 A	11/23/09	1	8.3 AH	2/4/10	2
13.4.1 B	3/17/10	2	3.8.5 B	11/23/09	1	8.3 AI	2/4/10	2
13.4.1 C	3/17/10	2	3.8.5 C	11/23/09	1	8.3 AJ	2/4/10	1
13.4.1 D	3/17/10	2	3.8.5 D	11/23/09	1	8.3 AK	2/4/10	1
13.4.1 E	3/17/10	2	3.8.5 E	11/23/09	1	8.3 AL	2/4/10	1

Drawing Number	Original Date	Revs	Drawing Number	Original Date	Revs	Drawing Number	Original Date	Revs
13.4.1 F	3/17/10	2	3.8.5 F	11/23/09	1	8.3 AM	2/4/10	1
13.4.1 G	3/17/10	2	3.8.5 G	11/23/09	1	8.3 AN	2/4/10	1
13.4.1 H	3/17/10	2	3.8.5 H	11/23/09	1	8.3 AO	2/4/10	1
13.4.1 I	3/17/10	2	3.8.5 I	11/23/09	1	8.3 AP	2/4/10	1
13.4.1 J	3/17/10	2	3.8.5 J	11/23/09	1	8.3 AQ	2/4/10	1
13.4.1 K	3/17/10	2	3.8.5 K	11/23/09	1	8.3 AR	2/4/10	1
13.4.1 Kf	3/17/10	1	3.8.6 A	11/18/09	1	8.3 AS	2/4/10	1
13.4.1 Lf	3/17/10	2	3.8.6 B	11/18/09	1	8.4 A	2/4/10	1
13.6.1 A	3/8/10	1	3.8.6 C	11/18/09	1	8.4 B	2/4/10	1
13.6.1 B	3/8/10	1	3.8.6 D	11/18/09	1	8.4 C	2/4/10	1
13.6.1 C	3/8/10	1	3.8.6 E	11/18/09	1	8.4 D	2/4/10	1
13.6.1 D	3/8/10	1	3.8.6 F	11/18/09	1	8.4 E	2/4/10	1
13.6.1 E	3/8/10	1	3.8.6 G	11/18/09	1	8.4 F	2/4/10	1
13.6.1 F	3/8/10	1	3.8.6 H	11/18/09	1	8.4 G	2/4/10	1
13.6.1 G	3/8/10	1	3.8.6 I	11/18/09	1	8.4 H	2/4/10	1
13.6.1 H	3/8/10	1	3.8.6 J	11/18/09	1	8.4 I	2/4/10	1
13.6.1 I	3/8/10	1	3.8.6 K	11/18/09	1	8.4 J	2/4/10	1
13.6.1 J	3/8/10	1	3.8.6 L	11/18/09	1	8.4 K	2/4/10	1
13.6.1 K	3/8/10	1	3.8.6 M	11/18/09	1	8.4 L	2/4/10	1
13.6.1 L	3/8/10	1	3.8.6 N	11/18/09	1	8.4 M	2/4/10	1
13.6.1 Mf	3/8/10	1	3.8.6 O	11/18/09	1	8.4 N	2/4/10	1
13.7.1 A	3/5/10	2	3.8.6 P	11/18/09	1	8.4 Of	2/4/10	1
13.7.1 B	3/5/10	2	3.8.6 Vf	4/14/10	1	8.9 A	2/8/10	1
13.7.1 C	3/5/10	2	3.8.7 A	11/20/09	2	8.9 B	2/8/10	1
13.7.1 D	3/5/10	2	3.8.7 B	11/20/09	2	8.9 C	2/8/10	1
13.7.1 E	3/5/10	2	3.8.7 C	11/20/09	2	8.9 D	2/8/10	1
13.7.1 F	3/5/10	2	3.8.7 D	11/20/09	2	8.9 E	2/8/10	1
13.7.1 G	3/5/10	2	3.8.7 E	11/20/09	2	8.9 F	2/8/10	1
13.7.1 H	3/5/10	2	3.8.7 F	11/20/09	2	8.9 G	2/8/10	1
13.7.1 I	3/5/10	2	3.8.7 G	11/20/09	2	8.9 H	2/8/10	1
13.7.1 J	3/5/10	2	3.8.7 H	11/20/09	2	8.9 I	2/8/10	1
13.7.1 K	3/5/10	1	3.8.7 Jf	11/20/09	2	8.9 J	2/8/10	1
13.7.1 Kf	3/5/10	2	3.8.8 A	11/24/09	1	8.9 K	2/8/10	1
14.1 D	3/23/10	1	3.8.8 B	11/24/09	2	8.9 L	2/8/10	1
14.1 E	3/23/10	1	3.8.8 C	11/24/09	1	8.9 M	2/8/10	1
14.12 A	3/23/10	1	3.8.8 D	11/24/09	1	8.9 N	2/8/10	1
14.12 B	3/23/10	1	3.8.8 E	11/24/09	1	8.9 O	2/8/10	1
14.12 C	3/23/10	1	3.8.8 F	11/24/09	1	8.9 Pf	2/8/10	1
14.5 A	3/23/10	1	3.8.8 G	11/24/09	1	9.6 A	3/30/10	2
14.5 Mf	9/1/11	1	3.8.8 H	11/24/09	1	9.6 B	3/30/10	2
2.11 A	10/7/09	1	3.8.8 I	11/24/09	1	9.6 C	3/30/10	2

Drawing Number	Original Date	Revs	Drawing Number	Original Date	Revs	Drawing Number	Original Date	Revs
2.11 B	10/7/09	1	3.8.8 J	11/24/09	1	9.6 E	3/30/10	2
2.11 C	10/7/09	1	3.8.8 K	11/24/09	1	9.6 F	3/30/10	2
2.11 Df	10/7/09	1	3.8.8 L	11/24/09	1	9.6 G	3/30/10	2
2.13 A	10/7/09	2	3.8.8 M	11/24/09	1	9.6 H	3/30/10	2
2.13 B	10/7/09	2	3.8.8 N	11/24/09	1	9.6 If	3/30/10	2
2.13 C	10/7/09	2	3.8.8 O	11/24/09	1	9.8 A	9/15/10	1
2.13 D	10/7/09	2	3.8.8 P	11/24/09	1	9.8 B	9/15/10	1
2.13 E	10/7/09	2	3.8.9 A	11/25/09	4	9.8 C	9/15/10	1
2.13 F	10/7/09	2	3.8.9 B	11/25/09	4	9.8 Df	9/15/10	1
2.13 G	10/7/09	2	3.8.9 C	11/25/09	4	9-6 D	3/30/10	2
Total Revisions		<u>429</u>			<u>434</u>			<u>520</u>

The above represents many months of work by a staff of experienced engineers whose only work is structural steel.

Attachment 11
Other Efficiency Losses

Attachment 11 Efficiency loss details

In addition to the inefficiencies caused by weather W&W also incurred inefficiencies due to stacking of trades, impacts of changes, stoppages due to design issues, scheduling problems as a result of the manner which was chosen to accelerate the project and allow completion by the September 11 date, sufficient for the dedication to occur.

Because the Measured Mile methodology is not applicable in measuring the cost associated with the loss of productivity for this Project, W&W is relying on studies and research to guide us in this calculation of measured productivity losses resulting from the owner's actions. Research conducted by the Mechanical Contractors Association, the Electrical Contractors Association, and the U.S. Army Corps of Engineers provide guides as to how to estimate the loss of productivity on a project when the Measured Mile methodology is not an appropriate methodology. These guides, when applied to W&W Work, estimate productivity losses incurred by W&W on this Project as follows:

Factor	Percent of Loss Conditions		
	Minor	Average	Severe
1 Stacking of trades: Operations take place within physically limited space with other contractors. Results in congestion of personnel, inability to locate tools conveniently, increase loss of tools, additional safety hazards and increased visitors. Optimum crew cannot be utilized	10%	20%	30%
2. Morale and attitude: Excessive hazard and, competition for overtime, over-inspection, multiple contract changes and rework, disruption of labor rhythm and schedule, poor site conditions etc.	5%	15%	30%
Total	15%	35%	60%

A study conducted by a consortium of associations in the wall and ceiling contractors industry, using studies on labor productivity in the construction industry by major trade organizations, academic institutions, government agencies and the U.S. Department of Labor, as a baseline of literature in the labor productivity field, also addressed these issues and found the following productivity impact factors and ranges:

	Upper Range of typically observed productivity impacts		
	Framing	Hanging	Finishing
Congestion	44%	40%	47%
Fragmentation	50%	41%	47%
Acceleration	42%	42%	47%

Impacts to Labor Productivity in Steel Framing and Installation and Finishing of Gypsum Wallboard, R. Brown Consulting Group, LLC, 2009, Northwest Wall and Ceiling Bureau.

The Electrical Contractors Association, as well as the US Army Corps of Engineers (Construction Productivity Advancement Program), conducted research into the impact of such changes in productivity (Extreme weather, trade stacking, crowding, changes to work, and ripple effects). Many other independent studies have been conducted in cases where the project was

impacted from the beginning and is difficult or impossible to determine the full impact using the Measured Mile Methodology.

All of the factors cited by these organizations have occurred in this Project and have been determined to cause inefficiency and loss of productivity. The ranges of productivity losses for such have range from 15% to 60%.

The data provided below shows the project was impacted from the beginning until the end:

6/1/2010

Talk to Skanska personnel about site conditions, waiting for start up approval.

6/2/2010

Waiting for the go ahead to begin drilling onsite.

6/9/2010

Surveyors onsite. Install ladder and safety equipment on D-35.

6/11/2010

Begin drilling holes on D-19.

6/14/2010

Finish drilling D19 plate girder. Waiting for Skanska to locate D25 girder with guying cables and come a long. Unable to work on D25 because of out of tolerance issues.

6/15/2010

Two surveyors onsite. Skanska pulling plate girders around causes out of tolerance issues and work stoppage on drilling operation.

6/16/2010

Men offsite at steel storage yard most of day. Drilling operation on hold pending survey and steel plate girder correction by others.

6/17/2010

Continue drilling on D35 girder.

6/23/2010

No surveyors onsite today. Awaiting direction on further drilling/layout work. Returned to site with men at 2:15, unloaded pickup truck with welding cable, etc.

6/24/2010

No surveyors onsite today. Waiting for outcome of Skanska D25 girder alignment.

6/25/2010

Re-survey D25 and D19 girder after Skanska tries to move them we are told by Part rep that D25 will be accepted as good 1/2" west at north end. D19 was 3/4 west at north end and couldn't be moved by Skanska. Surveyors onsite 1/2 day. Ironworkers continue to prep tools and equipment.

6/28/2010

Surveyors re-survey the rest of D25.

6/29/2010

Men begin prep work for drilling D 25. Skanska installs flange hooks over the top of D19 that will be in our way erecting column.

6/29/2010

Continue layout work on plate girders. Begin drilling D25 plate girder holes.

6/30/2010

Spoke to Skanska foreman, he's waiting for instruction on what to do if anything with D19 after only being to move it 3/16".

6/30/2010

Charlie, the attached file contains the as built survey of drilled holes in the plate girders.

7/1/2010

Re-survey D19 after Skanska moved it for final time (3/16).

7/1/2010

Re-survey PG-2 girder from Pavilion steel.

7/2/2010

Please coordinate the repair to girders D19 and D25. Wee need to confirm the survey internally and have repair details issued asap.

7/6/2010

Use this survey for the existing hole locations. And use prior surveys only for the elevation at these points. I am also concerned about the welding to the existing D35 girder, the elevation bust will affect the shear tabs and beam copes. If the new tabs have to raise up will they hit the bottom of the flange? If the tabs move up will the beam copes be deep enough? Has this been looked at? Will the parts we have work?

7/6/2010

Men preparing for welders arrival. Men offsite today at 1:30pm due to Queen's visit to site.

7/6/2010

They have a new survey but we believe there are errors in those figures as well sa Weldon is going to speak with the surveyor and get back to me.

7/7/2010

Once we get the survey measurements validated, we can compute the corresponding eccentricity on the PA girder at each measurement location using the attached spreadsheet. I suspect that's what the EOR is really interested in. If the EOR's okay with just resulting eccentricity calcs and everyone's okay with field welding, then we can just locate our new steel in the "theoretical" location, field weld it to the PA girders and live with the eccentricities on the PA girders.

7/7/2010

Complete PG-2 girder.

7/7/2010

Men offsite most the day. At JFK hangar 17 measuring and photographing trident.

7/9/2010

Surveyors here a.m. but left because new benchmark was not yet brought up.

7/9/2010

Still waiting for new benchmark from LKB surveyors.

7/12/2010

We still do not have the bench mark from LKB. We need this we have people standing by and the time we are losing is pushing back the start date.

7/13/2010

Still waiting for new benchmark from LKB surveyors.

7/13/2010

Provide a note on each drawing as follows: "If existing holes interrupt required fillet weld, contact W&W Steel Engineering".

7/14/2010

Rain causes onsite delays.

7/15/2010

Men offsite a.m. Waiting for approval to start welding. A start date on Monday 7/19 for sheer tabs and Monday 7/26 or Friday 7/23/10 for steel

7/16/2010

These drawing supercede all others (Attachment asbuiltoverviewplazalevel2004.dwg; asbuiltoverviewplazalevel2004.pdf)

7/17/2010

Per Scott, this is the correct survey. I am reviewing it now.

7/17/2010

Missing dimension added (Attachment asbuiltoverviewplazalevel2004.dwg; asbuiltoverviewplazalevel2004.pdf)

7/19/2010

Attached transmittal #138 drawings are posted into the above named folder on the FTP site.

7/19/2010

Vintech: The survey that was emailed to you on Saturday morning, 7/17/10, is obsolete and needs to be replaced with this one. Please concentrate all efforts on the vertical dimensions that

need to change, i.e.: elevation changes and dimensions to holes for field location. The horizontal changes will be dealt with later. Please revise the existing erection plans to reflect the latest info per the attached survey and issue to the field today, 7/19/10.

7/19/2010

Please find attached the NCR that was referenced in today's meeting. Please provide a proposal for correcting this issue. I will send additional photos via separate email. Note that some pieces that are affected by this issue have already been shipped.

7/20/2010

The attached sketch SK-S-5.099 and comment was included in the returned approval for ED-24.1. It says to disregard the change to a 6" thick base plate and stay with the 2" thick plate with couplers welded as shown on SK-S-5.099.

7/20/2010

Waiting for approval to place lift onto slab and begin welding shear tabs.

7/27/2010

4th steel truck sent back because of difficulty backing down driveway, too much material in the way. We got truck in at 5:00 am and were told we couldn't work late to unload it.

7/28/2010

1 truck sent back because we were told to stop using crane from 12:30 until end of shift. Men lost productive time. Told Bovis driveway needs to be widened to fit 13'-6" wide load into site.

7/28/2010

Continue fitting up and welding shear tabs on D 35 girder. Layout and placement of shims on D25 and D19 girders. Showers off and on. (1 hour lost production)

7/29/2010

Erecting steel in seq 21. Tight iron because of Skanska D19 out of tolerance causes substantial delays.

7/29/2010

Fitting up and welding shear tabs on D 35 girder. Layout and placement of shims on D25 and D19 girders.

7/30/2010

Erecting steel in sequence 21 and sequence 15. Some delays encountered by DCM erecting hub girder with Manitowoc 18000 crane, (1 hour).

8/2/2010

Move scaffold and material at request of Bovis day super. Erected sequence 21 steel.

8/4/2010

Erecting continues on seq. 21. tight steel encountered because Skanska plate girder misalignment.

8/4/2010

Continue welding and bolting. Seq 21 bolts installed. D35 girder welding continues.

8/5/2010

Difficulty erecting final pieces of seq 21 because of miss-aligned Skanska sub girder on D 19.

8/10/2010

Installed plates for bottom moment connections. Moved 21191A Drag Beam East 1". Took raising gang 4 hours to do.

8/16/2010

Okay, we've got to add bolts to the channel-to-column shear connection plate (highlighted in yellow) because the drawing got issued with the bolt quantity not matching the calcs. The revision is being done now to be issued tomorrow.

8/17/2010

The steel connection highlighted in yellow on the 3rd page of the attachment (i.e., ED-20.5.6) is delivered, is that right?

8/17/2010

Okay, we've got to add bolts to the channel-to-column shear connection plate (highlighted in yellow) because the drawing got issued with the bolt quantity not matching the calcs. The revision is being done now to be issued tomorrow.

8/17/2010

No this is on column 61118A and I do not think it is finished in fabrication.

8/17/2010

The steel connection highlighted in yellow on the 3rd page of the attachment (i.e., ED-20.5.6) is delivered, is that right?

8/17/2010

Team. Mobilizing a crane won't work. There are too many obstacles in the way in the hanger. There is no time to prepare, submit and have approved pretask plans etc. We propose to build a tent over our welding and burning operation and use smoke eaters to absorb the smoke produced.

8/18/2010

Extra work on D19 girder. 4 hours whole gang.

8/18/2010

Steve. I am predicting that Bovis, Joe will be putting pressure on you to move things. Do not even if he says give him a ticket. We need to hang steel and stay on schedule. Call me tonight if you need. - Will not move anything for Cepiel, Bovis, at all

8/19/2010

Will do and thank you for the help. I will have the barriers set up first thing and we will instruct of

fire watches. Can you have this issue brought up in the foreman's meeting?

8/19/2010

Welding, bolting, decking continue on seq 21 and 22. Barricades placed below to keep Skanska entering our work area. Some barricades disregarding and knocked over by Skanska.

8/19/2010

Tight iron in sequence 31 cause delays. Problems traced back to mis location of 20.BCD.1 steel Skanska erected.

8/19/2010

Charlie, may not have time to move bolts tonight, having an extremely difficult time with this sequence 31 steel.

8/20/2010

Turner has requested that we work this weekend if necessary in order to get the blast wall done before Monday. Judging by what we got done today, we have way more than a weeks worth of work. We only got 16 studs and part of 1 splice plate welded all day. We'll get more production tomorrow with a second and third welder going, but we should plan on working this weekend.

8/23/2010

No work onsite. 1 hour show up time for the men. Job rained out.

8/23/2010

Sarting and erecting in seq 32. Rain begins again at 12:20 am men stand by.

8/23/2010

RFM-19 is attached for submittal to Bovis. I'll bring the original up. This field mod was prompted by a telephone conversation between Weldon Mann, Bill Lindly and I this morning. It is intended to supercede the instructions given on Field Work drawing FW22102.

8/24/2010

No work onsite today. Men waited three hours in the rain to unload mats. Rain out.

8/25/2010

Bolting, welding continues. Men told by Bovis to stop working on the 2nd floor because of dropped wrench. Lost 4 hours with 6 men.

8/26/2010

Unloaded 3 trucks with 41 sequence steel. Sorted steel had to finish prepping floor to land steel because of work stoppage during day shift.

8/27/2010

Men still unable to work along eastern and northern edge of building because of Tishmon below. Continue welding and bolting where allowed. Work stoppage causing W&W continued hardship and inefficiencies.

8/27/2010

Men still unable to work along eastern and northern edge of building because of Tishman below. Continue welding and bolting where allowed. Work stoppage causing W&W continued hardship and inefficiencies.

8/30/2010

Men still unable to work along eastern and northern edge of building because of Tishman below. Continue welding and bolting where allowed. Work stoppage causing W&W continued hardship and inefficiencies.

8/30/2010

Please see attached and confirm the weld size required is 2-13/16" due to the thick shim stack.

9/1/2010

Attached are the RFMs to date and the existing erection plans need to be brought up to date to reflect these field fixes. Please have the updated plans to W&W by 9/2/10 afternoon so they can print, send to field and reapproval.

9/1/2010

Just to highlight a few items that we all need to recall and review in regard to the Trident erection: 1) Because of the Trident erection accelerations, we are erecting ahead of finally approved shop and erection drawing approval by Buro Happold. 2) There was a second late design update which involved the rotation of the Trident bases. 3) An updated version of erection drawing E902 was forwarded by Greg Clover's email dated August 17. 4) As expected, Buro Happold declined our request for a review of the temporary bracing for the Tridents. Those materials were detailed as sequence 94. Because of the very late change regarding the skew of the Trident bases, I'd suggest we make one final check of the anchor rod locations.

9/1/2010

Please see attached and I'm not sure we want a weld of 2 13/16". Could we possibly provide a solid shim plate of 2 1/4" and weld it to the girder, then weld the struts to the 2 1/4" plate with the 11/16" welds? Please advise and update REM is this acceptable?

9/2/2010

Steve, tonight we can not install shims in the F0023 piece. There is a 5: problem need to understand before we make any adjustments.

9/2/2010

There are a few things that need to happen before we can begin welding. Bovis needs to remove the SOFP on all beams to be welded and we need a sketch on what to do, we don't even know where these stiffeners go at this point. The overtime question needs to be answered by Charlie. It looks like a tremendous amount of welding to me, I don't know if we'd finish it by Tuesday anyway.

9/3/2010

Bolting up trident frame. Welding stiffeners for trident support begins on T&M basis.

9/3/2010

Erecting tridents into temp frame. Removed trident for erection on Tuesday 9/7/10 for ceremony. Men worked through lunch and stayed later than usual (1 hour)

9/3/2010

We cannot work on the Pavilion during the day until all proper safeguard are in place to protect against falling tools and material. A mitigation plan has to be established and approved prior to WW continuing work on the pavilion during the day.

9/7/2010

Per our phone conversation tonight I am to consider your email as a stop notice for the day shift until we receive direction from BLL to continue work.

9/7/2010

Can we begin the day shift? Or do we have to wait?

9/8/2010

Just to highlight a few items that we all need to recall and review in regard to the Trident erection: 1) Because of the Trident erection accelerations, we are erecting ahead of finally approved shop and erection drawing approval by Buro Happold. 2) There was a second late design update which involved the rotation of the Trident bases. 3) An updated version of erection drawing E902 was forwarded by Greg Clover's email dated August 17. 4) As expected, Buro Happold declined our request for a review of the temporary brocing for the Tridents. Those materials were detailed as sequence 94. Because of the very late change regarding the skew of the Trident bases, I'd suggest we make one final check of the anchor rod locations.

9/8/2010

Job shut down by Bovis. Day shift unable to work except on Trident frame and job site clean up. Some men sent home after two hours. No night shift last night. Men worked during the day.

9/8/2010

Work stoppage continues. No work allowed onsite during day shift.

9/9/2010

No work allowed onsite during day shift. W&W directed to stop work by Bovis.

9/9/2010

No day for a month or so. All work at night.

9/10/2010

Sort and erect sequence 42 steel. Job is now on nights for a month. Skanska's men were working below us again causing a two hour delay.

9/10/2010

Sort and erect 42 block steel. Bolt sequence 41. Weld on D35 girder.

9/10/2010

No day shift. Erect sequence 42 block. Erect perimeter hanging beams in sequence 41.

9/14/2010

No day shift. Welding D35 girder. Sequence 41 continues.

9/17/2010

Drog beam between D35 and D25. Begin erecting stair tower in spot given to us by Jim Fallon of Bovis LL. Core drilling "S" line footing continues. 2 men (2nd day)

9/20/2010

Erecting north bay between D35 and D25 girders. Field work on D19 girder per E113.

9/21/2010

Sort and erect 32 block steel. Erecting stair tower per directions of Bovis LL.

9/24/2010

Sort steel for 61 block. Bolting and welding continues seq 42, 41 also. Rain at 12:30 am halts all work onsite for the night.

9/27/2010

Steve. Bovis needs to shut down the road to set trees and thus we can not have deliveries. Can we work around?

9/28/2010

Ordered to stop all work because Skanska is working below. Don't know when they will finish. Stopped by Fallon.

10/1/2010

I have just been informed that skanska will not be done shotcreting the wall at d35. This is within the established caz. Directly under the area to be bolted next to the area for decking and adjacent to the area for erection. I have directed your field personnel not to begin work until skanska is not within the caz.

10/1/2010

Ordered not to work by Jim Fallon. No work onsite tonight because of Skanska working below on D 35 line. Men went home at 2:00 am at direction from James Fallon.

10/1/2010

W&W has provided the attached response to Bovis in regard to NCR-001, written in regard to shop welds added at weld access holes within 14 beams from Sequences 21 and 22 that were shipped to the jobsite before the NCR was written. You'll note in the response that W&W questions the need for removal of the welds, but agrees to remove the welds by torch butting if deemed necessary per final comment from the third party shop inspector. We assume that the inspector require the welds to be removed, but we will await a final comment from Bovis and/or the inspector. Please add the repair of these 14 beams to the list of fieldwork items. We will forward any further comments received from Bovis in regard to this item.

10/4/2010

You will note in the response to Item 8 that our personnel have questioned the need for remediation of the Sequence 21 and 22 beams at the jobsite. We will, however, open those access holes by torch burning at the jobsite if your inspection personnel determine that they desire the welds in those locations to be removed. As noted in the report all beams that were not shipped to the jobsite before the NCR was first mentioned by your inspector were repaired in our shop before shipment. All subsequent beams with similar detail were shop inspected to assure that no welds were added in similar locations

10/6/2010

We were directed to go back to work by James Fallon at 11 pm after two hours of hardship. Having ticket signed regarding same.

10/7/2010

Skanska has welders working directly below our deck near D 35 girder.

10/7/2010

2 hour shutdown because of Skanska men working below.

10/8/2010

I have just been informed that skanska will not be done shotcreting the wall at d35. This is within the established caz. Directly under the oreo to be bolted next to the area for decking and adjacent to the area for erection. I have directed your field pe

10/10/2010

Raising gang stays until 11 pm unloading truck. Most men rained out after an hour. No men onsite after 11pm due to rain and lightening.

10/13/2010

No work onsite tonight. 1 hour show up time. Men rained out. Heavy rain and wind.

10/14/2010

Unable to work crane because of high winds.

10/15/2010

We modified RFM-2 to accommodate the information you provided in the message below, and BH returned the revised RFM (See 2nd attachment) saying the column and W40 beams were already erected, hence preventing the 2 1/4" shim plate from being welded. So I'm confused wondering what was done in the field. Was the 2 1/4" plate installed. If not how was the correct elevation attained, and if so how was it attached? Can you (or anyone else) shed light?

10/18/2010

The attached EOR comment on W&W Submittal 435 calls for two additional welds. The added welds aren't required per the calcs, one of the welds required the plates to be prepped and if they are delivered/ installed they aren't prepped, and the other added weld may not be effective depending on the shim stack arrangement.

10/18/2010

Per calculation, the welds are not required so W&W is being instructed to provide additional field work to achieve a strength that is beyond that required by the specified loads.

10/19/2010

Can you please provide the as built condition of column 15? Is it up? 1) I need to know the actual thickness of the shims under the base plate. The EOR wants a 7/16 fillet weld on the shim to the base plate, but has no idea on the actual thickness of the shims at this location. This will pose a problem. 2) The base plate should be squared off and not prepped at the edges. Please confirm. We don't think the welds are even needed, but Scott needs these verified in order to respond to EOR.

10/19/2010

This connection is bolted and a single 2-1/4" shim plate was not used. Multiple plates were used. When looking at photo #1, the left side of the shim pack measures 1-1/8" and the right side measures 1-1/4".

10/20/2010

So it looks like so far RFM-2 and RFM-11 were never implemented because the bolts could be installed after all. I'll issue revisions to these RFM's to void them. Are there any more RFM's that weren't implemented that I should void? Kent- would you please bring the revisions?

10/21/2010

Erecting seq 51 block steel. No deliveries. Couldn't work on east side of building because of debris left by others at the direction of Francis from Bovis. Bolting, welding all areas continues.

10/26/2010

Erect 52 sequence steel, unload 2 trucks with 72 block steel. Begin welding the couplers on tonight. 3 men total welding coupler operation. Bolting, welding, etc continue in all other areas of job. Lost 2 hours erection due to rain.

10/26/2010

Erecting 52 block steel. Unload 71 block steel. Begin cleanup of area for Sorbara. Bolting, welding, etc continues as normal.

10/27/2010

Send back extra steel as part of clean up on empty trailers. Welding couplers as extra work. J Fallon signing tickets for same.

10/27/2010

Scaffold tower has been RED tagged from the 2nd floor of the steel tower down to 284

10/28/2010

Although much was completed, there remains some outstanding issues: 1) Stair landings require toe boards. An alternative to the toe boards can be shrouding the scaffold stair with fire retardant mesh 2) There are one or two locations where the closure pieces were not installed and an excessive gap remains 3) Access and egress at 284 level is inadequate. Provide proper ramp or step to first deck. Also, first deck needs to be fully planked, excessive gaps are evident 4) All entry points must be tagged. At this stage, a yellow tag must be installed listing the reasons

as stated above. Green tag once above deficiencies are completed. The stair must be inspected daily prior to use with competent person dating tags.

10/29/2010

3 lifts removed from south reflecting pool per Bevis request. Erecting 61, 62 sequence steel. Begin moving steel and material for Sobara arrival on Tuesday next. Bolting, welding continue. Begin shooting shear studs at Plaza level.

10/29/2010

The attached RFM's have been voided since I've learned the connections could be bolted after all. Also, I never received a reply to the message below, but I've heard there may be other RFM's that we thought couldn't be bolted but ultimately were, so perhaps there should be other RFM's voided as well...??

11/1/2010

The latest copy of ED23.2 Rev3 (see attached) we received from Greg on 3/1 doesn't include the existing stiffener plates on the ED, so there was no information about the welding. The only thing we knew about the field cutting of the existing stiffener plates to suit the bottom flange connection plate per approval comment noted on E119 (see attached). This is what it shows on E119 Rev5 which is the latest copy. The flange connection plates (11117A and 11117B) didn't have any slot on the original detail; simply because they could not be located (see attached Email). Therefore we have no idea how the slot has been cut on the flanges connection plates. Probably you need to confirm this with someone working in the field.

11/1/2010

Our connection designer indicates as long as the total slot width doesn't exceed 3.315", the slots in the bottom flange plate of ED-23.3 that is needed to accommodate the existing PG stiffener poses no strength problem. Would you please confirm that there's only one slot required, and it's less than 3.315" wide?

11/1/2010

I don't show a formal response either. My recollection is we determined the lost width didn't pose strength problem and just recommended a nominal weld to stiffener.

11/1/2010

Unload 3 trucks with plank mats. Begin clean up and prep work. Mat laydown for Sobara crane, begin moving steel east as directed by BLL. Only steel erection at night, rest of job back on days.

11/1/2010

Back on days. Unable to work on most of job because of Skanska, DCM and others working below. We are directed to stop all work east of D35 line by Bovis Supers and site safety personnel. All work west of D35 girder.

11/1/2010

Would you please let me know what was actually done. If the existing stiffener was field cut as required per the approval comment, then that's all I need to know. However, if the flange plate was slotted to go around the stiffener, then I need to know how many slots there are and how wide each slot is.

11/3/2010

No work onsite tonight. Men here for an hour. Rained out.

11/4/2010

No work onsite today. Rained out.

11/5/2010

Bolting, welding continues after rain day yesterday. Couplers welded also. Tickets submitted for same.

11/8/2010

All work ongoing except steel erection. Bolting, welding. Coupler installation, deck installation, plumbing, etc. Worked until 11am. Rained out after.

11/9/2010

Coupler welding OT 2 hours. Bolting, welding, deck spread continues.

11/11/2010

No deliveries tonight. Erecting seq 71 and sort being erect seq 72. Using man lifts where possible to erect steel.

11/16/2010

Trucks sent back at midnight by Bovis/Tyssen Krupp. Bent plate. Rain and wind cause cancellation of Escalator installation. Heavy rain continues all night

11/16/2010

This item was not reported and is new. I talked to Steve R and he will issue a FM to ream holes out to 1 1/16" and install 1" bolts

11/17/2010

Was this work covered by a previously issued field work drawing showing a different fix or was the problem not previously reported? It's not likely that we can torch any holes on this project and make it by any inspection.

11/17/2010

This is the field report for item #2 of the punch list. Can you please review and repair we performed in the field and RFI as required to clear this item

11/17/2010

Can you review the attached field problem summaries and see if you have a shop repair procedure that could be modified into a field repair procedure? As I understand it, some/most of the repair work has already been done by W&W Erectors and Weldon is trying to provide a field repair procedure to the onsite inspector

11/17/2010

Crane unable to work. Men off site at 10pm due to high wind condition on steel, unsafe to work. No trucks ordered tonight. High winds continue tonight.

11/17/2010

Welding couplers continues. 2 hours OT. Bolting, welding studs shooting, plumbing activities continue. Gas and air delivery, welding supplies arrive.

11/17/2010

Attached is FM-5 per FPR-21

11/18/2010

I've read through FPR-24. Are you just asking us to issue a "voided" RFM-24 so the requirement reverts back to the original Ed-1.10?

11/18/2010

4 escalators lowered into hole by W&W crane for Bovis and Thyssen Krupp. Truck load of Bent plate arrives and is landed on the 2nd floor (takes two hours with crane and raising gang.)

11/22/2010

Charlie- I need this done today. It is preventing the concrete guy from starting.

11/23/2010

I understand that WWST was to sketch any conflicts with coupler installation and submit to BLL for design team review/response. Please provide sketches ASAP. I also understand that there is an issue with one of the resolutions that were provided by the design team on Friday. Please provide a sketch showing this issue ASAP.

11/24/2010

No work Thanksgiving Day.

11/25/2010

Coupler welding ongoing with dedicated survey team. Rain causes 1-1/2 hour work stoppage onsite. Erection of the atrium continues. Using Bay Crane hydraulic crane. All other work ongoing between rain. Bent plate installation continues on the 2nd floor.

11/29/2010

1 Steel truck onsite at 6:00 am because of dirt deliveries after unable to back truck down driveway because of material in the way. Coupler welding continues, bent plate ongoing on 2nd floor. Rain begins at 1:30 causing delays onsite.

11/30/2010

Unable to work onsite all day. Heavy rain and high winds.

12/4/2010

Raising gang and coupler gang brought in at Bovis request. Raising gang erecting atrium and cleaning up area for Sarbara crane. Coupler gang continues remedial work presented to us yesterday by Bovis field personnel.

12/5/2010

To Marlene Dilworth: It didn't budge. We attached a 1-1/8 wire rope with heavy turnbuckle in

lieu of the chain fall and we applied 100 kip load in the crane. We heard some creaking at that point but the surveyors had their instruments trained on the damn thing and I think we got a light 1/16 out of it. We kept the rigging in place for another attempt in the near future. We probably need to assist it from underneath with some jacks and loosen the temp brace bolts or some combination of things. Charlie is going to ring you this morning about same. We also had a bit more weight in the area than you saw the other day (stair material) that might be weighing it down. In any case, we need a plan B.

12/7/2010

Tree delivery causing hardship with our own deliveries (fuel, steel). Atrium green vertical tubes erected. 13 rebar picks took 2 hrs. Bolting, welding, plumbing, and bent plate continue. Overtime cancelled because Bovis ordered us to cease all hot work. Permit steel truck unloaded with catwalk beams and material.

12/8/2010

Permit load with catwalk beams here. Unable to get truck in because of bay crane in the way. Rebar truck also here.

12/13/2010

Steve. Bovis wants us to delete the framing from D25 to D35. Is the balance of the framing ok?

12/13/2010

The FM for FPR-21 was issued November 17

12/14/2010

Charlie, can you do me a favor please. John Kraft is onsite asking Jerry to put up controlled access zones and to station our men to tell Sorbara to move out of the way. This guy is really horassing us and asking us to do unreasonable things. Can you talk to Bob Higgins about this guy? He wants to send men home and we think he's being totally unreasonable. He's causing us real morale problems now. I've got some of my best men threatening to quit over this guy's antics. Any help regarding this would be appreciated. Thanks

12/14/2010

Coupler welding ongoing, raising gang erecting green fascia beams. Bolt, weld, plumbing as normal ongoing. 2 hours OT for all except raising gang. Ornamental ironworkers continue moving stair material.

12/14/2010

Jimmy, we need some things moved from Sorbara. The crane and some loads of rebar are in the way of our surveyor's equipment. We are unable to get the line we need on the rest of the building for the bent plate. Any help would be appreciated. Thanks.

12/15/2010

Coupler welding ongoing. Bolting of D35 line truss ongoing. Alignment of atrium continues. Welding and plumbing ongoing. Bent plate installation continues. Moving stair material in bosement continues. 4 ornamental ironworkers onsite moving stairs.

12/15/2010

Coupler welding ongoing, 2 hour OT continues. Raising gang loading out trucks, experience hour delay for each truck. Bolting, welding continue as usual. Bent plate installation delayed on third floor because of inability to set up surveying instruments to give line. Sorbara work near atrium causes delays for our plumbing operation on same.

12/16/2010

Coupler welding continues, 2 hours OT on all except raising gang. Working on hanging catwalk platform under north drag beams. Hardship onsite because surveyors are interfered with by Sorbara's trucks. Delay on bent plate on third floor because of same. D-35 line bolting and welding continue.

12/17/2010

See the attaches calculation run for 3.OSB 18 gage with 8" total slab depth, single spans over 9'-8 1/2" will be required to be shored with 2" end bearing

12/20/2010

Please see attaches sketch from W&W Steel regarding a "Field Adjustment". They need to add a plate to the top flange of the beam. To do this, the need to cut our deck creating a single span as well as reduced end bearing.

12/20/2010

Coupler welding continues. Sorbara men also welding couplers. No steel erection today, hanging platform deck and safety cable installed. Bent plate installation continues. Atrium plumbing welding of base plates continues. 2 hours OT for all men onsite.

12/20/2010

No crane work today. Work on hanging platform below drag beams continues. Sorbara men welding couplers continues. Field work on channel in Plaza level begins. Broce removal on D35 begins. Bent plate installation on 3rd floor continues. Most men work 2 hours OT.

12/20/2010

The roof decks are supported by the beams running perpendicular to Grid line 'D35' as shown on S-105. According to the metal deck layout drawing D7.0, it appears the E.O.D. dimension to the left of the Grid line 'D35' is 1/2". That means the roof decks can be attached to the beams on Grid line 'D35'. SECT 114 shown on deck drawing D2.0 is applicable to this location (Grid line 'D35') without any bent plate shown on the detail. These drawings have already been approved without comment about the bent plates requires on 'D35'

12/21/2010

please look into this immediately. I don't remember anything about this but I may have forgot it. It may be a deck supply bent plate

12/21/2010

BLL has informed me we are missing a bent plate for the slop transition at D35 for deck attachment on the roof. Do we know anything about this? I could not find a requirement in the contract drawings but I do not have access to all the RFIs or the SKs. This is hot and could hold up roof deck turnover.

12/21/2010

We still have RFI to BLL about this topic as well that has yet to be responded

12/21/2010

Steve, Bovis is looking for us to resubmit the work platform with out the western span steel deleted (SFA).

12/21/2010

Charlie, did you ever resubmit the drawings for the work platform? If not, I need them by 12 today.

12/21/2010

Apparently there is some hot issues on the WTC Museum that the filed needs a field fix fast? Charlie/ Weldon will be sending to you.

12/21/2010

There were three issues related to: 1) the temporary walkway 2) FPR 25 3) FPR 26. Charlie said issues 1 and 2 were the critical ones and they have been handled. The 3rd issue remains outstanding.

12/22/2010

Please review the attached outstanding field work list. Please fill the ICO information that is missing and update the status of all mater. I could not find the 161 or 163 sequences in the W&W drawing lag as fabricated.

12/23/2010

1/2 day union holiday. Coupler welding ongoing plumbing roof steel. Bolting, welding ongoing.

12/24/2010

No work tomorrow, Christmas Day.

12/27/2010

Charlie, not much going on here today. Looks like a foot of snow onsite in some places. Not much cleaning by anyone onsite either, looks like a lot of people had trouble getting in today. As you can see in the photo, there is a lot of snow that has blown in on the lower floors. We'll begin our clean up tomorrow. It took me almost four hours to get in. The LIRR and Metro-North are shut down and some NYC trains and buses aren't running. Talk to you later.

12/27/2010

No work onsite today because of snow storm.

12/27/2010

After further investigation, shts 16308,310 and 317 were shipped on Ld72 on 10/18. That still leaves no record in Production for sht 16119. The sht shows to be issued to shop on Spet 13. I need to know if the field has don something else or are the 2 plates 1/2x4 1/2@ 6'-0" still required

12/28/2010

2nd Floor: There are a few where they are at the max allowed tolerance of 1". This is a concern to us, as this is before they weld off and pour concrete. 3rd Floor: As shown in the PDF, there are several locations where the Island slab edge pour stop is outside the allowable tolerance. This needs to be fixed before welding off. And there are few where they are at the max allowed tolerance of 1". This is a concern to us, as this is before they weld off and pour concrete. In general we are concerned about the layout and pushing the pour stops close to the final tolerance for the finished structure slab edge this early in the project. Especially if they are already 1" low at this point, knowing that they still have to pour concrete and a lot of structure still have to be added to the building, and this will lower the entire building even more. I think this needs to be closely reviewed and discussed before moving forward, as we have made our connections to allow for adjustments to make up for the 1" max tolerance.

12/28/2010

Coupler welding continues at areas where snow has been cleaned. Atrium bolting today because there are no Sorbara men below us. Welding on building in other locations begins as steel is cleaned of snow. 8 hours only today because of manpower being wet from snow removal. Snow removal begins on all levels.

12/28/2010

2 surveyors only since Monday, no longer necessary on coupler layout. Bolting atrium continues, welding couplers continues snow removal continues. Field work ongoing also. Temp brace installed.

12/29/2010

Coupler welding ongoing, Atrium bolting ongoing, welding ongoing various locations. Begin installing clips for louver steel along the south wall. Snow removal/ cleanup and de-icing also continue where necessary.

12/30/2010

1/2 day union holiday, men offsite by 11:00 am. Coupler welding ongoing, louver clips installed from rented lift atrium bolting ongoing, bent plate installation continues. Snow on roof level causes delays. No where to safely dispose of snow. Basically waiting for snow to melt before work can continue on roof.

12/31/2010

Attached please find the survey of the 2nd floor which we performed today we received the WWGL survey. Our data does not agree with the WWGL survey. Our report indicates that we are within tolerance.

1/3/2011

We have reviewed the survey which you sent us this morning and have rechecked the 3rd floor. Attached is the WWG Glass survey with our comments. As you can see, we disagree with the WWGL survey and indicate our results.

1/3/2011

In checking the design drawings, the studs were added by Addendum 7 on S400 Rev 8. See details 6 thru 9 and Note #11. Please provide a list of studs required so the field can shoot them

on.

1/3/2011

Deniol made a statement today at our onsite meeting that all the core columns are required to have a shear studs running up their entire length on all sides. Can you please confirm if this is correct per the contract documents

1/3/2011

Coupler welding ongoing. Louver clip installation ongoing also. Bent plate installation begins on roof after melt off over weekend. 5-580 ironworkers hired today to begin stair installation on grand stair, plaza level. Unable to land material below because of concrete operation below (tarps on curing concrete). 8 hours only. No OT.

1/3/2011

I need a reference to the design drawing and section to determine for sure. We excluded Section 11/S505 which is the elevator divider beam and the only other places that I can find on the design drawings where studs are shot in the web at exposed beams. S509 is the typical core wall details and the only studs shown are in the "Mechanical shaft way Wall Steel Connections-Elevation @ roof and Section 10". I cannot prove or disprove if we included these or not so I have assume we did.

1/4/2011

The HSS 12x8x3/8 louver support post should be located at 10'-11 1/8 from grid line 17 per SKA-069 issued by BLL RFI 555 response. The HSS post located from Grid line J.19 shown on E550 appeared not to be to scale from J.85 on the drawing. so it has nothing to do with grid line D21.1. We will revise Section C an E551 for correction

1/4/2011

Per response to WW RFI433, the additional 2'0 that we added because conflicts between the design drawings, the bottom elevation is 348'-11 1/2. This is the elevation we used to detail and fabricate the posts. With the response to RFI433, I assume no trimming will be required.

1/4/2011

WWGL will have their surveyors and field staff on site at 9AM tomorrow (Weds 1/5) to review discrepancies in bent plate surveying. Please have Scott meet with us.

1/4/2011

Attached transmittal #227. Drawings and bolt lists are posted into the above named folder on the FTP site. These are the missing studs required for the columns per Detail 6 to 9 shown on S-400.

1/4/2011

Atrium bolting continues out of man lift. Bent plate installation continues. Plumbing roof complete. Begin plumbing atrium. Production welding top floor ongoing. NCR's being addressed as necessary. Stair material moved, clips installed, rigging hung where needed. 8 hours today, no OT. Stair stringer installed along north wall.

1/4/2011

Coupler welding ongoing. Stair installation continues on stringers. 5-580 men here onsite. Men attend Bovis safety meeting. Louver steel installation continues. Bent plate installation continues on roof level. Waiting on locations of davits. Begin plumbing atrium steel. Welding at roof level ongoing.

1/5/2011

I've been working on these studs for 2 days now. Still don't have the answer you want but hopefully a solution. Nelson has a warehouse in Penn. But they are worthless. The best option is to go and pick them up from a supplier that's about 15 or 20 miles. Please let me know if you can pick them up. If not, we'll try and find a hot shot to deliver.

1/6/2011

Coupler welding ongoing. #7 couplers arrive yesterday. Continue installation #8s and #7s. Stairs being moved and installed. Atrium plumbing and bolting continue. Surveyors checking atrium locations. Louver steel clip and stiffener installation continues.

1/6/2011

Jim, our surveyors and plumb up gang worked on the north wall of the atrium yesterday and made the required adjustments. They were going to do the west wall today when things became too dangerous because of the weather conditions. We don't know where the west wall is yet. Do you want to delay your survey crew for a day until we at least locate that west wall? Let me know, thanks.

1/7/2011

Men worked for two hours after that site became too dangerous to continue work. Snowy weather causes work stoppage

1/7/2011

Coupler welding ongoing. Stud shoating begins on core columns. Approved drawings arrive Friday afternoon. Raising gang using crane today. W&W drawings superceded by drawings given to us by Bovis today. We were told to stop plumbing atrium from lift because of concrete pour. no OT. 580 stair men erecting pre-fab portion of grand stair and moving material off of plaza level.

1/10/2011

The gouge repair submitted by W&W Steel is in accordance with AISC and AWS D1.1 2010 which are the governing specifications for structural steel and welding. The procedure listed per LPI is the same as W&Ws except for LPI steps 2 and 3 which are exceed the requirements of AWS. The primary issue is that the repair was made per applicable AWS requirements and passed MT inspection.

1/11/2011

DDP has a problem with our procedure for the repair we submitted. This connection is now poured in concrete.

1/11/2011

Please see attached response to W&W RFI448

1/11/2011

Acceptable to make deck a simple span.

1/11/2011

Coupler welding ongoing. Using DCM tower crane again today (yesterday also) wrapping atrium again with FR plastic. Pourstop installation continues on roof. Stud shooting on columns continues. We are going off of Bovis's marked up drawings given to us by Buro/Hoppold. We were told not to use W&W approved drawings for these studs.

1/11/2011

Scott designed the FM so he would be the one to talk to.

1/12/2011

The cover plate at the top flange is 3 3/4" thick as shown on field work drawing FW42132, which was field issued 12/3. So we assume it will be taken care of in the file if there is any change on this plate material as we questioned about on this RFI? That means no need to revise the field work drawing as well as the shop drawing 16130.

1/12/2011

Please refer to ASI005 and please advise on the following questions concerning the addition of the cover plates: 1) The top of the cover plate interrupts the deck and please advise if the deck at this location can be a simple span deck with bearing of approx 2" on each side of the cover plate and if not, the deck will need to be shored.

1/12/2011

Installing studs on columns, installing channel at plaza level. Unable to perform most work tasks because of poor turn out and site conditions. Snow cleanup begins.

1/12/2011

Finish covering tridents with fire resistant tarps. Plumbing atrium continues. Studs on columns. Couplers complete below roof begin installing permanent trident bracing. Bent plate installation continues on roof.

1/13/2011

Fallon canceled the crane operation for tomorrow. Only had a few hours work for the crane.

1/14/2011

Finish covering tridents with fire resistant tarps. Plumbing atrium continues. Studs on columns. Couplers complete below roof begin installing permanent trident bracing. Bent plate installation continues on roof.

1/14/2011

We need the location to see if the stair needs to be re engineered. If you can provide a center line dimension tied to the building grid, great. Also, how are we to handle the cost? We installed and removed this stair once already

1/17/2011

Install bent plate on roof, continue on atrium plumb up welding canilever on roof. Install

platform for trident bracing.

1/17/2011

There may have been some information on this ED that was not transmitted but Shawn is checking. The capacity of the notched C12 is 31.2k. This connection is the same as a seated beam connection except the member is continuous across the support. I don't understand BH's concern but if they are worried about the notch closing up under load, plates can be added along the bottom flanges and welded to the perpendicular C12. If that will satisfy their concerns, let me know and we will provide an FM.

1/18/2011

Limited work ongoing. Install channels below plaza level, cut deck openings around columns. Rain and snow onsite today.

1/18/2011

Our Scott Amburst from our engineering staff prepared a response to coped channel and your concern for the need for shoring to support the concrete pour scheduled. AS you can see from the conclusion drawn by Scott, the member in question will not need shoring. We will continue to review the question posed by the EOR as to the need for field remediation and will respond shortly.

1/19/2011

W&W is going to hold up the concrete pour. Provide shoring. Who gave you this information?

1/19/2011

FM8: Also we have done the work so his revision needs to incorporate the old FM

1/19/2011

Charlie, this must be done by Sunday, per our phone conversation today in which you agreed to comply. Past Road's crane will be on site Monday morning and they can not be delayed any further.

1/19/2011

Install bent plate on the roof. Repair elevator shaft tubes. Install deck on plaza level where a change occurred. Unable to shoot studs on roof level because of water on deck, inspector disallowed. Plumbing atrium continues at roof level. Stair crew continues on grand stair installation. Receive delivery of field work plates and scaffold beams. Rain off and on during the am hours.

1/19/2011

The initial detail for this joint had the N/S channel coped and the E/W channel continuous. The EOR accepted this joint per RFI263 with the requirement that full moment capacity of the coped lower channel is achievable. There is not enough access between the E/W channel and the E/W HSS 20x8 dummy stringer to make an effective complete penetration weld therefore since the E/W channel is very lightly loaded, the easiest solution is to cope the bottom to the E/W channel and seat it on the N/S channel. There apparently is some miss placed communication concerning ED-20.5.9 but the shop drawing for these members are approved as fabricated. That's how we got to where we are now.

1/20/2011

The design sketch issued late was not specific in regard to the connection detail at the location where the two channels intersect. The need for a cope is dictated by the two different design elections shown for the channels. The engineer responsible for the cope detail and the connection between two channels preferred to cope the upper channel and leave the lower cantilevered channel intact. That detail is shown on stamped design documents and approved shop drawings. The design engineer has questioned the detail after it was fabricated and erected. The question relating to the connection appears to be based upon a preference rather than a calculated problem. It is obviously too late to cope the bottom channel. The detail designed and built is adequate for the loads.

1/20/2011

Our W&W connection engineers have completed additional reviews of the questioned channel and coped connection and find the capacities of the framing to exceed estimated concrete pour loads by considerable amounts. Thus the connection details have been reviewed and confirmed to be adequate for both design loads and construction loads. The fabricated pieces are built and installed per approved shop drawings. The connection details have been stamped by our connection engineer. Although we don't know the specifics regarding the questions from Daniel Urrutia with Buro Happold, we will work through the questions as soon as we see further details. Our connection engineers report that the second submittal of the ED in question was not returned, but since the responsibility for connection details resets with W&W, we will assume that Daniel's concern relates to cosmetics of the joint. If necessary, we can add patch material to fill the cope at some future time after your concrete is placed.

1/20/2011

Please make field work drawings showing the opening being enlarged per the RFI responses and provide a list of the material needed to make this happen

1/20/2011

Atrium plumbing ongoing. Re-hanging platform to perform permanent trident bracing installation. Various field works ongoing shot on roof level. Plaza level pour stop being installed at request of Andrew/Bovis LL. Using rented lift to hang trident platform.

1/20/2011

Charlie, Bovis Follon called me and asked if we could put a raising gang together for the whole day tomorrow. I had no major objections to it if you don't. They want to move Sorbaras shit and then remove trident temp frame after.

1/21/2011

Manned crane to move Sabaras material at Bovis's request. Worked on permanent trident bracing. Some field work ongoing also.

1/21/2011

Moved material for Sarbara with W&W raising gang using DCM tower crane. Trident bracing permanent ongoing. Studs shot on roof.

1/22/2011

Marlene. Can we remove the temporary angle braces along the D35 line between the plaza and second floor framing? They are causing fit up problems with the walls (rebar placement). Thanks. Bovis asked us to remove these braces.

1/24/2011

Trident bracing installation continues. Begin removing temporary trident bracing after lunch. Removing one generator today from United Rental. Men removed from scaffold by Bovis LL at 11:00am. Raising gang mans the crane for Sorbara. 2 hours OT for raising gang, dismantling temporary trident bracing. Attempting to shoot studs on the roof with bitter cold, causing problems, Torch/ air lines freezing because of extreme cold.

1/24/2011

Our customer had relocated one of the stairs. We need you to provide us with a drawing. Please coordinate with Weldon. This is an urgent issue.

1/25/2011

I have not received anything from your office, but last week I had a conversation with Jim and he told me where he wants the stair. However, I still need you to confirm this location. Also, have you responded to the cost issue

1/25/2011

Steve Dawson told me it was built as per the drawing...Charles, there was no one making modifications to the platform this morning. They were working on it as I was standing there. I did not stop the work at the time because your competent person told me it was as per the stamp drawing.

1/25/2011

Is W&W responsible for the column being skewed?

1/25/2011

I'm not sure, but I am assuming since the beam framing above are connected and correct that it could have been the lower existing plaza steel connection could have been skewed

1/25/2011

Charlie. The tie rod clevises for the permanent bracing are 1/8" too narrow to fit the plates. We have to grind down the plates and open the clevises a bit. Thanks.

1/25/2011

Joseph J Cepiel - To All: This beam must be moved by COB tomorrow (finished welded). This is beam is approximately 5" out alignment with beams on the plaza level and third level and contradicts the Contract drawings. If it is not moved tomorrow the Concrete pour on 1/31/2011 will be delayed along with the entire schedule.

1/25/2011

Gary Johnson to Steve and Scott: We're going to have to move this beam about 6 inches inward from the edge of the building and abandon the previous connection. This is a hot item in the field

as the progress of concrete work depends on the relocation. We'll have to provide the formal submittal of calculations for a field welded connection after the fact, but could you confirm the details of the field welded connection that you want to use? As for us we know, the fix will involve just removing the bolts and sliding the beam down the web of the supporting beams to the new location before welding.

1/25/2011

Men re-located to other work areas. Column studs continue being installed in the core area deck installed plaza level per direction from BLL. Men install permanent trident bracing. Various field work ongoing also 2nd floor framing. Begin removing the temporary brace along D35. Snow causes delays on roof.

1/25/2011

Joe, After we got off the phone, I spoke to our Steve Dawson and got the following story; Today Steve Dawson at the beginning of the shift had a conversation with your Steve Miller regarding the platform and the need to make slight modifications which our Steve Dawson began to implement. We were not directed to stop but conversely allowed to continue during the mods by Steve Miller. You and I spoke by phone to confirm that we could continue to implement the mods. At completion of the mods, we will have the platform signed off prior to use. Charlie

1/26/2011

S. Miller : Steve Dawson told me it was built as per the drawing. I called Kraft to send me the latest drawing and when I went back up there it was not per the stamp drawing. I called Jerry and he said he was sending a stamp drawing showing the chain falls. He said he would fax it to Kraft right away. I asked Kraft if that was ok and he said no. I then went up to stop the guys and they were gone. I took the hot works permit from the area. I spoke to Jerry and he said he was going to fix it. Then turn around and said he was leaving.

1/26/2011

Charles there was no one making modifications to the platform this morning. They were working on it as I was standing there. I did not stop the work at the time cause your competent person told me it was as per the stamp drawing

1/26/2011

Bovis is now questioning the 5/8 chokers we have in place. Can we add a comment to the sketch that chokers or cable can be used? It will save us a day in time replacing them with cable and clips. Thanks.

1/26/2011

Six single side wire clamps are required when connecting two dead ends of wire rope. Presently only three are installed. Add 3 additional clamps per 2 dead end connection. That platform will be acceptable once the additional clamp is installed.

1/26/2011

Temporary brace removed along D35 between plaza and 2nd floor. Work on roof suspended because of snow. Most men leave am because of weather conditions. Fuel delivery delayed because of trucks in the way. All men offsite by noon. Snow begins at 7:00 am.

1/26/2011

Snow: Charlie, I'm having a tough time getting in this morning. Bus service has been suspended on Staten island. I will try again in a few hours if the buses start running.

1/27/2011

From Weldon Man to Steve: The connection for the nets on the 3rd floor have started to yield due to the weight of the snow collection in them as you can see in the attached pictures. We need to drop the nets in the morning before we can work on moving the beam and pulling the deck for Bovis (both areas are under this zone) Andrew will have Bavis clear the snow off the platforms below as we drop the nets. Bovis has cleared the other subs from below this area due to this condition.

1/27/2011

Most men can't make it in. Men involved in cleanup of snow. Most other work suspended onsite because of snow removal. Heavy snow overnight causes problems onsite.

1/27/2011

Weldon, there was a little bit of misguidance on the location of the stair concerning 2 different grid lines which were called out in the sketch/drawings you provided. Please review the attached and let me know what you want to do for the roof, do you want a transfer bay going over the parapet then back down to the roof level. Let me know as soon as possible.

1/28/2011

Beam moved 6" on 2nd floor. Angles installed per drawing E160. Atrium steel plumbing continues. Trident permanent bracing installation continues. Overtime worked on the angles for re-bar penetrations. Snow removal in nets ongoing.

1/29/2011

Please find attached FPR-9-13-002, which needs addressed ASAP. This occurs just below the 2nd level at grid D35/J.96. The fix is simple but we need to make sure we are allowed to do it.

1/31/2011

Begin roof coupler work. Angles installed for rebar penetration. Begin façade work. "T"s and deck installed south side along bottom of drag beams. Scaffold removed so final stair stringer can be installed. Begin re-installation of 2nd floor pour stop marks along the east wall.

1/31/2011

Referencing SD4.0, A1-102, S-103; at the 2nd level along grid 17 East side of the bldg, we've been informed on site that there is a problem with the height of the pour stop. The slab in that area transitions per the Arch dwgs and the edge will be too short. We need to confirm that our pour stop elevations are correct per the dwgs and approved.

2/1/2011

Weldon, Not sure what will be able to get done by noon. Everyone will have great difficulty getting out of their neighborhoods much less to work. I will find out tomorrow morning who can't get to work and give you a call. Bill.

2/1/2011

Guys, this is a hot issue. Can you please review the attached returned RFI and see what can be done to get it approved. I know they are looking for calculations to check the weld size for eccentricity. I know you are all stuck at home but we need this back on Wednesday by noon so I can order and receive all material needed.

2/1/2011

Please advise of the field weld fix required to resolve the holes not being in the column. Thanks.

2/1/2011

Referencing SD4.0, A1-102, S-103; at the 2nd level along grid 17 East side of the bldg, we've been informed on site that there is a problem with the height of the pour stop. The slab in that area transitions per the Arch dwgs and the edge will be too short. We need to confirm that our pour stops elevations are correct per the dwgs and approved.

2/1/2011

2nd floor pourstop installed along east wall previously omitted. Beam penetrations, angle and "T" installation and other field work ongoing. Stair stringers and treads installed on the ground stair continues. Gas and air delivery. Surveyors have to re-apply pour stop marks along the east wall, marks removed by snow and rain. Sleet and snow prevent work on the roof. Difficulty welding in areas due to rain and ice.

2/1/2011

Unable to weld anywhere because of wet and icy conditions, Men here for on hour show-up time. Stair gang off site after one hour also. Rain and sleet conditions cause work stoppage onsite.

2/2/2011

Gory and Greg, Please find attached FPR 9-13-003, which deals with the moment connection at the 3rd level at grid D35/J.7. This will be covered up by the wall framing very soon so a solution is needed ASAP.

2/3/2011

Joe, We have come to a conflict where a brace has been added for the facade framing. The HSS brace (maybe we should call it a strut) conflicts with a stiffener and bolted connections at the steel column location. In trying to find a way to work around the conflict, cause by lack of coordination between the facade framing and the main frame of the building, we not find that the concrete wall formwork has been installed ahead of the brace. We'll need your help to decide just how you want to proceed. As we see it, you could: 1) Have the concrete wall framing removed until the brace/strut connection is finalized and the brace is installed 2) Have the brace/strut connection redesigned to connect only to the concrete wall 3) Have the brace/strut redesigned and moved to a new location way from the congested joint location. We need your input, especially to determine whether the concrete forming is to be removed. A photo of the location as of yesterday is attached.

2/3/2011

Various field works ongoing 2nd floor, atrium, 3rd floor. Stair tower being built on southwest

face of building. Façade beams bolted southeast face. Punchlist items also addressed. Plate and beam delivery for 580 crow's nests.

2/3/2011

It will be difficult to air arc bevels for PJP weld preps without releasing the beam and sliding it laterally. My best guess for the quickest field fix would be to bevel the underside of the top plate and weld to the top flange of the beam as well as bevel the underside of the bottom flange and weld to the top of the bottom moment plate. The field welds would need to be along the full length (both sides) of both the top and bottom moment plates. We'll need to make a submittal for the change to welding in order to have approval of the fix in our files. It's probably too late now, but if earlier notice of the problem had been provided, we could have provided a new beam with hole gage and spacing to match the moment plates. Scott Armbrust was in yesterday but Steve Richardson was still out of the OKC office because of weather. Scott says this is a connection where Steve did the design work. Perhaps Steve will be able to make it to the office today and offer a better idea.

2/4/2011

Bovis is questioning the pour stop on the east side. There thinking it should be out another foot. The same problem you and I talked about. I quickly explained to Sara, but I don't want to speak out of turn. Would you be able to come with me to explain or work it out with them??

2/4/2011

Weather bad

2/4/2011

Greg, Ref E330, SD4.0, S-103, S103.2, and A1-102. Along the East side of the building at the 2nd level, Ref. S-103.1 the slab seems to step out around the concrete wall roughly South on grid "J" and North of grid "G", and extend 1'-0 out (East). There should have been a bent plate supplied along those two areas and not a pour stop. Please confirm and have the bent plate made up ASAP. FROM Doug Conner WW Steel

2/4/2011

Doug. We have a 1" problem with a stair stringer. Where the treads go. Can you take a look and call the detailer for some clarification. Thanks.

2/4/2011

Continue install bent plate on 2nd floor along east wall as an extra. Fieldworks ongoing 2nd floor, 3rd floor. Stair installation ongoing. Bent piece installation along east wall halted.

2/4/2011

Attached is FM-11 for the flange repair. The repair cannot proceed until FM is approved by EOR.

2/7/2011

Coupler installation continues on the roof, Façade beam install continues south wall. WT installation ongoing plaza, south wall. Unload plates, unable to get them close to the job because of concrete pour. Fieldwork ongoing 2nd floor level. Stair installation continues (Grand Stair). Bent plate installation on roof resumes after snow melts.

2/7/2011

They are refusing the truck at the job site. He arrived today is this going to get unloaded? Let me know ASAP

2/8/2011

Charlie, based on today's survey, the areas highlighted in pink in the attached are low- please raise the bent plate by +/- 1/2" prior to the final welding. All other areas can be final welded as set. Thank you, Sara.

2/8/2011

Installing Ts at Plaza level. Coupler welding ongoing at roof. Bent plate installation continues at roof level. Surveyors meet with W&W glass surveyors to agree on location of 3rd floor bent plate. Using DCM crane tomorrow and Thursday. 2 hours OT worked by bent plate, facade and coupler gangs. Grand stair installation continues.

2/8/2011

Steve, I'm not sure if anyone had updated you, but reference the email attached the rebar and forms were installed last week, so it now becomes a design issue.

2/9/2011

Coupler installation continues at roof. Work platform at north east corner of building modified per Bovis instructions. Crane is manned today. Field work plates placed on the 3rd floor, 2nd floor. 3rd floor cleaned up of garbage, extra material, etc. Begin field work on South east facade steel. Begin removal of north east facade steel to be sent out for field work to shop. Extensive cutting and welding needs to be done to same. Safety cable installation begins on high roof after snow melted.

2/9/2011

Coupler welding on the roof continues. Façade beam repairs ongoing on north east corner façade. Field work plates installed top flange of 3rd floor beam. Tower crane used to remove north east façade beams for repair in shop, same loaded out. Grand stair installation continues.

2/10/2011

Coupler welding ongoing on roof couplers with two local 46 welders. Meeting on firewatch takes one hour this morning. 3rd floor field work plate installation complete and welding ongoing. Work tomorrow on field work and bent plate and studs.

2/11/2011

Limited crew brought in to work Sat. Worked on bent plate. Field work on 2nd floor near D35 line. 8 hour day.

2/12/2011

Greg, Can you please verify that it was sent to approval and returned approved. This is holding up closing out a punch list item.

2/14/2011

Bent plate installation continues on the roof and third floor east. Field work on 3rd floor framing north side near D35 continues. Break down trident platform. Various beam penetrations ongoing

2nd floor. Grand stair installation continues. Grand stair welding begins today. Facade steel welding south east corner continues.

2/15/2011

Please remediate immediately. NCR 28 in the roof pour.

2/15/2011

Facade beams ongoing south east side of building. Bent plate arrives for 2nd floor east side and is installed. Shims arrive for W&W glass bent plate on north side of 3rd floor and installed top and bottom flange plates installed and welded on beam 42132 on 3rd floor framing. Grand stair installation continues. Treads being installed, welded.

2/15/2011

Greg, Attached are E800 Rev. 1 and E801 Rev. 2 with the dimensions added on plan for the stair treads, & the EL. Clarified an SECT. A-A for the stair stringers. Please see Field Note #4 added on E800, which indicates the dimension for the treads taken from the center line of the HSS treads. The EL. noted on E801 are to the top of the HSS stringers at the stair landings (i.e. nothing to do with the decks). Thanks.

2/16/2011

Greg, We are having issues with the fit up and erection of the Grand stair please provide the requested information so we can do more investigation. This is hot and we need this info in the morning.

2/16/2011

Please see attached two pictures and see if they close out in the model. The lack of deck support appears to be an oversight. A shelf angle may be in order. The pan closure, I don't know. Maybe a closure strip can be added.

2/16/2011

Grand stair erection continues. Field work ongoing various locations. Ts put in at plaza level. Bent plate installed at various locations.

2/16/2011

Appended are the remediations to NCR 4 and 15 approved by the EOR. Please advise if we may close those two NCRs

2/17/2011

Jerry said Fallon asked him about a guying plan involving 1-1/4 guys that need to be installed before the roof is poured. Do we have any info? We may need to order material. Thanks.

2/17/2011

Greg, On the roof screen e1 100 post 1148A shows on the detail drawing to be centered about the pattern. But after lay out you can see from the pictures the pattern that was in the main member is not centered on the cl of the posts. Were there revisions in this area that were not completed? Is the lay out correct? Please check detailing. We used the new improved lay out drawing to set the cl of posts. SEE PICTURES. This is hot we are rushing to finish this area.

2/17/2011

***Warning inclement weather advisory** notice to take precautionary steps in preparation of high winds.*

2/17/2011

Using crane today installing roof posts. Gangs working on roof cutting deck, etc. in support of roof posts. SE façade beams installed and welded. Various other field work ongoing around the site.

2/17/2011

ARD: Ard is telling me he may not be ready until Friday now. I'm waiting for a call back.

2/18/2011

The deck bearing area for the sloping deck is inadequate as currently installed.

2/21/2011

I assume this will have to be re-engineered by BH, or maybe the curtainwall contractor. I believe that the change originated with curtainwall contractor.

2/21/2011

No work yesterday, president's day. Roof post installation continues. Various field works ongoing on job also. Patch roof deck as necessary after post installation.

2/22/2011

The RFI response is wrong. Please resubmit and inform the EOR that the marked end is always on the left side of the shop drawing. The EOR is looking at the wrong end of the beam. ED-13.28 referenced by EOR clearly shows this beam framing it into the column web with a shear connection only, no moment connection.

2/23/2011

Permits for March: Resubmit...change rules again.

2/24/2011

Doug. Sorbaro says we'll be able to access that channel from underneath after that curb is poured. Do you think we should put Bovis on notice that the work needs to be done? It looks like the hangers have been attached. Are we sure they have to be moved?

2/24/2011

This is the drawings for the missed deck support at grande stair. These are being sent for approval and field at the same time and I assume you can obtain the angle in NY. You may have some already on site or something that can be used.

2/24/2011

Gary and Greg, Please find attached FPR 9-13-011 which is also an NCR #11-med-W&W-027; which deals with a column cap to beam connection that can't be bolted up at the roof. Thanks.

2/25/2011

Doug. It looks like one side of the connection is against the seat lug assembly and at the other

end, the plates make on the inside of the flange (which is why I'm assuming they are split.) This is where the two pieces join out in mid air. Can you take a look at the drawing and let me know what you think. Alan and I looked at the drawings and the measurements are correct according to the drawings.

2/28/2011

Doug: To achieve the proper slope, any angle will have to be cut down quite a bit. The thinner the angle, the better, because the cut side dimension of the angle won't be much more than the angle thickness. We'll leave the fix up to you. Make a sketch of whatever you decide to do and we'll dress it up for submittal.

2/28/2011

On the West side pic (pic 1731) the W30 might interfere with the welding of the bottom stiffener

2/28/2011

The original design by W&W was based upon metal deck at the landings, but deck was not workable because of the 3-inch slab thickness limitation.

2/28/2011

Please provide a blockout drawing for the NE façade restraint detailed on 1/S-530. We need this drawing first thing tomorrow morning to commence forming that wall. The wall will be up prior to the beam being installed. Please expedite this.

2/28/2011

Unable to weld in certain locations. Welding at NJ shop begins on façade steel under inspection from Port Authority. Rain again today off and on halts some work activities.

2/28/2011

Reference the attached marked-up plans, and pic from our conversation today with Bovis (Andrew, Joe and Jim) concerning the conc. Wall along grid J (J.11) and between 16 and D35. As discussed Bovis agreed that it was a design miss, but Joe did call Daniel (BH) to confirm that the reinf. needed to go through the deck and tie into the slab above.

3/1/2011

Welding moment plates along south wall. Beam penetrations at various locations installed. Green vertical tubes welded at atrium area. Grand stair installation continues. Bent plate installed on 2nd floor near grand stair.

3/1/2011

Work stopped at time, approx. 10:50. WW 580 ironworkers Ralph DiFilippo, Andrzej Duryznski and Jonathan Guerra being sent home for rest today and tomorrow. Given 1 strike each. All WW580 personnel being retrained.

3/2/2011

Charlie, There are cell closure missing on the roof. We discussed these yesterday and it was going to be addressed immediately. Rebar is currently being installed. Be sure there is at least 1" of clearance around all studs.

3/2/2011

Moment plates welded on south wall. Grand stair installation continues. Channels installed at plaza level and decked. Bent plate installed near grand stair. Green vertical atrium tubes welded and plumbed.

3/2/2011

Joe, Last week at our weekly mtg, you mentioned that the Bovis plan for installation of the roof screen structural steel was to be after Sept. 11, 2001. Please understand that would this be the planned schedule. W&W would incur significant additional cost. This email will serve as notice from W&W to Bovis. The added cost would include the following: 1) There would be no crane with which we would erect the steel.

Additionally, there is no place to position a crane to erect the steel. As we understand, Bovis plans to remove the Memorial Plaza access road in April of 2011. The steel will require a crane to set due to the designed size of the pieces. The discussion was that a crane would need to be positioned on Greenwich Street. All thru out the job, we have been told that this is not possible. 2) The finished roof would have been installed by the 9/11/11 so Bovis would have to install protection. 3) The curtain wall system would be installed 9/11/11, Bovis would need to provide protection.

3/3/2011

Here is our schedule for the 2 stairs: 1) Stair no 2; 16 shifts 2) Stair no 1; 25 shifts A) These durations are based on Stair 1 & 2 being installed in one continuous operation. All scaffolding, forming etc. shall be removed prior to our starting. B) We need clear access to distribute material on to the floors C) Excluded is lost time for weather or other reasons not in our control D) All work is performed on a straight time schedule E) Excluded from these durations is removal of the temp stairs

3/3/2011

Since this problem was created by the field pushing concrete work ahead of steel progress, we suggested that it be discussed in the field with Bovis and/or the curtainwall contractor. Buro Happold will have to re-design the connection to allow bracing to the concrete OR the concrete will have to be removed to allow access back to the structural framing. Right now, there's nothing wrong with the connection except that concrete is in the way and access for steel framing is denied. I don't see that there's anything for us to write about in RFI format.

3/3/2011

As you know we were redirected last night to perform the raised slab at the plaza on an emergency basis. Brendan Mac Shane and his crew will be returning to the peninsula in the am.

3/3/2011

BH needs to provide a design. We do not have the design criteria for this member and connection.

3/3/2011

Have the brace/strut connection redesigned to connect only to the concrete wall.

3/3/2011

Doug, this appears to be another field issue where concrete is blocking access. We suggest that

you bring this problem up in a field meeting and ask how they want to handle the problem.

3/3/2011

Joe, Attached find backup information for the work we did on an emergency basis to install deck angles that were not designed at J line between D31.9 & D28.9 on the 3rd floor mezzonine.

3/3/2011

Greg, please find attached FPR 9-13-012 and the proposed fix.

3/3/2011

Charlie: 1- Roof level between D35 and D31.9 the deck support was installed; however, the deck was not cut this completed by 10:00 om tomorrow to keep Sorbaro going. 2- Cut deck at 2nd level column encasement (@4 locotions) 3- W&W did not finish their wark at the 2nd fl peninsula by the Grand Stair that we intended to pour tomorrow.

3/3/2011

Field work continues green atrium tubes. Grand stair welding. Pour stop 2nd floor instolled near grond stair. Moment plates welded along south wall where they needed to be cut to fit beam.

3/7/2011

Attached is the fix for the louver column at grid J19 which is too short.

3/7/2011

The force ond bose plate size on column 53106A will require additional plate weldments which will probably need to extend above the slab. Please check if holes can be field drilled to use the original bolted base.

3/7/2011

We need to add post 53106A to this FM. It has the same problem as 52101A.

3/7/2011

After re-evaluation of the cantilevered scaffold, we concluded that the North East Façade steel cannot be installed with the scaffold in place

3/8/2011

*Guys, Its Tuesday. Saturday is coming up quick. What is the plan with the generator? Is the deck being removed? We need a sketch. There is concrete being poured below. Please advise. **** I'm ot foreman's meeting. Generator has been canceled for Saturday. Multitude of reasons will call you when I get out.*

3/8/2011

Joe, For Thursday: 1) The weather looks very bad 2) There is cantilevering scaffolding that is in the way of the north façade beam 3) The forms need to be stripped to enable the east beam to be set. We tentotively have the crane, but need to by tomorrow 9am decide go or no go.

3/8/2011

Grand stair welding continues. Green atrium steel welding and alignment continues. 2 truck unloded with façade beams and roof posts. Installing roof posts continues west of the D35 line.

Patching deck around roof posts also continues. Cutting holes in deck for Bovis where requested.

3/8/2011

Why was the plate smaller? Mis fabbed? Field cut down to fit?

3/9/2011

Charlie. I just spoke to Brendan about cutting the deck Cepiel asked us to cut before, Brendan said he couldn't do what they asked without a similar deck support system where we put the angles underneath.

3/9/2011

Please see below and advise if these can be drilled. Field welding doesn't appear to be an option due to the forces.

3/9/2011

Weldon, please take a look at D1-7 and there is Section 107 that shows a pour stop furnished by the deck supplier.

3/9/2011

Gory, Please see the attached drawings that show no deck edge west of D35 behind the atrium at the roof level. Is this our deck edge? This is hot and we need an answer before Charley walks with Bovis at 11:30.

3/9/2011

Joe, I do not believe we can make 3/15 COB for high roof due to lost time today due to weather, tomorrow sounds like bad weather and we have the problem of Sorboro working beneath.

3/10/2011

We have several problems at the rings that interface with the stair and the columns on the south stringer. The measured circumference at detail G is 114" 7/16 the detailed circumference is 113" 1/8 so we are at +1 5/16". And at detail H we measure 112" 1/4 so we are -7/8. Gary has requested we pull a mid ordinate on the individual curved pieces but as you can see from the pictures the column interfere with completing this request. Due to the roll, fab, fit and erection tolerances I believe we are in the ballpark, but can you please confirm. Another question about the rings is about the concrete columns. Are they exposed or do they get a cover? This is hot and we are getting pressure to finish this area.

3/10/2011

WTC Manlift East Side Platform Concept sketches of platform on the east side of project. Check subway box and west side before they can proceed any further. DDP comments on manlift platform. A resubmittal is required. Charlie I revised the drawings using a fill plate between the east support beam and timber above the subway beams per the comments. Based on the subway box is only good for 200psf, I will not be able to get the ramp to work. One option is disassemble manlift to use the tower to fly out piece and reassemble. This is how they are erected in mines. Please verify that load limit. Marlene

3/10/2011

We have several problems at the rings that interface with the stair and the columns on the south stringer. The measured circumference at detail G is 114" 7/16 the detailed circumference is 113" 1/8 so we are +1 5/16". And at detail H we measure 112" 1/4 so we are -7/8". Gary has requested we pull a mid ordinate on the individual curved pieces but as you can see from the pictures the column interfere with completing this request. Due to the roll, fab, fit and erection tolerances I believe we are in the ballpark, but can you please confirm. Another question about the rings is about the concrete columns. Are they exposed or do they get a cover? This is hot and we are getting pressure to finish this area. So can we please have some resolutions by COB Thursday? Thanks.

3/10/2011

Roof post patching continues. Load out generator and stud unit and welding machines. Other tools and materials loaded. Grand stair welding am, lose time pm due to rain. Begin cutting deck and preparing to do electrical closets on 2nd floor. Manned crane today. Heavy rain at noon.

3/10/2011

The roof decking drawings do not address the dunnage post penetrations. Consequently, they are incomplete. We cannot perform a proper inspection and sign off on the decking without a complete set of details for all of the various roof deck scenarios

3/11/2011

When the field installed the plate, they inadvertently cut the plate to 4" wide and welded it per the weld shown in the detail. Please advise if the 4" wide stiffener plate is acceptable as installed at this location.

3/11/2011

I suggested that due to the forecast of wind gusts up to 29 mph that the work (on the north east facade steel erection) be postponed until next week

3/11/2011

Charlie, they are calling for windy conditions tomorrow, gusts as high as 30 mph. Do you want to let Cepiel know that before I call the master mac?

3/11/2011

A handful of men showed up and were sent home, I couldn't get a hold of these guys last night. I asked Sorbara worker I know and he told me they didn't pour because the wall they poured yesterday has to cure for three days before they pour the roof slab. The scaffold rods are still in the way as of 8:00 am this morning.

3/12/2011

Bovis cancelled Saturday worked already planned after C.O.B. Friday evening. Unable to get in touch with all men scheduled to come in. Ticket represents men who showed up for work on Saturday and were sent home

3/12/2011

After meeting with my field staff, I believe the plan to do the W14s unload the swing stage and set the generators is not feasible in one long day. Lets meet to re-evaluate

3/14/2011

This is in the process of being resent for approval: 9-13 sub 3519 (E103-1 and E103-2)

3/14/2011

Punchlist Items 43, 51, and 54 are still open. In addition, NCR #23, 25, 28 and 29 are also still open. All of these items affect tomorrows concrete placement

3/14/2011

Please write a confirming RFI that 1 bolt missing in the base plate of post 1145A is acceptable. This is hot and need to go out tonight.

3/14/2011

Please see attached WWGL survey of the high roof south corner of the high roof is low. Please correct prior to final welding.

3/14/2011

Please correct prior to final welding.

3/14/2011

High roof post installation ongoing. Difficulty burning ond welding with men below decks. Green atrium tubes welded. Field work ongoing also. Grand Stair welding continues. Saturday work cancelled rescheduled for Thursday.

3/14/2011

Bovis wants us to remove the platform on the column. I agreed. Please do this morning. If the rebar interferes with the jacket welding, they will cut the rebar.

3/15/2011

I have them missing 2 beams 52163, 52143A and 52146A. Where is it?

3/15/2011

The document for NCR 28 had errors on the second page. Please repair

3/15/2011

Please provide response to NCR 25 ASAP- it is required for MEU to sign off before today's concrete placement at roof slab

3/15/2011

Yes it is true that to weld light gage steel you need papers for sheet metal but I have never been asked to provide them for patching this is done only to stop the concrete from falling thru ond has no structural value. I don't even know where to stort with this.

3/15/2011

Sara, we need to resolve the bent plate. Our guys want to start welding. Can you call me? Basicolly, our survey date reveals that the bent plate is with in tolerance. Charlie

3/15/2011

Sara, We had Scott recheck the W&W survey and find that our date differs from WWGL. Please

see the attached. Let's discuss.

3/15/2011

This RFI was rejected. Also all back up information should be an RFI from the Eor or the approval submittal

3/16/2011

You may proceed with final weldings of all points EXCEPT Stations 84,85,86,199.

3/16/2011

Joe, to confirm tomorrow's plan: 1) install the W14 Façade Restraint Beams North East starting at 7am. The beams were removed to perform design modifications. This is extra work. 2) Pick the swing stage material for W&W glass starting at approx 12:30 (there are 3 loads) This is extra to our contract. 3) Starting at about 4pm, begin hoisting for the generator. According to BLL provided schedule, this could take until 2 to 3 am. W&W needs to have the crane plan, pre task plans and WTC site safety plan documents by 5 pm tonight. Also, there is deck to be removed. We need a drawing showing the location of deck removal. All of this work is extra to the contract.

3/16/2011

Joe: For NCR W&W-020, boxes 8-13 need to be filled out by W&W. Box 10 is the only box filled in by W&W and it is unacceptable. It does not state what corrective action is to be taken.

3/16/2011

Due to fab and erection tolerances, these rolled plates at the grand stair columns are not fitting up exactly like we would like them to. Early on I believe Jeff worked on these and even sized some of the welds for us, which were sent in to the EOR and approved. It appears the field has done about all they can do with the alignment of the rolled plates at the grand stair. Can you take a look at their pictures and as built conditions, to see if what they are suggesting to remedy the issues is doable?

3/16/2011

Charlie, proceed with the final welding at all high roof bent plate. Scott explained the difference in the way that Fehringer is shooting evaluations and the reason it might lead to a discrepancy. Scott double checked the low point and I understand it is only 5/8" low. On this basis, you may proceed with final welding.

3/17/2011

Sara, Scott is on the roof. WWGL surveyors are not. We have been asked to finish all work on the roof today by 3pm.

3/17/2011

Per our conversation, I have ordered 100' of 4x4x1/4 L for extra deck support not shown on the contract plans. This is an extra to our contract.

3/17/2011

Using crane today to install façade beams on the North side of building. Hoisting generators for electricians and unloaded scaffold trucks for Island. Raising gang worked until midnight

unloading material and equipment.

3/17/2011

The high roof decking installation is currently in progress. Once again, we have the same issues that were observed when the low roof decking was installed- welders that are welding sheet steel to sheet steel without being qualified to weld steel less than 1/8" thick, no WPS for sheet steel to sheet steel welding, holes in decking that are not being properly patched, ferrules not removed from shear studs, and missing puddle welds to secure the decking to the structural support steel. In addition, there are a number of shear studs that were stick- when I was on site yesterday afternoon the slag was not removed and the fillet welds were typically undersized. I spoke with the W&W foremen and went over all of the issues.

3/18/2011

The attached shows my proposed repairs for the Grand Stair column jackets. This shows the minimum welds for strength, additional welding is likely required to close gaps and keep things in line.

3/18/2011

Weldon, The 100' of angle came in today. Please direct your field crew to proceed with all items from RFI 997 with the exception of detail 1 and 5. I will go over with Brendan and Gerry if you'd like but we should get started on this while your crew is still up there. Thanks.

3/18/2011

Weldon: I have reviewed this in detail #3 in the Northeast Corner adding an angle in the Cds. Also, detail #8 seems to be a detailing error. All other details in RFI #997 are added work.

3/18/2011

Jae, We take exception with the statements by Daniel Urrutia in his answer to BLL RFI 0997R1 regarding the added work for the concrete walls that need deck support "This is not to be an additional cost" Please confirm this is extra work for W&W Steel. Thanks.

3/18/2011

Proceed with all items except detail #1 (high roof is being worked out) and detail #5 per our discussion

3/18/2011

Weldon, If you look at Detail 3 (between D21.1 and D25) it seems that I mistakenly marked up the W14x22 directly south and is installed in accordance with the drawings. This led to the confusion with Stanley over whether or not a deck-support angle needed to be installed. No additional work needs to take place at this location. Additional deck support angles will need to be added at the following locations: 1) Det 2 (just east of D35 and south of J): Inside face of angle to be 7" from CL of W14 on both North and south of beam. Beam length is approximately 17'. 2) Det 2 (The lower of the 2 beams. Located just east of D35, directly south of Stair #1) : Inside face of angle to be 6" from CL of W14. South side of beam only. Beam length is approximately 17') 3) Det 3 (Just east of D19 at N/E corner of High Roof). Inside face of angle to be 6" from CL of beam. South side only. Beam length is approximately 8'.

3/19/2011

Grand stair welding overtime today. Angles installed at high roof. All extra contract work. Men brought in at request of Bl. Deck also patched where necessary.

3/19/2011

Guys, today in the weekly Bovis discussed that the East Facade beam may need to be moved. They said Scott did a survey.

3/21/2011

Since the situation at the stair will involve a different surface condition, we'll probably have to secure a new approval.

3/21/2011

I think we'll need to resubmit the welding revisions in RFI form and secure approval in order to secure acceptance by the inspectors reviewing the completed work. Let's proceed toward that target.

3/21/2011

I think I need Jeff Sanders to complete his calculations/sketches similar to an FM and submit for approval? Should we proceed as is?

3/21/2011

Rain for most of the day halts most work activity onsite.

3/21/2011

Marlene, I guess we are to continue with the design of the platform. See the note below. We need to come up with a ramp on top of the box to drive the high reaches. If you need something, today I am at a funeral. I think you said you may need a few field dimensions that may be Weldon can go out and use his tape measure to get. Please forward the platform to Weldon.

3/22/2011

Weldon, Please see the appended NCR list. NCR's need to be addressed as several have been covered by concrete and will need to be chipped to be inspected. Please advise on the status of each NCR highlighted in yellow by 1pm today.

3/22/2011

Weldon, per the below what corrective action was taken and witnessed by Lance.

3/22/2011

You still have to address the comments made by Daniel in the return submittal (Package 393). Please redo the NCR sheet per comments one and address comment 2. Thanks.

3/22/2011

Joe, the odd member is NCR 25 and I am closing this one separate. We repaired NCR 25 by using the approved drawing and we did not deviate as we did for NCR 24.

3/22/2011

The dates provided by Sorbara were developed on 3/19/11 with a note that no weather was

considered.

3/22/2011

Yesterday's weather pushed the high roof pour to Friday.

3/22/2011

Weldon, this splice was originally designed as a bolted splice. Vintech later determined that the bolted splice is not possible due to the slope of the fascia so the vertical plate was added to the CP splice these members. These members have open holes because they were fabricated before the splice was revised. The net capacity of these members is adequate per the original calculations submitted and are not a design issue.

3/22/2011

We repaired NCR 25 by using the approved shop drawing and we did not deviate as we did for NCR 24

3/22/2011

Joe, As stated by Lance below, the remedial work needed to close NCR 10-MED-W&W-014 are not yet completed.

3/22/2011

Jim, This NCR is still not complete. W&W will do the repairs tomorrow.

3/22/2011

High roof posts sorted and installed. Grand stair welding ongoing. Various field work ongoing onsite.

3/22/2011

Still un-patched holes the rebar is coming through (NCR coming) Still need to UT bottom flanges along D19 line on the high roof. (8 welds total)

3/23/2011

Several locations are out of tolerance in elevation and a few are out of tolerance in the in/out direction of building. Please review and correct the locations or notify me of any survey discrepancies.

3/23/2011

All 4 beams are in some way out of tolerance (some are too high or low, some are too far in or out from the building and some are both!) Based on these findings, we cannot accept the locations of the W14 restraint beams in any part of the building. Based on these findings, we cannot create the needed Field Bracket Lay-out drawings. (Especially the north (section 2) and north/east beam (section #1) as they are needed now to. these findings will cause a delay in our schedule.

3/23/2011

Tom: Per our walk through today the following was discussed: 1. MEU stated that all cells/high hats that were removed for roof posts must be covered with deck or gauged plate and secured with a screw on each end. W&W Steel will have a gun on site to perform this work tomorrow. 2.

MEU stated that the welds on the studs that were "stick welded" look to be inadequate. It was agreed that one more pass would be required to ensure the minimum weld size. BLL stated that this work must be completed by Thursday COB. 3. MEU stated the deck between D25 and D28.9 at J.8 must be secured to the structural steel by a puddle weld. W&W to remediate. 4. MEU stated that the ferrules must be removed on all studs prior to inspection. W&W to remediate. 5. MEU stated the cell closures need to be completed. One area noted was J.8 west of D25. W&W to remediate. 6. Buro Happolds stated it was acceptable to use a non qualified weld of thin gauged metal only for closure plates and cell closures. W&W to remediate.

3/23/2011

Holes cut in deck at the request of BLL. Rain and snow limit work activity on high roof.

3/23/2011

We are having an issue with some of the rework for the grand stair. This problem is were KFC has called out a square groove weld and listed seal weld in the notes (attachment with notes). This groove weld will probably not pass UT due to the fit is not tight on the back side. MEU has told us they intend to UT these welds.

3/24/2011

Why wasn't the rod installed when the beam was installed? This should have been installed prior to beam being installed. W&W Steel initiate and suggest a design. This work needs to be complete.

3/24/2011

Section 5 on S509 shows a concrete beam in this bay, not a core wall. There is no angle size or dimensions shown.

3/24/2011

Grand stair welding continues. Welding green atrium tubes continues. High roof deck screwed in at request of PA inspector. High roof deck patched where necessary. No OT today. Rain for first hour of day slows work.

3/24/2011

The W14 rod supports at column 12 were not installed prior to the column being poured. The connection must be moved directly north of column encasement on the beam (running north south) Please utilize the same loading criteria to re-design the connection. This connection was designed by W&W Steel initially. This is extremely critical to the Pavilion Schedule and must be completed immediately.

3/25/2011

Charlie, Please see the below direction. The column cannot be chipped due to blast reasons. Revise the connection ASAP.

3/25/2011

I still do not have an update on outstanding NCR's as requested on Tues. We need to close these NCR's out.

3/25/2011

Joe, As stated below, the remedial work needed to close out NCR 10-MED-W&W-014 are not yet completed.

3/25/2011

Jim: NCR 14 was in regards to a field cut angle that was detailed to be coped in the shop. The shop missed so it was torch cut in the field. Is there any additional work that needs to be done?

3/25/2011

Continue welding green tubes in atrium area. Grand stair welding continues. Cutting holes in deck at second floor for Bovis after lunch. No Saturday work.

3/25/2011

If the glass contractor was directed to match the steel elevations, why don't they match? We need to know: 1) Is the steel erected to the as-detailed location 2) Do the glass contractor elevations vary from the locations detailed in the October model?

3/28/2011

Bob, For what it's worth, it's also important to know the origin of the problem so we can all work cooperatively toward a solution. If these are new elevations for the facade beams, this is not a "fix", but rather a late design revision.

3/28/2011

Field work continues on various locations. W14 issues trying to be resolved. Bulkhead roof worked on over stair #1. Green atrium tubes installed welded. Grand stair welding continues.

3/28/2011

Greg, Please see attached for XYZ coordinates taken from our model with the difference shown in the bracket for each location. All numbers refer to the center line of the W14 as noted on the E-mail below. Looks like the out of tolerance situation is not as bad as the field surveyor done to the top of the W14 flange on the facade steel, which is good news.

3/29/2011

We will be revising this connection to the far south end of 41194A this revision is per FW41134. We will re survey this connection when we are done. Please provide the XYZ for the north and south end of 41194A so we can set it to the proper location.

3/29/2011

We have marked up on those 2 sheets from the field survey sent to you yesterday.

3/29/2011

They want us to weld the bar 1/2 x 4 x 36" to the wts and I don't think that is possible since the concrete is poured.

3/29/2011

Grand stair welding continues. Green tube welding continues. Begin installing track under atrium. W14's begin relocating.

3/29/2011

Are you familiar with this façade framing change due to the response to RFI 0986? It looks like it will have an impact on the South façade framing. Unless you have some temporary blocking installed, the lack of horizontal support is likely to contribute to the alignment problem at the South facade framing.

3/30/2011

The façade beam is installed and I do not believe we can drill the holes as is. We need these connections to be spread out from behind the W14. See marked up sheet.

3/30/2011

Grand stair welding continues. Relocating W14s on NE side of building continues. Maintenance track continues. Stair bulkhead roof complete (stair #1)

3/30/2011

Our laborers want to be done chipping until lunch. Please direct W&W to stay late and complete the welding of the connection. This scaffold has to be removed in order to pour the auditorium raised slab tomorrow.

3/31/2011

We are going to attempt to chip on Saturday. Please do not proceed with the change. (9-13 Approval Sub #643- FM 19 and 20)

3/31/2011

This beam is at the perimeter of the building over package 20. It is a huge safety risk which will be at least a week to get a comprehensive plan approved never mind implemented. We are looking into the means currently. How long will it take to get the material on site if released today?

3/31/2011

Please proceed with the above remediation prior to receiving approval. This work needs to be completed ASAP.

3/31/2011

According to the field survey done on the south façade steel, it appears we have a large deviation at the shop splice location of 62182A. Due to the compound bevel occurs at the shop splice location, I have attached a copy of the shop drawing with the squaring dimensions added on section B-B and D-D, which could be useful for the field to check the fit up dimensions of this piece. Then they can determine what shall be done on field correction if it becomes necessary

3/31/2011

Grand stair welding continues. W14 relocated north east side complete. Maintenance track work continues. WT work ongoing plaza south. Remedial welding begun on W40x503 on 3rd Fl.

3/31/2011

Greg, According to the field survey done on the south Façade steel, it appears we have a large

deviation at the shop splice location of 62182A. Due to the compound bevel occurs at the shop splice location of 62182A, I have attached a copy of the shop drawing 62182 with the squaring dimensions added on SECT. B-B & D-D, which could be useful for the field to check the fit up dimensions of this piece. Then they can determine what shall be done on field correction if it becomes necessary. Thanks.

4/1/2011

WT's worked on at Plaza level. Raising gang called in to work Sunday. Weather onsite causes some delays.

4/1/2011

Hoisting equipment for Bovis and PJ Mechanical Sunday 6:00am start. Men completed work at 6:00pm.

4/3/2011

Critical Items must be done per Joseph Cepiel: Weldon: Per our meeting this morning the following must happen: 1 - W14 facade restraint Section #1, rod and clevis must be installed by COB today (4/4) no exceptions. Chipping is complete. 2- The temporary stair on the south side of the building must be completely dismantled by COB today. W&W must work premium time if needed to complete this work. 3- Section # 4 of the W14 facade restraint members must be remediated by April 7th COB no exceptions. Please advise on the status. 4- The two Wts missing at the 307 level must be installed and connected by April 7th COB. This is needed to complete the plaza pours south of the building. 5- All mats must be removed on a second shift, starting Wednesday April 6th. 6- All excess materials/equipment is removed by COB April 6th. The above items are critical to the Schedule and must be completed as stated above.

4/4/2011

W14 facade beams worked on. Stair tower dismantle ongoing. Grand stair welding continues.

4/4/2011

The extra costs, including additional storage time for the 20 to 30 tons of remaining roof screen framing will be costed into a change order. I'll probably suggest that we also offer a deductive change order to delete the delayed roof screen work from our scope so that we can try to settle the long standing change orders without Bovis trying to say that they cant close the contract because of the pending work on the roof screen. No change order, no roof screen, as far as I'm concerned.

4/5/2011

RFI 0987 Upturned WTs not installed. RFI 6433. Please refer to WW Erection Plan E1200 (attached) and note the two upturned WTs that haven't been installed (circled and painted to) because the hangers tying to the drag strut were taken down by others to allow for installation of rebar and concrete around the drag beam. The concrete has been poured thus preventing the proper installation of the upturned WTs. Please advise what type of new connection is required to attach the upturned WTs, given the as built situation.

4/5/2011

A concrete column was poured directly in the path of one of the horizontal louvers on the eastern most set along the south wall. I think we need a fix to cut our existing piece or have new ones made and sent out.

4/5/2011

W14s worked on façade. Raising gang brought in at 6pm to hoist for PJ Mechanical. Stair tower removal complete, Southwest exterior stair.

4/5/2011

Steve, I can not be there tomorrow. I don't know where Weldon is. Basically they want to raise the entire piece 1" and 1-5/8" respectfully. I don't know what the connections will allow. They also want to move the piece north & south +/- 1". This may not be too bad. I'll call in the morning if that's ok. They want to start asap

4/6/2011

Please note that Bovis has WW Sub #648 listed on their transmittal. This is incorrect.

4/6/2011

Please proceed moving the Section #4 beam per the appended drawing. Be advised that this drawing is for elevation only. The beam must also be adjusted horizontally per the survey.

4/6/2011

We added a few post and channel support pieces per the final design review that will be delivered to the NJ yards sometime mid-next week. Those few pieces should not delay your start. Stair 2 has only a very few revisions while Stair 1 requires a few posts and connections to be added within the stud framed wall. The tolerances are tight for the stair fit within the stair covities, so I'd suggest that you survey the stair wells at your first opportunity. You'll recall the rumors of the concrete walls being too thick and encroaching into the stair space.

4/6/2011

Today, Bovis asked about having a fix for the plate washer which they say does not cover the slot. Does anyone know about this? They say we need to initiate a fix.

4/6/2011

Roadway mats picked up at the request of Bovis. Beam penetrations worked on also. Hired operating engineer to run forklift. 3,580 stair gang laid off today. Loaded out two trucks worth of material plus small stake body truck.

4/6/2011

WT's installed. Grand stair welding continues. South façade beams moved per Bovis direction. Roadway mats moved on OT. Engineer remains on forklift pending Bovis decision on balance of roadway mats.

4/7/2011

WT's installed along plaza level south side of building. More material loaded out on stake body truck. Forklift operator laid off. South façade framing plumbed and welded. Grand stair weld ongoing. W&W directed by Bovis to work tomorrow 4/9/11. Moved roadway mats per Bovis direction.

4/8/2011

Men brought in at request of Bovis LL to install WT's, and build temporary stair between 3rd floor and roof on top of existing temp stair.

4/8/2011

WT's at 307' elev. Pour stop installed. Beam penetration installed at third floor framing. Temp stair tower installed per Bovis request. Begin removal of bracing in south wall for louver installation Wednesday night. Remove cables from northeast façade beams.

4/11/2011

Maintenance track installation continues with difficulty from window installers. Pour stop installation continues at 307' level WT's. Load out of material continues. Equipment picked up from United Rental. Welding continues on the grand stair. Ready for stair #2 installation beginning Wednesday at 6pm. Rain causes delays between 11:00am and 1:00pm.

4/12/2011

Grand stair welding continues. Pourstop completed on WTs @ 307 elev. Holes cut in deck near columns 2 and 3 for Sorbara. Raising gang and stair crew brought in to unload stair #2 and to erect louver steel left out because of temporary bracing in south wall. Rain hinders some work onsite.

4/13/2011

Charlie/ Steve, Is the raising gang going to be back here tomorrow? We have all of the guys at MSG working on the emergency generator today, but nobody is left to install the blast clips. We need guys for the blast clips and for the roof gusset plates. Also, Turner has requested us to work OT tonight, tomorrow night, and Saturday if needed to finish raker M31 under the emergency generator

It is clear from the above that W&W was impacted from the first day it began its field work until it achieved substantial completion.

A large part of the problem was the issuance of such large numbers of changes on the project. W&W so far has been issued or has pending in excess of 6.6 million dollars.

W&W incurred labor on the project far in excess of its estimated totals. The cost system which W&W maintains denotes the cost by coding the time sheets of the workers on a daily basis. The cost report reflects the following:

1	Engineering labor	\$115,781.00
2	Matt Mem. labor	\$1,660.00
3	OS Fab Labor	\$6,190.00
4	Crane Platform Labor	\$1,500.00
5	Work Plat Form Labor	\$19,495.00
6	Walk Way Labor	\$1,876.00
7	Trident Labor	\$149,129.00
8	Erection Labor	\$1,636,085.00

9	Bolting Labor	\$765,454.00
10	Welding Labor	\$1,980,902.00
11	Safety Labor	\$300,397.00
12	Deck Labor	\$398,570.00
13	Studs Labor	\$68,579.00
14	High Reach Labor	\$25,659.00
15	Plumb Steel Labor	\$360,247.00
16	Superintendent Labor	\$422,294.00
17	Safety Director Labor	\$289,615.00
18	Small Tools Labor	\$31,582.00
19	Stair Towers Labor	\$692,789.00
20	Site-Office Labor	\$25,251.00
21	Traffic Control Labor	\$65,662.00
	Total	\$7,358,717.00

The labor cost was necessarily inefficient resulting from the details shown as to what occurred on the project.

The estimate to perform the work under the original contract was \$1,812,943 as shown below.

	Estimate
Engineering labor	\$86,000.00
Matt Mem. labor	\$66,839.00
OS Fab Labor	\$0.00
Crane Platform Labor	\$66,839.00
Work Plat Form Labor	\$60,155.00
Walkway Labor	\$33,420.00
Trident Labor	\$50,207.00
Erection Labor	\$266,180.00
Bolting Labor	\$194,773.00
Welding Labor	\$356,040.00
Safety Labor	\$130,720.00
Deck Labor	\$122,980.00
Studs Labor	\$54,708.00
Plumb Steel Labor	\$75,680.00
Superintendent Labor	\$85,140.00
Safety Director Labor	\$66,874.00
Stair Towers Labor	\$37,874.00
Traffic Control Labor	\$58,514.00
Total	\$1,812,943.00

The labor cost must be adjusted by the total to be reimbursed by the time and material tickets issued for labor. The details of those time tickets are provided below:

W&W Steel Time & Material Invoice Summary

Invoice Number	Invoice Date	Ticket No.	Description	Invoice Amount	Labor Amount	Less Profit and Overhead (5.36%)	Net Labor
9130001	09/13/10	1	Lost Raising Gang Time BLL Stopped work Trains on Track 5	\$11,602.72	\$9,933.40	\$532.43	\$9,400.97
9130002	09/13/10	2	Move material at BLL direction	\$2,691.33	\$2,306.13	\$123.61	\$2,182.52
9130003	09/13/10	3	D19 Out of Position	\$18,576.80	\$18,576.80	\$995.72	\$17,581.08
9130004	09/13/10	4	Wait time due to Gate 2A being locked.	\$2,513.95	\$2,135.55	\$114.47	\$2,021.08
9130005	09/13/10	5	D19 Girder was out of alignment	\$9,336.72	\$7,833.32	\$419.87	\$7,413.45
9130006	09/13/10	6	Install Temporary Drag Beam	\$5,046.56	\$4,289.76	\$229.93	\$4,059.83
9130007	09/13/10	6	Weld clips for Nets That Work.	\$5,249.86	\$5,243.06	\$281.03	\$4,962.03
9130008	09/13/10	9	Weld/Erect Temporary Erection lugs to pc 21191A.	\$8,557.84	\$7,030.64	\$376.84	\$6,653.80
9130009	09/13/10	10	Install stiffeners at the memorial steel for Trident	\$22,985.38	\$22,150.00	\$1,187.24	\$20,962.76
9130010	09/13/10	12 & 13	Work Stop for BLL Mitigation plan.	\$23,697.30	\$22,861.92	\$1,225.40	\$21,636.52
91300011	09/13/10	13,14 & 15	Cease work to allow time for development of mitigation plan	\$835.38	\$0.00	\$0.00	\$0.00
9130012	09/20/10	17	Raising Gang hoisting pc mark 16115A D35 Remediation.	\$13,312.36	\$12,937.36	\$693.44	\$12,243.92
9130013	09/20/10	18	Weld connection plate 16115A to D35 girder.	\$8,202.94	\$8,074.42	\$432.79	\$7,641.63
9130014	09/20/10	19	Resurvey of S Line Column No 4.	\$2,984.80	\$2,984.80	\$159.99	\$2,824.81

9130015	09/20/10	22	E115 Detail 1; Remediation of Package 20BCD.1	\$6,056.72	\$5,799.68	\$310.86	\$5,488.82
9130016	09/20/10	21	Field weld base of piece mark 21191A to D19 girder.	\$1,858.24	\$1,601.20	\$85.82	\$1,515.38
9130017	09/20/10	24	Field weld added plates ref E115.	\$4,692.08	\$4,435.04	\$237.72	\$4,197.32
9130018	09/20/10		Lift Concrete Manholes for Bovis,	\$2,865.55	\$2,230.11	\$119.53	\$2,110.58
9130019	09/27/10		Move Temporary Stairs Near D35	\$4,520.14	\$4,520.14	\$242.28	\$4,277.86
9130020	09/27/10		Weld to D19 North End	\$10,590.84	\$10,590.84	\$567.67	\$10,023.17
9130021	09/27/10		Move Rebar Interfering with Temp Stairs	\$1,036.76	\$1,036.76	\$55.57	\$981.19
9130022	09/27/10		Grind Existing Steel at Columns 4 & 6	\$2,782.40	\$2,782.40	\$149.14	\$2,633.26
9130024	10/04/10	13	Detail Crews Lost 2 Hours on 9/9/10 due to Others Below	\$9,658.72	\$9,658.72	\$517.71	\$9,141.01
9130025	10/04/10	14	Details Crews Lost 3 hours on 9/10/10 due to Others Below	\$9,585.81	\$9,469.02	\$507.54	\$8,961.48
9130026	10/04/10	15	Raising Gang Lost 2 hours on 9/10/10 due to others below.	\$3,903.38	\$3,903.38	\$209.22	\$3,694.16
9130027	10/12/10	30	2 Hour Work Stoppage SMS Working Below	\$14,186.14	\$13,358.28	\$716.00	\$12,642.28
9130028	10/12/10	31	5 Hour Work Stoppage SMS Working below 10-1-10	\$27,412.80	\$24,358.40	\$1,305.61	\$23,052.79
9130029	10/12/10	32	Raising gang Move Material for BLL 10/1/10	\$2,605.11	\$2,230.11	\$119.53	\$2,110.58
9130030	10/12/10	33	Reinstallation of Moment Plates D25	\$1,732.36	\$1,732.36	\$92.85	\$1,639.51
9130031	10/12/10	34	Weld Nuts for Bovis	\$4,581.30	\$4,324.26	\$231.78	\$4,092.48

9130032	10/12/10	35	Relocate Temp Stair at D35 Line	\$1,812.18	\$1,555.14	\$83.36	\$1,471.78
9130033	10/12/10	36	Wrap Tridents with Plastic	\$2,107.20	\$2,086.80	\$111.85	\$1,974.95
9130034	10/29/10	37	Install D19 Moment Plate	\$688.96	\$688.96	\$36.93	\$652.03
9130035	10/29/10	41	Install Piece 61104A to D35.	\$2,073.52	\$2,073.52	\$111.14	\$1,962.38
9130036	10/29/10	42	Operator and Lull Canceled Mat Removal	\$3,737.34	\$1,786.24	\$95.74	\$1,690.50
9130037	10/29/10	43 & 45	Installing Couplers, holes for Rebar.	\$8,294.08	\$8,294.08	\$444.56	\$7,849.52
9130038	10/29/10	44	Remove 3 lifts owned by others.	\$1,976.20	\$1,601.20	\$85.82	\$1,515.38
9130039	11/03/10	46	Work Stopped by Bovis due to Men Working	\$10,656.58	\$10,281.58	\$551.09	\$9,730.49
9130040	11/15/10	50 - 59	Install Couplers	\$66,803.61	\$66,803.61	\$3,580.67	\$63,222.94
9130041	11/26/10	61 - 74	Install Couplers	\$125,278.58	\$123,993.38	\$6,646.05	\$117,347.33
9130042	11/26/10	60	Wrap Tridents	\$4,772.24	\$4,772.24	\$255.79	\$4,516.45
9130043	12/11/10	Varies	Install Couplers	\$165,284.56	\$162,874.81	\$8,730.09	\$154,144.72
9130044	12/11/10	366, 367	Unload Rebar Trucks	\$5,218.44	\$3,718.44	\$199.31	\$3,519.13
9130045	12/11/10	Varies	Install WW Glass Bent Plate	\$14,057.58	\$13,704.15	\$734.54	\$12,969.61
9130046	12/11/10	401	Idle Time Raising Gang Road Blocked	\$5,571.87	\$3,718.44	\$199.31	\$3,519.13
9130047	12/22/10	Varies	Pick Rebar for Bovis	\$29,384.08	\$26,384.08	\$1,414.19	\$24,969.89
9130048	12/22/10	374, 375	Relocate Grand Stair Pieces	\$3,403.47	\$3,403.47	\$182.43	\$3,221.04
9130050	12/22/10	Varies	Install Couplers	\$155,130.90	\$158,580.40	\$8,499.91	\$150,080.49
9130051	12/22/10	419,420	Survivor Stair	\$5,583.62	\$2,583.62	\$138.48	\$2,445.14
9130052	12/22/10	418	Breakdown Stair Tower	\$7,331.96	\$7,331.96	\$392.99	\$6,938.97
9130053	12/22/10	383	Remove Deck for Rebar Contractor	\$719.38	\$719.38	\$38.56	\$680.82
9130054	12/22/10	385	WW Glass Bent Plate	\$6,643.40	\$11,437.50	\$613.05	\$10,824.45
9130055	01/03/11	varies	Survey Crew for Couplers	\$11,437.50	\$11,437.50	\$613.05	\$10,824.45
9130056	01/03/11	varies	Coupler Work	\$23,865.60	\$22,837.44	\$1,224.09	\$21,613.35
9130057	01/03/11	359	Premium Clean up	\$3,808.38	\$3,808.38	\$204.13	\$3,604.25
9130058	01/03/11	Varies	Survey Crew	\$17,385.00	\$17,385.00	\$931.84	\$16,453.16

			Couplers				
9130059	01/03/11	Varies	Coupler Work	\$62,592.88	\$60,408.04	\$3,237.87	\$57,170.17
9130060	01/03/11	Varies	Coupler Work	\$62,592.88	\$4,663.76	\$249.98	\$4,413.78
9130061	01/03/11	389	WWGL Bent plate	\$4,920.80	\$4,920.80	\$263.75	\$4,657.05
9130062	01/03/11	361	Package 20 bcd.1 misalignment	\$2,993.50	\$2,672.20	\$143.23	\$2,528.97
9130063	01/14/11	430-444	Surveyor for Coupler layout	\$55,815.00	\$55,815.00	\$2,991.68	\$52,823.32
9130064	01/14/11	259-260	Coupler Work	\$17,899.20	\$17,128.08	\$918.07	\$16,210.01
9130065	01/14/11	262 & 263	Wrap Tridents	\$6,203.04	\$5,755.04	\$308.47	\$5,446.57
9130066	01/14/11	264	Relocate Safety Post	\$1,093.60	\$965.08	\$51.73	\$913.35
9130067	02/15/11	272, 275, 278, 282	Temporary Stair Relocation	\$9,264.33	\$9,263.34	\$496.52	\$8,766.82
9130068	03/01/11	281, 271	Remove Studs at Plaza WT's	\$1,197.49	\$1,197.49	\$64.19	\$1,133.30
9130069	03/01/11	363	Early Delivery due to Tree Installation	\$675.96	\$675.96	\$36.23	\$639.73
9130070	03/01/11	268,269	Raising Gang Moving Concrete Subs Matl's	\$29,696.22	\$23,321.22	\$1,250.02	\$22,071.20
9130071	03/01/11	Varies	WW Glass Bent Plate	\$60,838.76	\$60,838.76	\$3,260.96	\$57,577.80
9130072	03/01/11	274, 276, 283, 280	Roof Couplers	\$13,845.60	\$13,074.48	\$700.79	\$12,373.69
9130073	04/01/11	486 & 487	Mechanical Picks Contract Allowance	\$39,706.81	\$32,394.31	\$1,736.34	\$30,657.97
9130074	04/01/11	472, 473	F&I Missing Bent Plate at 2nd Flr	\$5,755.04	\$5,755.04	\$308.47	\$5,446.57
9130075	04/01/11	481	Remove/Replace Roof Deck For Generator	\$1,561.61	\$1,561.61	\$83.70	\$1,477.91
9130076	04/01/11	478	Pick Generators & WWGL Equipment	\$27,326.41	\$20,951.41	\$1,123.00	\$19,828.41
9130077	04/01/11	483	Cut Holes in the metal deck at the Plaza Level	\$2,403.84	\$2,403.84	\$532.43	\$19,828.41
9130078	04/01/11	476	Install WWGL	\$4,292.18	\$4,035.14	\$216.28	\$3,818.86

			Bent Plate at Roof				
9130079	04/01/11	489	Remove Temporary Stairs	\$10,639.64	\$10,639.64	\$570.28	\$10,069.36
9130080	04/01/11	471	Idle Time with Raising gang	\$4,744.76	\$3,244.76	\$173.92	\$3,070.84
9130081	04/01/11	485	Operator Time for Mat Removal	\$2,320.80	\$2,320.80	\$124.39	\$2,196.41
9130082	04/01/11	477, 479, 480, 482	Added Deck Angles to High Roof	\$21,603.06	\$20,317.86	\$1,089.04	\$19,228.82
9130083	04/01/11	465	Remove Channel for Rebar Installation	\$1,079.07	\$1,079.07	\$57.84	\$1,021.23
9130084	04/01/11	468	Crane Cancelled On 3-12 11	\$8,583.32	\$5,583.32	\$299.27	\$5,284.05
9130085	04/01/11	474	Overtime for Roof Deck Patching	\$655.88	\$655.88	\$35.16	\$620.72
9130086	04/01/11	466	Raising Gang 3/8/11 for Roof Posts & Façade NE	\$10,104.27	\$7,104.27	\$380.79	\$6,723.48
9130087	04/01/11	475	Operator Time 3/9/11	\$1,717.28	\$1,717.28	\$92.05	\$1,625.23
9130088	04/01/11	461	Cut Steel for Rebar installation	\$4,500.14	\$4,500.14	\$241.21	\$4,258.93
9130089	04/01/11	463	Electrical Closet Deck Angle	\$3,010.52	\$2,914.13	\$156.20	\$2,757.93
9130090	04/01/11	462	Plaza Level channel & deck	\$3,134.56	\$2,877.52	\$154.24	\$2,723.28
9130091	04/01/11	266	Install pourstop. Cable, safety posts per BLL	\$2,350.92	\$2,158.14	\$115.68	\$2,042.46
9130092	04/01/11	456	Cut beam flanges to fit the rebar inside pour.	\$2,948.24	\$2,819.72	\$151.14	\$2,668.58
9130093	05/04/11	61 & 62	Installing Bolts at East Wall	\$5,755.04	\$5,755.04	\$308.47	\$5,446.57
9130094	05/04/11	63	Premium Time for East Platform Installation	\$15,332.20	\$11,332.20	\$607.41	\$10,724.79
9130095	05/04/11	491, 51, 53, 54	WT Repair at Plaza Level	\$12,390.56	\$10,346.14	\$554.55	\$9,791.59
9130096	05/04/11	57, 58, 65, 64, 59	Added Louver Steel Work	\$29,244.79	\$29,244.79	\$1,567.52	\$27,677.27

9130097	05/04/11	66	Trim South Façade Beam for Store Front	\$1,077.08	\$965.08	\$51.73	\$913.35
9130098	05/04/11	56	Repair Deck Support at Roof	\$3,914.28	\$3,914.28	\$209.81	\$3,704.47
9130099	05/04/11	52	Revise Temp Stair	\$7,585.20	\$7,585.20	\$406.57	\$7,178.63
9130100	05/04/11	60	Mat Removal Overtime	\$2,757.00	\$2,757.00	\$147.78	\$2,609.22
9130101	07/01/11	74 & 75	Remove & Load Temporary stair material	\$7,649.76	\$7,649.76	\$410.03	\$7,239.73
9130102	07/02/11	76	Install 5 beam penetrations less than 1 square foot	\$5,500.00	\$0.00	\$0.00	\$0.00
TOTAL:				\$1,505,962.04	\$1,377,531.80	\$74,239.29	\$1,321,249.52

The actual erection labor on this project recorded in W&W's cost records was \$7,358,717. This amount is staggering considering the original contract amount was only \$7,289,240 with an original estimate for labor of \$1,812,943. This represents an increase of \$5,545,774 or expressed as a percentage is a 406% increase. W&W has issued \$1,505,962.04 of time and material tickets which for labor was \$1,377,531.80, which represents 76% of the original estimate. W&W has submitted changes in the amount of \$6,650,147.00.

The studies conducted conclude the circumstances which W&W has been exposed will result in inefficiencies and the lowest range of such studies reviewed has been 15%. W&W used the lower percentage although the net return will still not reimburse it for its labor overruns.

The calculation is as follows:

Total Labor		\$7,358,717.00
Adjustments:		
Snow Removal	\$64,288.69	
Extreme temperatures impact	\$219,196.05	
Safety Labor	\$98,550.00	
Superintendent	\$422,294.00	
Safety Director	\$313,176.00	
Job Office Labor	\$25,251.00	
Engineering	\$128,444.00	
Jobsite cost labor	\$36,940.05	
Operators, Oilers	\$558,672.09	
Traffic Control Labor	\$65,662.00	
Net T&M labor	\$1,321,249.52	
		(\$3,253,723.40)

Total Subject to inefficiency		\$4,104,993.60
Inefficiency @ 15%		\$615,749.04
Overhead fee @ 15%		\$92,362.36
Subtotal		\$708,111.40
Profit @ 5%		\$35,405.57
Total		\$743,516.97

Attachment 12
Pending Change Order Requests and Unpaid Change

L&L DEPARTMENT
PORT AUTHORITY CLERKS
2012 DEC 14 P 4: 09

PORT AUTHORITY OF NEW YORK
AND NEW JERSEY

2010 DEC 26 PM 3:34

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In the Matter of the Claims of

HUDSON VALLEY ROOFING & SHEET
METAL, INC.

**VERIFIED
NOTICE OF CLAIM**

-against-

THE PORT AUTHORITY OF NEW YORK
AND NEW JERSEY,

-----X
TO: THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY

PLEASE TAKE NOTICE, that pursuant to Unconsolidated Law-§7107-7108, Hudson Valley Roofing & Sheet Metal, Inc. ("Hudson Valley"), has claims and hereby makes claim against The Port Authority of New York and New Jersey ("PANYNJ") for contractual damages in connection the performance of construction work required for the project known as Temporary Roof Over Existing Path Station, World Trade Center, New York, New York (the "Project"), and in support thereof, claimant states, on information and belief:

1. The name and address of claimant is: Hudson Valley Roofing & Sheet Metal, Inc. 214 MacArthur Avenue, New Windsor, New York 12553. The name and address of claimant's attorneys are: Welby, Brady & Greenblatt, LLP, 11 Martine Avenue, White Plains, New York 10606; (914) 428-2100.

2. On or about November 30, 2009, March 11, 2010, April 9, 2010, May 18, 2010, and September 13, 2010, Hudson Valley entered into a series of agreements with the PANYNJ, acting by and through its authorized agent, Solera/DCM J.V., LLC ("Solera/DCM JV"),

2012 DEC 27 A 8:35

PORT AUTHORITY OF NEW YORK
AND NEW JERSEY

pursuant to which Hudson Valley agreed to furnish certain labor, materials and equipment for the Project for the agreed price of \$875,124.00.

3. Thereafter, at the specific instance and request of the PANYNJ, acting by and through its authorized agent, Solera/DCM JV, Hudson Valley furnished certain additional and extra work at the Project for the agreed price and reasonable value of \$116,044.55, making the total revised value of its contract with the PANYNJ in the amount of \$991,168.55.

4. Hudson Valley duly performed all of its work at the Project and has earned, for the work performed, the amount of no less than \$991,168.55, no part of which has been paid, except for the amount of \$691,818.30, leaving the amount due of \$299,350.25.

5. The claim arose on or about April 3, 2012 when the PANYNJ failed to make payment to Hudson Valley.

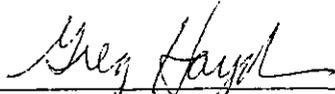
6. The claims arose at the Project.

7. The claimant, Hudson Valley, has sustained damages in the amount of \$299,350.25, the amount unpaid on its agreement with the PANYNJ.

WHEREFORE, the claimant, Hudson Valley Roofing & Sheet Metal, Inc., is due and owing the aggregate sum of \$299,350.25 and claim is hereby made and presented for adjustment.

Dated: White Plains, New York
December 19, 2012

HUDSON VALLEY ROOFING & SHEET METAL, INC.

By: 
Greg Hayden, Chairman

VERIFICATION

STATE OF NEW YORK)
) ss.:
COUNTY OF WESTCHESTER)

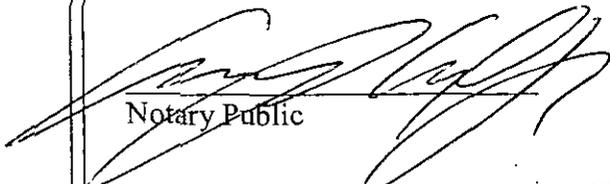
Greg Hayden, being duly sworn, deposes and says:

I am President of Hudson Valley Roofing & Sheet Metal, Inc., claimant herein, and have read the foregoing Notice of Claim and know the contents thereof; that the same is true to my own knowledge, except as to the matters therein alleged upon information and belief, and those matters I believe them to be true. The reason why this verification is made by deponent is that deponent is the Chairman of Hudson Valley Roofing & Sheet Metal, Inc., which is a domestic corporation and deponent is familiar with the facts and circumstances herein. My belief, as to those matters therein not stated upon knowledge, is based upon a review of the records of the claimant in connection with the construction project known as the Temporary Roof Over Existing Path Station, World Trade Center, New York, New York.



Greg Hayden

Sworn to before me this
19th day of December 2012



Notary Public

ANTHONY P. CARLUCCI, JR.
Notary Public, State of New York
No. 02CA6047942
Qualified in Putnam County
Commission Expires September 18, 20 14

Commission Expires September 18, 20
Qualified in Putnam County
No. 02CA6047942
ANTHONY P. CARLUCCI, JR.
Notary Public, State of New York

Index No. Year 20

In the Matter of the Claims of
HUDSON VALLEY ROOFING & SHEET METAL, INC.
-against-
THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY

VERIFIED NOTICE OF CLAIM

WELBY, BRADY & GREENBLATT, LLP
ATTORNEYS AT LAW

Attorneys for Claimant, Hudson Valley Roofing & Sheet Metal, Inc.

WESTCHESTER FINANCIAL CENTER
11 MARTINE AVENUE
WHITE PLAINS, NEW YORK 10606
(914) 428-2100

Pursuant to 22 NYCRR 130-1.1-a, the undersigned, an attorney admitted to practice in the courts of New York State, certifies that, upon information and belief and reasonable inquiry, (1) the contentions contained in the annexed document are not frivolous and that (2) if the annexed document is an initiating pleading, (i) the matter was not obtained through illegal conduct, or that if it was, the attorney or other persons responsible for the illegal conduct are not participating in the matter or sharing in any fee earned therefrom and that (ii) if the matter involves potential claims for personal injury or wrongful death, the matter was not obtained in violation of 22 NYCRR 1200.41-a.

Dated: Signature
Print Signer's Name

Service of a copy of the within is hereby admitted.

Dated:
Attorney(s) for

PLEASE TAKE NOTICE

Check Applicable Box
 NOTICE OF ENTRY that the within is a (certified) true copy of a 20
entered in the office of the clerk of the within-named Court on
 NOTICE OF SETTLEMENT that an Order of which the within is a true copy will be presented for settlement to the
Hon., one of the judges of the within-named Court,
at at M.
on 20

Dated:
WELBY, BRADY & GREENBLATT, LLP
ATTORNEYS AT LAW
Attorneys for

To: WESTCHESTER FINANCIAL CENTER
11 MARTINE AVENUE
WHITE PLAINS, NEW YORK 10606

Port Authority
225 Park Ave.
New York, New York
10017

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 NOV 29 P 2:11

Enclosed are copies of paperwork from the G.W.B.
A Police report and Accident information Exchange.
Vehicle was Parked in the Lot at G.W.B. and was Struck. The PAPD Police took Pictures.

Please address this as soon as possible. I will go to Small Claims court if this matter is not resolved quickly.

Thank You

Mike Norcia

SQUIRE SANDERS (US) LLP
 30 Rockefeller Plaza
 New York, New York 10112 /
 Tel: (212) 872-9800
 Fax: (212) 872-9815
 John J. Reilly, Esq.
 john.reilly@squiresanders.com
 Alan Heblack, Esq.
 alan.heblack@squiresanders.com
 Paul M. Kim, Esq.
 paul.kim@squiresanders.com

2012 MAR 27 P 2 35

Attorneys for Gemstar Construction Corporation

-----X
 In the Matter of the Claim of :
 :
 GEMSTAR CONSTRUCTION :
 CORPORATION, :
 Claimant, : **NOTICE OF CLAIM**
 :
 - against - :
 :
 THE PORT AUTHORITY OF NEW YORK :
 AND NEW JERSEY, :
 Respondent. :
 -----X

TO: THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY

PLEASE TAKE NOTICE that Gemstar Construction Corporation ("Gemstar") hereby makes a claim and demand against the Port Authority of New York and New Jersey ("Port Authority") as follows:

1. The name and post office address of each claimant and of his attorney, if any:
 Gemstar Construction Corporation, 83 Jewett Avenue, Staten Island, New York 10302, c/o Squire Sanders (US) LLP, 30 Rockefeller Plaza, New York, New York 10112.
2. The nature of the claim: This is a claim for contribution and indemnity for any damages for which Gemstar may be found liable to Avis Budget Car Rental, LLC ("Avis") in an

LAW DEPARTMENT
 PORT AUTHORITY CLAIMS

action brought by Avis and entitled *Avis Budget Car Rental, LLC v. JD2 Environmental, Inc. and Gemstar Construction Corporation* and filed in the United States District Court for the Eastern District of New York, Index No. CV-12-5010 (the "Avis Action") on October 5, 2012. The Avis Action arises from events that allegedly occurred in December 2011 that allegedly resulted in damage to an unidentified sewage line during the installation of an underground gas storage tank system at an Avis facility ("Avis Facility") located on property owned by the Port Authority at the JFK International Airport in Queens, New York. Gemstar was retained as a subcontractor to perform excavation services for the installation of the underground gas storage tank system at the Avis Facility by Defendant JD2 Environmental, Inc. ("JD2"). JD2 was retained as the general contractor for the project by Avis.

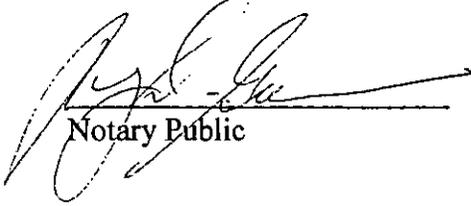
Gemstar seeks contribution and indemnity from the Port Authority due to the Port Authority's failure to identify the presence of a sewage line located underneath the surface at the excavation site and to inform Gemstar of the location of such sewage line prior to the commencement of excavation by Gemstar; by approving various engineer's drawings provided to the Port Authority by Avis and JD2 detailing the proposed location for the excavation and installation of the underground gas storage tank system; by approving the excavation and installation of the underground gas storage tank system at a location in the immediate vicinity of a sewage line; by failing to identify or mark-out the location of the sewage line as required under Part 753 of the New York Industrial Code, 16 NYCRR § 753-1.1, *et seq.*, prior to the commencement of excavation by Gemstar; and by failing to properly hire, monitor, or supervise the Port Authority's utility mark-out agent, employee, or subcontractor Geotrack, Inc., who reported to the site prior to the commencement of excavation for the purpose of marking-out all

underground structures and utilities at the Avis Facility on behalf of the Port Authority pursuant to Section 753-4.5, *et seq.*, of the Industrial Code.

3. The time when, the place where and the manner in which the claim arose: This Notice of Claim is being prospectively served on the Port Authority as Gemstar has not been found liable to Avis for the damages asserted in the Complaint filed in the Avis Action on October 5, 2012. Avis' Complaint arises out of events that took place in December 2011 that resulted in a sewage line being struck during the excavation and installation of an underground gas storage tank system at the Avis Facility. On December 15, 2011 Gemstar prepared for excavation by driving steel shoring sheets into the ground. Gemstar became aware that an obstruction had been struck due to the formation of a sink hole adjacent to a shoring sheet at the excavation site. Gemstar contacted JD2, Geotrack, and the Port Authority, and terminated work at the excavation site on December 15, 2011. Upon information and belief a field inspector from the Port Authority reported to the Avis Facility on December 16, 2011 in response to Gemstar's notification that an obstruction had been struck during excavation. Upon information and belief the Port Authority held a meeting on January 9, 2012 with respect to the incident in which it verbally agreed that Geotrack, Inc. had failed to identify the presence of the sewage line located underneath the surface at the Avis Facility prior to the commencement of excavation.

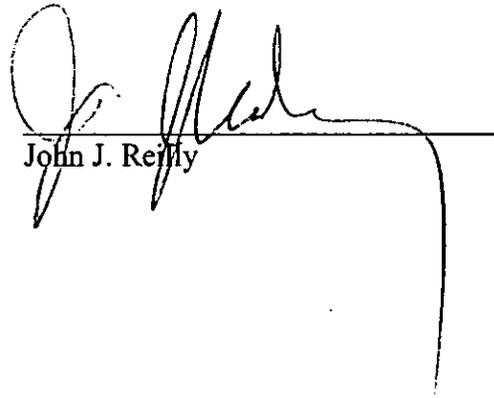
4. The items of damage or injuries claimed to have been sustained so far: Since there has been no decision on liability or damages in the Avis Action, Gemstar has not suffered any recoverable damages yet but Avis' Complaint seeks incidental, compensatory and consequential damages arising from its repair of the sewage line in an amount to be determined at trial but no less than One Million Three Hundred Thousand Dollars (\$1,300,000.00).

Sworn to before me this
27th day of November 2012



Notary Public

RUDY D. GREEN
Notary Public, State of New York
No. 02GR4952723
Qualified in Queens County
Certificate Filed in New York County
Commission Expires February 26, ~~2010~~ 2014



John J. Reilly

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 NOV 27 P 4: 05



Afni Insurance Services

P.O. Box 3068 | Bloomington, IL 61702-3068 | Phone 866-856-8150 | Fax 309-820-2626

November 14, 2012

PORT AUTHORITY NEW YORK

225 PARK AVE S
NEW YORK, NY 100031604

RE: Afni File #: 915221
PARKWAY INSURANCE Claim #: 00512987453
Insured: UNI MARCHESE
Your Claim #:
Your Insured: PORTH AUTHORITY
Date of Loss: 8/28/2012
Amount Claimed: \$904.14

Dear Claims :

We are contacting you today on behalf of Parkway Insurance regarding a loss. The facts of the accident indicate your insured is liable for payments that Parkway Insurance made to its policyholder as a result of this loss. Supporting documentation is enclosed for your review.

All payments should be made payable to Afni, include the Afni file number and must be directed to:

Afni Insurance Services
P.O. Box 3068
Bloomington, IL 61702-3068

Should you have any questions, please feel free to contact me at 866-856-8150.

Sincerely,

Michelle Lawson

Michelle Lawson Ext 3577
Subrogation Specialist

2012 NOV 26 A 10:14
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

Law Offices of
GOR MNATSAKANYAN

Suite 915
3440 Wilshire Blvd., Los Angeles, CA 90010
Telephone: 310.601.3131
Fax: 213.368.0016

October 23, 2012

2012 NOV -6 P 2:36
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

Via Registered Mail

Port Authority of New York/New Jersey
Attn: Claims Department
225 Parke Avenue South, 13th Floor
New York, New York 10003

Re: Our Client : Zinaida Albaryan
Date of Loss : August 3, 2012
Location : JFK Airport on the tram at the Jet Blue Terminal

To Whom It May Concern:

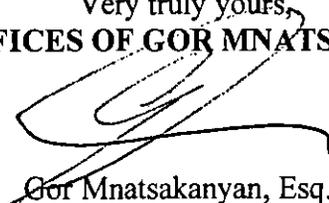
Please be advised that this office has been retained to represent the interests of the above named clients for claims arising out of the above-dated incident. This office has obtained an attorney's lien against all recoveries.

This letter will serve as a formal notice of a claim. From this point on, please do not contact my client and direct all communications to this office.

This correspondence will also serve as a formal request to preserve and disclose all video and audio recordings surrounding the incident.

Thank you in advance for your professional courtesy and cooperation in the handling of this matter.

Very truly yours,
LAW OFFICES OF GOR MNATSAKANYAN



Gor Mnatsakanyan, Esq.

GM:hy



**Peerless
Insurance.**

Member of Liberty Mutual Group

American States Insurance Company

Mailing Address:

CARLA J. COX
SENIOR SUBROGATION TECHNICIAN
P.O. BOX 515097
LOS ANGELES, CA. 90051
PH: 877-894-9679 X 7622438
FAX: 888-268-8840
EMAIL:
CARLA.COX@LIBERTYMUTUAL.COM

September 25, 2012

Port Authority Of Ny
225 Park Ave South
New York, NY 10003
Attn: CLAIMS

2012 OCT 26 A 3:35
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

SUBROGATION NOTICE

Our Insured Name: Gan-thi Enterprises Inc
Our Claim Number: 3380 1710 5039
Loss Date: July 6, 2012
Your Insured: Frank Pulizzi

Dear Sir:

We have completed our investigation of the above loss. Our investigation indicates that your insured is liable for the damages to our insured's property. Under our insured's policy, we have become legally subrogated to the right of our insured to recover from your policyholder. As such, we are seeking reimbursement from you for the damages we paid out on behalf of our insured.

Enclosed please find the documentation that will support the claim.

Collision: \$4,754.02
Rental:
Out-of-pocket:
Deductible: \$1,000.00
Salvage:

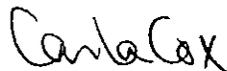
Property Damage TOTAL: \$5,754.02

**** NOTE:** Please work directly with our insured regarding any out of pocket expenses incurred as a result of this loss.

Page 2
Gan-thi Enterprises Inc
September 25, 2012

PLEASE MAIL ALL PAYMENTS TO:
Safeco Insurance
PO BOX 461
St. Louis, MO 63166-0461

Sincerely,



CARLA J. COX
SENIOR SUBROGATION TECHNICIAN
American States Insurance Company

LIBERTY MUTUAL GROUP
CLAIMS DEPARTMENT
2012 OCT 26 A 8:35

NOTICE OF CLAIM

In the Matter of the Claim of

LOURDES GUILBE,

-against-

THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY.

PORT AUTHORITY OF NY & NJ
OFFICE OF THE SECRETARY

2012 DEC 21 A 10: 21

TO: THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY, 225 Park Avenue South, New York, New York 10003

PLEASE TAKE NOTICE, that the undersigned claimant hereby makes claim and demands against THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY, 225 Park Avenue South, New York, New York 10003, as follows:

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

LOURDES GUILBE

BURNS & HARRIS, ESQS.
233 Broadway, Suite 900
New York, New York 10279
(212) 393-1000

2. The Nature of the Claim: The nature of the claim is for sustained by claimant, LOURDES GUILBE, due to the negligence and carelessness of THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY, its agents, servants and/or employees, without any negligence on the part of said claimant contributing thereto.

3. The time when, the place where and the manner in which the claim arose: The claim arose on April 1, 2012 around 6:19 a.m. at Terminal #8 of John F. Kennedy International Airport (JFK), County of Queens, City and State of New York. More specifically, the claim arose at the ground floor bag room, building number 56A, near Gate 32 of said terminal. At the aforesaid time and date, claimant was injured in the course of her employment as a baggage handler for American Airlines/American Eagle Airlines. Claimant was caused to trip/slip and fall because the flooring at said location was obstructed by rubbish and other debris, cracked, broken, uneven, worn, non-skid resistant, excessively slippery and/or wet and the area surrounding it was dim and inadequately lit. Claimant's injuries were caused by THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY, its agents, servants and/or employees', failure to maintain said premises in a reasonably safe condition; by the negligence and carelessness of THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY, its agents, servants and/or employees, in its ownership, operation, management, maintenance, repair, use, supervision, control, construction, design, contracting and/or subcontracting of the area mentioned. THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY, its agents, servants and/or employees, was further negligent in causing/creating the aforesaid dangerous, defective condition(s); in negligently supervising and/or training its agents, servants and/or employees; in negligently and carelessly permitting a recurrent condition of rubbish/debris and inadequate lighting to exist at the aforesaid location, causing claimant injuries; in allowing said area to be operated with total disregard for the health, safety and welfare of others; in failing to make a necessary inspection of the aforesaid area; and in failing to ensure that its agents, servants and/or employees properly maintained and/or repaired the aforesaid area. THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY, its agents, servants and/or employees, was further negligent in violating appropriate statutes and/or ordinances, including but not limited to, the Administrative Code of the City of New York and the Building Code of New York State.

4. The items of damage or injuries claimed are (state dollar amounts) claimant. LOURDES GUILBE.

TOTAL AMOUNT CLAIMED: FOUR MILLION (\$4,000,000.00) DOLLARS.

INDIVIDUAL VERIFICATION

STATE OF NEW YORK

COUNTY OF NEW YORK

Lourdes Guilbe

being duly sworn, deposes and says:

I am a plaintiff in the within action. I have read the foregoing Notice of Claim and know the contents thereof; that the same is true to my own knowledge, except as to the matters herein stated to be alleged on information and belief, and as to those matters, I believe it to be true.

Dated: New York, New York

Dec 20, 2012 Lourdes Guilbe

Sworn to before me this

20 day of Dec, 2012

Christine Califano

NOTARY PUBLIC

CHRISTINE CALIFANO
Notary Public, State of New York
No. 01CAG119416
Qualified in Kings County
Commission Expires November 29, 2016

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

LAW DEPARTMENT
PORT AUTHORITY CLAIMS

STATEMENT OF CLAIMANT

2012 SEP 10 P 2:56

For Damages Due To An Accident

Case No / Claim No 125-2508X

1. Claimant's Name: Age: Address:

Cary M. Rothander To

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: Time:
Between 1/15/12 - 8/15/12 10 AM - 12 Noon

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

Overpass Crossing Heading for NJ to NYS

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 travel Mon - Fri Arden 10 AM - 12 Noon
from my home in New Jersey to our office in
Staten Island. I stay in the right lane & I
noticed paint dripping on my 2009 Acura TSX
My wife & I usually travel together & I drive.
There are no signs that the bridge is in
the process of painting and no signs posted what
to do if hit by paint drippings

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

Only witness is my spouse -
DONNA ROYLAND COR

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	<u>0.</u>
(b)	For loss of earnings	\$	<u>0.</u>
(c)	For property damages	\$	<u>389.73</u>
Total:		\$	<u>389.73</u>

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

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

LAW DEPARTMENT
POST AUTHORITY CLAIMS
2012 SEP 10 P 2:59

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

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

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

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

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

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

PAINT DROPPINGS TO/ON VARIOUS PARTS OF VEHICLE - WINDSHIELD
FRONT HOOD - PASSENGER SIDE FENDER

ORX. P.O. O'LEARY TOOK PICTURES AT THE SCENE.

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

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

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/

There were / Are No Protective Coverings To Vehicles Suspended At The Bridge To Vehicle Travel Across Bridge Either Direction

Dated: 4 Sept, 2012

Signed: [Signature] Claimant

AFFIDAVIT

STATE OF

: New Jersey

: Monmouth

COUNTY OF

:

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

4 day of Sept, 2012

Notary Public

[Signature]

Notary Public, State of New York No. 01GR4933149 Qualified In Richmond County Commission Expires July 25, 2014

[Signature] Claimant

EDWARD BRANCALE Notary Public, State of New York No. 01GR4933149 Qualified In Richmond County Commission Expires July 25, 2014

2012 SEP 10 P 2:56

LAW DEPARTMENT PORT AUTHORITY CLAIMS

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

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 SEP -7 P 2:58

STATEMENT OF CLAIMANT
For Damages Due To An Accident

PORT AUTHORITY OF NY & NJ
OFFICE OF THE CLAIMS OFFICER
2012 SEP -7 4 11:10

1. Claimant's Name: Andrew GORDON Age: 58 Address:

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: 8/28/2012 Time: 21:50 (9:50 PM)

4. Place of Accident. (Identify with sufficient particularity to distinguish from similar places.)
GEORGE WASHINGTON BRIDGE UPPER LEVEL RIGHT LANE (LANE #8)
HEADING TOWARDS MANHATTAN

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 traveling from New Jersey to Manhattan on the George Washington Bridge. Suddenly, an obstruction rising from the roadway (the police officer indicated that it was a faulty expansion plate in the roadway) chopped through my left front and rear tires, leaving gashes in the rims. According to the police officer at the scene, many cars hit the same obstruction. I saw at least six vehicles with destroyed left tires. The two left tires and rims on my car were destroyed.

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

CLEO GORDON - MY DAUGHTER (Was a passenger in the front seat)

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	<u>0</u>
(b)	For loss of earnings	\$	<u>0</u>
(c)	For property damages	\$	<u> </u>

Total: \$ 2,599.68

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

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

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

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

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

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

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

REPLACEMENT OF TWO LEFT TIRES AND RIMS, RELATED REPAIRS
AND ADJUSTMENTS

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

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

(EXPANSION JOINT)
THE ACCIDENT WAS DUE TO FAULTY EXPANSION PLATES IN THE ROADWAY
ON THE GEORGE WASHINGTON BRIDGE

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 WAS TRAVELING SAFELY ALONG LANE # 8. AS THE CAR
(EXPANSION JOINT)
IN FRONT OF ME PASSED OVER THE FAULTY EXPANSION PLATE
(LACERATING) THEIR TIRES, I SLOWED DOWN BUT HAD TO STAY IN
MY LANE AND COULD NOT AVOID THE OBSTACLE.

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

POLICE REPORT ATTACHED

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

Dated: 9/7/2012

Signed: [Signature]
Claimant

AFFIDAVIT

STATE OF New York :
 :
COUNTY OF Queens . :

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
7th day of September, 2012

[Signature]
Notary Public

[Signature]
Claimant

ARLENE F KIRKLAND
NOTARY PUBLIC STATE OF NEW YORK
QUALIFIED IN QUEENS COUNTY
NO. 01K16206858
MY COMMISSION EXPIRES JUNE 1, 2013

2012 SEP - 7 P 2:58
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

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: John Finn Age: 55 Address:

DOB:

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.

On my behalf

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
012 SEP 10 P 2:56

3. Date of Accident: 7/31/2012 Time: 2:00 pm

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

I was traveling east on NJ Rte 3/I 495 approaching the Lincoln Tunnel. As the road begins to make a curve to the right, I was traveling in the right most lane.

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.

Traveling in the right most lane, I noticed several pot holes. Most of these pot holes were in the left side of the right most lane. I was able to miss most of them, but did find myself hitting one. It was a terrible jolt and I thought surely I must have damaged the left front tire & wheel.

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

N/A

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	<u>—</u>
(b)	For loss of earnings	\$	<u>—</u>
(c)	For property damages	\$	<u>935.42</u>
Total:		\$	<u>935.42</u>

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.

N/A

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

N/A

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

LAW DEPARTMENT
POSTALITY CLAIMS
2012 SEP 10 P 2:56

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.

N/A

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.

2003 Cadillac Seville. Left front strut rod bent.
Replaced left front strut. Replaced strut cost \$761.96.
The tax cost \$60.96. Labor cost was \$112.50. Total amount of claim is \$935.42.

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

Listed above in #11.

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.

These large, dangerous pot holes should have been addressed and fixed by the Port Authority. I fully believe that this accident was due to unattended pot holes that should have been addressed by the Port Authority.

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.

In no way was the accident my fault. I did everything I could to avoid the pot holes, which there were several of.

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

~~See~~ Repair invoice, Full statement, and EZ pass account information.

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

Dated: _____, 20_____

Signed: *John G. Gorman*
Claimant

AFFIDAVIT

STATE OF _____ :
: COUNTY OF _____ :

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

4th day of September, 2012

Mary M. Friedman
Notary Public

MARY M. FRIEDMAN
NOTARY PUBLIC, STATE OF NEW YORK
QUALIFIED IN CHENANGO CO. #4753344
COMMISSION EXPIRES 10-29-14

John G. Gorman
Claimant

LAW DEPARTMENT
 PORT AUTHORITY CLAIMS
 2012 SEP 10 P 2:56

- d. State the names of Port Authority employees whom you claim were at fault, including any information that will assist in identifying and locating them.

Unknown at this time. Believed to be employees of Port Authority and/or PATH with responsibility for ensuring safe passage on and off trains.

- e. State the negligence or wrongful acts of the Port Authority employee(s) which caused your damages.

On information and belief, the Port Authority and/or PATH employees caused or permitted a dangerous condition (the wide gap between the platform and train) to exist, failed to correct the condition and failed to take steps to warn passengers of the condition.

- f. State the names and addresses of all witnesses to the accident or occurrence.

Anthony T. Spann, Also, conductor or engineer of train (Nick McCarthy #8687) asked her if she was alright.

- g. State the names of all police officers and police departments who investigated the accident and provide a copy of the police report.

No police responded to the scene to the best of claimant's knowledge. Claimant rode the train to Newark and summoned police. See attached report.

- 4.a. The claimant claims damages for

- b. If you claim personal injury:

(1) Describe your injuries resulting from the accident or occurrence.

Claimant's legs fell into gap to just above her knees.

LAW DEPARTMENT
 PORT AUTHORITY CI
 2012 SEP - 1

(2) Do you claim permanent disability resulting from the accident? If yes, describe the injuries believed to be permanent.

Undetermined at this time.

(3) For each hospital, doctor or other practitioner rendering treatment, examination or diagnostic services, state:

(4) If you claim loss of wages or income as a result of the injury, state:

Claimant works as a security guard at Caldwell College. She lost approximately two weeks from work. She received no compensation for the time she lost. Net lost wages were approximately \$660.00.

(5) Set forth any and all other losses or damages claimed by you.

Undetermined at this time.

c. If you claim property damage:

(1) Describe the property damaged.

Not applicable.

(2) The present location and time when the property may be inspected.

Not applicable.

(3) Date property acquired.

Not applicable.

(4) Cost of property.

Not applicable.

(5) Value of property at time of accident.

Not applicable.

(6) Description of damage.

Not applicable.

(7) Has the damage been repaired?

Not applicable.

If so, by whom, when and costs of repairs.

Not applicable.

(8) Attach estimate of repair costs to this form. Two estimates required if damage exceeds \$750.00.

Not applicable.

(9) Attach photographs of damaged property.

Not applicable.

(10) Set forth in detail the monetary loss claimed by you for property damage.

Not applicable.

d. Set forth in detail all other items or loss or damages claimed by you and the method by which you made calculation.

Undetermined at this time.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 SEP - 7 A 9:44

5. The total amount of your claim.

Undetermined at this time.

6. Have you made a claim against anyone else for the losses or expenses claimed in this notice? If yes, set forth the name and addresses of all persons and insurance companies against whom you have made such claims.

Not at this time.

Do you collect benefits from any Municipal, State or Federal Agency? If so, state what agency.

Not applicable.

7. Are any losses or expenses claimed herein covered by any policy of insurance? For each such policy, state the name and address of the insurance company, policy number and benefits paid or payable.

No.

8. Have you received or agreed to receive any money from anyone for the damages claimed herein?

No.

9. **Medical records, billing statements, photographs and / or other documentary evidence will be provided in the continuing course of investigation and discovery.**

10. **Claimant has made no prior claims.**

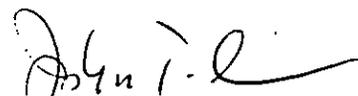
2012 SEP - 7
LAW DEPARTMENT
POST AUTHORITY CLAIMS
46

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are wilfully false, I am subject to punishment.

Respectfully submitted,



SHANTA LEDBETTER
Claimant



JOHN T. COYLE, ESQ.
Attorney for Claimant

Via Certified Mail, Return Receipt Requested
7011 3500 0000 5489 6124

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:

Veronica Escobar 38

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.

2012 SEP - 1 A 10: 21
PORT AUTHORITY CLAIMS

3. Date of Accident: Time:

Between 8/15 - 8/20/12 0500^{AM} - 1100 pm.

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

Long Term Parking Leffers Blvd Parking Space A10

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.

The car was parked as mentioned on 8/15/12 and I returned to my car on 8/20/12 I noticed someone hit my vehicle. Damage to the Right Side Rear bumper. I observed that the parking lot had video camera so perhaps the video can be seen of the incident.

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

N/A

7. The amounts of loss claimed are as follows:

- (a) For medical and hospital expenses \$ _____
- (b) For loss of earnings \$ _____
- (c) For property damages \$ betw 947.86 to 961.93

Total: \$ betw # 947.86 to 961.93

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.

N/A

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

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

N/A

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.

LAW DEPARTMENT
PROPERTY CLAIMS
2012 SEP -7 A 10:21

-
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.

N/A

-
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.

Damage to Rear bumper (Right hand Side).

Two estimates Repair ranges between \$947.86 to 961.93

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

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

The Port Authority rents the space to ABN Parking Services, ABN gave me the # for a Port Authority employee to inquire who is responsible and to ask what were the steps I need it to take to have my accident filed so is both ABN and P.A. cause they didn't have any security or

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.

My vehicle was parked correctly in the space provided at the parking lot. Perhaps the Video surveillance can provide the person responsible for hitting my vehicle

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

Affidavit/Statement by Catalina DeFlora attached

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

There are video cameras around the perimeter perhaps the individual that hit my car can be observed. The car appears to be going off for the longest and not one security person seen to respond and made a note of the incident.

Dated: Sept 4th 2012

Signed: [Signature]
Claimant

AFFIDAVIT

STATE OF New Jersey

COUNTY OF Bergen

Veronica Escobar 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.

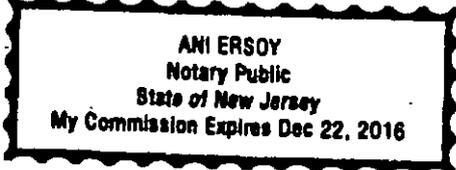
Sworn to before me this

4 day of Sept, 2012

[Signature]
Notary Public

[Signature]
Claimant
VERONICA A. ESCOBAR

2012 SEP - 7 A 10:00
PORT AUTHORITY CENTER



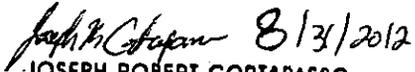
To whom it may concern:

I Catalina Deflorio, would like to certify that car was park on the Leffers Blv. Long term Parking lot. We parked the car on Wednesday, August 15, 2012 at around 5am area A-10. Car was left there from August 15 thru August 20. When we left the car in the long term parking lot car didn't have to damage. When we returned we notice right side bumper had been damage. If you have further questions, please don't hesitate to contact me at

Sincerely,



Catalina Deflorio



JOSEPH ROBERT CORTAPASSO
NOTARY PUBLIC-STATE OF NEW YORK
No. 01CO6260219
Qualified in Richmond County
My Commission Expires April 23, 2016

2012 SEP - 7 A 10: 21
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

NOTICE OF CLAIM
for

RECEIVED NEW YORK
SEP 6 1971
1 SEP -6 P 3 12

In the Matter of the Claim of

HARRY BROWN and PHYLLIS BROWN
versus
The Port Authority of New York and New Jersey

PLEASE TAKE NOTICE that the undersigned claimants hereby claim and demand against you as follows:

1. The name and address of the claimants and their attorneys are:

Harry and Phyllis Brown

Weitz & Luxenberg, P.C.
By Erik Jacobs, Esq.
700 Broadway
New York, N.Y. 10003

2. The nature of the claim is as follows:

HARRY BROWN sustained

while working at Five World Trade Center and at John F. Kennedy International Airport from about 1969 to 1971 as an insulator for King Insulation. His spouse, PHYLLIS BROWN,

3. The time, place and manner in which the claim arose is:

In June 2012 HARRY BROWN
HARRY BROWN

while working as an insulator for King Insulation at Five World Trade Center and at the John F. Kennedy International Airport during 1969, 1970, and 1971 while they were under construction, which construction was supervised by and done under the control of the Port Authority of New York and New Jersey.

LAW OFFICES
OF
WEITZ
&
LUXENBERG, P.C.
700 BROADWAY
NEW YORK, NY 10003

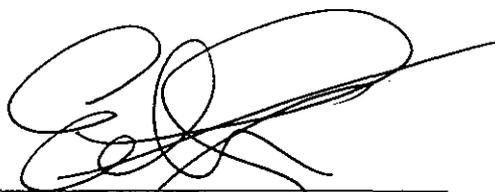
SEP 7 1971
A 8:52
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

4. The items of damages or injuries are:

Claimants

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

Dated: New York, New York
September 6, 2012



WEITZ & LUXENBERG, P.C.

by Erik Jacobs, Esq.,

on behalf of claimants

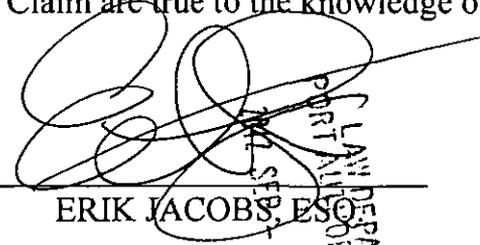
700 Broadway

New York, N.Y. 10003

(212) 558-5500

VERIFICATION

Erik Jacobs, Esq., an attorney duly admitted to practice law before the Courts of the State of New York, hereby affirms under penalties of perjury and pursuant to CPLR Rule 2106, that the contents of the within Notice of Claim are true to the knowledge of the affirmant.



ERIK JACOBS, ESQ.

DEPARTMENT OF LAW
COURT ALIBORITARY CLAIMS
SEP 7 A 8:52

Dated: New York, N.Y.
September 6, 2012

LAW OFFICES
OF
WEITZ
&
LUXENBERG, P.C.
700 BROADWAY
NEW YORK, NY 10003

NOTICE OF CLAIM AGAINST THE PORT AUTHORITY
OF NEW YORK & NEW JERSEY, CITY OF NEWARK,
COUNTY OF ESSEX AND THE STATE OF NEW JERSEY

NOTICE OF CLAIM

In the matter of the Claim of

JOSE MINIER

Against

PORT AUTHORITY OF NEW YORK & NEW JERSEY
CITY OF NEWARK
COUNTY OF ESSEX
STATE OF NEW JERSEY

SIRS: PLEASE TAKE NOTICE the Claimant herein makes
claim and demand against the PORT AUTHORITY
~~OF NEW YORK & NEW JERSEY, CITY OF NEWARK,~~
COUNTY OF ESSEX AND THE STATE OF NEW JERSEY:

1. Claimant: Jose Minier
Address:

Attorney: Bramnick, Rodriguez, Mitterhoff, Grabas
& Woodruff, LLC
Address: 1827 East Second Street
Scotch Plains NJ 07076

2. To: David Samson, Chairman
Port Authority of New York & New Jersey
One Path Plaza, Second Floor
Jersey City NJ 07306

David Samson, Chairman
Port Authority of New York & New Jersey
225 Park Avenue South
New York NY 10003

Robert Marasco, Clerk
City of Newark
920 Broad Street
Newark NJ 07102

Christopher J. Durkin, Clerk
~~County of Essex~~
Hall of Records, Room 247
465 Dr. Martin Luther King Jr. Blvd.
Newark NJ 07102

Paula Tumayshu Dow,
Office of Attorney General
State of New Jersey
P.O. Box 080
Trenton NJ 08650

3. Date of
Incident: 8/19/2012

4. Location: Newark Airport

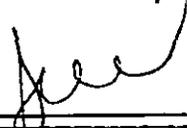
5. Nature of
Claim: Police Officer Kasicky, an officer
employed by the Port Authority of New
York and New Jersey, pushed Claimant
from the Third Floor Level of the
parking lot at Terminal C (of the
Newark Liberty International Airport)
to the ground causing

6. Injuries:

Plaintiff demands damages in the amount of
\$5,000,000.00.

Dated:

BRAMNICK, RODRIGUEZ, MITTERHOFF,
GRABAS & WOODRUFF, LLC

By: 

STEPHANIE ANN MITTERHOFF, ESQ.
1827 East Second Street
Scotch Plains NJ 07076

LAW OFFICE OF
PORT AUTHORITY CLAIMS
2012 SEP - 4 P 3: 50

In the Matter of the Claim of
CHRISTOPHER DUGAN and KATHLEEN DUGAN
against
PORT AUTHORITY OF NEW YORK AND NEW JERSEY

PORT AUTHORITY OF NEW YORK AND NEW JERSEY
OFFICE OF THE COMPTROLLER

2012 SEP -5 P 1:50

TO: PORT AUTHORITY OF NEW YORK AND NEW JERSEY
225 Park Avenue South
New York, New York 10010

PLEASE TAKE NOTICE, that the undersigned claimant(s) hereby make(s) claim and demand against the PORT AUTHORITY OF NEW YORK AND NEW JERSEY, as follows: [Office of the Comptroller requests the following additional information: in Section 2, specific defect (e.g. pothole) if applicable; in Section 3, street address wherever possible.]

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

SACKS AND SACKS, LLP
150 Broadway, 4th Floor
New York, New York 10038

CHRISTOPHER DUGAN and KATHLEEN DUGAN

LAW DEPARTMENT
PORT AUTHORITY OF NEW YORK AND NEW JERSEY
2012 SEP -5 P 1:50

2. The nature of the claim: sustained by claimant, CHRISTOPHER DUGAN
as a result of injuries sustained by him on August 29, 2012;
KATHLEEN DUGAN.

3. The time when, the place where and the manner in which the claim arose: The claim arose on the 29th day of August, 2012 at approximately 1:00 p.m. at premises under construction at John F. Kennedy International Airport, Terminal 4, tarmac at new airbus jetway, in the Borough of Queens, City and State of New York. At all times herein mentioned, the PORT AUTHORITY OF NEW YORK AND NEW JERSEY owned, operated, managed and controlled the aforesaid premises and further leased the aforesaid premises to Tarmac, and retained numerous contractors including VRH and Oxford to perform work, labor and services thereat. While claimant was lawfully upon the aforesaid premises as an employee of the aforesaid Oxford he was caused to sustain when he was caused to slip, trip and fall over dirt, debris and other refuse. The occurrence as aforesaid was caused solely and wholly by the reason of negligence, carelessness and recklessness of the PORT AUTHORITY OF NEW YORK AND NEW JERSEY and its contractors, agents and employees, who were negligent in the ownership, operation, management and control of the aforesaid premises. The PORT AUTHORITY OF NEW YORK AND NEW JERSEY, its contractors, agents and employees failed to ensure that all work areas, thoroughfares and passageways were free of tripping and slipping hazards; further, failed to man the jobsite sufficient with laborers to keep up with the cleanup of dirt, debris and other refuse; further, failed to ensure that work areas, passageways and thoroughfares were free of dirt, debris, and slipping and tripping hazards, causing claimant to fall, sustaining further, violated Sections 200, 240 and 241(6) of the Labor Law of the State of New York, Rule 23 of the Industrial Code of the State of New York, specifically, but not limited to: 23-1.5, 23-1.7, 23-2.1, 23-1.30, Article 1926 of O.S.H.A. and was otherwise negligent careless and reckless, causing claimant to sustain.

Claimant was free from comparative fault.

4. The items of special damage or injuries claimed are: Claimant CHRISTOPHER DUGAN sustained but claimant will permit a physical by the PORT AUTHORITY OF NEW YORK AND NEW JERSEY, and the item of damages exceed the jurisdictional limitations of the lower Court. Co-claimant KATHLEEN DUGAN sues and the item of damages exceed the jurisdictional limitations of the lower Court.

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) intend(s) to commence an action on this claim.

Dated: SEPTEMBER 5, 2012

[Handwritten signature]

[Handwritten signature]
The name signed must be printed beneath

CHRISTOPHER DUGAN + KATHLEEN DUGAN
The name signed must be printed beneath

Attorney(s) for Claimant(s)
Office and Post Office Address, Telephone Number
SACKS & SACKS, LLP
150 Broadway 4F
New York, NY 10038
212.964.5570

CORPORATE VERIFICATION

State of New York, County of

ss.:

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

This verification is made by deponent because said claimant is a corporation, and deponent an officer thereof, to wit its The grounds of deponent's belief as to all matters not stated upon deponent's knowledge are as follows:

INDIVIDUAL VERIFICATION

State of New York, County of NEW YORK ss.:
CHRISTOPHER DUGAN + KATHLEEN DUGAN
being duly sworn, deposes and says that deponent is the 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 the matters therein stated to be alleged on information and belief, and that as to those matters deponent believes it to be true.

[Handwritten signature]

Sworn to before me, this 5th day of SEPTEMBER, 2012

THAO DUONG Sworn to before me, this day of
NOTARY PUBLIC-STATE OF NEW YORK
No. 01DU6210927
Qualified in Queens County
My Commission Expires September 08, 2013

In the Matter of the Claim of

CHRISTOPHER +
KATHLEEN DUGAN

Matter of Claim Against
POLI Authority of New York
+ NEW JERSEY

SACKS & SACKS, LLP
Attorney(s) for Claimant(s)
Office and Post Office Address
150 Broadway 4F
New York, NY 10038
212.964.5570

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

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

Attached.

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

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

I believe it was the Port Authority's drivers fault. The guy that was working with him said it was. The driver had plenty of room in front of him to turn around or move forward. I had thought when I pulled over to enter in an address in my GPS, I had given him enough room to see me for whatever reason.

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.

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

Attached - Police report

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

Dated: August 23, 2012

Elyse Parkford
Claimant

AFFIDAVIT

STATE OF

:
:
:

ss:

COUNTY OF

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
24th day of August, 2012

Natalie Alessandro-Gilman
Notary Public

Claimant

SEP - 14 A 9:08
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

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: Mark Lubin Age: _____ Address: _____

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 attach certificate or other official evidence of your appointment.

SEP - 4 P 2:40
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

3. Date of Accident: 8/2/12 Time: Approx 2:15 AM

4. Place of Accident. (Identify with sufficient particularity to distinguish from similar places.)
RT. lane on bend leading to Toll booths of Lincoln Tunnel

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.

My Car struck a deep pithile in the road.

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

Josh Lubin, same address
Tay Lubin, " "

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	_____
(b)	For loss of earnings	\$	_____
(c)	For property damages	\$	1135.13
Total:		\$	1135.13

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

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

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 SEP -4 P 2:40

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

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

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

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

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

See attached estimate for repair.

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

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

The Port Authority was in notice that this major pothole was in the road. Officer D. Jackson told me shortly after the incident that a ~~crew~~ crew was supposed to arrive shortly to repair the pothole. However, despite knowledge of the existence of the pothole, the lane was not blocked off to prevent ~~driving~~ vehicles from driving over the pothole.

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 had no reason to know that there was a large pothole in the lane.

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: Aug 28, 2012

Signed: [Signature]
Claimant

AFFIDAVIT

STATE OF NY :
 :
COUNTY OF NASSAU :

[Signature]
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.

[Signature]
Sworn to before me this 28 day of August, 2012

[Signature]
Notary Public

[Signature]
Claimant

2012 SEP - 11 P 2:40
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

ROBERTA CAPONI
Notary Public - State of New York
NO. 01CA4796025
Qualified in Nassau County
My Commission Expires JULY 16 2014

Arons & Arons, LLC

Attorneys at Law

76 South Orange Avenue

Suite 100

South Orange, New Jersey 07079

Telephone - (973) 762-0795

Facsimile - (973) 762-0279

www.aronslaw.net

Scott Arons

sa@aronslaw.net

*Jeffrey Steven Arons **

ja@aronslaw.net

**NJ & NY Bars*

New Brunswick Office:

95 Bayard Street

P. O. Box 48

New Brunswick, NJ 08903

Telephone 732-247-5000

Facsimile 732-247-9880

August 29, 2012

PORT AUTHORITY OF NY & NJ

225 Park Avenue South

New York, New York 10003

ATT: CLAIMS, 13th Floor

RE: Our Client: MADONNA MORRIS

D. Of Loss: August 3, 2012

Location: Newark Liberty International Airport, Newark, New Jersey @
Escalator @ Terminal C, by Gate 115 of Continental Airlines

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 SEP -14 A 9:07

TORT CLAIM NOTICE

Dear Sir/Madam:

Please be advised that our office represents Madonna Morris for injuries she sustained in the slip and fall accident of August 3, 2012. On said date and time, she was caused to fall at the bottom of the escalator due to water that was on the floor. I have enclosed a copy of the *Station Report of Customer Incident*.

Kindly take notice that the following claim is hereby presented under the New Jersey Tort Claims Act:

- a) This office has been retained to represent Madonna Morris

- b) Notice(s) in regard to this claim should be forwarded to Scott Arons, Esquire of Arons & Arons, LLC, 76 South Orange Avenue, Suite #100, South Orange, New Jersey 07079.
- c) The claim arises out of a slip and fall incident which occurred on August 3, 2012 at Newark Liberty International Airport, Newark, New Jersey, Terminal C of Continental Airlines, when Ms. Morris was getting off the escalator by gate 115 and was caused to fall due to water that was at the bottom of the escalator.
- d) Ms. Morris was caused to sustain injuries to

If you have any questions regarding this matter, please feel free to call upon receipt of this correspondence. Thank you.

Very truly yours,

SCOTT ARONS

SA/gmc
encls.

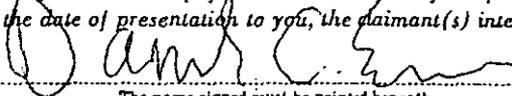
via certified mail R.R.R.

cc: MS. MADONNA MORRIS – via email

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 SEP -11 A 9: 08

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) intend(s) to commence an action on this claim.

Dated: AUGUST 31, 2012



The name signed must be printed beneath

DANIEL EWING

The name signed must be printed beneath

Attorney(s) for Claimant(s)
Office and Post Office Address, Telephone Number
SACKS AND SACKS, LLP
150 Broadway
New York, New York 10038
(212) 964-5570

CORPORATE VERIFICATION

State of New York, County of _____ ss.:

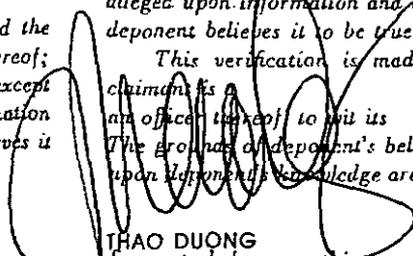
being duly sworn, deposes and says that deponent is the of corporate claimant named in the within action; that deponent has read the foregoing Notice of Claim and knows the contents thereof, and that the same is true to deponent's own knowledge, except as to the matters therein stated to be alleged upon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

This verification is made by deponent because said claimant is a corporation, and deponent an officer thereof to wit: The grounds of deponent's belief as to all matters not stated upon deponent's knowledge are as follows:

INDIVIDUAL VERIFICATION

State of New York, County of NEW YORK ss.:

DANIEL EWING being duly sworn, deposes and says that deponent is the 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 the matters therein stated to be alleged on information and belief, and that as to those matters deponent believes it to be true.



THAO DUONG

Sworn to before me, this
NOTARY PUBLIC - STATE OF NEW YORK
day of _____ 19____
No. 01DU6210927

Qualified in Queens County
My Commission Expires September 08, 2013

Sworn to before me, this 31st
day of AUGUST

2012

In the Matter of the Claim of

DANIEL EWING

against

Notice of Claim Against
**PORT AUTHORITY OF NEW YORK
& NEW JERSEY**

SACKS AND SACKS, LLP
Attorney(s) for Claimant(s)
Office and Post Office Address
150 Broadway
New York, New York 10038
(212) 964-5570



ATTORNEYS AT LAW
250 WASHINGTON STREET, SUITE E
TOMS RIVER, NJ 08753
WWW.MATUSANDCONNELL.COM

CHRISTINE L. MATUS, Esq
PHONE: (732) 281-0060
FAX: (732) 281-0061
CLMATUS@MATUSLAW.COM

JOSEPH A. CONNELL, JD, PH.D.
PHONE: (732) 279-3929
FAX: (732) 279-3918
CONNELL@TCLPLAW.COM

NOTICE OF TORT CLAIM

August 28, 2012

**DELIVERY VIA CERTIFIED MAIL/RRR AND
VIA REGULAR MAILTO:**

Darrell Buchbinder, Esq., General Counsel
THE PORT AUTHORITY OF NEW YORK & NEW JERSEY
225 Park Avenue South, 13th Floor
New York, New York 10003

CITY OF NEWARK
c/o Municipal Clerk
920 Board Street
Newark, NJ 07102

JOHN B. NANCE, Assistant Corporation Counsel
CITY OF NEWARK
920 Broad Street
Newark, New Jersey 07102

MAYOR, CITY OF NEWARK
920 Broad Street
Newark, NJ:07102

SCHINDLER ELEVATOR CORP. a/k/a
SCHINDLER ENTERPRISES
C/O The Corporation Trust Company,
Registered Agent
820 Bear Tavern Road
West Trenton, New Jersey 08628

SCHINDLER ELEVATOR CORP. a/k/a
SCHINDLER ENTERPRISES
20 Whippany Road, Suite 225
Morristown, New Jersey 07962

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 AUG 29 PM 2:48

**RE: MARIA COOSTERIA
Fall Down Accident of 5/29/2012
Location: Newark Liberty International Airport, Terminal B
Moving Stair**

Dear Sir/Madam:

NOTICES/CORRESPONDENCE RELATIVE TO THIS CLAIM ARE TO BE SENT TO:

CHRISTINE L. MATUS, ESQ. 250 WASHINGTON STREET SUITE C-1 TOMS RIVER
NJ 08753

**DATE/PLACE OF OCCURRENCE AND/OR ACCIDENT, AND DESCRIPTION OF
OCCURRENCE AND/OR ACCIDENT:**

On or about May 29, 2012, the claimant, Maria Costeria, was lawfully traversing upon an escalator at the Newark Liberty International Airport, Terminal B, at which time claimant fell while riding the escalator causing her to

**NAME AND ADDRESS OF MUNICIPALITY/AGENCY AGAINST WHOM CLAIM IS
MADE:**

THE PORT AUTHORITY OF NEW YORK & NEW JERSEY
225 Park Avenue South, 13th Floor
New York, New York 10003

CITY OF NEWARK
920 Board Street
Newark, NJ 07102

CITY OF NEW BRUNSWICK
City Hall, 78 Bayard Street
New Brunswick, NJ 08901

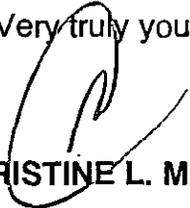
LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 AUG 29 P 2:48

INJURIES AND OTHER LOSSES SUFFERED BY CLAIMANTS:

As a result of the carelessness, recklessness and negligence of the parties
aforementioned, the claimant sustained:

DAMAGES:

Very truly yours,



CHRISTINE L. MATUS

CLM.ms
Encl.

INITIAL NOTICE OF CLAIM FOR DAMAGES AGAINST THE STATE OF NEW JERSEY

FORWARD TO: TORT AND CONTRACT UNIT
DEPARTMENT OF THE TREASURY, BUREAU OF RISK MGMT.
PO BOX 620
TRENTON, NEW JERSEY 08625
PHONE: (609) 292-4347

FORM MUST BE FILED WITHIN 90 DAYS OF THE ACCIDENT OR YOU MAY FORFEIT YOUR RIGHT

1. CLAIMANT:

Costeira MARIA
LAST NAME FIRST MIDDLE

ADDRESS MAILING ADDRESS IF OTHER THAN ADDRESS

Telephone DATE OF BIRTH SOCIAL SECURITY NUMBER

2. IF NOTICES AND CORRESPONDENCE IN CONNECTION WITH THIS CLAIM ARE TO BE SENT TO A PERSON OTHER THAN CLAIMANT, COMPLETE ITEM #2.

CHRISTINE L. MATIAS
NAME MAILING ADDRESS

ADDRESS TELEPHONE

RELATIONSHIP TO CLAIMANT: ATTORNEY AT LAW OR
EXPLAIN RELATIONSHIP

3. CIRCUMSTANCES REGARDING THE OCCURRENCE OR ACCIDENT:

5/29/12 3:30 P.M. NEWARK PORT AUTHORITY
DATE TIME EXACT LOCATION OF THE OCCURRENCE

4. DESCRIBE THE ACCIDENT OR OCCURENCE.

Ms. Costeira while on an escalator in Newark Port Authority, fell AND

LAW DEPARTMENT
PORT AUTHORITY
2012 AUG 20

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

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 JUL 17 A 9:14

1. **Claimant's name** Barbara Schmitt **Age** 55
Address:

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** June 11, 2011 **Time** 4:45:20 pm

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

The Port Authority Technical Center, 241 Erie Street. Parking Spot 174
Parking Spot 174 is located on the west side of the building (Jersey Ave. runs horizontal)

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 I got in my car to go home on Monday around 5:00 pm and as I was driving home, I heard a loud scratching coming from the back of my car. The noise would stop and start every so often. I thought that possibly something was stuck to the tire. When I got home, I saw that the right, back fender above the tire was dented in several spots and there were yellow marks on the car which appeared like the lettering that is on the PA trucks. The next day, I contacted John Meyer to see if he could identify if it was, in fact, a PA vehicle that hit my car. He looked at the tapes and found out that, in fact, it was a PA Surburban and identified the PA employee driving the truck.

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

Zero

7. The amounts of loss claimed are as follows:

- (a) For medical and hospital expenses \$ _____
- (b) For loss of earnings \$ _____
- (c) For property damage \$ *** 879.75

~~*** PROPERTY DAMAGE TO CAR \$1051.60 AS PER ESTIMATE FROM
 DEWLAND AUTO BODY, 1710 FONNELLE AVE., NORLIND BERGEN, NJ 07047
 201-453-3294~~

*Please note I got another estimate from
 Securus, Auto Body, 1620 Paterson Plank Rd Securus*

Total \$ ~~1051.60~~ 879.75

*NJ
 which I'm using
 201 342 8188*

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

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

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

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

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

LAW DEPARTMENT
 PORTADU PRIORITY CLERKS
 2017 JUN 17 A 9:14

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

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

The property in question is to the right, rear (above trunk) side of my car (above bumper)

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

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

Yes, the damage to my car is due to a PA Vehicle hitting my car as it was backing up into space 173 to park while my car was in space 174

-
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 accident was not my fault as it was the fault of the PA employee who was backing up the vehicle into space 173 to park. *However, I do not want to blame anyone*
We all work hard & these things happen

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

There is a video of my car being hit.

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

There is a video of the accident occurring.

Dated: 7/12/12, 2012

[Signature]
Claimant

STATE OF New Jersey
COUNTY OF Hudson

AFFIDAVIT

:
: 13 ss:

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 12 day of July, 2012

[Signature]
Notary Public

[Signature]
Claimant



2012 JUL 17 A 9:14
PORT AUTHORITY CLERK'S

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
Angel Saldana 49

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 August 3, 2012 Time 3:15 pm.

4. Place of accident. (Identify with sufficient particularity to distinguish from similar places.)
NY NJ Port Authority parking Lot on 33rd St.
Next to Lincoln Tunnel entrance.

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.

Parking Lot gate swung open and damaged my rear bumper.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 SEP - 7 A 10:21

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

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	_____
(b)	For loss of earnings	\$	_____
(c)	For property damage	\$	_____ 612.15 _____

Total \$ _____ 612.15 _____

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

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

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

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

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2017 SEP - 7 A 10: 21

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

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

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

Damaged rear bumper of my 2005 Nissan Altima 2.5s

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

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

Parking Lot swing gates installed without stops to prevent improper swing. Improper pitch on hinge Post cause gate to swing and damage my bumper.

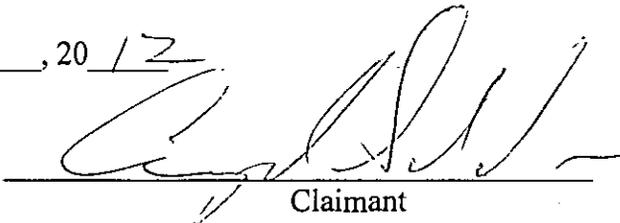
14. State whether or not the accident was in any way due to your fault, and if not, state in detail the reasons for your conclusions.

Not my fault.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 SEP -7 A 10:21

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

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

Dated: 9/5/12, 2012

Claimant

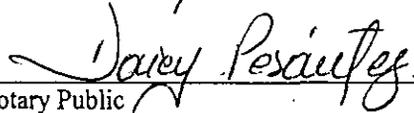
AFFIDAVIT

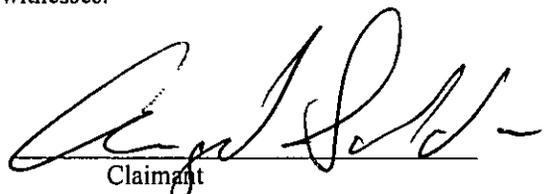
STATE OF _____ :
COUNTY OF _____ : ss:

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 04 day of September, 2012.


Notary Public


Claimant

DAICY PESANTEZ
NOTARY PUBLIC
STATE OF NEW JERSEY
MY COMMISSION EXPIRES JUNE 2, 2016

201212406

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. Client's name	Age	Address
JOSEFA VILLANUEVA	65	

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

NEWMAN, ANZALONE & NEWMAN, LLP
95-25 QUEENS BOULEVARD, STE. 1101
REGO PARK, NEW YORK 11374
ATTORNEYS FOR CLAIMANT – RETAINER (attached)

2012 AUG 24 A 9:55
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

3. Date of accident	Time
April 30, 2012	9:00 PM

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

Aqueduct Racetrack, Parking Lot, 108-10 North Conduit Avenue, South Ozone Park, New York 11420 [Block: 11543 Lot: 500] and more particularly near the Shuttle Bus pick up area.

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.

The fall and injury resulted from the negligence of the PORT AUTHORITY OF NEW YORK & NEW JERSEY, in the ownership, operation, maintenance, control and construction of the aforesaid premises. Said negligence includes, but is not limited to, causing and permitting said sidewalk area to be and remain cracked and raised above the surrounding sidewalk area

6. State number of other witness to the accident. State the names and address of my known to you. A security guard believed to be named "Patrick" was at the scene.

7. The amounts of loss claimed are as follows:

- | | |
|---------------------------------------|--------------------|
| (a) For medical and hospital expenses | \$ UNKNOWN TO DATE |
| (b) For loss of earnings | \$ UNKNOWN TO DATE |
| (c) For property damage | \$ UNKNOWN TO DATE |

Total: \$ _____

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

PRESENTLY UNKNOWN

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

TO BE 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.

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: Retired

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

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. TO BE DETERMINED

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

201212406

SEE PARAGRAPH 11 ABOVE.

-
13. State whether or not you believe that the accident was due to any fault on the party 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 fall and injury resulted from the negligence of the PORT AUTHORITY OF NEW YORK & NEW JERSEY, in the ownership, operation, maintenance, control and construction of the aforesaid premises. Said negligence includes, but is not limited to, causing and permitting said sidewalk area to be and remain cracked and raised above the surrounding sidewalk area

-
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.

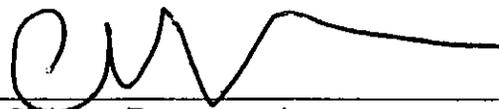
THE ACCIDENT WAS DUE SOLEY TO THE NEGLIGENCE OF THE PORT
AUTHORITY OF NEW YORK & NEW JERSEY.

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

N/A

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

Dated: 8/20 2012



Claimant/Representative
By: Gregory Newman, Esq.
Newman, Anzalone & Newman, LLP.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 AUG 24 A 9:55

201212406

AFFIDAVIT

STATE OF NEW YORK :
COUNTRY OF QUEENS :

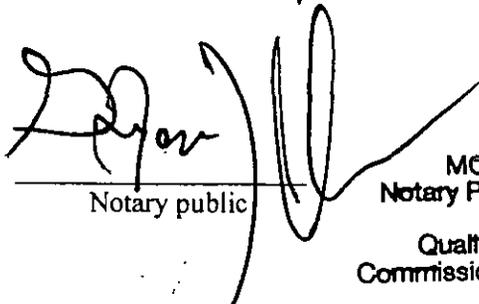
SS:

GREGORY S. NEWMAN, ESQ. Being duly sworn deposes and says:

1. That he/she resides at:
2. That he is the person who signed the foregoing of claimant.
3. That said statement of claimant was signed and this Affidavit is made by deponent's attorneys for the purpose of inducing The Port Authority if NY & NJ to pay deponent's claim, and that the 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 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 address are not given, said statement contains all information known to deponent which would be of aid in locating such witness.
- 7 That deponent (or the person on whose behalf he/she is acting) has not suffered any damages on account of said accident expects 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 representative 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 witness

Sworn to before me this

20th day of August 2012


Notary public

MORRIS J. NEWMAN
Notary Public, State of New York
No. 41-4678630
Qualified in Queens County
Commission Expires June 30, 2014



Claimant/Representative
By: Gregory Newman, Esq.
Newman, Anzalone & Newman, LLP.

2012 AUG 24 A 9:58
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

201212406

RETAINER AGREEMENT

The Undersigned hereby retains **NEWMAN, ANZALONE & NEWMAN LLP** ("the Firm") to prosecute or adjust a claim for damages arising from personal injuries sustained on the 30 day of April, 2012 through the negligence of any and all responsible parties, and the hereby gives the Firm, the right to take all legal steps to enforce the said claim.

In consideration of the services rendered and to be rendered by the Firm, the Undersigned hereby agrees to pay the Firm, and the Firm is authorized to retain out of any moneys received by reason of the above claim a Legal Fee of:

THIRTY THREE AND ONE-THIRD (33 1/3) PERCENT, of the sum recovered, whether recovered by suit, settlement or otherwise.

Such percentage shall be computed on the net sum recovered after deducting from the amount recovered expenses and disbursements for expert testimony, investigative and other services properly chargeable to the enforcement of the claims or prosecution of the action. Net sum recovered shall include interest upon a judgment, expenses and disbursement as taxed and/or with interest. For the following or similar items there shall be no deduction in computing such percentages: liens, assignments or claims in favor of hospitals, for medical care and treatment by doctors and nurses, or self-insurers or insurance carriers.

In order to pay the expenses and disbursements for expert testimony, investigation or other services necessary for prosecuting said claim, the Firm may, but is under no obligation to, borrow ("the Loan") to finance a portion of or, as the case may be, all of the costs and disbursements and to otherwise pay other services properly chargeable to the enforcement of the claims or prosecution of the action. This Loan is not a direct obligation of the Undersigned and the Undersigned shall not be liable in any way for the repayment of the Loan except from the proceeds of the Litigation. The Undersigned consents to the Firm providing information to the maker and/or holder of such Loan so long as the information and documents provided do not violate the Attorney-Client Privilege. The Undersigned agrees and grants to the maker and/or holder of the Loan a collateral security interest and common law lien in and upon the proceeds, if any, of the Litigation. The Undersigned understands that the Loan shall bear variable compounded interest at the rate of 5.25% over the "Prime Rate" published by the Wall Street Journal and that the principal and interest shall be deducted from the total proceeds, if any, of the Litigation.

It is expressly understood and agreed that the Firm may decline, in their sole discretion, to advance or borrow such costs and disbursements for expert testimony, investigation or other services. It is expressly understood and agreed that if the within matter goes to trial the Undersigned is responsible to advance any and all fees for the testimony of any and all experts deemed necessary by the Firm. The Firm will have no obligation to provide or borrow from its funds any advance to secure the testimony of such expert witness. In such event, the Undersigned refuses to advance such monies, the Firm may make application to withdraw for good cause. In computing the fee, the costs as taxed, including interest upon a judgment shall be deemed part of the amount recovered.

It is further understood and agreed that this retainer is subject to the investigation of liability and damages and DOES NOT CONTEMPLATE THE PROSECUTION OF ANY APPEALS, which would be covered pursuant to further arrangement among the parties. The Firm shall have the right but not the obligation, to represent the Undersigned on appeal. In the event the Undersigned is represented on appeal by another Attorney, the Firm shall have the option of seeking compensation on a *quantum meruit* basis to be determined by the Court.

I further authorize my attorneys, **NEWMAN, ANZALONE & NEWMAN, LLP** to sign my name, as attorneys-in-fact, to the following:

- 1) any and all authorizations, medical, work related or otherwise releasing information as necessary;
- 2) to affix my signature to any uninsured/underinsured motorist claim form, if necessary, and to any police blotter requests;
- 3) to any No-Fault Benefit forms and to distribute the proceeds obtained under No-Fault Benefits and to any medical payment draft in order to disburse the proceeds thereof;
- 4) to any assignment or lien forms on behalf of any physician, hospital or other body, for the purpose of executing a lien for which I have approved.

It is agreed that the Firm is prosecuting my claim subject to investigation of the facts, that if the claims injuries do not in the Firm's sole judgment meet the requirements of the law, or if the Firm determines in their sole judgment that it is not feasible to prosecute my claim, the Firm is permitted to cease all work on my case and its authorized to discontinue the prosecution of my claim or action, upon written notice to the Undersigned at the Undersigned's last known address by regular mail.

If the cause of action is settled by the Undersigned without the consent of the Firm, I agree to pay the Firm the above percentage of the full amount of the settlement, to whomever paid or whatever called. The Firm shall have, in the alternative, the option of seeking compensation on a *quantum meruit* basis to be determined by the Court. The Firm shall have, in addition, costs and disbursements.

It is agreed that that the Firm shall determine and designate those of its personnel who shall prosecute this matter.

Dated 5/11, 2012

Witness _____

Josefa M. De la Cruz
Josefa M. De la Cruz
Signatures

2012 AUG 24 4 55 PM
LAW DEPARTMENT
POST AUTHORITY CLAIMS (S.)

201212405

In the Matter of the Claim of
Carl Szentendrei

- against -

PORT AUTHORITY OF NEW YORK AND NEW JERSEY

PORT AUTHORITY OF NEW YORK AND NEW JERSEY
OFFICE OF THE SECRETARY

2012 SEP 13 12:37

TO: PORT AUTHORITY OF NEW YORK and NEW JERSEY, hereinafter referred to as PATH, 225 Park Avenue South, New York, New York 10010

PLEASE TAKE NOTICE that the undersigned claimant hereby make(s) claim and demand against PATH as follows:

1. The names and post-office address of each claimant and claimant's attorney is:

Joseph Garafalo, Esq.
45 Knollwood Road - Suite 502
Elmsford, New York 10523

Carl Szentendrei

2. The nature of the claim: For sustained by claimant, Carl Szentendrei, as a result of the negligence, carelessness and recklessness of PATH in its ownership, operation, management, maintenance, care and control of the JFK Airport Terminal, located in Jamaica, Queens, State of New York and more specifically a passenger boarding corridor at the American Airlines Terminal in the JFK Airport. Claimant was free of any contributory negligence.

3. The time when, and the place where and the manner in which the claim arose:

On July 3, 2012, at or about 7:30 P.M., claimant Carl Szentendrei was a boarding passenger at the American Airlines terminal located within the JFK Airport, located in Jamaica, Queens, New York when he was caused to trip and fall. Claimant Carl Szentendrei was cleared for boarding for flight 1787 from JFK to Tampa; he was walking on the boarding corridor approximately 10 feet from the entrance to the American Airlines plane for flight 1787. He was walking on a carpeted mat which was laid on top of the carpeted walking service on the boarding corridor when he was cause to trip and fall. A portion of the mat on top of the carpeting was raised approximately 5 to 6 inches creating a tripping hazard for passengers walking on the mat. This was approximately some 5 to 6 feet from the point where the corridor met the open door of Flight 1787. Claimant Carl Szentendrei was moving along the corridor as directed by American Airlines personnel. It is claimed that the respondent

PATH was negligent in the ownership, operation, management, maintenance, care, and control of the terminal and more specifically this corridor within the JFK Airport at the American Airlines terminal by causing, allowing, suffering, and permitting a portion of the walking service specifically, but not limited to a certain carpeted mat to be and exist and or move in such a manner as to be upraised and turned approximately 5 to 6 inches creating a tripping hazard for passengers boarding the plane along the aforesaid corridor. It is further claimed that a trap existed as well. It is claimed that the claimant Carl Szentendrei was free of any contributory negligence.

4. The items of damage or injuries claimed are (include dollar amounts): The claimant, Carl Szentendrei, sustained

TOTAL AMOUNT CLAIMED \$ UNKNOWN AT THIS TIME

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: August , 2012

Carl Szentendrei

Carl Szentendrei

Joseph S. Garafola, Esq.

JOSEPH S. GARAFOLA, ESQ.
Attorney for Claimant
45 Knollwood Road - Suite 502
Elmsford, New York 10523

State of Florida County of Hernando

ss.:

CARL SZENTENDREI being duly sworn, deposes and says that deponent is the claimant in the within action; that he has read the foregoing Notice of Claim and know 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.

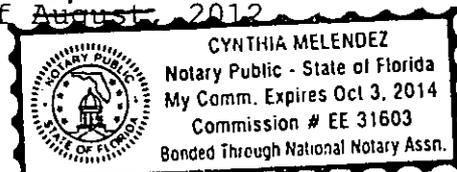
Carl Szentendrei

Carl Szentendrei

Sworn to before me this 4th day of August, 2012

Cynthia Melendez

NOTARY PUBLIC



In the Matter of the Claim of
Carl Szentendrei

- against -

PORT AUTHORITY OF NEW YORK AND NEW JERSEY

TO: PORT AUTHORITY OF NEW YORK and NEW JERSEY, hereinafter referred to as PATH, 225 Park Avenue South, New York, New York 10010

PLEASE TAKE NOTICE that the undersigned claimant(s) hereby make(s) claim and demand against PATH as follows:

1. The names and post-office address of each claimant and claimant's attorney is:

Joseph Garafalo, Esq:
45 Knollwood Road - Suite 502
Elmsford, New York 10523

Carl Szentendrei

2012 SEP 13 P 12:12
PORT AUTHORITY OF NEW YORK AND NEW JERSEY
OFFICE OF THE SECRETARY

2. The nature of the claim: For sustained by claimant, Carl Szentendrei, as a result of the negligence, carelessness and recklessness of PATH in its ownership, operation, management, maintenance, care and control of the JFK Airport Terminal, located in Jamaica, Queens, State of New York and more specifically a passenger boarding corridor at the American Airlines Terminal in the JFK Airport. Claimant was free of any contributory negligence.

3. The time when, and the place where and the manner in which the claim arose:

On July 3, 2012, at or about 7:30 P.M., claimant Carl Szentendrei was a boarding passenger at the American Airlines terminal located within the JFK Airport, located in Jamaica, Queens, New York when he was caused to trip and fall. Claimant Carl Szentendrei was cleared for boarding for flight 1787 from JFK to Tampa; he was walking on the boarding corridor approximately 10 feet from the entrance to the American Airlines plane for flight 1787. He was walking on a carpeted mat which was laid on top of the carpeted walking service on the boarding corridor when he was cause to trip and fall. A portion of the mat on top of the carpeting was raised approximately 5 to 6 inches creating a tripping hazard for passengers walking on the mat. This was approximately some 5 to 6 feet from the point where the corridor met the open door of Flight 1787. Claimant Carl Szentendrei was moving along the corridor as directed by American Airlines personnel. It is claimed that the respondent

PATH was negligent in the ownership, operation, management, maintenance, care, and control of the terminal and more specifically this corridor within the JFK Airport at the American Airlines terminal by causing, allowing, suffering, and permitting a portion of the walking service specifically, but not limited to a certain carpeted mat to be and exist and or move in such a manner as to be upraised and turned approximately 5 to 6 inches creating a tripping hazard for passengers boarding the plane along the aforesaid corridor. It is further claimed that a trap existed as well. It is claimed that the claimant Carl Szentendrei was free of any contributory negligence.

4. The items of damage or injuries claimed are (include dollar amounts): The claimant, Carl Szentendrei, sustained

TOTAL AMOUNT CLAIMED \$ UNKNOWN AT THIS TIME

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: August , 2012

Carl Szentendrei
Carl Szentendrei

Joseph S. Garafola, Esq.
JOSEPH S. GARAFOLA, ESQ.
Attorney for Claimant
45 Krollwood Road - Suite 502
Elmsford, New York 10523

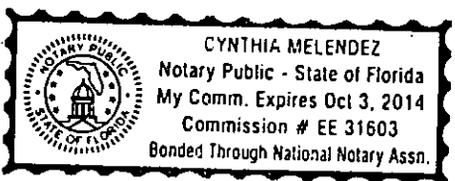
State of Florida County of Hernando ss.:

CARL SZENTENDREI being duly sworn, deposes and says that deponent is the claimant in the within action; that he has read the foregoing Notice of Claim and know 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.

Carl Szentendrei
Carl Szentendrei

Sworn to before me this 4th day of September, 2012.

Cynthia Melendez
NOTARY PUBLIC



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. KENISHA WEST 34
Claimant's Name: Age: Address:

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.

5/30/12 10:00 p.m.
3. Date of Accident: Time:

PORT AUTHORITY BUS TERMINAL - 9th AVE ENTRANCE (4th) ON THE
4. Place of Accident. (Identify with sufficient particularity to distinguish from similar places.) UP ESCALATOR

FELL ON THE "UP" ESCALATOR
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.

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

NONE

7. The amounts of loss claimed are as follows:

- (a) For medical and hospital expenses
- (b) For loss of earnings
- (c) For property damages

\$ 216.20

\$ 0.00

\$ 0.00

Total: \$ 216.20

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

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

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

LOREAL USA
575 5th AVE
NEW YORK, NEW YORK 10017

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.

I WAS EMPLOYED AT THE TIME OF INJURY. SEE EMPLOYER INFO 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.

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

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

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

THE ESCALATOR IS OLD AND NOT WELL MAINTAINED. THE WEARJING OF THE BLADES CAUSE THEM TO BE UNUSUALLY SHARP AND VERY HAZARDOUS.

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 EDGE OF MY SHOE CAUGHT THE FRONT EDGE OF THE ESCALATOR STEP CAUSING THE FALL.

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: AUGUST 30, 2012

Signed: [Signature]
Claimant

AFFIDAVIT

STATE OF

:
:
:

COUNTY OF

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

30th day of August, 2012

[Signature]
Claimant

Vimla Kalra
Notary Public



2012 SEP - 4 A 11: 17
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

----- X
In the Matter of the Claim of
GERARDO GONZALEZ and VIVIANA GONZALEZ,

Claimant,

NOTICE
PORT AUTHORITY OF NEW YORK AND NEW JERSEY
OFFICE OF CLAIMS
CLAIM
2012 SEP 10 PM 3:11

-against-

PORT AUTHORITY OF NEW YORK AND
NEW JERSEY,

Respondent.
----- X

To: PORT AUTHORITY OF NEW YORK AND NEW JERSEY
225 PARK AVENUE SOUTH
NEW YORK, NEW YORK 10033

1. The name and address of the claimant and claimant's attorneys:

Claimant

Attorneys

----- GERARDO GONZALEZ
VIVIANA GONZALEZ

----- PASTERNAK-TILKER-NAPOLI BERN, LLP
350 FIFTH AVENUE, SUITE 7413
NEW YORK, NY 10118
(212) 267-3700

2. The nature of the claim:

To recover money damages for
and related damages incurred by and on behalf of claimant GERARDO GONZALEZ, and
on behalf of claimant, VIVIANA
GONZALEZ, by reason of the negligence of THE PORT AUTHORITY OF NEW YORK AND
NEW JERSEY, its agents, servants, contractors and/or employees and possible third parties as of yet
undetermined in the ownership, construction, management, direction, supervision, operation, repair,
inspection, maintenance and control of the World Trade Center Site at or about the #2 Building.
THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY through its agents, servants,
employees, agencies and/or departments, and/or through its contractors and/or subcontractors, was
negligent, careless and/or reckless in causing claimant, GERARDO GONZALEZ to sustain
and for violations of the Labor Law of the State of New York §§200, 240 and
241(6) and the Industrial Codes of the State of New York including but not limited to §23-2.1(a) and
(b), §23.1.7(d) and §23-1.7(e)(1) & (2) and the common law of the State of New York.

3. The time when, the place where and the manner in which the claim arose:

The claim arose on or about January 3, 2012, approximately 3:30 p.m. while
claimant, GERARDO GONZALEZ, was lawfully in the course of his employment at the World

Trade Center Site, in the employ of Town Masonry Corp. at #2 Building. Claimant was working as a brick layer at the project. Claimant went to use the portable bathroom on the ground level of the construction site. While exiting the portable bathroom claimant slipped, tripped and fell on metal crane plate left and/or located directly in front of portable bathrooms. There was no safe passageway and no proper protection provided through the area where the accident occurred, nor was the work site maintained free of debris and/or other conditions which create a slippery hazard and tripping condition.

Claimant was caused to sustain _____ a result of the carelessness, recklessness and negligence of THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY and/or its agents, servants, contractors, employees, agencies and/or departments in the ownership, operation, maintenance, construction, control, supervision, management, direction and inspection of the aforesaid work site. THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY through its agents, servants, employees, agencies and/or departments, its contractors and/or subcontractors was further negligent, careless and reckless in causing, permitting and/or allowing the aforesaid site to be, become and remain in a dangerous, hazardous, slippery and unsafe condition; in allowing, permitting and/or creating a slippery, dangerous hazardous condition in a passageway and/or work area entrance/exit at the aforesaid work site; in failing to provide proper safety equipment for the performance of the work; in failing to provide a safe and hazard free work area; in causing, permitting and allowing water and other foreign substances to be and remain on at and about the passageways and/or work areas and entrances/exits at the aforesaid work site; in failing to remove, cover and/or otherwise remedy water and other foreign substances which present a slipping, tripping and other hazard at passageways and/or work area entrances/exits at the aforesaid work site; in failing to provide safe and hazard free travel, ingress and egress to and from certain portions of said work site; in carelessly, recklessly, and willfully and/or otherwise creating, causing and/or permitting the work site to be and remain in a dangerous, hazardous, unsafe condition thereby causing Claimant to slip, trip and fall on water and other foreign substances; in failing to provide claimant with a safe means of traveling to and from designated work areas; in allowing and permitting this condition to exist for an extended period of time; and other violations of the New York State Labor Law §§ 200, 240 and 241(6) and the Industrial Codes of the State of New York including but not limited to §23-2.1(a) and (b), §23.1.7(d) and §23-1.7(e)(1) & (2).

4. The items of damage or injuries claimed are:

Claimant, GERARDO GONZALEZ sustained

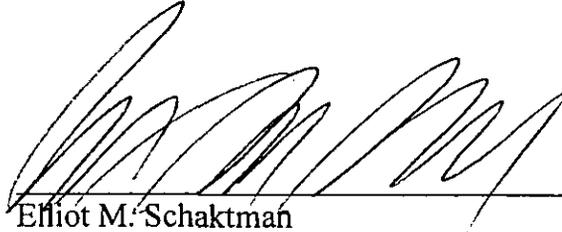
_____ in an amount which exceeds the jurisdiction limits of all lower courts which would otherwise have jurisdiction.

Claimant, VIVIANA GONZALEZ

Claimant, VIVIANA GONZALEZ has suffered damages in an amount which exceeds the jurisdiction limits of all lower courts which would otherwise have jurisdiction.

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

Dated: New York, New York
September 7, 2012



Elliot M. Schaktman
As Attorney for Claimants
Gerardo Gonzalez & Viviana Gonzalez
PASTERNAK TILKER NAPOLI BERN, LLP
350 Fifth Avenue – Suite 7413
New York, New York 10006
(212) 267-3700

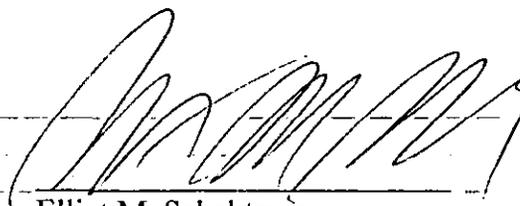
ATTORNEY VERIFICATION

ELLIOT M. SCHAKTMAN, an attorney at law, duly admitted to practice in the Courts of the State of New York, affirms under the penalties of perjury that:

I am the attorney for the plaintiff(s) in the above-entitled action. I have read the foregoing **NOTICE OF CLAIM** and know the contents thereof, and upon information and belief, believe the matters alleged therein to be true.

The reason this Verification is made by deponent and not by the plaintiff(s) is that the plaintiff(s) herein reside(s) in a county other than the one in which the plaintiff's attorneys maintain their office.

DATED: New York, New York
September 7, 2012



Elliot M. Schaktman
As Attorney for Claimants
Gerardo Gonzalez & Viviana Gonzalez

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 SEP 10 P 4: 08

In the Matter of the Claim of
GERARDO GONZALEZ and VIVIANA GONZALEZ,

Claimants,

-against-

PORT AUTHORITY OF NEW YORK AND NEW JERSEY,

Respondents.

NOTICE OF CLAIM

PASTERNAK TILKER NAPOLI BERN, LLP

Attorneys for : Claimants

Office and Post Office Address, Telephone

350-Fifth-Avenue--Suite-7413

New York, New York 10118

(212)-267-3700

To

Attorney(s) for

Service of a copy of the within

is hereby admitted.

Dated,

Attorney(s) for

PLEASE TAKE NOTICE:

NOTICE OF ENTRY

that the within is a (certified) true copy of an

duly entered in the office of the clerk of the within named court on 19

NOTICE OF SETTLEMENT

that an order

of which the within is a true copy

will be presented for settlement to the HON.

one of the judges of the

within named Court, at

on 200 at

M.

Dated,

Yours, etc.

PASTERNAK TILKER NAPOLI BERN, LLP

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: 48 Address:

Donna Barclay

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:

Time:

June 26/2012

Approx. 1700 hours

2012 SEP 14 A 10:02
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

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

Inside the Holland Tunnel, closer to the N.Y. side

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 hit by a ~~car~~ while~~
My car was at a complete stop.
We entered the Holland tunnel
at a slow pace. We had to stop
because a tow truck was removing a
vehicle.

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

We were inside the tunnel and did not ask any witnesses, I took photos and Mr. Robsya and I had a police report taken when we exited the tunnel.

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	_____
(b)	For loss of earnings	\$	_____
(c)	For property damages	\$	923.95
	Loss off cellphone ✓ in tunnel.		161.95
	Total:	\$	923.95
			1,085.80

Copies attached -

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.

NA.

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

NA.

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.

NA.

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

NA.

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

NA.

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.

NA.

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.

* Joe's Auto body has provided an estimate. Copy of my loss of phone in tunnel and the new one I had to purchase.

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

My cell phone was lost in the tunnel when I got out of the car. I did not realize until we exited and had to use Mr. Kobza's phone to call my insurance company.

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.

I have spoken to many people after this incident. If Mr. Kobza notified Enterprise that he had hit a car and a police report was written maybe I would not be speaking with

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.

My car was hit on the back bumper

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

None. I only took a photo after incident. Document included.

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LAW DEPARTMENT
PORT AUTHORITY CLAIMS

16. State any other facts or circumstances which may have a bearing upon your claim/ *Mr. Kabza neglected to tell Enterprise of the traffic incident in which he hit my car and damaged it.*

Dated: September 5, 2012

Signed: Donna Barclay
Claimant

STATE OF New Jersey AFFIDAVIT
:
:
COUNTY OF Essex :

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 5th day of September, 2012

Winston Lloyd Watson
Notary Public

Donna Barclay
Claimant

WINSTON LLOYD WATSON
Notary Public, State of New York
No. 24-4708949
Qualified in Kings County
Commission Expires August 31, 2014

In the Matter of the Claim of
ROBERT NAGGIE

PORT AUTHORITY OF NY & NJ
OFFICE OF THE SECRETARY

Against

2012 OCT 17 P 1:15

**THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY;
PORT AUTHORITY POLICE OFFICERS RYAN UST (Shield No. 02698),
AND JOHN DOES #1 and 2**

PLEASE TAKE NOTICE that the undersigned claimant(s) hereby make(s) claim and demand against the City of New York, as follows:

1. **The Name and post-office address of each claimant and claimant's attorney is:**

ROBERT NAGGIE
c/o Meghan DuPuis Maurus, Esq.
299 Broadway, Suite 806
New York, New York 10007

2. **The time when, the place where and the manner in which the claim arose:**

The claim for malicious prosecution arose on or about March 7, 2012, when the charges against claimant in New York City Criminal Court, New York County, arising from a false arrest which occurred on December 7, 2010, were terminated in claimant's favor due to an acquittal after trial.

3. **The nature of the claim:**

The nature of the claim includes, but is not limited to:

Violation of Claimant's rights to be free from unreasonable search and seizure and excessive force protected under the 4th and 14th Amendments to the United States Constitution and Article 1, § 12 of the New York State Constitution; violation of Claimant's right to travel protected under the 5th Amendment to the United States Constitution and the applicable, attendant provision(s) of the New York State Constitution; violation of Claimant's property and liberty interests protected under the 14th Amendment to the United States Constitution and Article 1, § 6 of the United States Constitution; violation of Claimant's equal protection rights protected under the 14th Amendment to the United States Constitution and Article 1, § 11 of the New York State Constitution; violation of Claimant's rights to be free from cruel and unusual treatment protected under the 8th Amendment to the United States Constitution and the attendant provision(s) of the New York State Constitution; false arrest; false imprisonment; excessive detention; assault and battery; negligence; intentional and negligent infliction of emotional distress; abuse of process; and malicious prosecution. Claimant further asserts a claim of *respondeat superior* liability of the Port Authority of New York and New Jersey for all claims. Claimant also asserts claims for

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 OCT 17 P 2:32

sustained by Claimant as a result of the intentional, reckless, careless, and/or negligent acts complaint of herein, and violation of Claimant's civil rights, by employees, servants, and agents of the Port Authority of New York and New Jersey, acting in the alleged performance of their employment and/or authority with actual or with apparent authority, and as a result of the acts of the Port Authority of New York and New Jersey in their supervision and control of their employees, agents, and/or servants and in the hiring, training, instructing, retaining, and/or supervising the incompetent, unfit, dangerous and/or unsuitable agents, employees, or servants and/or property owned or leased or taken by them, by which Claimant was injured.

4. **The items of damage or injuries claimed are:**

As a result of the above, claimant suffered physical injuries, mental anguish, shame, humiliation, and indignity.

Claimant seeks, *inter alia*, the following relief: the full panoply of relief available to Claimant under New York State Law and 42 U.S.C. §§ 1983 and 1988, including reasonable attorney's fees and costs, of an amount to be determined; monetary redress for injuries to claimant's well-being; lost property, loss of income, damages for physical, mental, and psychological pain, punitive damages, and diverse general and special damages.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 OCT 17 P 2:32

NOTICE OF CLAIM

In the Matter of the Claim of
JUSTIN ORTUTAY

2012 NOV 30 P 3:41

2012 NOV 30 P 3:30

- against -

THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY

TO: The Port Authority of New York and New Jersey
225 Park Avenue South, ~~10th 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
JUSTIN ORTUTAY

Attorney
LAW OFFICES OF JAY H. TANENBAUM
110 Wall Street, 16th Floor
New York, New York 10005
(212) 422-1765

2. **Nature of Claim:** The nature of the claim is for sustained by JUSTIN ORTUTAY
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 October 12, 2012 at approximately 2:45 p.m. at Terminal 5, Jet Blue Departures Lane 10 in JFK Airport. While claimant, JUSTIN ORTUTAY was walking along said terminal, he walked over a steel plate and was caused to be electrocuted and be violently precipitated to the ground as a result of the obstructed floor at the terminal area resulting in 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 premises located at Terminal 5 at JFK Airport, more specifically that portion of at Terminal five (5) in JFK Airport, at Jet Blue departures Lane 10, in failing to properly maintain said terminal area; in allowing the terminal area to become unsafe in failing to 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 repair said 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 pedestrian walkway and walkway 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 JUSTIN ORTUTAY, sustained

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 not to exceed the sum of TEN MILLION (\$10,000,000.00) DOLLARS.

Dated: New York, New York
November 26, 2012

PORT AUTHORITY CLAIMS
LAW DEPARTMENT

LAW DEPARTMENT
PORT AUTHORITY CLAIMS

2017 DEC -3 P 4:38

That said claim and demand is hereby presented for adjustment and payment.

PLEASE TAKE FURTHER NOTICE, that by reason of the premises, in default of The Port Authority of N.Y. + N.J. et al. to pay to the claimant(s) the said sum of \$10,000,000.00 within the time limited for compliance with this demand by the said The Port Authority of N.Y. + N.J. et al. by the statutes in such cases made and provided, claimant(s) intend(s) to commence an action against The Port Authority of N.Y. + N.J. et al. to recover said sum of \$10,000,000.00 with interest and costs.

Dated: New York, New York
November 26, 2012

Respectfully yours,

Jay H. Tanenbaum

JAY H. TANENBAUM

Attorney for Claimant(s)
110 Wall Street
New York, N.Y. 10005

Justin Ortutay

Justin Ortutay

Claimant

STATE OF NEW YORK, COUNTY OF New York) ss: INDIVIDUAL VERIFICATION

Justin Ortutay being duly sworn, deposes and says:
that (s)he is the claimant(s) herein; that (s)he has read the fore-
going notice of claim against The Port Authority of N.Y. + N.J. et al.
and knows the contents thereof; that the same is true to h own knowledge,
except as to the matters therein stated to be alleged upon information and
belief, and that as to those matters (s)he believes it to be true.

Justin Ortutay

Justin Ortutay

Sworn to before me this
26th day of November, 2012

Notary Public, State of New York
No. 02TA5028657
Qualified in New York County
Commission Expires June 6, 2014

STATE OF NEW YORK, COUNTY OF) ss: CORPORATE VERIFICATION

being duly sworn, deposes and says:
that (s)he is the of
a corporation, named as claimant herein; that (s)he has read
the foregoing Notice of Claim against
and knows the contents thereof; that the same is true to h own knowledge,
except as to the matters therein stated to be alleged upon information and
belief, and that as to those matters, (s)he believes it to be true. Deponent
further says that the reason this verification is made by deponent and not by
claimant is because it is a corporation and deponent is an officer
thereof, to wit is

Sworn to before me this
day of

-----X
In the Matter of the Claim of

PORT AUTHORITY OF NY & NJ
OFFICE OF THE SECRETARY

JOANNE SIEGEL

2012 OCT 12 A 9:07

-against-

THE CITY OF NEW YORK
AND THE PORT AUTHORITY OF NEW YORK & NEW JERSEY

-----X

To: Comptroller of THE CITY OF NEW YORK
Municipal Building

Port Authority of New York & New Jersey

1. The name and address of the claimant and claimant's attorneys:

Claimant

Attorneys

Joanne Siegel

Law Office of David Ascher
150 Broadway, Suite 1600
New York, NY 10038
212-964-1515

2. The nature of the claim: To recover money damages for and related damages incurred by and on behalf of claimant JOANNE B SIEGEL by reason of the negligence, recklessness and carelessness of THE CITY OF NEW YORK AND PORT AUTHORITY OF NEW YORK & NEW JERSEY, its agents, servants, employees and/or licensees.

3. The time when, the place where and the manner in which the claim arose: The accident occurred at approximately 9:00 a.m. on June 25, 2012 while claimant JOANNE B SIEGEL was a pedestrian on the sidewalk on Eighth Avenue between 40th and 41st Street, approximately 50 feet from 40th Street, County of New York, City and State of New York. The accident occurred in front of the Port Authority Terminal. The claimant was caused to trip and fall and be injured by reason of the negligence, recklessness and carelessness of THE CITY OF NEW YORK, its agents, servants, employees and/or licensees in the ownership, operation, control and maintenance of said sidewalk. The claimant was caused to fall due to an uneven, mis-leveled and sloped sidewalk. The slope caused the fall and she landed on the sidewalk grate. Annexed herein are photographs.

4 Claimant JOANNE B SIEGEL sustained

in a sum exceeding the jurisdictional limitations of all lower courts which would otherwise have jurisdiction.

2012 OCT 12 P 1:30
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

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) intend(s) to commence an action on this claim.

Dated:

David Ascher, Esq.
150 Broadway #1600
NY, NY 10038
212-964-1515

Attorney(s) for Claimant(s)
Office and Post Office Address, Telephone Number

X Joanne Siegel

The name signed must be printed beneath

Joanne Siegel

The name signed must be printed beneath

CORPORATE VERIFICATION

State of New York, County of

ss.:

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

This verification is made by deponent because said claimant is a corporation; and deponent an officer thereof, to wit its
The grounds of deponent's belief as to all matters not stated upon deponent's knowledge are as follows:

Sworn to before me, this
day of

19

INDIVIDUAL VERIFICATION

State of New York, County of

Kings

ss.:

being duly sworn, deposes and says that deponent is the 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 the matters therein stated to be alleged on information and belief, and that as to those matters deponent believes it to be true.

Joanne B. Siegel

X Joanne Siegel

Sworn to before me, this
day of

17th

2012

Claude Bryant

CLAUDE BRYANT
NOTARY PUBLIC-STATE OF NEW YORK
No. 01BR6160314
Qualified in Kings County
My Commission Expires March 28, 2014

In the Matter of the Claim of

Joanne Siegel

against

THE CITY OF NEW YORK and
Port Authority of New York & New Jersey

Notre of Claim Against

the City of New York

Attorney(s) for Claimant(s)
Office and Post Office Address

In the Matter of the Claim of

JAMES A. BOYLE

2012 DEC 21 A 11:56

against

THE PORT OF AUTHORITY OF NEW YORK AND NEW JERSEY

TO: PORT AUTHORITY OF NEW YORK AND NEW JERSEY
225 Park Avenue South
New York, New York 10003

PLEASE TAKE NOTICE that the undersigned claimant(s) hereby
make(s) claim(s) and demand(s) against THE PORT AUTHORITY OF NEW YORK
AND NEW JERSEY:

1. The name and post-office of claimant and claimant's attorneys are:

JAMES A. BOYLE

DILLON HOROWITZ & GOLDSTEIN LLP
Attorneys for Claimant
11 Hanover Square- 20th Floor
New York, New York 10005

2. The nature of the claim on information and belief:

Claim to recover money damages

and other expenses sustained by JAMES A.

BOYLE by reason of the negligence and/or violation of the Labor Laws of the State of
New York including but not limited to Sections 200, 240 and 241(6) by PORT
AUTHORITY OF NEW YORK AND NEW JERSEY, in the ownership, operation,
control, management, repair, maintenance and coordination of the premises known as
Freedom Tower, 1 World Trade Center, New York, New York 10048, during the
construction, renovation and alteration, work being performed thereat on February 24,

2012. 10 11 P 12 30 2102

LAW DEPARTMENT
PORT AUTHORITY CLAIMS

3. On information and belief the time, when, the place where and the manner in which the claim arose:

The accident occurred on February 24, 2012 at or about 11:30 A.M. Claimant was lawfully in the course of his employment as an elevator installer for Thyssenkrupp Elevator Corporation at the premises known as Freedom Tower, 1 World Trade Center, New York, New York 10048 on the 63rd floor.

At the time of the accident, claimant was operating a hoist type mechanism which was in the process of lifting elevator material when he was injured.

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

The claimant JAMES A. BOYLE demands

Total amount

Claimed:

FIVE MILLION (\$5,000,000.00) DOLLARS.

The claimant through his attorney 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: New York, New York
December 20, 2012

Yours, etc.,

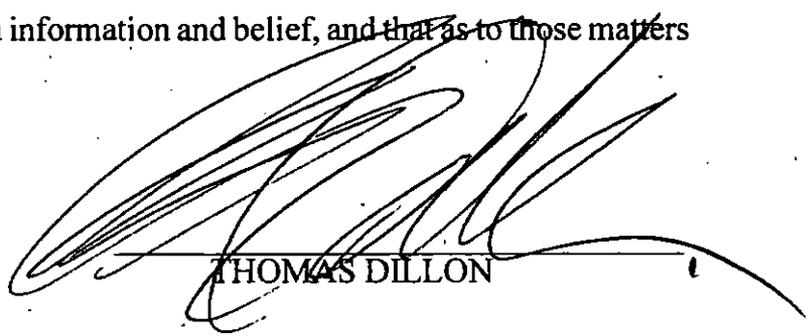
DILLON HOROWITZ & GOLDSTEIN LLP
Attorneys for Claimant

by

THOMAS DILLON
11 Hanover Square, 20th Floor
New York, New York 10005
(212) 248-4900

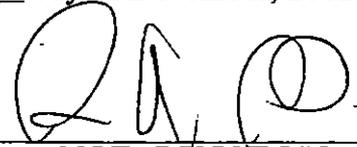
STATE OF NEW YORK)
):ss.:
COUNTY OF NEW YORK)

THOMAS DILLON, being duly sworn, deposes and says that deponent is the attorney for 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 the matters therein stated to be alleged on information and belief, and that as to those matters deponent believes them to be true.



THOMAS DILLON

Sworn to before me, this
20 day of December, 2012



NOTARY PUBLIC

SHERWIN A. SUSS
Notary Public, State of New York
No. 31-4781535
Qualified in New York County
Commission Expires December 31, 2013

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 DEC 21 P 4: 01

In the Matter of the Claim of

JAMES A. BOYLE

-against-

THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY

NOTICE OF CLAIM

DILLON HOROWITZ & GOLDSTEIN LLP

Attorneys for Claimant

11 Hanover Square - 20th Floor

New York, New York 10005

(212) 248-4900

(212) 248-2848 fax

Service of a copy of the within
Dated, _____, 20__

is hereby admitted.

.....
Attorneys for

Sirs/Madams: -- Please take notice

_____ Notice of Entry

that the within is a true copy of a
within named court on

duly entered in the office of the clerk of the

_____ Notice of Settlement

that an _____ of which the within is a true copy will be presented for settlement to the
HON. _____ one of the judges of the within named court, at _____ on
20__ at _____ M.

-----X
In the Matter of the Claim of
SEAN SEMPLE,
-against-
PORT AUTHORITY OF NEW YORK AND NEW JERSEY,
-----X

PORT AUTHORITY OF NY & NJ
OFFICE OF THE SECRETARY
NOTICE OF CLAIM
2012 OCT 18 P 2:28

To: PORT AUTHORITY OF NEW YORK AND NEW JERSEY, 225 Park Avenue South, 18th Floor, Office of the Secretary, New York, New York 10003

1. The name and address of the claimant and claimant's attorneys:

Claimant

SEAN SEMPLE

Attorneys

DELL, LITTLE, TROVATO & VECERE, LLP
5 Orville Drive, Suite 100
Bohemia, New York 11716
(631) 913-4444
Tax ID

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 OCT 18 P 4:51

2. The nature of the claim:

To recover money damages for and related damages incurred by and on behalf of claimant SEAN SEMPLE 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, employees and those acting under its direction, behest, permission and control in the ownership, operation, management and control of premises known as the "Snow Yard", located next to Building #42 at JFK Airport, Jamaica, County of Queens, State of New York.

3. The time when, the place where and the manner in which the claim arose:

At approximately 10:00 a.m. on March 7, 2012 while claimant SEAN SEMPLE was in the course of his employment as a diesel mechanic with Michael Ferrucci Repair, Inc., at the aforementioned location, bearing Port Authority plate #44330, sustaining of the negligence, recklessness and carelessness of PORT AUTHORITY OF NEW YORK AND NEW JERSEY, its agents, servants, employees and/or licensees in the ownership, operation, control and maintenance of their said motor vehicle; in operating their said motor vehicle in a manner which unreasonably endangered the Claimant; in operating said motor vehicle with a total disregard for the health, safety and welfare of others; and in failing to properly steer, guide, manage and control their said vehicle. Upon information and belief, said motor vehicle is identified as a 1986 Mack Truck, Model #MR688P, with Port Authority Plate #44330 being operated by James Cregan at the "Snow Yard", located next to Building #42 at JFK Airport, Jamaica, County of Queens, State of New York.

4. Claimant SEAN SEMPLE sustained

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 claimants intend to commence an action in these claims. Claim is made for in a sum exceeding the jurisdictional limits of all lower courts which would otherwise have jurisdiction.

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) intend(s) to commence an action on this claim.

Dated: Bohemia, New York

x Sean Sample

VERIFICATION

STATE OF NEW YORK)
COUNTY OF Sutton) SS.:

C Sample, being duly sworn, deposes and says that deponent is the above named claimant; deponent has read the foregoing NOTICE OF CLAIM and knows 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.

x Sean Sample

Sworn to before me this
10 day of October, 2012

Limerick A. Suazo
Notary Public

LIMERICK A. SUAZO
Notary Public, State of New York
No. 01SU6205371
Commission Expires May 4, 2013

DELL, LITTLE, TROVATO & VECERE, LLP
Attorney for Claimant
5 Orville Drive
Suite #100
Bohemia, New York 11716
(631) 913-4444

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 OCT 18 P 4:51

NOTICE OF CLAIM

To: Newark Airport
Administration - Building One, Conrad Road
Newark, NJ 07114

Pursuant to the provisions of N.J.S.A 59:B-1, the undersigned does hereby make claim on behalf of the following:

1. Claimant: Dorothy Roe

Date of Birth:

Post Office Address:

Social Security No.:

Spouse's Name:

2. Name and P.O. Address of Claimant's Representative (if any):

Laura A. Carney, Esq.
Blume, Goldfaden, Berkowitz, Donnelly, Fried & Forte, P.C.
One Main Street, Chatham, NJ 07928
(973) 635-5400

Relationship to claimant: Attorneys

3. The occurrence or accident which gave rise to this claim:

(a) Time and Date of Occurrence: 06/20/2012

(b) Location: Newark Airport, 1 Brewster Road (Terminal A - Gate 25), Newark, NJ 07114.

(c) Describe how the occurrence happened. (If diagram will assist, use reverse side of this form):

Claimant was at Newark Airport in Newark, New Jersey. She was walking through the baggage claim when she suddenly slipped and fell due to a drop in the concrete.

(d) State names of employee(s) whom you claim were at fault, including any information that will assist in identifying and locating them:

The Port Authority of NY & NJ, Newark Airport, Clerk - City of Newark, County Clerk - County of Essex, State of New Jersey, Clerk - City of Union, and Clerk - City of Elizabeth,

2012 SEP 24 A 9:40
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

(e) State the negligence or wrongful acts of the employee(s) which caused your damages:

It was the defendants duty by and through their agents, servants and employees to use reasonable care to make the premises reasonably safe for the claimant. As a result of the carelessness and negligence of the defendants, individually and by and through their agents, servants and employees, the plaintiff sustained

(f) State the name and address of all witnesses to the occurrence:

Additional information to be supplied if any. To be provided through continuing investigation and discovery.

(g) State the names of all police officers and police departments who investigated the occurrence:

Police Officer L. Irving, Port Authority Police Department.
Additional information to be supplied if any. To be provided through continuing investigation and discovery.

4. Claim for Damages:

(a)

() Property Damage

(b) If you claim personal injury:

(1) Describe injuries resulting from occurrence:

Ms. Roe sustained

(2) Do you claim permanent disability resulting from the injury: (X) Yes () No

If yes, describe injury believed to be permanent:

(3) For each hospital, doctor or other practitioner rendering treatment, examination or diagnostic services state name of hospital/doctor or other facility, address, date of treatment, amount of charges to date, amount paid or payable by other sources such as

insurance:

(4) If you claim loss of wages or income as a result of the injury state:

Name and address of employer: North Shore - Long Island
Jewish Health System,
Inc., 150 Community
Drive, Manhasset, NY
11030

Your occupation: Supervisor, AP
Date employed: To be supplied
Rate of pay: To be supplied
Dates of absence from work: To be supplied
Total lost wages to date: To be supplied
Expected date of return: To be supplied.

(5) Set forth any and all other losses or damages claimed by you:

(c) If you claim property damage:

Not applicable.

(1) Describe the property damage:

Not applicable.

(2) The present location and time when the property may be inspected:

Not applicable.

(3) Date property acquired:

Not applicable.

(4) Cost of property:

Not applicable.

(5) Value of property at time of occurrence:

Not applicable.

(6) Description of damage:

Not applicable.

(7) Has the damage been repaired? () Yes () No

Not applicable

If so by whom, when and cost of repair:

Not applicable.

(8) Attach each estimate of repair costs to this form.

Not applicable.

(9) Set forth in detail the loss claimed by you for property damage:

Not applicable.

(d) Set forth in detail all other items of loss or damages claimed by you and the method by which you made calculation:

To be supplied.

5. Amount of Claim: \$ 1,000,000.00

6. Have you made a claim against anyone else for any of the losses or expenses claimed in this notice?

(X) Yes () No

If yes, set forth the name and address of all persons and insurance companies against whom you have made such claims:

All other individuals listed in this Claim Notice.

7. Are any of the losses or expenses claimed herein covered by any policy of insurance?

(X) Yes () No

For each such policy state the name and address of the insurance company, policy number, benefits paid or payable:

To be supplied

8. Have you received or agreed to receive any money from anyone for the damages claimed herein? () Yes (X) No

If so, set forth the details of such agreement:

9. The following items must be submitted with this notice:

(1) Copies of itemized bills for each medical expense and other losses and expenses claimed.

To be supplied upon receipt.

(2) Full copies of all appraisals and estimates of property damage:

Not applicable.

(3) Copies of all written reports of all expert witnesses and treating physicians.

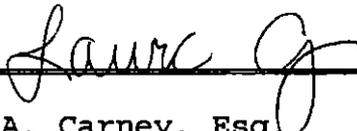
To be supplied.

(4) A letter from employer verifying lost wages. If self-employed a statement showing the calculation of the claimed lost income.

To be supplied if any.

If the respondent public entity has a different form of notice of claim and requires claimant to submit that form, please provide us with a copy immediately.

I certify that the foregoing statements made by me are true. I am aware that if any are willfully false I am subject to punishment.



Laura A. Carney, Esq.
Claimant or person filing claim on
behalf of claimant.

DATED: September 10, 2012

NOTICE OF CLAIM

Forward To: New Jersey Transit
One Penn Plaza East
Newark, New Jersey 07105-2246

Superintendent of Police/Director of Public Safety
Port Authority of New York and New Jersey
241 Erie Street, Room 302
Jersey City, New Jersey 07310

Tunnels, Bridges & Terminals Department
The Port Authority of New York & New Jersey
2 Montgomery Street, 4th Floor
Jersey City, New Jersey 07310

CLAIMANT:

Shawley, Colleen
Last Name, First, Middle

Date of Birth

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2017 SEP - 7 A 9:46

Street Address

Same
Mailing Address

City, State, Zip Code

Social Security Number

Single
Marital Status

0
Number of Dependents

Please direct all telephone calls to claimant's attorney, Christian Mastondrea, Esq. Eichen Crutchlow Zaslou & McElroy, 40 Ethel Road, Edison, NJ, at (732) 777-0100.

Home Phone No.

Work Phone No.

2. If notices and correspondence in connection with this claim are to be sent to a person other than the claimant, complete item #2

Christian R. Mastondrea, Esquire
Name

(732) 777-0100
Area Code/Phone #

40 Ethel Road
Street Address

Additional Address

Edison, NJ 08817

Attorney at Law

City, State, Zip Code

Relationship to Claimant

3. A. The occurrence or accident which gave rise to this claim.

6/9/2012

Date

evening hours

Time

B. Describe the location or place of the accident or occurrence:

Newark

Municipality

Newark Penn Station

Exact Location

C. Describe how the accident or occurrence happened. If a diagram will assist your explanation, please use the reverse side of this form:

This claim arises from improper and inadequate security resulting in an assault by four female subjects on Colleen Shawley. Defendant's failed to properly maintain and repair surveillance equipment. The assault resulted in

To be amended with the police incident report.

D. State the name and address of the Municipality or Agency that you claim caused your damage:

Employees, agencies and/or institutions of New Jersey Transit and The Port Authority of New York and New Jersey. Claimant reserves the right to amend this response as discovery and investigation are ongoing.

E. State the names of Municipality's employees whom you claim were at fault, including any information that will assist in identifying them:

Employees, agencies and/or institutions of New Jersey Transit and The Port Authority of New York and New Jersey. Claimant reserves the right to amend this response as discovery and investigation are ongoing. Claimant reserves the right to amend this response as discovery and investigation are ongoing

F. State in detail each and every negligent or wrongful act of the Municipality employees which caused your damage:

Improper and inadequate security. Claimant reserves the right to amend this response as investigation and discovery are ongoing.

G. State the name and address of all witnesses to the accident or occurrence.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 SEP - 1 A 9:15

Ryane Brennan, friend/acquaintance of Claimant. Others to be supplied.
Claimant reserves the right to amend this response, as investigation and discovery are ongoing.

H. If vehicle accident, state the names, address, age and relationship to insured of all passengers in your vehicle:

Not applicable.

I. State the names of all police officers and police departments who investigated the accident.

Unknown at this time. Claimant reserves the right to amend this response, as investigation and discovery are ongoing.

4. A. Claim for damages (check appropriate box):

() Property Damage () Other Explain

B. 1. If you claim personal injury, describe your injuries resulting from this accident or occurrence:

The assault resulted

Claimant reserves the right to amend this response as treatment and therapy are ongoing.

2. Do you claim permanent disability resulting from this injury?

(X) Yes No

If yes, describe the injuries believed to be permanent.

3. For each hospital, doctor, or other practitioner rendering treatment, examination or diagnostic service, state:

Name & Address of Hospital, Doctor, or Other Facility	Dates of Treatment	Amount of Charge to Date	Amount Paid or Payable by Other Insurance
---	--------------------	--------------------------	---

Claimant reserves the right to amend this response.

4. If you claim loss of wages or income as a result of the injury, state:

OTICON
Name of Employer

Somerset, New Jersey
Address

Seminar Coordinator.
Your Occupation

To be supplied
Date Employed at this Job

To be supplied
Rates of Pay

Weeks after incident
Dates of Absences from Work

NOTE: IF YOUR CLAIMED LOSS OF INCOME ARISES FROM SELF-EMPLOYEMNT OR OTHER THAN WAGE, ATTCH A CALCULATION ON THE BASIS OF YOUR CALCULATION OF LOSS INCOME.

5. Set forth any and all other losses or damages claimed by you.

None.

C. If you claim property damage:

1. Describe the property damage, if vehicle, include make, model, year, color, vehicle identification number, license plate number, state, and parts of vehicle damages:

Not applicable.

2. The present location and time the property can be inspected.

Not applicable.

3. Date property was acquired.

Not applicable.

4. Cost of property.

Not applicable.

5. Value of property at the time of accident.

2012 SEP - 7 A 9:46
LAW DEPARTMENT
PCN AUTHORITY CLAIMS

Not applicable.

6. Description of damage

Not applicable.

7. Has the damage been repaired?

Not applicable.

8. Attach each estimate of repair cost to this form.

Not applicable.

9. Set forth in detail the loss claim by you for property damage.

Not applicable.

D. Set forth in detail all other items of loss or damages claimed by you and the method by which you made the calculations.

To be supplied.

5. The amount of the claim.

Claimant's damages are in excess of \$2,000,000.00

6. Have you made a claim against anyone else for any of the losses or expenses claimed in this notice?

Yes No

If yes, set forth the names and address of all persons and the insurance companies against whom you have made such claims.

7. Are any of the losses or expenses claimed herein covered by any policy of insurance?

Yes No

For each such policy, state the name and address of the insurance company, policy number and benefits paid or payable.

Claimant

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: David Eskridge Age: 32 Address:

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: 8/16/12 Time: Approx. 10:45 PM

LAW DEPARTMENT
225 PARK AVENUE SOUTH
NEW YORK, NY 10003
702 SEP 10 10 25 56

4. Place of Accident. (Identify with sufficient particularity to distinguish from similar places.)
Outbound Lincoln Tunnel, left lane

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.

A mangled orange construction cone lay in the middle of the lane. I had no choice but to drive over it and it hit the underside of my car. Two days later (Saturday 8/18), my car started making a very loud noise while driving. I brought it to a shop on Monday 8/20, the muffler was ruined and needed to be replaced.

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

N/A

7. The amounts of loss claimed are as follows:

- (a) For medical and hospital expenses \$ 0
- (b) For loss of earnings \$ 0
- (c) For property damages \$ ~~54~~ tow, repair \$406.65

Total: \$ 460.65

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.

N/A

TAX DEPARTMENT
PORT AUTHORITY CLAIMS

2012 SEP 10 P 2:16

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

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

N/A

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

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

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

N/A

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.

• \$301.56 Rear muffler assembly • \$28.44 repair tax
• \$ 8.65 Gasket
• \$ 6.00 Shop supplies
• \$ 88.99 Labor
• \$ 54.00 Tow

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.

This is the Port Authority's fault because they allowed a large object to remain in a lane inside the Lincoln Tunnel long enough for someone to run it over. There is no way to evade such an object in such a crowded, confined space. It is also likely that the cone came from the Tunnel entrance and belonged to the Authority.

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 was not my fault. I could not safely evade the cone in such a confined, crowded space.

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

- Invoice for car repair from Clinton Auto Service, invoice #621316
- Tow receipt from Statewide Towing, #33407

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

N/A

Dated: 9/4/12, 2012

Signed 
Claimant

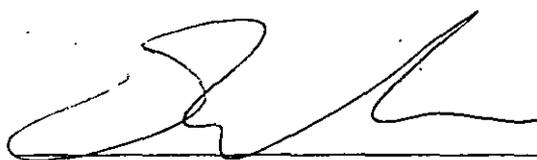
AFFIDAVIT

STATE OF NEW YORK :
 :
 :
COUNTY OF NEW YORK :

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 cooperate with the Port Authority in obtaining the appearance of other witnesses.

Sworn to before me this
5TH day of SEPTEMBER, 2012


Claimant
LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 SEP 10 PM 2:56


Notary Public

GEORGE A. KNIGHT
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01KN6128955 :
Qualified in Nassau County
Commission Expires June 20, 2013

NOTICE OF CLAIM

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 SEP -7 P 2:57

In the Matter of the Claim of

TAHIR ISLAMALLY

2012 SEP -7 A 9:32

-against-

PORT AUTHORITY OF NEW YORK AND NEW JERSEY,
CARGO AIRPORT SERVICES USA, LLC,
EMIRATES AIRLINE

-X

To: PORT AUTHORITY OF NEW YORK AND NEW JERSEY

CARGO AIRPORT SERVICES USA, LLC, JFK International Airport,
Building 261, Jamaica, NY 11430

EMIRATES AIRLINE, JFK International Airport, Building 73,
Jamaica, NY 11430 / 55 East 59th Street, 5th Floor, New York,
NY 10022

1. The name and address of the claimant and claimant's attorney:

Claimant
TAHIR ISLAMALLY

Attorney
Zelenitz, Shapiro & D'Agostino, P.C.
138-44 Queens Boulevard
Briarwood, New York 11435 /
(718)523-1111

2. The nature of the claim: To recover money damages for and related damages incurred by and on behalf of claimant TAHIR ISLAMALLY by reason of the negligence, recklessness and carelessness of PORT AUTHORITY OF NEW YORK AND NEW JERSEY, CARGO AIRPORT SERVICES USA, LLC, EMIRATES AIRLINE their agents, servants, employees and/or licensees.

3. The time when, the place where and the manner in which the claim arose: On July 24, 2012 while claimant TAHIR ISLAMALLY was lawfully in the course of his employment at Building 73, JFK International Airport, Jamaica, New York in the City and State of New York, County of Queens, claimant

The foregoing occurrence and claimant's injuries were caused by reason of the negligence, recklessness and carelessness of PORT AUTHORITY OF NEW YORK AND NEW JERSEY, CARGO AIRPORT SERVICES USA, LLC, and EMIRATES AIRLINE, their 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, contracting, subcontracting,

supervision, authorizing use and control of the aforesaid premises and equipment located thereat; in failing to properly maintain said premises and equipment located thereat; in allowing the premises and equipment located thereat to become defective, deteriorated, and/or in a state of disrepair and/or improper repair; in failing to inspect said premises and equipment located thereat; 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 repair said premises and equipment located thereat 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 at the premises and equipment located thereat; in failing to hire competent personnel in connection with the use and operation of said premises and equipment located thereat; in failing to properly train and supervise its employees; 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 TAHIR ISLAMALLY sustained

The undersigned claimant therefore presents this claim for adjustment and payment. You are hereby notified that unless said claim 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: Briarwood, New York
August 14, 2012

201212408

In the Matter of the Claim of
CARL AMAYA
against
PORT AUTHORITY OF NEW YORK AND NEW JERSEY

PORT AUTHORITY OF NY & NJ
OFFICE OF THE SECRETARY

2012 SEP 14 P 2:54

TO: PORT AUTHORITY OF NEW YORK AND NEW JERSEY
225 Park Avenue South
New York, New York 10010

PLEASE TAKE NOTICE, that the undersigned claimant(s) hereby make(s) claim and demand against the PORT AUTHORITY OF NEW YORK AND NEW JERSEY, as follows: [Office of the Comptroller requests the following additional information: in Section 2, specific defect (e.g. pothole) if applicable; in Section 3, street address wherever possible.]

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

SACKS AND SACKS, LLP
150 Broadway, 4th Floor
New York, New York 10038

CARL AMAYA

2. *The nature of the claim:* sustained by claimant, CARL AMAYA as a result of injuries sustained by him on June 2, 2012.

3. *The time when, the place where and the manner in which the claim arose:* The claim arose on the 2nd day of June, 2012 at approximately 10:30 a.m. at premises under construction at the transportation hub at the World Trade Center in the Borough of Manhattan, City State of New York. At all times herein mentioned, the PORT AUTHORITY OF NEW YORK AND NEW JERSEY owned, operated, managed and controlled the aforesaid premises and further retained numerous contractors including Tishman Construction and DCM Erectors to perform work, labor and services thereat. While claimant was lawfully upon the aforesaid premises as an employee of DCM Erectors, he was caused to sustain while trying to descend a scaffold. The occurrence as aforesaid was caused solely and wholly by the reason of negligence, carelessness and recklessness of the PORT AUTHORITY OF NEW YORK AND NEW JERSEY and its contractors, agents and employees who were negligent in the ownership, operation, management and control of the aforesaid premises. The PORT AUTHORITY OF NEW YORK AND NEW JERSEY, its contractors, agents and employees failed to ensure safe access to and from scaffolding; further, failed to have proper ladders, stairwells, temporary staircases and other devices thereat to ensure safe access to and from the aforesaid work location; further, failed to ensure that scaffolding had proper safety devices, including guard rails, safety rails, ramp ways, walkways, steps, stairs and ladders to gain access into the building in a safe and orderly manner; as claimant was lawfully trying to get into the building he was caused to fall, sustaining further, defendant and its contractors violated Sections 200, 240 and 241(6) of the Labor Law of the State of New York, Rule 23 of the Industrial Code of the State of New York, specifically, but not limited to: 23-1.5, 23-1.7, 23-1.8, 23-1.15, 23-1.16, 23-1.17, 23-1.21, 23-1.22, 23-1.23, 23-1.24, 23-2.1, 23-2.3, 23-4, 23-5, Article 1926 of O.S.H.A. and was otherwise negligent careless and reckless, causing claimant to sustain

Claimant was free from comparative fault.

4. *The items of special damage or injuries claimed are:* Claimant CARL AMAYA sustained

but claimant will permit a physical by the PORT AUTHORITY OF NEW YORK AND NEW JERSEY, and the item of damages exceed the jurisdictional limitations of the lower Court.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS

----- X
In the Matter of the Claim of ENEL CHARLES
and PATRICIA SPENCER-CHARLES,

Claimants,

**NOTICE
OF
CLAIM**

-against-

PORT AUTHORITY OF NEW YORK AND
NEW JERSEY,

Respondent.

----- X

To: PORT AUTHORITY OF NEW YORK AND NEW JERSEY
225 PARK AVENUE SOUTH
NEW YORK, NEW YORK 10033

2012 SEP 26 A 11:47
PORT AUTHORITY OF NY & NJ
OFFICE OF THE SECRETARY

1. The name and address of the claimant and claimant's attorneys:

Claimant

Attorneys

ENEL CHARLES &
PATRICIA SPENCER-CHARLES

PASTERNAK TILKER NAPOLI BERN, LLP
350 FIFTH AVENUE, SUITE 7413
NEW YORK, NY 10118
(212) 267-3700

2. The nature of the claim:

To recover money damages for
and related damages incurred by and on behalf of claimant ENEL
CHARLES, on behalf of
claimant, PATRICIA SPENCER-CHARLES, by reason of the negligence of THE
PORT AUTHORITY OF NEW YORK AND NEW JERSEY, its agents, servants,
contractors and/or employees and possible third parties as of yet undetermined in the
ownership, construction, management, direction, supervision, operation, repair,
inspection, maintenance and control of the World Trade Center Site at or about the #2
Building. THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY through
its agents, servants, employees, agencies and/or departments, and/or through its
contractors and/or subcontractors, was negligent, careless and/or reckless in causing
claimant, ENEL CHARLES to sustain and for violations of the
Labor Law of the State of New York §§200 and 241(6) and the Industrial Codes of the
State of New York including but not limited to §23-2.1(a) and (b), §23-1.7(e)(1) & (2) and the common law of the State of New York.

PORT AUTHORITY CLAIMS
LAW DEPARTMENT

3. The time when, the place where and the manner in which the claim arose:

The claim arose on or about December 8, 2011 at approximately 10:00 p.m. while claimant, ENEL CHARLES, was lawfully in the course of his employment at the World Trade Center Site, in the employ of JPC Builders at #2 Building. Claimant was working as a lather at the project. Claimant was working on the street level deck of the building. While working claimant slipped and fell on snow and ice and other foreign substances on the ground. There was no safe passageway and no proper protection provided through the area where the accident occurred, nor was the work site maintained free of debris and/or other conditions or foreign substances which created a slippery hazardous condition.

Claimant was caused to a result of the carelessness, recklessness and negligence of THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY and/or its agents, servants, contractors, employees, agencies and/or departments in the ownership, operation, maintenance, construction, control, supervision, management, direction and inspection of the aforesaid work site. THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY through its agents, servants, employees, agencies and/or departments, its contractors and/or subcontractors was further negligent, careless and reckless in causing, permitting and/or allowing the aforesaid site to be, become and remain in a dangerous, hazardous, slippery and unsafe condition; in allowing, permitting and/or creating a slippery, dangerous hazardous condition in a passageway and/or work area entrance/exit at the aforesaid work site; in failing to provide proper safety equipment for the performance of the work; in failing to provide a safe and hazard free work area; in causing, permitting and allowing snow, ice and other foreign substances to be and remain on at and about the passageways and/or work areas and entrances/exits at the aforesaid work site; in failing to remove, cover and/or otherwise remedy snow, ice and other foreign substances which present a slipping and other hazard at passageways and/or work area entrances/exits at the aforesaid work site; in failing to provide safe and hazard free travel, ingress and egress to and from certain portions of said work site; in carelessly, recklessly, and willfully and/or otherwise creating, causing and/or permitting the work site to be and remain in a dangerous, hazardous, unsafe condition thereby causing Claimant to slip and fall on snow, ice and other foreign substances; in failing to provide claimant with a safe means of traveling to and from designated work areas; in allowing and permitting this condition to exist for an extended period of time; and other violations of the New York State Labor Law §§ 200 and 241(6) and the Industrial Codes of the State of New York including but not limited to §23-2.1(a) and (b), §23.1.7(d) and §23-1.7(e)(1) & (2).

4. The items of damage or injuries claimed are:

Claimant ENEL CHARLES sustained

201212552

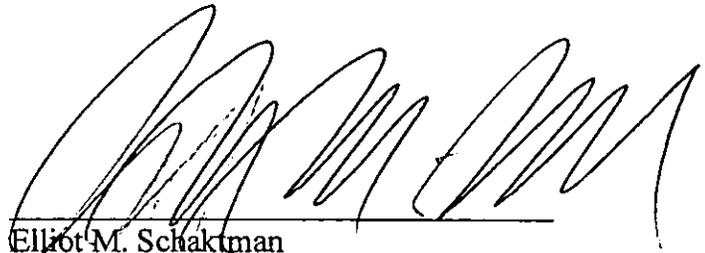
Claimant, ENEL CHARLES has suffered damages in an amount which exceeds the jurisdiction limits of all lower courts which would otherwise have jurisdiction.

Claimant, PATRICIA SPENCER-CHARLES

----- Claimant, PATRICIA SPENCER-CHARLES has suffered damages in an amount which exceeds the jurisdiction limits of all lower courts which would otherwise have jurisdiction.

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

Dated: New York, New York
September 24, 2012



Elliot M. Schaktman

As Attorney for Claimants

Enel Charles and Patricia Spencer-Charles

PASTERNAK TILKER NAPOLI BERN, LLP

350 Fifth Avenue - Suite 7413

New York, New York 10006

(212) 267-3700

201212552

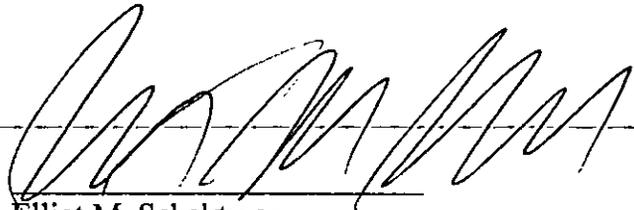
ATTORNEY VERIFICATION

ELLIOT M. SCHAKTMAN, an attorney at law, duly admitted to practice in the Courts of the State of New York, affirms under the penalties of perjury that:

I am the attorney for the plaintiff(s) in the above-entitled action. I have read the foregoing **NOTICE OF CLAIM** and know the contents thereof, and upon information and belief, believe the matters alleged therein to be true.

The reason this Verification is made by deponent and not by the plaintiff(s) is that the plaintiff(s) herein reside(s) in a county other than the one in which the plaintiff's attorneys maintain their office.

DATED: New York, New York
September 24, 2012



Elliot M. Schaktman
As Attorney for Claimants
Enel Charles and Patricia Spencer-Charles

201212496

-----X

In the Matter of the Claim of

DYAL PERSAUD,

Claimant,

-against-

CITY OF NEW YORK and PORT AUTHORITY OF NEW YORK AND NEW JERSEY,

Respondents.

-----X

TO: **CITY OF NEW YORK**
New York City Corporation Counsel's Office
100 Church Street
New York, New York 10007

PORT AUTHORITY OF NEW YORK AND NEW JERSEY
Office of the Secretary
225 Park Avenue South, 18th Floor
New York, New York 10003

PORT AUTHORITY OF NY & NJ
OFFICE OF THE SECRETARY
NOTICE OF CLAIM
2012 SEP 18 A 9:45
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

PORT AUTHORITY OF NY & NJ
OFFICE OF THE SECRETARY
2012 SEP 17 P 5:10

PLEASE TAKE NOTICE that the undersigned claimant hereby makes claim and demand against the CITY OF NEW YORK and PORT AUTHORITY OF NEW YORK AND NEW JERSEY as follows:

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

Claimant: Dyal Persaud-

Claimant's Attorney: Abraham and Abraham Attorneys and Counselors at Law, LLC-130-22 Rockaway Blvd., South Ozone Park, New York 11420

2. The nature of the claim: 1. Dyal Persaud sustained as a result of negligence, carelessness, and lack of supervision of the CITY OF NEW YORK and PORT AUTHORITY OF NEW YORK AND NEW JERSEY, their agents, servants and/or employees.

3. The time when, the place where and the manner in which the claim arose: 1. On August 8, 2012 at approximately 5:45 p.m. Claimant, DYAL PERSAUD finished his work shift located at John F. Kennedy International Airport, JFK Access Road, Jamaica, New York 10010, in the County of Queens, City and State of New York when he was struck by a dolly. Claimant

201212496

Claimant
sustained injuries due to the negligence of the Respondents, the CITY OF NEW YORK and PORT AUTHORITY OF NEW YORK AND NEW JERSEY their agents, servants and/or employees in the ownership, operation, maintenance, management, and control of the aforementioned premises and dolly, without any contributory negligence on the part of the Claimant, DYAL PERSAUD.

4. The items of damage or injuries claimed: 1. That upon information and belief, as a result of such negligence Claimant, DYAL PERSAUD sustained

201212496

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

Dated: South Ozone Park, New York
August 29, 2012

Dyal Persaud
Dyal Persaud

Barry J. Ungar
By: Barry J. Ungar
Abraham & Abraham
Attorneys and Counselors at Law, LLC
Attorney for Claimant
130-22 Rockaway Blvd.
South Ozone Park, NY 11420
(718) 848-3165

STATE OF NEW YORK, COUNTY OF QUEENS SS.:

Dyal Persaud, being duly sworn, deposes, and says that deponent is the 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 the matters therein stated to be alleged on information and belief, and that as to those matters deponent believes it to be true.

Sworn to before me this
29th day of August 2012

Barry J. Ungar
NOTARY PUBLIC

BARRY J. UNGAR
NOTARY PUBLIC, State of New York
No. 02UNG178260
Qualified in Nassau County
Commission Expires 11-26-20 15

Dyal Persaud
Dyal Persaud

2012 SEP 18 A 9 45
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

201212496

-----X
In the Matter of the Claim of

DYAL PERSAUD,

NOTICE OF CLAIM

Claimant,

-against-

CITY OF NEW YORK and PORT AUTHORITY OF NEW
YORK AND NEW JERSEY,

Respondents.
-----X

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 SEP 18 A 9 45

TO: **CITY OF NEW YORK**
New York City Corporation Counsel's Office
100 Church Street
New York, New York 10007

PORT AUTHORITY OF NEW YORK AND NEW JERSEY
Office of the Secretary
225 Park Avenue South, 18th Floor
New York, New York 10003

PLEASE TAKE NOTICE that the undersigned claimant hereby makes claim and demand against the CITY OF NEW YORK and PORT AUTHORITY OF NEW YORK AND NEW JERSEY as follows:

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

Claimant: Dyal Persaud-

Claimant's Attorney: Abraham and Abraham Attorneys and Counselors at Law, LLC-130-22
Rockaway Blvd., South Ozone Park, New York 11420

2. The nature of the claim: 1. Dyal Persaud sustained _____
as a result of negligence, carelessness, and lack of supervision
of the CITY OF NEW YORK and PORT AUTHORITY OF NEW YORK AND NEW JERSEY,
their agents, servants and/or employees.

3. The time when, the place where and the manner in which the claim arose: 1. On August 8,
2012 at approximately 5:45 p.m. Claimant, DYAL PERSAUD finished his work shift located at
John F. Kennedy International Airport, JFK Access Road, Jamaica, New York 10010, in the
County of Queens, City and State of New York when he was struck by a dolly. Claimant

201 212496

as a result of the subject occurrence. Claimant sustained injuries due to the negligence of the Respondents, the CITY OF NEW YORK and PORT AUTHORITY OF NEW YORK AND NEW JERSEY their agents, servants and/or employees in the ownership, operation, maintenance, management, and control of the aforementioned premises and dolly, without any contributory negligence on the part of the Claimant, DYAL PERSAUD.

4. The items of damage or iniuries claimed: 1.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2017 SEP 18 A 9 46

201212496

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

Dated: South Ozone Park, New York
August 29, 2012

Dyal Persaud
Dyal Persaud

By [Signature]
By: Barry J. Ungar
Abraham & Abraham
Attorneys and Counselors at Law, LLC
Attorney for Claimant
130-22 Rockaway Blvd.
South Ozone Park, NY 11420
(718) 848-3165

STATE OF NEW YORK, COUNTY OF QUEENS SS.:

Dyal Persaud, being duly sworn, deposes, and says that deponent is the 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 the matters therein stated to be alleged on information and belief, and that as to those matters deponent believes it to be true.

Sworn to before me this
29th day of August, 2012

[Signature]
NOTARY PUBLIC

BARRY J. UNGAR
NOTARY PUBLIC, State of New York
No. 02UN6178260
Qualified in Nassau County
Commission Expires 11-26-20 5

Dyal Persaud
Dyal Persaud

201212497

BELKIS RODRIGUEZ,

Claimant,

- against -

PORT AUTHORITY OF NEW YORK AND NEW JERSEY

Respondent.

NOTICE OF CLAIM

**TO: PORT AUTHORITY OF NEW YORK AND NEW JERSEY
225 Park Avenue South, 15th Floor, New York, New York 10003**

PLEASE TAKE NOTICE that the within claimant hereby makes claim and demands as follows:

PORT AUTHORITY OF NEW YORK AND NEW JERSEY
OFFICE OF THE GENERAL COUNSEL
2012 SEP 17 A 11 34

1. The name and post office address of each claimant and attorney is:

OKUN, ODDO & BABAT, P.C., Attorneys for Claimant, 8 West 38th Street, 10th Fl.,
New York, New York 10018; (212) 642-0950

BELKIS RODRIGUEZ:

2. The nature of the claim:

To recover money damages for
, and related damages incurred by and on behalf of the claimant, BELKIS RODRIGUEZ, by reason of the negligence, recklessness and carelessness of the PORT AUTHORITY OF NEW YORK AND NEW JERSEY, through their agents, servants, employees and/or licensees.

3. The time when, the place where and the manner in which the claim arose:

The claim arose on June 19, 2012, at approximately 7:45 p.m., when the claimant, Belkis Rodriguez, an employee of Sodexo, Inc., was working at JFK Terminal 3. At the time of the occurrence, the claimant was exiting the kitchen into the Delta Sky Club, when the door collapsed on her at the above location. Claimant was caused to sustain
as a result of the negligence, recklessness and carelessness of the respondent, Port Authority of New York and New Jersey, through their agents, servants, employees and/or licensees, in the ownership, operation, control and maintenance of said door and premises, in causing, permitting and/or allowing said door to constitute a trap, nuisance and/or hazard, and in failing to timely correct, monitor, remove, or repair said condition. The respondent, Port Authority of New York and New York, was informed of the incident on the date it occurred. The respondent had actual and/or constructive notice of said condition as it either caused and/or failed to repair said defect in a timely manner.

2012 SEP 17 P 12:15
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

of the claim of BELKIS RODRIGUEZ
Date of Accident: June 19, 2012

4. The items of damage or injuries claimed are:

Claimant, BELKIS RODRIGUEZ, sustained

The claimant is free from any culpable conduct.

Claimant, BELKIS RODRIGUEZ has suffered damages in the sum of One Million (\$1,000,000.00) Dollars

TOTAL AMOUNT CLAIMED: ONE MILLION (\$1,000,000.00) DOLLARS

201212497

OKUN, ODDO & BABAT, P.C.

PORT AUTHORITY OF NY & NJ
OFFICE OF THE ATTORNEY GENERAL

BELKIS RODRIGUEZ,

Claimant,

- against -

PORT AUTHORITY OF NEW YORK AND NEW
JERSEY

Respondent.

NOTICE OF CLAIM

2012 SEP 17 A 10:34

**TO: PORT AUTHORITY OF NEW YORK AND NEW JERSEY
225 Park Avenue South, 15th Floor, New York, New York 10003**

PLEASE TAKE NOTICE that the within claimant hereby makes claim and demands as follows:

1. The name and post office address of each claimant and attorney is:

OKUN, ODDO & BABAT, P.C., Attorneys for Claimant, 8 West 38th Street, 10th Fl.,
New York, New York 10018; (212) 642-0950

BELKIS RODRIGUEZ:

2. The nature of the claim:

To recover money damages for
and related damages incurred by and on behalf of the claimant, BELKIS
RODRIGUEZ, by reason of the negligence, recklessness and carelessness of the PORT
AUTHORITY OF NEW YORK AND NEW JERSEY, through their agents, servants,
employees and/or licensees.

3. The time when, the place where and the manner in which the claim arose:

The claim arose on June 19, 2012, at approximately 7:45 p.m., when the claimant, Belkis Rodriguez, an employee of Sodexo, Inc., was working at JFK Terminal 3. At the time of the occurrence, the claimant was exiting the kitchen into the Delta Sky Club; when the door collapsed on her at the above location. Claimant was caused to sustain

as a result of the negligence, recklessness and carelessness of the respondent, Port Authority of New York and New Jersey, through their agents, servants, employees and/or licensees, in the ownership, operation, control and maintenance of said door and premises, in causing, permitting and/or allowing said door to constitute a trap, nuisance and/or hazard, and in failing to timely correct, monitor, remove, or repair said condition. The respondent, Port Authority of New York and New York, was informed of the incident on the date it occurred. The respondent had actual and/or constructive notice of said condition as it either caused and/or failed to repair said defect in a timely manner.

2012 SEP 17 P 12:15

LAW DEPARTMENT
PORT AUTHORITY CLAIMS

4. The items of damage or injuries claimed are:

Claimant, BELKIS RODRIGUEZ, sustained

The claimant is free from any culpable conduct.

Claimant, BELKIS RODRIGUEZ has suffered damages in the sum of One Million (\$1,000,000.00) Dollars

TOTAL AMOUNT CLAIMED: ONE MILLION (\$1,000,000.00) DOLLARS

201212499

In the Matter of the Claim of

THOMAS POWERS and KELLY POWERS,

Claimant,

-against-

PORT AUTHORITY OF NEW YORK AND NEW JERSEY,

Respondent(s).

PORT AUTHORITY OF NY & NJ
OFFICE OF THE SUPERVISOR

2012 SEP 21 A 11:11

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(s) hereby make(s) claim and demand against the above named respondent.

1. The name and post office address of each claimant and claimant's attorney:

Claimant:

THOMAS POWERS
KELLY POWERS

Attorney:

ROBERT A. CARDALI & ASSOCIATES, L.L.P.
39 Broadway, 35th Floor
New York, New York 10006
File: P1901-A

2. The nature of the claim:

Claim for

THOMAS POWERS, arising out of an incident that took place in part as a result of the carelessness, negligence and recklessness of the respondent(s) herein, their agent(s), servant(s) and/or employee(s). claim is being made herein by KELLY POWERS.

3. The time when, the place where and the manner in which the claim arose:

On December 13, 2011, at approximately 3:00 p.m., the claimant, THOMAS POWERS, was caused to fall and sustain all as a result of the dangerous, defective, unsafe and/or hazardous condition at or about the Cole Partners trailer at JFK Airport, New York. The subject premises were owned, managed, maintained and controlled by the Port Authority of New York and New Jersey. Claimant was on the premises in the course of his duties as a machine operator for Cole Partners which was conducting demolition work at the subject premises. The dangerous condition at issue consisted of a temporary staircase/platform that disconnected from the Cole Partners trailer. The Respondent was negligent in allowing said area to remain in a dangerous, unsafe, hazardous condition for pedestrians, workers, and others at or about said location. The respondents had notice of the existence of said dangerous condition, which was in existence for more than a reasonable time, and respondents failed to remedy it. Defendants violated New York State Labor Law §§200, 240(1) and 241(6) and New York State industrial Code §§23-1.7(f) and 23-1.21(e)(5).

4. The items of damage or injuries claimed are (do not state dollar amounts):

Claimant, THOMAS POWERS, sustained
Monetary damages are sought for

as a result of the occurrence.

by claimant THOMAS POWERS.

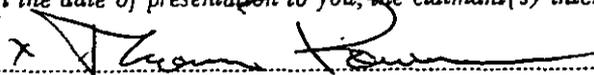
claim is being made herein by KELLY POWERS.

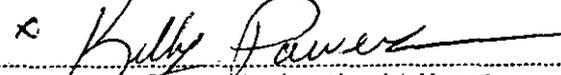
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

2012 SEP 21 P 12:27

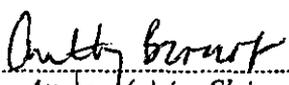
The undersigned claimant(s) therefore present this claim for adjustment and payment. You are hereby notified that unless it is adjusted and paid within the time provided by law from the date of presentation to you, the claimant(s) intend(s) to commence an action on this claim.

Dated: 9/17/12

X 
The name signed must be printed beneath

X 
The name signed must be printed beneath

Thomas Powers & Kelly Powers



Attorney(s) for Claimant(s)

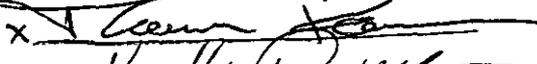
Office and Post Office Address, Telephone Number

Anthony Broccolo, Esq.
Robert A. Cardali & Assoc., LLP
39 Broadway, 35th Floor
New York, New York 10006
(212) 964-3855

INDIVIDUAL VERIFICATION

State of New York, County of ss.:

Thomas Powers & Kelly Powers, being duly sworn, deposes and says that deponent is the 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 the matters therein stated to be alleged on information and belief; and that as to those matters deponent believes it to be true.

X 

X 

Sworn to before me, this 17th day of September 2012

Notary Public State of New York
Anthony Broccolo
No. 02BR6154390
Qualified in Queens County
Term Expires October 23, 2014

CORPORATE VERIFICATION

State of New York, County of ss.:

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

This verification is made by deponent because said claimant is a corporation, and deponent an officer thereof, to wit its The grounds of deponent's belief as to all matters not stated upon deponent's knowledge are as follows:

Sworn to before me, this 19 day of 19

In the Matter of the Claim of

Notice of Claim Against

Attorney(s) for Claimant(s)
Office and Post Office Address

201212499

In the Matter of the Claim of

THOMAS POWERS and KELLY POWERS,

Claimant,

-against-

PORT AUTHORITY OF NEW YORK AND NEW JERSEY,

Respondent(s).

PORT AUTHORITY OF NY & NJ
OFFICE OF THE SECRETARY

2012 SEP 21 A 11:11

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(s) hereby make(s) claim and demand against the above named respondent.

1. The name and post office address of each claimant and claimant's attorney:

Claimant:

THOMAS POWERS
KELLY POWERS

Attorney:

ROBERT A. CARDALI & ASSOCIATES, L.L.P.
39 Broadway, 35th Floor
New York, New York 10006
File: P1901-A

2. The nature of the claim:

Claim for

by claimant, THOMAS POWERS, arising out of an incident that took place in part as a result of the carelessness, negligence and recklessness of the respondent(s) herein, their agent(s), servant(s) and/or employee(s). claim is being made herein by KELLY POWERS.

3. The time when, the place where and the manner in which the claim arose:

On December 13, 2011, at approximately 3:00 p.m., the claimant, THOMAS POWERS, was caused to fall and sustain all as a result of the dangerous, defective, unsafe and/or hazardous condition at or about the Cole Partners trailer at JFK Airport, New York. The subject premises were owned, managed, maintained and controlled by the Port Authority of New York and New Jersey. Claimant was on the premises in the course of his duties as a machine operator for Cole Partners which was conducting demolition work at the subject premises. The dangerous condition at issue consisted of a temporary staircase/platform that disconnected from the Cole Partners trailer. The Respondent was negligent in allowing said area to remain in a dangerous, unsafe, hazardous condition for pedestrians, workers, and others at or about said location. The respondents had notice of the existence of said dangerous condition, which was in existence for more than a reasonable time, and respondents failed to remedy it. Defendants violated New York State Labor Law §§200, 240(1) and 241(6) and New York State industrial Code §§23-1.7(f) and 23-1.21(e)(5).

4. The items of damage or injuries claimed are (do not state dollar amounts):

Claimant, THOMAS POWERS, sustained
Monetary damages are sought for

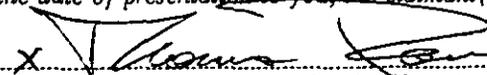
as a result of the occurrence.

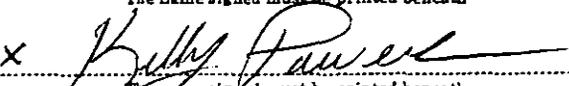
by claimant THOMAS POWERS.

claim is being made herein by KELLY POWERS.

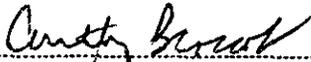
The undersigned claimant(s) therefore present this claim for adjustment and payment. You are hereby notified that unless it is adjusted and paid within the time provided by law from the date of presentation to you, the claimant(s) intend(s) to commence an action on this claim.

Dated: 9/17/12

x 
The name signed must be printed beneath

x 
The name signed must be printed beneath

Thomas Powers & Kelly Powers



Attorney(s) for Claimant(s)
Office and Post Office Address, Telephone Number

Anthony Broccolo, Esq.
Robert A. Cardali & Assoc., LLP State of New York, County of
39 Broadway, 35th Floor
New York, NY 10006
(212) 964-3855

CORPORATE VERIFICATION

ss.:

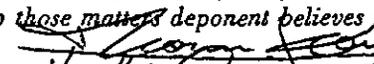
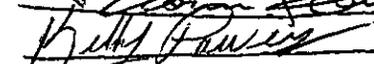
being duly sworn, deposes and says that deponent is the
of
corporate claimant named in the within action; that deponent has read the foregoing Notice of Claim and knows the contents thereof, and that the same is true to deponent's own knowledge, except as to the matters therein stated to be alleged upon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

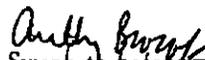
This verification is made by deponent because said claimant is a corporation, and deponent an officer thereof, to wit its
The grounds of deponent's belief as to all matters not stated upon deponent's knowledge are as follows:

INDIVIDUAL VERIFICATION

State of New York, County of ss.:

Thomas Powers & Kelly Powers
being duly sworn, deposes and says that deponent is the 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 the matters therein stated to be alleged on information and belief, and that as to those matters deponent believes it to be true.

x 
x 


Sworn to before me, this
day of September

seventeenth
2012

Sworn to before me, this
day of

19

Notary Public State of New York
Anthony Broccolo
No. O2BR6154390
Qualified in Queens County
Term Expires October 23, 2014

In the Matter of the Claim of

Nature of Claim Against

Attorney(s) for Claimant(s)
Office and Post Office Address

LAW DEPARTMENT
FORT AUTHORITY CLAIMS
2012 SEP 21 P 12: 27

ORIGINAL

In the Matter of the Claim of

PORT AUTHORITY CLAIMS
OFFICE

JOSEPH MANIERI,

2012 SEP 19 P 3:33

Claimant,

- against -

THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 SEP 19 P 11:41

Respondent.

To: 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 Claimant hereby makes claim and demand against you

as follows:

1. The name and post-office address of each claimant and claimants attorney is:

Joseph Manieri
Tantleff & Kreinces, LLP
170 Old Country Road
Suite 316
Mineola, NY 11501
(516) 307-1956

2. The Nature of the Claim:

To recover monetary damages for _____ of the claimant as a result
of the negligence of the Respondent and its agent, servant, and/or employee, Vincent J.
DeFilippo.

3. The time when, the place where and the manner in which the claim arose:

This claim arose on or about June 22, 2012, at approximately 3:30 p.m. involving the
claimant while he was a passenger in a motor vehicle owned by the Respondent and being
operated by Vincent J. DeFilippo. On the aforementioned date and time, the Respondent, via its

agents, servants, and/or employees were reckless, careless and negligent in the ownership, operation, management, maintenance and control of its motor vehicle along the roadway known as N. Conduit at or near the intersection of Elderts Lane (see the police report annexed hereto). The Respondent via it's agent, servant and/or employee, Vincent J. DeFilippo, was negligent in failing to look, in failing to see, in failing to be observant of the surrounding circumstances; in failing to make prompt, proper and timely use of the braking mechanisms of its vehicle; in failing to make prompt, proper and timely use of the steering mechanism of its vehicle; in failing to maintain the braking and steering mechanism of its vehicle in proper and adequate condition and repair; in operating its vehicle at a greater rate of speed than care and caution would permit under the circumstances; in causing, allowing and permitting its vehicle to strike and come in contact with another vehicle; in failing to give any signal, sound or warning of the approach of its vehicle; in failing to be observant of the traffic controls then and there existing at the time and place of this accident; in failing to be observant of the roadway and traffic conditions at the time and place of this accident; in failing to exercise due and required care, caution and forbearance in the operation and control of his vehicle so as to have avoided this accident and the injuries to the claimant; in failing to give the claimant any notice or warning of the impending impact and danger; in failing to keep and maintain a proper lookout upon the roadway; in failing to be and remain reasonably alert; in failing to provide for the safety and well-being of the claimant; in failing to keep a proper vigil upon the roadway; in failing to exercise due and required care, caution and forbearance when approaching and entering the intersection; and in violating those statutes, ordinances, rules and regulations in such cases made and provided, of which this Court will take Judicial Notice at the time of the trial of this action.

4. Items of Damage or Injuries Claimed:

Claimant has sustained damages in a sum which exceeds the jurisdictional limitations of all lower Courts which would otherwise have jurisdiction of this action.

The 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: Mineola, New York
September 14, 2012

Tantleff & Kreinces, LLP

By: Matthew R. Kreinces

Matthew R. Kreinces

Attorneys for Claimant

170 Old Country Road, Suite 316

Mineola, New York 11501

(516) 307-1956

File No.: MRK-20068

Sworn to before me this
14th day of September, 2012.

Evelyn Marrero
Notary Public

EVELYN MARRERO
Notary Public, State of New York
No. 01MA6251175
Qualified in Nassau County
Commission Expires November 14, 2015

2012 SEP 19 P 4:41
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

VERIFICATION

STATE OF NEW YORK)
)
COUNTY OF NASSAU) ss:

I, Matthew R. Kreinces, an attorney admitted to practice in the Courts of the State of New York, state that I am a member of the firm, Tantleff & Kreinces, LLP, the attorneys of record for the Claimant in the within matter; I have read the foregoing **NOTICE OF CLAIM** and know the contents thereof; that same is true to my own knowledge, except as to the matters therein alleged to be on information and belief, and as to those matters I believe them to be true.

The grounds of my belief as to all matters not stated upon my own knowledge are as follows: the file maintained in my office and information provided by my client.

I affirm that the foregoing statements are true, under the penalties of perjury.

Dated: Mineola, New York
September 14, 2012



Matthew R. Kreinces

LAW DEPARTMENT
FORT AUTHORITY CLAIMS
2012 SEP 19 P 4:41

201212508

In the Matter of the Claim of
CHRISTOPHER MARRON and JENNIFER MARRON
against
PORT AUTHORITY OF NEW YORK AND NEW JERSEY

PORT AUTHORITY OF NEW YORK AND NEW JERSEY
OFFICE OF THE COMPTROLLER
2012 SEP 24 P 12:00

TO: PORT AUTHORITY OF NEW YORK AND NEW JERSEY
225 Park Avenue South
New York, New York 10010

PLEASE TAKE NOTICE, that the undersigned claimant(s) hereby make(s) claim and demand against the PORT AUTHORITY OF NEW YORK AND NEW JERSEY, as follows: [Office of the Comptroller requests the following additional information: in Section 2, specific defect (e.g. pothole) if applicable; in Section 3, street address wherever possible.]

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

SACKS AND SACKS, LLP
150 Broadway, 4th Floor
New York, New York 10038

CHRISTOPHER MARRON and JENNIFER
MARRON

2. The nature of the claim: sustained by claimant, CHRISTOPHER MARRON as a result of injuries sustained by him on September 5, 2012; co-claimant JENNIFER MARRON sues

3. The time when, the place where and the manner in which the claim arose: The claim arose on the 5th day of September, 2012 at approximately 8:00 a.m. at premises under construction at World Trade Center # 1, in the Borough of Manhattan, City State of New York. At all times herein mentioned, the PORT AUTHORITY OF NEW YORK AND NEW JERSEY owned, operated, managed and controlled the aforesaid premises and further retained numerous contractors including Tishman Construction and DCM Erectors to perform work, labor and services thereat. While claimant was lawfully upon the aforesaid premises, he was caused to sustain when he fell through corrugated decking that was not properly constructed, placed, operated and maintained; said decking was not properly affixed and secured to the structure; further, said decking was not properly spot and/or tack welded, causing same to move, shift and otherwise give way, causing claimant to fall through an opening sustaining The occurrence as aforesaid was caused solely and wholly by the reason of negligence, carelessness and recklessness of the PORT AUTHORITY OF NEW YORK AND NEW JERSEY and its contractors, agents and employees who were negligent in the ownership, operation, management and control of the aforesaid premises. The PORT AUTHORITY OF NEW YORK AND NEW JERSEY, its contractors, agents and employees failed to ensure that decking was not properly spot and/or tack welded, causing same to move, shift and otherwise give way; further, failed to ensure that hazardous openings were properly protected, properly secured; further, failed to have barricades, safety posts, safety cables and other safety devices thereat; further, allowed dangerous and hazardous openings to be, remain and exist at the aforesaid premises; further, allowed slipping hazards to remain thereat; further, violated Sections 200, 240 and 241(6) of the Labor Law of the State of New York, Rule 23 of the Industrial Code of the State of New York, specifically, but not limited to: 23-1.5, 23-1.7, 23-1.8, 23-1.15, 23-1.16, 23-1.17, 23-2.1, 23-2.4, 23-2.5, 5, 23-6, Article 1926 of O.S.H.A. and was otherwise negligent careless and reckless, causing claimant to sustain Claimant was free from comparative fault.

4. The items of special damage or injuries claimed are: Claimant CHRISTOPHER MARRON

claimant will permit a physical by the PORT AUTHORITY OF NEW YORK AND NEW JERSEY, and the item of damages exceed the jurisdictional limitations of the lower Court. Co-claimant JENNIFER MARRON sues and the item of damages exceed the jurisdictional limitations of the lower Court.

201212511

In the Matter of the Claim of

Vivian Miller

against

THE CITY OF NEW YORK and
PORT AUTHORITY OF NEW YORK and NEW JERSEY

PORT AUTHORITY OF NY & NJ
OFFICE OF THE SECRETARY

2012 SEP 21 P 1:31

TO: THE CITY OF NEW YORK
100 Church Street
New York, NY 10007

PORT AUTHORITY OF NEW YORK and NEW JERSEY
225 Park Avenue
15th floor
New York, NY 10003

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 SEP 24 P 2:08

PLEASE TAKE NOTICE that the undersigned claimant(s) hereby make(s) claim and demand against the THE CITY OF NEW YORK and PORT AUTHORITY OF NEW YORK and NEW JERSEY, as follows:

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

Claimant:
Vivian Miller

Claimant's attorneys:
WINGATE, RUSSOTTI, SHAPIRO & HALPERIN, LLP
420 Lexington Avenue, Suite 2750
New York, New York 10170
(212) 986-7353

2. The nature of the claim:

The nature of the claim is for money damages to compensate the claimant for allowed by statute and case law as a result of the negligence, carelessness, recklessness and gross negligence of THE CITY OF NEW YORK and/or the PORT AUTHORITY OF NEW YORK and NEW JERSEY, their agents, servants, employees and/or licensees in their ownership, operation, maintenance, control and management of their bus depot and roadway on West 41st Street between 8th and 9th Avenues in the City, County and State of New York. September 6, 2012

3. The time when, the place where and the manner in which the claim arose:

The claim arose on or about July 15, 2012 at approximately 2:00 p.m. The accident took place in the roadway of West 41st Street between 8th & 9th Avenue, County of New York, in the City and State of New York alongside and underneath the Bus Terminal operated by the Port Authority of New York and New Jersey.

The claim arose when the claimant, VIVIAN MILLER, was a pedestrian lawfully crossing 41st Street from the uptown to the downtown side of West 41st Street at the location mentioned and was caused to be struck by a taxi cab motor vehicle owned and operated by Fahmi Bayacoub bearing New York State registration number 1F33A due to the negligence, recklessness and carelessness of THE CITY OF NEW YORK and/or PORT

201212511

AUTHORITY OF NEW YORK and/or NEW JERSEY, their agents, servants, employees and/or licensees in the ownership, operation, control and maintenance of the their bus depot and roadway at the aforesaid time and location. (See attached police report).

THE CITY OF NEW YORK and/or the PORT AUTHORITY OF NEW YORK and/or NEW JERSEY were negligent careless and reckless in failing to keep West 41st Street between Eighth and Ninth Avenues reasonably safe.

THE CITY OF NEW YORK and/or the PORT AUTHORITY OF NEW YORK and/or NEW JERSEY failed to have any reasonable basis for a traffic plan which allowed buses to stop on West 41st Street between Eight and Ninth Avenues, choking West 41st Street between Eighth and Ninth Avenues and funneling vehicles onto one side of the roadway while attracting numerous pedestrians crossing said West 41st Street between Eighth and Ninth Avenues.

THE CITY OF NEW YORK and/or the PORT AUTHORITY OF NEW YORK and/or NEW JERSEY failed to make any reasonable studies or incorporate any reasonable studies into the traffic plan for West 41st Street between Eighth and Ninth Avenues and/or failed to continue to study, at reasonable time intervals, in reasonable and adequate ways, the safety of any traffic plans adopted of a traffic plan which resulted in the placement of a MegaBus stop on West 41st Street between Eight and Ninth Avenues.

THE CITY OF NEW YORK and/or the PORT AUTHORITY OF NEW YORK and/or NEW JERSEY were negligent, careless and reckless in failing to reasonably study its traffic plan for West 41st Street between Eighth and Ninth Avenue; in failing to note the number of accidents and injuries caused by placing a MegaBus stop Terminal on West 41st Street between Eight and Ninth Avenues; in failing to timely and adequately respond to numerous complaints and mishaps and accidents which gave it actual notice that its traffic plan for West 41st Street between Eight and Ninth Avenues lacked a reasonable basis and was plainly inadequate.

THE CITY OF NEW YORK and/or the PORT AUTHORITY OF NEW YORK and/or NEW JERSEY were negligent careless and reckless in causing, permitting and/or allowing a MegaBus stop to exist and remain on West 41st Street between Eight and Ninth Avenues; a roadway which was not reached by any sunlight or natural light because the Port Authority Bus Terminal was overhead, causing vision problems in drivers entering the covered roadway from the brightly lit open roadway of the Avenue.

THE CITY OF NEW YORK and/or the PORT AUTHORITY OF NEW YORK and/or NEW JERSEY were negligent careless and reckless in failing to make reasonable and adequate traffic counts of both vehicles and pedestrians, and the number of pedestrians who crossed West 41st Street between Eight and Ninth Avenues other than at its Avenue ends, accident; in failing to make reasonable and adequate provision for the crossing of West 41st Street between Eight and Ninth Avenues by pedestrians at a midpoint and/or at other points, or in failing to fence the curbs to prevent crossings.

THE CITY OF NEW YORK and/or the PORT AUTHORITY OF NEW YORK and/or NEW JERSEY were negligent careless and reckless in failing and/or omitting to provide adequate lighting of the roadway. THE CITY OF NEW YORK and/or PORT AUTHORITY OF NEW YORK and/or NEW JERSEY were negligent careless and reckless in failing, once it was made aware of a dangerous traffic condition, to undertake reasonable study thereof with an eye toward alleviating the danger.

4. The items of damage or injuries claimed are the following:
The claimant, VIVIAN MILLER sustained

201212511

in a sum which exceeds the jurisdictional limit of all lower Courts which would otherwise have jurisdiction, together with the costs and disbursements of this action

The undersigned 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 front the date of presentation to you, the claimant(s) intend(s) to commence an action on this claim.

Dated: September 13, 2012

MICHAEL J. FITZPATRICK, ESQ.
WINGATE, RUSSOTTI, SHAPIRO & HALPERIN, LLP
Attorney(s) for Claimant(s)
Office and Post Office Address, Telephone Number
420 Lexington Avenue, Suite 2750
New York, New York, 10170
(212) 986-7353

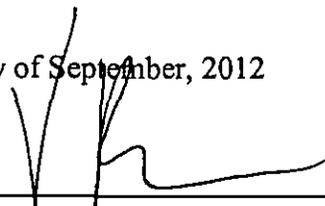
ATTORNEY VERIFICATION

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

Michael J. Fitzpatrick, being duly sworn, deposes and says that deponent is the attorney for the 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 the matters therein stated to be alleged on information and belief, and that as to those matters deponent believes it to be true. Deponent makes this verification instead of the Claimant(s) herein as deponent maintains his office outside of the County wherein claimant resides.

Sworn to before me, this

13 day of September, 2012



Notary Public

VANESSA PARRIS
Notary Public, State of New York
No. 01PA8210781
Qualified in Kings County
Commission Expires August 31, 2013

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 SEP 24 P 2:38

-----X
ALICIA CAMACHO, :
Claimant, :
-against- :
THE PORT AUTHORITY OF :
NEW YORK AND NEW JERSEY, :
Respondent, :
-----X

NOTICE OF CLAIM

PORT AUTHORITY CLAIMS OFFICE
2012 SEP 19 P 3:57

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 SEP 19 P 4:41

Pursuant to McKinney's Unconsolidated Laws of New York § 7107, *et seq.*, Claimant hereby sets forth the following:

1. **Name and Post Office Address of:**

Claimant:

Claimant's Attorney: Padilla & Associates, PLLC, 845 Third Avenue, 6th Floor, New York, New York, 10022.

2. **Nature of the Claim:**

as a result of Claimant's fall on a defective condition located on and near the "#4" escalator of the main escalator bank at the World Trade Center entrance to the PATH trains ('the subject location').

3. **Time, Place and Manner in Which Claim Arose:**

The claim arose on July 18, 2012, at approximately 4:05 – 4:10 p.m., when Claimant was caused to fall due to a defective and dangerous condition existing at the subject location. Upon information and belief, Respondent and/or its contractors, servants, agents or employees caused, created, and/or had actual and/or constructive notice of said condition, which resulted from the negligent construction, use, inspection, maintenance and/or repair of the subject location and surrounding areas. Further, Respondent and/or its contractors, servants, agents or employees failed to warn of and protect Claimant from the condition.

4. **Items of Damage/Injuries:**

Claimant

201212469

In the Matter of the Claim of
TYLER BROWN
against
PORT AUTHORITY OF NEW YORK AND NEW JERSEY

PORT AUTHORITY OF NY & NJ
OFFICE OF THE SECRETARY

2012 SEP 19 A 11:27

TO: PORT AUTHORITY OF NEW YORK AND NEW JERSEY
225 Park Avenue South
New York, New York 10010.

PLEASE TAKE NOTICE, that the undersigned claimant(s) hereby make(s) claim and demand against the PORT AUTHORITY OF NEW YORK AND NEW JERSEY, as follows: [Office of the Comptroller requests the following additional information: in Section 2, specific defect (e.g. pothole) if applicable; in Section 3, street address, wherever possible.]

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

SACKS AND SACKS, LLP
150 Broadway, 4th Floor
New York, New York 10038

TYLER BROWN

2. The nature of the claim: result of injuries sustained by him on July 24, 2012.

sustained by claimant, TYLER BROWN as a

3. The time when, the place where and the manner in which the claim arose: The claim arose on the 24th day of July, 2012 at approximately 9:00 a.m. at premises under construction at the World Trade Center Tower 4, on or about the 60th floor of the south side, in the Borough of Manhattan, City-State of New York. At all times herein mentioned, the PORT AUTHORITY OF NEW YORK AND NEW JERSEY owned, operated, managed and controlled the aforesaid premises and further retained numerous contractors including Tishman Construction and DCM Erectors to perform work, labor and services thereat. While claimant was lawfully upon the aforesaid premises as an employee of DCM Erectors, he was caused to sustain when he was struck by a steel beam that was improperly hoisted and inadequately secured. The occurrence as aforesaid was caused solely and wholly by the reason of negligence, carelessness and recklessness of the PORT AUTHORITY OF NEW YORK AND NEW JERSEY and its contractors, agents and employees who were negligent in the ownership, operation, management and control of the aforesaid premises. The PORT AUTHORITY OF NEW YORK AND NEW JERSEY, its contractors, agents and employees failed to ensure that steel was properly hoisted; further, failed to ensure that steel loads were properly secured and balanced before hoisting operations; further, failed to ensure proper signals thereat; further, failed to ensure that there would not be a sudden acceleration and/or deceleration of a moving load; further, failed to ensure that loads were properly secured and balanced in the rigging equipment; further, failed to ensure that there wouldn't be any obstructions in the way of steel erection before lifting same; further, allowed dirt, debris and refuse to be and remain in work areas, thoroughfares and passageways; further, violated Sections 200, 240 and 241(6) of the Labor Law of the State of New York, Rule 23 of the Industrial Code of the State of New York, specifically, but not limited to: 23-1.5, 23-1.7, 23-2.1, 23-2.3, 23-5, 23-6, 23-7, 23-8, Article 1926 of O.S.H.A. and was otherwise negligent careless and reckless, causing claimant to sustain

Claimant was free from comparative fault.

4. The items of special damage or injuries claimed are: Claimant TYLER BROWN sustained

but claimant will permit a physical by the PORT AUTHORITY OF NEW YORK AND NEW JERSEY and the item of damages exceed the jurisdictional limitations of the lower Court.

PORT AUTHORITY CLAIMS
LAW DEPARTMENT

201212469

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) intend(s) to commence an action on this claim.

Dated: SEPTEMBER 18, 2012

X *[Signature]*
The name signed must be printed beneath

TYLER BROWN

The name signed must be printed beneath

Attorney(s) for Claimant(s)
Office and Post Office Address, Telephone Number
SACKS & SACKS, LLP
150 Broadway 4F
New York, NY 10038
212.964.5570

CORPORATE VERIFICATION

State of New York, County of

ss.:

being duly sworn, deposes and says that deponent is the of

corporate claimant named in the within action; that deponent has read the foregoing Notice of Claim and knows the contents thereof; and that the same is true to deponent's own knowledge, except as to the matters therein stated to be alleged upon information and belief; and as to those matters deponent believes it to be true.

This verification is made by deponent because said claimant is a corporation, and deponent an officer thereof, to-wit:

The grounds of deponent's belief as to all matters not stated upon deponent's knowledge are as follows:

INDIVIDUAL VERIFICATION

State of New York, County of NEW YORK ss.:

TYLER BROWN
being duly sworn, deposes and says that deponent is the 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 the matters therein stated to be alleged on information and belief, and that as to those matters deponent believes it to be true.

Sworn to before me, this 18th day of SEPTEMBER, 2012

[Signature]
THAI DUONG
NOTARY PUBLIC-STATE OF NEW YORK
No. 01DU6210927
Qualified in Queens County
My Commission Expires September 08, 2013

Sworn to before me, this day of

In the Matter of the Claim of

TYLER BROWN

Notice of Claim Against
POLY AUTHORITY OF NEW YORK
& NEW JERSEY

SACKS & SACKS, LLP
Attorney(s) for Claimant(s)
Office and Post Office Address
150 Broadway 4F
New York, NY 10038
212.964.5570

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. Gail Zakutinsky 22
Claimant's Name: Age: Address:

2. Gail Zakutinsky 22
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. July 9th, 2012 Approx. 9:40 PM
Date of Accident: Time:

4. PATH station - 23rd street - Hoboken Bound
Place of Accident. (Identify with sufficient particularity to distinguish from similar places.)

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 getting on the train as I do every night. As I got to the platform the doors were closing. The conductor saw me and opened the doors. I started to get on and with-out warning the doors closed on my hand (the doors never fully opened) and as a result bent my diamond ring.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 SEP - 4 A 9: 07

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

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	<u>0</u>
(b)	For loss of earnings	\$	<u>0</u>
(c)	For property damages	\$	<u>125</u>

Total: \$ 125

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

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

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

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

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

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 SEP -11 A 5:07

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

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

Diamond Ring - Bent and small stone fell out
Repair cost - \$125.00.

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

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

Yes, I believe the accident was ~~one~~ the fault of the Port Authority. The door unexpectedly closed without warning.

-
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.

No, I do not believe that the accident was my fault. I had no reason to believe that the doors would be closing as they had never done that to me before.

-
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: Aug 25, 2012

Signed: Carl Zalusky
Claimant

AFFIDAVIT

STATE OF _____ :

COUNTY OF _____ :

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
25 day of AUGUST, 2012

[Signature]
Notary Public

LES A. ZAKUTINSKY
NOTARY PUBLIC
STATE OF NEW YORK
COUNTY OF ROCKLAND
COMMISSION EXPIRES 9/15/2007
-015

Carl Zalusky
Claimant

2012 SEP 11 A 9:07
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

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: ADRIAN SALAS Age: 36 Address:

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: 6/6/12 Time: 7:50pm

4. Place of Accident. (Identify with sufficient particularity to distinguish from similar places.)
World Trade Center PATH Station escalator #7
(See report of P.O. Martinez)

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 going downward on the escalator when it stopped suddenly which caused the escalator to jerk and caused me to fall on my side.

2012 SEP -11 A 9: 07
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

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

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	<u>\$518.17 (EMS)</u>
(b)	For loss of earnings	\$	<u>\$320.00 (lost vacation 16hrs)</u>
(c)	For property damages	\$	<u> </u>

Total: \$ 838.17

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

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

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

I was injured and my employer is:
DELTA COMPUTEC, LLC
140 LITTLETON RD, STE 210
PARSLIPPANY, ~~PA~~ TROY HILL, NJ 07054

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.

I was employed at the time of the incident
~~and~~ ~~and~~ and my employer is listed above
(see #9)

-
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.

FDNY/EMS \$518.17 (paid already)

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

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

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

The escalator obviously malfunctioned but was in service at the time. If it did not malfunction I would not have fallen.

-
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 was using the escalator but had no control over the escalator malfunction and had no way of knowing this would happen.
I was not at 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: 8-28-, 20 12

Signed: [Signature]
Claimant

STATE OF New York
COUNTY OF Kings

AFFIDAVIT

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
28 day of AUGUST, 20 12

[Signature]
Notary Public

[Signature]
Claimant

ERIC A. SALAS
Notary Public, State of New York
No. 01SA6212523
Qualified in Kings County
Commission Expires: October 13, 2013

2017 SEP - 11 A 9: 01
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

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

PORT AUTHORITY OF NY & NJ
OFFICE OF THE ATTORNEY GENERAL

20122413

STATEMENT OF CLAIMANT

2012 SEP 11 P 3:26

For Damages Due To An Accident

1. Claimant's Name: JOHN J. DIGIANNI
Age: 47
Address:

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: 08-23-2012
Time: 10:15 P.M.

4. Place of Accident. (Identify with sufficient particularity to distinguish from similar places.)
FACING EAST ON UNION STREET 50 FT FROM INTERSECTION STREET. VEHICLE WAS PARKED AND UNOCCUPIED.

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.
OPERATOR OF PORT AUTHORITY VEHICLE STATED SHE WAS TRAVELLING EAST ON UNION ST. AS SHE PASSED MY PARKED CAR, HER PASSENGER SIDE REAR TIRES MUD FLAP WAS EXTENDED BEYOND THE BODY OF HER VEHICLE AND STRUCK MY PARKED VEHICLE'S FRONT BUMPER AND FENDER AND FRONT DRIVER SIDE TIRE. (INFORMATION SOURCE IS THE PA PD "MOTOR VEHICLE CRASH REPORT")

2012 SEP 11 P 4:15
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

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

NONE

201212413

7. The amounts of loss claimed are as follows:

- (a) For medical and hospital expenses
- (b) For loss of earnings
- (c) For property damages

\$ N/A
 \$ N/A
 \$ ~~1427~~ \$1427.25

Total: \$ ~~1427~~ \$1427.75

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.

N/A

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

N/A

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.

N/A

201212413

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.

SEE ATTACHED ESTIMATE.

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

MY TIRE NEEDS TO BE REPAIRED CORRECTLY. I HAD IT FIXED TEMPORARILY SO I COULD GO TO WORK.

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 I BELIEVE THE PORT AUTHORITY IS AT FAULT DUE TO THE FACT THAT THE PERSON DRIVING THE PORT AUTHORITY VEHICLE THAT STRUCK MY CAR, CLAIMED THAT IT WAS HER FAULT.

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.

MY VEHICLE WAS LEGALLY PARKED AND UNOCCUPIED AT THE TIME OF THE INCIDENT.

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

ESTIMATE FOR REPAIR TO MY CAR, PHOTOGRAPHS OF DAMAGE TAKEN BY P.A.D. OFFICERS, RECEIPTS FOR TIRE REPAIR COPY OF ACCIDENT REPORTS # 15-12, P.A.D. "MOTOR VEHICLE ACCIDENT INFORMATION FORM.

NOTE (S)

16. State any other facts or circumstances which may have a bearing upon your claim/
I WILL NEED A RENTAL VEHICLE TO GO TO AND FROM WORK WHILE MY CAR IS BEING REPAIRED.

Dated: SEPTEMBER 10, 2012

201212413

Signed: [Signature] Claimant

AFFIDAVIT

STATE OF NEW YORK :

COUNTY OF NEW YORK :

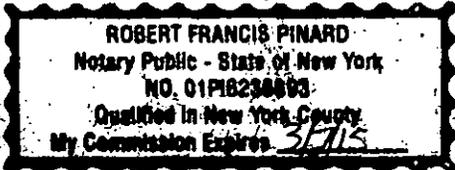
Being duly sworn deposes and says:

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 10th day of SEPTEMBER, 2012

[Signature] Notary Public

[Signature] Claimant



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

201212412

1. Claimant's Name: Age: Address:

Faye Cohen 53

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.

2012 SEP 14 P 2:4
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

3. Date of Accident: Time:

9/8/2012

12:35pm

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

Terminal B - Newark Airport

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.

As I exited the Terminal, going down the exit ramp a manhole cover hit my car & ruptured my tire & wheel. A short while later the Port of Authority Police had the same problem. They stopped & called the Port of Authority to help them.

201212412

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

Officer Hugerich
Shield # 2595

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	<u> — </u>
(b)	For loss of earnings	\$	<u> — </u>
(c)	For property damages	\$	<u>1531.25</u>
Total:		\$	<u>1531.25</u>

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

—

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

—

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

—

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

—

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

—

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

201212412

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.

2011 Lincoln MKT-

Left rear tire - replaced - suspension needed
wheel replaced -

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

Receipt attached

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 - accident was the fault of the PA
as the manhole cover should have been
securely in place

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.

not my fault as I was driving carefully
& slowly

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

Police report - claim # 12N10830

2012 SEP 14 2:41 PM
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

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

201212412

Dated: 9/10, 2012.

Signed: Jaye Cohen
Claimant

AFFIDAVIT

STATE OF New York :
 :
COUNTY OF Rockland :

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

10th day of Sept., 2012

Jaye Cohen
Claimant

Michael B. Silvermintz
Notary Public

MICHAEL B. SILVERMINTZ
Notary Public, State of New York
#24-4962729
Qualified in Rockland County
Commission Expires February 26, 2013

201212409

IN THE MATTER OF THE CLAIM OF

PETER SCOTTO

-v-

THE PORT AUTHORITY OF NEW YORK & NEW JERSEY

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

PLEASE TAKE NOTICE that the undersigned claimant(s) hereby make(s) claim and demand against you as follows:

1. ***The name and post-office address of each claimant and claimant's attorney is:***
PETER SCOTTO *SCOTT J. ZLOTOLOW, ESQ.*
270 West Main Street
Sayville, New York
(631) 564-0055

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

sustained by claimant, PETER SCOTTO, an employee of the United States Postal Service, as a result of being struck by a mechanical door while working within Building 250 of the premises known as JFK International Airport, Jamaica, New York, due to the negligence, recklessness and carelessness of The Port Authority of New York and New Jersey, its agents, servants and/or employees in the ownership, operation, control, repair and maintenance of its premises.

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

On February 13, 2012, at approximately 8:40 a.m., at Building 250 of the premises known as JFK International Airport, Jamaica, New York, due to an improper, broken, defective, and/or malfunctioning mechanical door located at the entrance/exit of the premises, claimant was caused to be struck by said mechanical door and sustain Please refer to the annexed photographs which are incorporated herein for reference in identifying the location and the subject mechanical door. Claimant's injuries were caused due to the negligence, recklessness and carelessness of The Port Authority of New York and New Jersey in the ownership, operation, control, repair, management, supervision and maintenance of its premises.

4. ***The items of damage or injuries claimed are (do not state dollar amount):***

201212595

In the Matter of the Claim of

PORT AUTHORITY OF NEW YORK AND NEW JERSEY
OFFICE OF THE COMPTROLLER
JOHN MESSINA, JR. and JANETTE MESSINA
against

PORT AUTHORITY OF NEW YORK AND NEW JERSEY

2012 SEP 26 P 3:14

TO: PORT AUTHORITY OF NEW YORK AND NEW JERSEY
225 Park Avenue South
New York, New York 10010

PLEASE TAKE NOTICE, that the undersigned claimant(s) hereby make(s) claim and demand against the PORT AUTHORITY OF NEW YORK AND NEW JERSEY, as follows: [Office of the Comptroller requests the following additional information: in Section 2, specific defect (e.g. pothole) if applicable; in Section 3, street address wherever possible.]

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

SACKS AND SACKS, LLP
150 Broadway, 4th Floor
New York, New York 10038

JOHN MESSINA, JR. and JANETTE MESSINA

2. The nature of the claim sustained by claimant, JOHN MESSINA, JR. as a result of injuries sustained by him on September 20, 2012; and loss of services sustained by co-claimant JANETTE MESSINA.

3. The time when, the place where and the manner in which the claim arose: The claim arose on the 20th day of September 2012 at approximately 1:00 p.m. at premises under construction at World Trade Center Tower 1 project in the Borough of Manhattan, City and State of New York. At all times herein mentioned, the PORT AUTHORITY OF NEW YORK AND NEW JERSEY owned, operated and controlled the aforesaid premises and further, retained numerous contractors, including Tishman Construction and Cornell Steel to perform work, labor and services thereat. While claimant was lawfully upon the aforesaid premises as an employee of DCM Erectors, he was caused to sustain

The occurrence as aforesaid was caused solely and wholly by the reasons of the negligence, carelessness and recklessness of defendants, their contractors, agents and employees who were negligent in the ownership, operation, management and control of the aforesaid premises. While claimant was lawfully performing his duties, he was caused to be injured when his float scaffold fell and collapsed; the PORT AUTHORITY OF NEW YORK AND NEW JERSEY and the contractors the PORT AUTHORITY OF NEW YORK AND NEW JERSEY and its contractors failed to ensure that the scaffolding and guardrails were properly constructed, placed, operated and maintained; further, failed to ensure that the plaintiff was provided with a proper work platforms; further, failed to provide personal protective equipment to prevent a fall from an elevated worksite; failed to provide safety netting thereat; further failed to provide barricades and close up dangerous and hazardous work area thereat; further defendants violated Sections 200, 240 and 241(6) of the Labor Law of the State of New York, Rule 23 of the Industrial Code of the State of New York, specifically, but not limited to: 23-1.5, 23-1.7, 23-1.8, 23-1.15, 23-1.16, 23-1.17, 23-1.21, 23-1.22; 23-2.1, 23-2.2, 23-2.3, 23-2.4, 23-5, 23-6, Article 1926 of O.S.H.A. and was otherwise negligent, careless and reckless, causing claimant to sustain

Claimant was free from comparative fault.

4. The items of special damage or injuries claimed are: Claimant, JOHN MESSINA, JR.

but claimant will permit a physical by the PORT AUTHORITY OF NEW YORK AND NEW JERSEY, and the item of damages exceed the jurisdictional limitations of the lower Court. Co-claimant JANETTE MESSINA sues exceed the jurisdictional limitations of the lower Court.

201212595

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) intend(s) to commence an action on this claim.

Dated: NEW YORK, NEW YORK
SEPTEMBER 27, 2012

[Signature]
The name signed must be printed beneath
David Mayer as attorneys for John Messina, Jr.
and Jannette Messina

The name signed must be printed beneath

[Signature]
Attorney(s) for Claimant(s)
Office and Post Office Address, Telephone Number
SACKS & SACKS, LLP
150 Broadway 4F
New York, NY 10038
212.964.5570

CORPORATE VERIFICATION

State of New York, County of ss.:

being duly sworn, deposes and says that deponent is the
of

corporate claimant named in the within action; that deponent has read the foregoing Notice of Claim and knows the contents thereof, and that the same is true to deponent's own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters deponent believes it to be true.

This verification is made by deponent because said claimant is a corporation, and deponent an officer thereof, to wit its
The grounds of deponent's belief as to all matters not stated upon deponent's knowledge are as follows:

INDIVIDUAL VERIFICATION

State of New York, County of New York ss.:
David Mayer as attorney for John and Jannette Messina
being duly sworn, deposes and says that deponent is the 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 the matters therein stated to be alleged on information and belief, and that as to those matters deponent believes it to be true.

Sworn to before me, this 27th day of September 2012
[Signature]
GREEN F. WADE
NOTARY PUBLIC-STATE OF NEW YORK
No. 01WA5005816
Qualified in Richmond County
My Commission Expires December 21, 2014

Sworn to before me, this
day of

In the Matter of the Claim of

John Messina, Jr. and
Jannette Messina

-against-

THE PORT AUTHORITY OF NEW
YORK AND NEW JERSEY

Notice of Claim Against

THE PORT AUTHORITY OF
NEW YORK AND NEW JERSEY

SACKS & SACKS, LLP
Attorney(s) for Claimant(s)
Office and Post Office Address

150 Broadway 4F
New York, NY 10038
212.964.5570

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: Fahmi Bayacoub Age: 49 Address:

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: 7-15-02 Time:

4. Place of Accident. (Identify with sufficient particularity to distinguish from similar places.)
NYC Port Authority Bus Terminal
40th St between 8th & 9th Ave

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.

People crossed the street in the middle of the block in front of my taxi. Taxi was held by Port Authority for accident investigation.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 OCT 16 P 2:02

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

7. The amounts of loss claimed are as follows:

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

Total: \$ 10,99.69

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

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

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

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

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

10. If claim is made for medical and hospital expenses, itemize such expenses and for those already incurred, give names of persons to whom paid or owing.
11. If claim is made for injuries to property, list the items of damaged property and state nature and amount of damage of each item. If such property can be repaired, state cost of repair and obtain and annex estimate of cost of repair.
12. Give full particulars with respect to any items of damage or amounts claimed not given above.
13. State whether or not you believe that the accident was due to any fault on the part of the Port Authority, and if so, give your reasons in full, setting forth any specific acts or omissions which you claim constituted negligence on its part.
14. State whether or not the accident was in any way due to your fault, and if not, state in detail the reasons for your conclusions.
15. List any certificates, affidavits or statement of others which are furnished with the statement.

LAW DEPARTMENT
FORT AUTHORITY CLAIMS
2012 OCT 16 2:02

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

Juke from Port Authority claims said to use fines from
Lieutenant Abar said I would be re funded the money for fine
enclosed bill.

Dated: Sept 14, 2012

Signed: [Signature]
Claimant

AFFIDAVIT

STATE OF New York

COUNTY OF Queens

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

14th day of September, 2012

[Signature]

Notary Public

[Signature]
Claimant

PORT AUTHORITY CLAIMS
LAW DEPARTMENT
P 2:02

FARAH PAYEN
Notary Public, State of New York
No. 01PA6251855
Qualified in Queens County
Commission Expires November 21, 2015

PORT AUTHORITY OF NEW YORK AND NEW JERSEY
OFFICE OF THE SECRETARY

2012 OCT 12 P 3:19

NOTICE OF CLAIM

X-----X

In the Matter of the Claim of

JOHN S. SULLIVAN,

- against -

THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY

X-----X

TO: The PORT AUTHORITY OF NEW YORK AND NEW JERSEY

Office of the Secretary
225 Park Ave. South, 18th Flr.
New York, NY 10003

2012 OCT 12 P 4:31
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

PLEASE TAKE NOTICE that the undersigned claimants hereby make claims and demands against you as follows:

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

Claimant
JOHN S. SULLIVAN

Attorney
CASSISI & CASSISI, P.C.
114 Old Country Road
Mineola, N.Y. 11501
(516) 294-5050

2. Nature of Claim: The nature of the claim is for sustained by JOHN S. SULLIVAN and all other damages allowed by statute and case law as a result of the negligence, carelessness, recklessness and/or gross negligence of THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY, its agents, leasers, servants, licensees contractors, subcontractors, employees and other affiliates, agencies and departments, in the ownership, occupancy, operation, maintenance, repair, design, and/or control of the subject premises located in Hangar 10/American Airlines at JFK Airport, Jamaica, NY, 11434 to wit: the floor, walkway, work area of the Ground Support Equipment shop, 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 September 19, 2012, at approximately 12:00 p.m., in Hangar 10/American Airlines at JFK Airport, Jamaica, NY, 11434, on the floor/walkway/work area located in the Ground Support Equipment shop therein. At that time and place, JOHN S. SULLIVAN, who was walking along said area, was caused to be violently precipitated to the ground as a result of a

dangerous condition on the floor, consisting of a slippery/wet/unsafe foreign substance, such that same constituted a hazard and trap to those persons using said area, including the claimant herein, and did in fact result in to said claimant, all as a result of the negligence, carelessness, recklessness and gross negligence of the PORT AUTHORITY OF NEW YORK AND NEW, its agents, servants, licensees, contractors, subcontractors, employees and other affiliates, agencies and departments, and those acting under its direction, behest, permission and/or control in the ownership, tenancy, occupancy, operation, designing, creating, management, maintenance, repair, contracting, subcontracting, supervision, authorizing use and control of the aforesaid area at the aforesaid location. It will also be claimed that the aforesaid Authority was negligent in failing to properly maintain and/or repair said aforesaid area and adjacent area; in causing, permitting and allowing the surface at the aforementioned location to be maintained in such a manner that it created a hazard and a risk to others lawfully traveling upon same; in failing and neglecting to improve the aforesaid area; in creating a special use and/or deriving a special use of an area and failing to maintain said area in a reasonably safe manner; and in failing and neglecting to clean, dry off, wipe, close off, replace, properly repair, refurbish, and/or restore said surface after becoming aware of, or after they should have been aware of, the danger and were otherwise negligent in the ownership, maintenance, operation and/or control of the subject aforesaid area in failing to properly illuminate the area; in allowing the aforesaid area to become obstructed; in failing to inspect said pedestrian 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 holding out said area to the public to be safe; in failing to place any warning signs and/or other warning devices; in failing to place any adequate lighting for the said aforesaid area and surrounding areas; 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 pedestrian aforesaid area thereat; in failing to avoid the aforesaid accident which was foreseeable; and in being otherwise negligent, careless, reckless and grossly negligent in the ownership of the subject aforesaid area.

4. The items of damage or injuries claimed are: Claimant JOHN S. SULLIVAN sustained

and all other damages to which claimant is entitled to by case law and statute.

Said claims and demands are 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 claimants intend to commence an action on these claims. Claim is made for personal injuries not to exceed the sum of ONE MILLION (\$1,000,000.00) DOLLARS on behalf of Claimant JOHN S. SULLIVAN.

The undersigned claimant therefore presents this claim for adjustment and payment. You

are hereby notified that unless said claim 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: Mineola, New York
September 27, 2012


JOHN S. SULLIVAN

CASSISI & CASSISI, P.C.


Tod Groman, Esq.
Attorneys for Claimant
114 Old Country Road
Mineola, New York 11501
(516) 294-5050

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 OCT 12 P 11:31

VERIFICATION

STATE OF NEW YORK

ss.:

COUNTY OF NASSAU

JOHN S. SULLIVAN deposes and says that deponent is the above-named claimant; deponent has read the foregoing NOTICE OF CLAIM and knows 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 them to be true.

Dated: Mineola, New York
September 28, 2012


JOHN S. SULLIVAN

Sworn to before me this
28 day of September, 2012


Notary Public

TOD GROMAN
NOTARY PUBLIC, STATE OF NEW YORK
NO #02GR5009799
QUALIFIED IN NASSAU COUNTY
COMMISSION EXPIRES 03/22/15

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 OCT 12 PM 4:31

CASSISI & CASSISI, P.C.
Attorneys For Claimant JOHN S. SULLIVAN
114 Old Country Road
Mineola, New York 11501
516-294-5050

IN THE MATTER OF THE CLAIM OF

JOHN S. SULLIVAN

against

THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY

CASSISI & CASSISI, P. C.
Attorneys for SULLIVAN
114 Old Country Road
Mineola, New York 11501
516-294-5050
Fax No.: 516-294-0711

TO:

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:

Judy C. Rosenblatt 71

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.

2012 OCT 12 A 11:07
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

3. Date of Accident: Time:

8/2/12

1400 hrs

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

Holland Tunnel

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 driving thru the Tunnel to go upstate NY, + one of the standpipe doors was open + I could not avoid bumping into it. While in the Tunnel, another door was open. I was able to avoid the second door but the accident occurred on the first open door + caught me completely, unawares. I had never seen one of those doors open before.

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

None - I was not even aware of the extent of damage until I was able to stop further upstate. It was then that I called my Insurance Co - Geico

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	0
(b)	For loss of earnings	\$	0
(c)	For property damages	\$	
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.

none - except severely shaken + grateful it wasn't worse than it was.

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

NA

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.

NA

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

NA

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

NA

LAW DEPARTMENT
COURT AUTHORITY CLAIMS
2012 OCT 12 A 11:07

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.

None

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.

My right hand passenger side mirror was completely torn off. One inch closer to the glass on the side door or front would have broken.

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

None other

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.

I was not even aware that there were doors on the side of the tunnel. I had never seen one open + they should not have been left open - IT WAS THE FAULT OF THE P.A. + VERY VERY DANGEROUS.

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.

As I said before, I had no reason to suspect a door would be open. I was trying to stay in my lane + keep an appropriate distance from cars in the other lane. I was where I was supposed to be. The door should not have been left open.

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: Oct. 4, 2012

Signed: [Signature]
Claimant

AFFIDAVIT

STATE OF NY
COUNTY OF NY

:
:
:

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

04 day of October, 2012

[Signature]

STATE OF NEW YORK
COUNTY OF NEW YORK
SWORN TO ME

Notary Public

CARMINE J. PALERMO
Notary Public, State of New York
No. 4769389
Certified in Rockland County
Commission Expires 12/31/2014

[Signature]
Claimant

2012 OCT 11 A 11:07
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

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: Samuel G. Nakhla Age: 35 Address:

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

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 OCT 15 A 8:31

3. Date of Accident: 08/28/2012 Time: 21:50

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

George Washington Bridge East upper level

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.

As I was driving on GW Bridge East - upper level on my way home, I heard and felt a hit to my car and the tire pressure light came on. I pulled over next to 2 other stalled vehicles to find a big hole in my right front tire as I hit a big metal piece. see pic

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

① Mrs. Phyllis Brown - She was one of 20 other drivers hit the same metal object on the bridge the same night.

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	_____
(b)	For loss of earnings	\$	_____
(c)	For property damages	\$	<u>218.52</u>

Total: \$ 218.52

\$ 218.52

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

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

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

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

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

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 OCT 15 A 8:37

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

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

I had to replace the right front damaged tire and also had to buy another new tire for front left (Driver side) tire
(RH) tire cost (LH) tire cost

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

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

I believe the accident was due to fault on the part of the Port Authority as a piece of metal on a seam popped on the bridge flattening tires on about 20 cars, one of which was my car.

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 accident was NOT in any way due to my fault as I am a safe driver, I always obey traffic and state/city laws and never exceed the speed limit.

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

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 OCT 15 A 8:37

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

Dated: 10/03, 2012

Signed: Samuel G. McKel
Claimant

AFFIDAVIT

STATE OF _____ :
: COUNTY OF _____ :

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

_____ day of _____, 20_____

Claimant

Notary Public

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

Eddie L. Malave 28

1. Claimant's name Age Address

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 Time

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

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.

Parked my personal vehicle at SIB-OBX parking lot at 0700 hrs. When I returned at 1530 hrs, noticed severe damage to my door knob, mirror, driver door, and rear passenger door. White paint was found on my door knob, (refer to police report, picture taken.)

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2017 OCT 12 AM 11:06

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

N/A

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	<u>0</u>
(b)	For loss of earnings	\$	<u>0</u>
(c)	For property damage	\$	<u>119.54</u>

Total \$ 2,119.54

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.

N/A

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

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

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

LAW DEPARTMENT
FORT AUTHORITY CLAIMS
2012 OCT 12 A 11:06

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.

N/A

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.

Refer to Ultimate Collision Repair, Inc. for details of damage and repairs needed.

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.

The total damage and force of the PA vehicle that hit my vehicle was severe. So severe, that the hit dented door brackets behind the metal panels (Paintless dent repair, not feasible) Ultimate Collision Repair, Inc. stated damage found was due to a heavy vehicle that reversed into the doors, knob, & mirror. ~~The~~ Door brackets behind panel are not easy to bend & require a lot of force to create damage.

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.

My personal vehicle is parked away from the general area to allow common parking for employees that work at the STD-OBP. PA Maintenance trucks commonly are too parked next to my vehicle. Upon arriving back to my vehicle, PA Maintenance trucks & heavy equipment are PARKED next to my car. At times, PA Maintenance trucks reverse into their parking sp when arriving back to my car at 1530 hrs.

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

(See attachments, police report, pictures, estimate)

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

N/A

Dated: October 11, 2012

Eddie Z. Pedraza
Claimant

STATE OF New Jersey : AFFIDAVIT
COUNTY OF Middlesex : ss:

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 11 day of Oct, 2012
[Signature]
Notary Public

Eddie Z. Pedraza
Claimant

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 OCT 12 AM: 06

Chan Kim
Notary Public of New Jersey
Commission Expires 2/20/2017

**In the Matter of the Claim of
GERALD RYAN and BERNADETTE RYAN, Claimants,
against
PORT AUTHORITY OF NEW YORK AND NEW JERSEY, Respondent.**

2017 OCT 10 A 10:21

TO RESPONDENTS:

*225 PARK AVE SOUTH
NY NY*

**PORT AUTHORITY OF NEW YORK AND NEW JERSEY
625 8th Avenue
New York, New York 10018-9993**

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

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

**GERALD RYAN &
BERNADETTE RYAN**

**CALANO & CULHANE, LLP
370 Lexington Avenue, Suite 1200
New York, New York 10017** /

2. The nature of the claim: The claimants seeks money damages for sustained by the claimant, GERALD RYAN on September 20, 2012 and sustained by claimant, BERNADETTE RYAN as a result of the carelessness, recklessness and negligence of PORT AUTHORITY OF NEW YORK AND NEW JERSEY through its agents, servants and/or employees, as a result of the injuries sustained by the claimant,

3. The time when, the place where and the manner in which the claim arose: The occurrence took place on September 20, 2012 at approximately 4:15 a.m. on the southside roadway , at column number 9E of the George Washington Bridge, New York, New York. The accident occurred as the claimant, GERALD RYAN and a co-worker were attempting to lift a "Keg" (bucket) full of bolts from the roadway at said location over a guardrail. The "Keg" was to be placed on the pedestrian walkway thereat. During the lift, the claimant, GERALD RYAN's co-worker lost hold of the "Keg" causing the "Keg" to fall It will be alleged that the claimant, GERALD RYAN was not provided with an appropriate safety device in accordance with Labor Law §§§ 240, 241(6) and 200 which would have prevented this accident.

4. The claimant, GERALD RYAN has sustained

Said damages exceed the jurisdictional limits of all lower Courts which would otherwise have jurisdiction.

That said claim and demand is hereby presented for adjustment and payment.

PLEASE TAKE FURTHER NOTICE, that by reason of the premises, in default of THE RESPONDENT ,
adjusting this claim within the time limited for the compliance with this demand by THE
RESPONDENT by the statutes in such cases made and provided, claimant intends to commence an
action against THE RESPONDENT
to recover monies for with interest and costs.

Dated: 10/1/12

Respectfully yours,

Thomas A. Culhane

Gerald P. Rep

Claimant

THOMAS A. CULHANE, ESQ.
CALANO & CULHANE, L.L.P.
Attorneys for Claimant
370 Lexington Avenue, Suite 1200
New York, New York 10017
Tel. No: (212) 685-3500

STATE OF NEW YORK, COUNTY OF

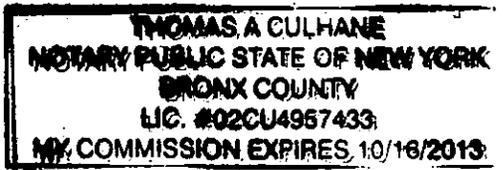
I, *Gerald P. Rep*, being duly sworn, deposes and says; that he is the claimant herein; that he has read
the foregoing notice of claim against *the respondent* and knows the contents thereof; that the same is true to
his own knowledge, except as to the matters therein stated to be alleged on information and belief, and that as to those
matters he believes it to be true.

Gerald P. Rep
Claimant

Sworn to before me on this
1 day of *October*, 2012

Thomas A. Culhane

Notary Public



2012 OCT 10 P 12:40

NOTARY PUBLIC STATE OF NEW YORK
BRONX COUNTY

**In the Matter of the Claim of
ANTHONY VETRANO
against
THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY**

2012 OCT 9 P 4 09

TO: THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY
225 Park Avenue South
New York, New York 10010

PLEASE TAKE NOTICE, that the undersigned claimant(s) hereby make(s) claim and demand against the CITY OF NEW YORK, as follows: [Office of the Comptroller requests the following additional information: in Section 2, specific defect (e.g. pothole) if applicable; in Section 3, street address wherever possible.]

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

SACKS AND SACKS, LLP
150 Broadway, 4th Floor
New York, New York 10038

ANTHONY VETRANO

2. The nature of the claim: sustained by claimant, ANTHONY VETRANO as a result of injuries sustained by him on October 3, 2012.

3. The time when, the place where and the manner in which the claim arose: The claim arose on the 3rd day of October 2012 at approximately 11:00 a.m. at premises under construction known as Tower 4 at the World Trade Center, specifically on the 64th floor, south end side by the hoist. The Port Authority of New York and New Jersey owned, operated and controlled the aforesaid premises and further retained numerous contractors including Tishman Construction, LLC to perform work thereat. While, claimant was lawfully upon the aforesaid premises as an employee of DCM Erectors, he was caused to sustained when the scissor lift he was in was suddenly and unexpectedly struck by a hoist/alimac operated by Tishman Construction employees; further defendants, were negligent in failing to properly operated said manlift/alimac; further, defendants in failing to coordinate the trades on site; further, defendants were negligent in failing to properly observe where workers would be performing ironwork while operating manlift/alamac in the same location; further, defendants failed to properly train its employees, further, were negligent per se; further, were negligent under the theory of respondent superior; further, violated Sections 200, 240 and 241(6) of the Labor Law of the State of New York, Rule 23 of the Industrial Code of the State of New York, specifically but not limited to 23-1.5, 23-1.6, 23-1.7, 23-1.8, 23-1.15, 23-1.17, 23-1.30, 23-7.1, 23-7.2, 23-7.3, 23-9.6, 23-9.7, Article 1926 of O.S.H.A. and was otherwise negligent, careless and reckless causing claimant to sustain

Claimant was free from comparative fault.

4. The items of special damage or injuries claimed are: Claimant ANTHONY VETRANO

claimant will permit a physical by THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY, and the item of damages exceed the jurisdictional limitations of the lower Court.

2012 OCT 9 P 5 13
LITIGATION
PORT AUTHORITY OF NEW YORK AND NEW JERSEY

2012 OCT 9 P 5 14
LITIGATION
PORT AUTHORITY OF NEW YORK AND NEW JERSEY

\$

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) intend(s) to commence an action on this claim.

Dated: NEW YORK, NEW YORK
OCTOBER 8, 2012

[Signature]
ANTHONY VETRANO

The name signed must be printed beneath

Attorney(s) for Claimant(s)
Office and Post Office Address, Telephone Number
SACKS & SACKS, LLP
150 Broadway 4F
New York, NY 10038
212.964.5570

CORPORATE VERIFICATION

State of New York, County of

ss.:

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

This verification is made by deponent because said claimant is a corporation, and deponent an officer thereof, to wit its
The grounds of deponent's belief as to all matters not stated upon deponent's knowledge are as follows:

INDIVIDUAL VERIFICATION

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

Anthony Vetrano
being duly sworn, deposes and says that deponent is the 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 the matters therein stated to be alleged on information and belief; and that as to those matters deponent believes it to be true.

[Signature]
CARREEN F. WADE

Sworn to before me, this 8th day of October, 2012

NOTARY PUBLIC-STATE OF NEW YORK
No. 01WA5005816
Qualified in Richmond County
My Commission Expires December 21, 2014

In the Matter of the Claim of

Anthony Vetrano

-against-

The Port Authority of New York and New Jersey

Notice of Claim Against

The Port Authority of New York and New Jersey

SACKS & SACKS, LLP
Attorney(s) for Claimant(s)
Office and Post Office Address

150 Broadway 4F
New York, NY 10038
212.964.5570

**In the Matter of the Claim of
THOMAS CONSIDINE and NANCY CONSIDINE
against
PORT AUTHORITY OF NEW YORK AND NEW JERSEY**

2012 OCT -9 12 09

TO: PORT AUTHORITY OF NEW YORK AND NEW JERSEY
225 Park Avenue South
New York, New York 10010

PLEASE TAKE NOTICE, that the undersigned claimant(s) hereby make(s) claim and demand against the PORT AUTHORITY OF NEW YORK AND NEW JERSEY, as follows: [Office of the Comptroller requests the following additional information: in Section 2, specific defect (e.g. pothole) if applicable; in Section 3, street address wherever possible.]

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

SACKS AND SACKS, LLP
150 Broadway, 4th Floor
New York, New York 10038

THOMAS CONSIDINE and NANCY CONSIDINE

2. The nature of the claim: sustained by claimant, THOMAS CONSIDINE as a result of injuries sustained by him on September 9, 2012; and loss of services sustained by co-claimant NANCY CONSIDINE.

3. The time when, the place where and the manner, in which the claim arose: The claim arose on the 9th day of September, 2012 at approximately 8:00 a.m. at premises under construction known as the World Trade Center Memorial, [REDACTED] in the Borough of Manhattan, City and State of New York. At all times herein mentioned, the PORT AUTHORITY OF NEW YORK AND NEW JERSEY owned, operated, managed and controlled the aforesaid premises and further entered into numerous contracts with Bovis Lend Lease LMB and 5 Star Electric to perform work, labor and services thereat. While claimant was lawfully upon the aforesaid premises as an employee of the aforesaid 5 Star Electric he was caused to sustain [REDACTED] when he was caused to bump his knee. The occurrence as aforesaid was caused solely and wholly by the reason of negligence, carelessness and recklessness of the PORT AUTHORITY OF NEW YORK AND NEW JERSEY and its contractors, agents and employees who were negligent in the ownership, operation, management and control of the aforesaid premises. The PORT AUTHORITY OF NEW YORK AND NEW JERSEY, its contractors, agents and employees failed to ensure that all work areas, throughfares and passageways, ramps and runways were properly constructed, placed, operated and maintained; further, failed to have proper guard rails and safety rails thereat; further, failed to ensure there were proper traction devices thereat; further, failed to ensure that said areas would not be cluttered with dirt, debris and refuse, causing tripping hazards thereat; further, failed to ensure the jobsite was properly illuminated; further, failed to man the jobsite sufficient with laborers to keep up with the cleanup of dirt, debris and other refuse; further, failed to ensure that work areas, passageways and throughfares were free of dirt, debris, and slipping and tripping hazards, causing claimant to fall, sustaining [REDACTED] further, violated Sections 200, 240 and 241(6) of the Labor Law of the State of New York, Rule 23 of the Industrial Code of the State of New York, specifically, but not limited to: 23-1.5, 23-1.7, 23-2.1, 23-1.30, Article 1926 of O.S.H.A. and was otherwise negligent careless and reckless, causing claimant to sustain Claimant was free from comparative fault.

4. The items of special damage or injuries claimed are: Claimant THOMAS CONSIDINE sustained [REDACTED] but claimant will permit a physical by the PORT AUTHORITY OF NEW YORK AND NEW JERSEY, and the item of damages exceed the jurisdictional limitations of the lower Court. Co-claimant NANCY CONSIDINE sues [REDACTED] and the item of damages exceed the jurisdictional limitations of the lower Court.

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) intend(s) to commence an action on this claim.

Dated: **OCTOBER 8, 2012**

Thomas Considine
The name signed must be printed hereafter
THOMAS CONSIDINE
Nancy Considine
The name signed must be printed hereafter
NANCY CONSIDINE

Attorney(s) for Claimant(s)
Office and Post Office Address, Telephone Number
SACKS AND SACKS, LLP
150 Broadway
New York, New York 10038
(212) 964-5570

CORPORATE VERIFICATION

State of New York, County of ss.:

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

This verification is made by deponent because said claimant is a corporation, and deponent an officer thereof, to wit its The grounds of deponent's belief as to all matters not stated upon deponent's knowledge are as follows:

INDIVIDUAL VERIFICATION

State of New York, County of **NEW YORK** ss.:
THOMAS CONSIDINE & NANCY CONSIDINE
being duly sworn, deposes and says that the 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 the matters therein stated to be alleged on information and belief, and that as to those matters deponent believes it to be true.

Sworn to before me, this ^{8th} day of **October**

2012

Sworn to before me, this day of 19

THAO DUONG
NOTARY PUBLIC-STATE OF NEW YORK
No. 01DU6210927
Qualified in Queens County
My Commission Expires September 06, 2016

In the Matter of the Claim of

Thomas Considine
Nancy Considine

against

POA Authority of New York & New Jersey

Notice of Claim Against
PANNYS

SACKS AND SACKS, LLP
Attorney(s) for Claimant(s)
Office and Post Office Address
150 Broadway
New York, New York 10038
(212) 964-5570

2012 OCT - 9 P 5:13
RECEIVED
CLERK OF SUPREME COURT

**In the Matter of the Claim of
THOMAS CONSIDINE and NANCY CONSIDINE,
against
PORT AUTHORITY OF NEW YORK AND NEW JERSEY**

2012 OCT -9 P 6 08

TO: PORT AUTHORITY OF NEW YORK AND NEW JERSEY
225 Park Avenue South
New York, New York 10010

PLEASE TAKE NOTICE, that the undersigned claimant(s) hereby make(s) claim and demand against the PORT AUTHORITY OF NEW YORK AND NEW JERSEY, as follows: [Office of the Comptroller requests the following additional information: in Section 2, specific defect (e.g. pothole) if applicable; in Section 3, street address wherever possible.]

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

SACKS AND SACKS, LLP
150 Broadway, 4th Floor
New York, New York 10038

THOMAS CONSIDINE and NANCY CONSIDINE

2. The nature of the claim: sustained by claimant, THOMAS CONSIDINE as a result of injuries sustained by him on August 7, 2012; and sustained by co-claimant NANCY CONSIDINE.

3. The time when, the place where and the manner in which the claim arose: The claim arose on the 7th day of August, 2012 at approximately 8:00 a.m. at premises under construction known as the World Trade Center Memorial, 284 level near coat room, in the Borough of Manhattan, City and State of New York. At all times herein mentioned, the PORT AUTHORITY OF NEW YORK AND NEW JERSEY owned, operated, managed and controlled the aforesaid premises and further entered into numerous contracts with Bovis Lend Lease LMB and 5 Star Electric to perform work, labor and services thereat. While claimant was lawfully upon the aforesaid premises as an employee of the aforesaid 5 Star Electric he was caused to sustain when he was caused to trip and fall over dirt, debris and other refuse. The occurrence as aforesaid was caused solely and wholly by the reason of negligence, carelessness and recklessness of the PORT AUTHORITY OF NEW YORK AND NEW JERSEY and its contractors, agents and employees who were negligent in the ownership, operation, management and control of the aforesaid premises. The PORT AUTHORITY OF NEW YORK AND NEW JERSEY, its contractors, agents and employees failed to ensure that all work areas, thoroughfares and passageways, ramps and runways were properly constructed, placed, operated and maintained; further, failed to have proper guard rails and safety rails thereat; further, failed to ensure there were proper traction devices thereat; further, failed to ensure that said areas would not be cluttered with dirt, debris and refuse, causing tripping hazards thereat; further, failed to ensure the jobsite was properly illuminated; further, failed to man the jobsite sufficient with laborers to keep up with the cleanup of dirt, debris and other refuse; further, failed to ensure that work areas, passageways and thoroughfares were free of dirt, debris, and slipping and tripping hazards, causing claimant to fall, sustaining further, violated Sections 200, 240 and 241(6) of the Labor Law of the State of New York, Rule 23 of the Industrial Code of the State of New York, specifically, but not limited to: 23-1.5, 23-1.7, 23-2.1, 23-1.30, Article 1926 of O.S.H.A. and was otherwise negligent careless and reckless, causing claimant to sustain

Claimant was free from comparative fault.

4. The items of special damage or injuries claimed are: Claimant THOMAS CONSIDINE sustained

but claimant will permit a physical by the PORT AUTHORITY OF NEW YORK AND NEW JERSEY, and the item of damages exceed the jurisdictional limitations of the lower Court. Co-claimant NANCY CONSIDINE sues the item of damages exceed the jurisdictional limitations of the lower courts.

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) intend(s) to commence an action on this claim.

Dated: OCTOBER 8, 2012

[Handwritten signature]

[Handwritten signature]

The name signed must be printed beneath
THOMAS CONSIDINE

[Handwritten signature]

The name signed must be printed beneath
NANCY CONSIDINE

Attorney(s) for Claimant(s)
Office and Post Office Address, Telephone Number
SACKS & SACKS, LLP
150 Broadway 4F
New York, NY 10038
212.964.5570

CORPORATE VERIFICATION

State of New York, County of ss.:

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

This verification is made by deponent because said claimant is a corporation, and deponent an officer thereof, to wit its The grounds of deponent's belief as to all matters not stated upon deponent's knowledge are as follows:

INDIVIDUAL VERIFICATION

State of New York, County of NEW YORK ss.:
THOMAS CONSIDINE & NANCY CONSIDINE
being duly sworn, deposes and says that deponent is the 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 the matters therein stated to be alleged on information and belief, and that as to those matters deponent believes it to be true.

[Handwritten signature]

THAO DUONG

NOTARY PUBLIC-STATE OF NEW YORK
No. 01DU621092 day of
Qualified in Queens County
My Commission Expires September 03, 2013

Sworn to before me, this 8th day of OCTOBER, 2012

In the Matter of the Claim of

THOMAS CONSIDINE
&
NANCY CONSIDINE

Matter of Claim Against
Peer Authority of New York
& New Jersey

SACKS & SACKS, LLP
Attorney(s) for Claimant(s)
Office and Post Office Address

150 Broadway 4F
New York, NY 10038
212.964.5570

2012 OCT - 9 P 5:13

WILLIAMSON
COUNTY CLERK

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

Roxana Hoyos Skyrsold

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.

Attorney retained to represent claimant
in this matter

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 OCT 12 A 11:07

3. Date of accident

1/20/12

Time

approx. 9:30 a.m.

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

Delta Terminal D, third revolving door to the right
when facing the building from the outside

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.

While the client was lawfully walking into
Delta Terminal D into the revolving door, she
was violently thrown to the door after being
slammed from behind by one of the door panels
due to the increased rotation and velocity of the
door. This was told by client and translated
into English by son.

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

There are no known witnesses at this time. A Port Authority officer did take down a written report.

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	<u>to be determined (TBD)</u>
(b)	For loss of earnings	\$	<u>none</u>
(c)	For property damage	\$	<u>none</u>

Total \$ TBD

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.

Provide affidavits of submission or state why such affidavits is not submitted

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

LAW DEPARTMENT
FORT AUTHORITY CLAIMS
2012 OCT 12 A 11:07

-
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.

\$975 to date - has not been paid

There may be additional expenses that have been or will be incurred.

-
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.

NIA

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

There are none at this time.

-
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.

please see attached

-
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.

There is no indication that the accident was caused by or due to any fault of the claimant.

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

N/A

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

N/A

Dated: October 9, 2012

Amanda A. Santoro, Esq.
Attorney for Claimant

AFFIDAVIT

STATE OF
COUNTY OF

:
: ss:
:

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
_____ day of _____, 20__

Claimant

Notary Public

Claimant: Roxana Hoyos

Question 13. (Please see response below)

Claimant sustained _____ as a result of the negligence and carelessness of the THE PORT OF AUTHORITY OF NEW YORK and NEW JERSEY and its agents, servants and/or employees in causing, permitting and allowing the said revolving doors to be, become and remain in an unsafe and otherwise dangerous and hazardous condition; in failing to perform maintenance on the subject revolving door; in failing to reduce the rate of speed of the revolving door, in failing to repair, inspect, maintain, fix and adjust the subject door; in failing to have written and audio warnings of the speed of the revolving door; in failing to provide a safe ingress and egress to the terminal; in failing to offer an alternative means of ingress and egress to the building; in failing to have automatic revolving doors; in failing to monitor the speed of the revolving doors on a daily basis; in failing to conduct regular tests on the door to determine it is in proper working order; in failing to ensure that the revolving doors are working at an appropriate speed; in failing to warn patrons of the speed at which the doors were operating; in failing to warn patrons to proceed with caution; in failing to timely inspect and/or properly inspect the aforesaid revolving doors; in failing to warn of the speed the door is operating at; in failing to repair, timely repair and/or properly repair the aforesaid revolving door after receiving prior written notice of said defective condition; in failing to repair, timely repair and/or properly repair the issue that caused the increase in speed of the aforesaid revolving doors after receiving prior written notice of said defective condition; in failing to repair, timely repair and/or properly repair the issue that caused the increase in the speed of revolving door after having prior constructive and actual notice of said defective condition; in causing a trap; in causing and creating an obstruction; in knowingly permitting said defective condition to remain; in failing to timely replace the rubber strips/seals causing increased velocity; in failing to timely replace the rubber strips/seals causing decreased resistance; in failing to maintain safety releases; in failing to clear any and all obstruction with respect to the safety and operation of the doors; in failing to timely replace the rubber strips/seals; in failing to update the revolving doors to sensor activated doors; in failing to control, monitor and inspect the speed control device of the doors; in negligently designing and installing the subject revolving door; in failing to check, inspect, maintain and repair the break shoe assembly of the revolving door; in violating New York City Administrative Code, Article 5, §27-371, including but not limited to sections(m)(1), (m)(2)(a.)-(e.) and (3); and in being otherwise careless, reckless and negligent in the premises.

In the Matter of the Claim of

SALVATOR RUIZ and PHYLLIS RUIZ,

Claimants,

-against-

PORT AUTHORITY OF NEW YORK & NEW JERSEY

Respondent.

TO: Port Authority of New York & New Jersey, Attn: Legal Department 225
Park Avenue South, 15th Fl., New York, New York 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 claimants' attorneys is:

Claimants

Salvador Ruiz

Phyllis Ruiz

Attorney

Parker Waichman LLP

6 Harbor Park Drive

Port Washington, NY /

11050

(516) 466-6500

2. Nature of Claim: The nature of the claim is for
sustained by **SALVADOR RUIZ** 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 & 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 Respondent of the premises known as JFK International Airport located at JFK Expressway and South Cargo Road, Jamaica, New York 11430, more particularly, the men's restroom located in the passenger processing area of Terminal 1 of the premises, more specifically, the men's restroom floor in said men's restroom, in failing to properly maintain said men's restroom; in failing to properly maintain said floor of the men's restroom; in causing, permitting and allowing water and/or other substances to remain on the floor at the subject area despite actual and/or constructive notice of same; in failing to provide warning signs as to the wet and dangerous condition; in allowing the floors located thereat to become obstructed, deteriorated and covered with water or other foreign substance; in failing to maintain the subject premise and all parts thereof in a reasonably safe condition; in failing to properly and timely repair the subject premises and all parts thereof; in failing to furnish the claimant herein with a place of employment which was free from hazard; in failing to furnish the claimant herein with a place of employment which provided reasonable and adequate protection to his safety and health; in failing to perform proper, timely and sufficient inspections of the subject premises and parts thereof; in allowing the floor located thereat to become and/or remain in a wet and slippery state of disrepair and/or improper repair; in failing to inspect said 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 post signs of warning of the slippery substance water or other substance existing on said floor after, upon information and belief, the floor was recently mopped; in failing to take any necessary steps to alleviate said condition thereat; in failing to properly place, maintain, repair and/or design signs and/or other warning signs in the aforesaid area; in failing to undertake proper and/or adequate safety studies and/or surveys; in failing to properly repair said floor 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, **Salvador Ruiz**, herein; in failing to warn the general public and, more particularly, claimant, **Salvador Ruiz**, herein, of the subject hazard, trap and nuisance; in failing to have rules, regulations and guidelines with regards to the proper maintenance of the subject building and, more particularly, with regards to the dangerous condition in said area; in permitting water and/or other substance to exist on the floor thereat; in failing to avoid the aforesaid accident which was foreseeable; and in being otherwise negligent, careless, reckless and grossly negligent in the premises.

Said claim involved an enforcement agent acting in the course and scope of his employment whose injuries were caused by a violation of a statute, rule, ordinance, and/or regulation so as to create a cause of action pursuant to General Municipal Law section 205(e); in permitting and allowing a wet and dangerous condition to exist thereat and for which respondent had notice thereof; and the respondent was otherwise negligent, careless, reckless, and grossly negligent in the premises.

3. The time when, the place where and the manner in which the claim arose:

The accident arose on January 5, 2012 at approximately 8:40 a.m., on the premises known as **JFK International Airport located at JFK Expressway and South Cargo Road, Jamaica, New York 11430, more particularly, the men's restroom located in the passenger processing area of Terminal 1 of the premises, more specifically, the men's restroom floor in said men's restroom,** while claimant, Salvador Ruiz, was traversing within said men's bathroom, was caused to trip and fall and be violently precipitated to the ground as a result of a slippery substance water or other substance then and there existing on said bathroom floor after, upon information and belief, the floor was recently mopped, resulting to said claimant as a result of the negligence, carelessness, recklessness and gross negligence of the **Port Authority of New York & New Jersey**, as set forth hereinabove and as reported to the Port Authority of New York and New Jersey police in case no. 308.

4. Items of Damage: Claimant, **Salvador Ruiz**, sustained

other damages to which claimants are 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 claimants intend to

commence an action in these claims. Claim is made for not to exceed the sum of TEN MILLION (\$10,000,000.00) DOLLARS on behalf of claimant **Salvador Ruiz**.

Claimant, **Phyllis Ruiz**, has sustained Claim is made for loss of services and incurred medical expenses in an amount not to exceed the sum of TWO MILLION (\$2,000,000) DOLLARS on behalf of claimant, **Phyllis Ruiz**.

Dated: Port Washington, New York
October 10, 2012

NOTICE OF CLAIM SIGNATURE PAGE

The said claim and demand is hereby presented for adjustment and payment. You are hereby notified that unless it is adjusted and paid within the time prescribed by law from the date of presentation to you, the claimant intends to commence an action in this claim.

Dated: Port Washington, New York
October 10, 2012

X Salvador Ruiz
Salvador Ruiz

X _____

PARKER WAICHMAN LLP
Attorneys and Counselors at Law
Attorneys for Claimant(s)
Office & P.O. Address
6 Harbor Park Drive
Port Washington, New York 11050

INDIVIDUAL VERIFICATION

State of New York, County of Nassau ss:

Salvador Ruiz being duly sworn, deposes and says that deponent is the one of 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 deponent's own knowledge, except as to those matters therein stated to be upon information and belief, and that as to those matters, deponent believes it to be true.

X Salvador Ruiz
Salvador Ruiz

X _____

Sworn to before me this 10th
day of October, 2012

Notary Public Rosa Guarino
Notary Public, State of New York
No. 01C0022713
Qualified in Nassau County
Commission Expires April 5, 2015

2012 OCT 12 P 1:31
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

NOTICE OF CLAIM PURSUANT TO NEW JERSEY STATUTE 59:8-1, ET SEQ.

A. CLAIMANT: Elbert Hankerson

B. NOTICES TO BE SENT:

C/O JAVERBAUM WURGAFT HICKS KAHN
WIKSTROM & SININS
201 Washington Street
Newark, New Jersey 07102

C. CIRCUMSTANCES:

On October 5, 2012, Claimant was a passenger on New Jersey Transit bus line #24, in East Orange, New Jersey.

On the aforementioned time and place the Port Authority of New York and New Jersey was the owner of said bus which was being operated in a careless, reckless and negligent manner by their agent, servant and/or employee causing same to collide with a vehicle also being operated in a careless, reckless and negligent manner. As a direct and proximate result thereof, claimant was caused to sustain :

D. INJURIES:

E. PUBLIC ENTITY: Port Authority of New York and New Jersey.

F. AMOUNT CLAIMED:

**JAVERBAUM WURGAFT HICKS
KAHN WIKSTROM & SININS**



BY: SCOTT M. SININS

2017 OCT 12 A 11: 06
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

In the Matter of the Claim of
STEPHEN ALEXANDER and CHRISTINE ALEXANDER
against
PORT AUTHORITY OF NEW YORK AND NEW JERSEY

OFFICE OF THE
COMPTROLLER
2012 OCT -9 P 4:08

TO: PORT AUTHORITY OF NEW YORK AND NEW JERSEY
225 Park Avenue South
New York, New York 10010

PLEASE TAKE NOTICE, that the undersigned claimant(s) hereby make(s) claim and demand against the PORT AUTHORITY OF additional NEW YORK AND NEW JERSEY, as follows: [Office of the Comptroller requests the following information: in Section 2, specific defect (e.g. pothole) if applicable; in Section 3, street address wherever possible.]

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

SACKS AND SACKS, LLP
150 Broadway, 4th Floor
New York, New York 10038

STEPHEN ALEXANDER and CHRISTINE
ALEXANDER

2. The nature of the claim sustained by claimant, STEPHEN ALEXANDER as a result of injuries sustained by him on October 3, 2012; and sustained by co-claimant CHRISTINE ALEXANDER.

3. The time when, the place where and the manner in which the claim arose: The claim arose on the 3rd day of October, 2012 at approximately 7:50 a.m. at premises under construction known as the World Trade Center #4 in the Borough of Manhattan, City and State of New York. At all times herein mentioned, the PORT AUTHORITY OF NEW YORK AND NEW JERSEY owned, operated, managed and controlled the aforesaid premises and further entered into numerous contracts with Tishman Construction and Benson Industries to perform work, labor and services thereat. While claimant was lawfully upon the aforesaid premises as an employee of the aforesaid Benson Industries he was caused to sustain when he was caused to trip and fall over dirt, debris and other refuse. The occurrence as aforesaid was caused solely and wholly by the reason of negligence, carelessness and recklessness of the PORT AUTHORITY OF NEW YORK AND NEW JERSEY and its contractors, agents and employees who were negligent in the ownership, operation, management and control of the aforesaid premises. The PORT AUTHORITY OF NEW YORK AND NEW JERSEY, its contractors, agents and employees failed to ensure that all work areas, throughfares and passageways, ramps and runways were properly constructed, placed, operated and maintained; further, failed to have proper guard rails and safety rails thereat; further, failed to ensure there were proper traction devices thereat; further, failed to ensure that said areas would not be cluttered with dirt, debris and refuse, causing tripping and slipping hazards thereat; further, failed to ensure the jobsite was properly illuminated; further, failed to man the jobsite sufficient with laborers to keep up with the cleanup of dirt, debris and other refuse; further, failed to ensure that work areas, passageways and throughfares were free of dirt, debris, and slipping and tripping hazards, causing claimant to fall, sustaining ; further, violated Sections 200, 240 and 241(6) of the Labor Law of the State of New York, Rule 23 of the Industrial Code of the State of New York, specifically, but not limited to: 23-1.5, 23-1.7, 23-2.1, 23-1.30, Article 1926 of O.S.H.A. and was otherwise negligent careless and reckless, causing claimant to sustain
Claimant was free from comparative fault.

4. The items of special damage or injuries claimed are: Claimant STEPHEN ALEXANDER sustained but claimant will permit a physical by the PORT AUTHORITY OF NEW YORK AND NEW JERSEY, and the item of damages exceed the jurisdictional limitations of the lower Court. Co-claimant CHRISTINE ALEXANDER sues and the item of damages exceed the jurisdictional limitations of the lower Court.

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) intend(s) to commence an action on this claim.

Dated: October 9, 2012

[Signature]
Sacks and Sacks, LLP

Attorney(s) for Claimant(s)
Office and Post Office Address, Telephone Number
150 Broadway
New York, New York 10038
(212) 964-5570

[Signature: Stephen Alexander]
The name signed must be printed beneath

STEPHEN ALEXANDER

[Signature: Christine Alexander]
The name signed must be printed beneath

CHRISTINE ALEXANDER

CORPORATE VERIFICATION

State of New York, County of

ss.:

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

This verification is made by deponent because said claimant is a corporation, and deponent an officer thereof, to wit its The grounds of deponent's belief as to all matters not stated upon deponent's knowledge are as follows:

INDIVIDUAL VERIFICATION

State of New York, County of New York ss.:
STEPHEN ALEXANDER & CHRISTINE ALEXANDER
being duly sworn, deposes and says that deponent is the 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 the matters therein stated to be alleged on information and belief, and that as to those matters deponent believes it to be true.

Sworn to before me, this 9th day of October

2012

Sworn to before me, this 19 day of

THAO DUONG

NOTARY PUBLIC-STATE OF NEW YORK

No. 01DU6210927

Qualified in Queens County

My commission expires September 08, 2013

In the Matter of the Claim of

STEPHEN ALEXANDER and
CHRISTINE ALEXANDER

against

PORT AUTHORITY OF NEW
YORK AND NEW JERSEY

Notice of Claim Against

PORT AUTHORITY OF NEW
YORK AND NEW JERSEY

Sacks and Sacks, LLP

Attorney(s) for Claimant(s)

Office and Post Office Address

150 Broadway

New York, New York

2012 OCT -9 P 5:13

PORT AUTHORITY OF NEW YORK AND NEW JERSEY

PORT AUTHORITY OF NY & NJ
OFFICE OF THE CLERK
NOTICE OF CLAIM
2012 OCT -2 P 4: 46

-----X
In the Matter of the Claim of

EMILY D. CHAPPLE,

Claimant,

-against-

THE PORT AUTHORITY OF NEW YORK
AND NEW JERSEY,

Respondents.
-----X

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 OCT - 3 A 9: 43

1 - NAME AND POST OFFICE ADDRESSES OF CLAIMANT AND HIS ATTORNEY:

Claimant:

Attorney:

Emilv D. Chapple

Jenna Mastroddi, Esq.
Morris Duffy Alonso & Faley
2 Rector Street, 22nd Floor,
New York, New York 10006
212-766-1888

2 - NATURE OF THE CLAIM:

Claimant tripped and fell at the Delta Terminal at Newark Airport causing injury.

3 - TIME WHEN, PLACE WHERE, AND MANNER IN WHICH CLAIM AROSE

Date: July 5, 2012

Time: At or about 1350 hours.

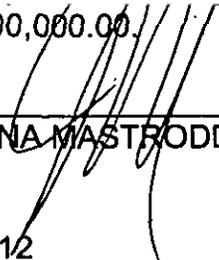
Where: Delta Terminal, Newark Airport, Newark, New Jersey. The accident occurred outside the Delta Sky Club on the passageway from the gates leading to the exit and luggage retrieval area. (See photo attached.)

Manner: On July 5, 2012, claimant tripped and fell on a defective metal plate on the floor at the Delta Terminal. The metal plate was improperly elevated, missing screw(s), not illuminated, not marked with bright colors, and inadequately marked. There were no warnings about existence of metal plates on the ground. (See photo attached.)

4 - ITEMS OF DAMAGE OR INJURIES CLAIMED TO HAVE BEEN SUSTAINED SO FAR AS THEN PRACTICABLE:

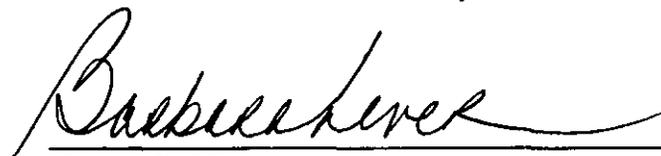
Claimant sustained

in the amount of \$1,000,000.00.



JENNA MASTRODDI

Sworn before me this 2nd day of October, 2012



Notary Public

Barbara A Lever
Notary Public, State of New York
No. 01LE6264823
Qualified in Kings County
Commission Expires July 2, 2014

LAW DEPARTMENT
PG&T AUTHORITY CLAIMS
2012 OCT - 3 A 9:43

In the Matter of the Claim of
STEPHEN NESGODA and BARBARA NESGODA

2012 OCT 12 P 3:33

against

THE PORT AUTHORITY OF NEW YORK and NEW JERSEY

TO: THE PORT AUTHORITY OF NEW YORK and NEW JERSEY
225 Park Avenue South
New York, New York 10003

PLEASE TAKE NOTICE, that the undersigned claimant(s) hereby make(s) claim and demand against **THE PORT AUTHORITY OF NEW YORK and NEW JERSEY** as follows: [Office of the Comptroller requests the following additional information: in Section 2, specific defect (e.g. pothole) if applicable; in Section 3, street address wherever possible.]

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

Sacks and Sacks, LLP. / Stephen Nesgoda and Barbara Nesgoda
150 Broadway, 4th Floor
New York, New York 10038

2. The nature of the claim:

sustained by Stephen Nesgoda on the 7th day of September, 2012.

3. The time when, the place where and the manner in which the claim arose:

The claim arose on the 7th day of September, 2012 at approximately 10:45 p.m. at premises under construction known as the WTC, Path Hub Col 75/20 Area 1, North end of track 1 at The World Trade Center, borough of Manhattan, City and State of New York. At all times herein mentioned The Port Authority of New York and New Jersey owned, operated, managed and controlled the aforesaid premises and further retained numerous contractors including Tishman Construction and DCM Erectors and other trades to perform work, labor and services thereat. While claimant was lawfully upon the aforesaid premises as an employee of DCM Erectors he was caused to sustain _____ when he slipped and fell off a platform that was in a wet, icy, slippery, dangerous and hazardous condition causing him to sustain _____; further said platform was improperly illuminated; further said platform did not have proper handrails, guard-rails and other devices thereat; further allowed dirt, debris and other refuse to remain thereat; further failed to ensure that platforms were properly constructed, placed, operated and maintained; further failed to provide proper foot-wear; further failed to properly close-off dangerous and hazardous work areas; further allowed slipping hazards to be and remain thereat causing dangerous slipping hazards; further r allowed hazardous openings not properly covered, marked, guarded or protected; further violated Sections 200, 240 and 241(6) of the Labor Law of the State of New York, Rule 23 of the Industrial Code of the State of New York, specifically but not limited to 23-1.5, 23-1.7, 23-2.1, 23-1.30, 23- 2.7, Article 1926 of O.S.H.A. and was otherwise negligent, careless and reckless causing claimant to sustain _____

Claimant was free from comparative fault.

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

Claimant sustained _____

Co-Claimant claims _____

The item of damages exceed the jurisdictional limitations of the lower courts.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS

2012 OCT 12 P 4:30

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) intend(s) to commence an action on this claim.

Dated: OCTOBER 12, 2012

Stephen Nesgodny
The name signed must be printed beneath

Stephen Nesgodny
The name signed must be printed beneath

SACKS AND SACKS LLP

Attorney(s) for Claimant(s)
Office and Post Office Address, Telephone Number
SACKS & SACKS, LLP
150 Broadway 4F
New York, NY 10038
212.964.5570

CORPORATE VERIFICATION

State of New York, County of

ss.:

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

This verification is made by deponent because said claimant is a corporation, and deponent an officer thereof, to wit its The grounds of deponent's belief as to all matters not stated upon deponent's knowledge are as follows:

INDIVIDUAL VERIFICATION

State of New York, County of NEW YORK
STEPHEN NESGODA and BARBARA NESGODA
being duly sworn, deposes and says that deponent is the 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 the matters therein stated to be alleged on information and belief; and that as to those matters deponent believes it to be true.

Sworn to before me, this 12th day of October, 2012
day of

Sworn to before me, this
day of

Lisa J. Padilla
Lisa J. Padilla
Commissioner of Deeds, City of New York
Notary No. 1-7030
Cert. Filed in New York County
Commission expires May 1, 2017

In the Matter of the Claim of

STEPHEN NESGODA and
BARBARA NESGODA

-against-

THE PORT AUTHORITY OF
NEW YORK AND NEW JERSEY

Notary of Claimant
PORT AUTHORITY OF NEW YORK
AND NEW JERSEY

SACKS & SACKS, LLP
Attorney(s) for Claimant(s)
Office and Post Office Address

150 Broadway 4F
New York, NY 10038
212.964.5570

MICHAEL C. KAZER, P.C.

ATTORNEY AT LAW

69 WASHBURN STREET

JERSEY CITY, NEW JERSEY 07306

(201) 792-9766

FAX: (201) 792-7736

RECEIVED
OCT 23 2012

2012 OCT 26 P 2:16

October 23, 2012

Port Authority of NY & NJ

225 Park Avenue, South

15th Floor

New York, NY 10003

Attn: Law Department

Hudson County Counsel

567 Pavonia Avenue

Jersey City, New Jersey 07306

Attn: Legal Department

City of Jersey City

280 Grove Street

Jersey City, New Jersey 07302

Attn: Legal Department

Re: Claimant: Diwantie Ramkishun, DOB:

SS#:

Date of Accident: August 19, 2012

Approximate time of Incident: Approx. 10:00 a.m.

Location of Incident: Port Authority Plaza located in Journal Square, Jersey City, NJ

Dear Sir\Madam:

Please be advised that this office has been retained by **Diwantie Ramkishun**, who was injured at the above location.

As a result of this accident, my client has been caused to

2012 OCT 26 P 3:34
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

This notice is being submitted pursuant to N.J.S.A. 59:8-1 the tort claims notice.

Should you there be any questions concerning this correspondence, please feel free to contact my office at your earliest convenience.

Thank you for your attention and cooperation in this matter.

Very truly yours,

/s/ Michael C. Kazer
Michael C. Kazer, Esq.

MCK:kd

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 OCT 26 P 3:34

2012 OCT 25 P 2:32

In the Matter of the Claim of Allstate Insurance Company as subrogee
of Young Lee

NY/NJ Port Authority -against- _____ X

NOTICE OF CLAIM

TO: 225 Park Avenue 13th Floor Claims Dept New York, NY 10003

PLEASE TAKE NOTICE that the claimant herein makes Claim and Demand against
NY/NJ Port Authority

1. The name and post office address of the Claimant:

Allstate Insurance Company Subrogation Department
Address:

2. The nature of the claim: Claim No. 0857109130

- a. Claim for property damage to motor vehicle owned by subrogor of claimant in the sum of \$ 2532.99
Year/Make: 07 Lexus ES350 Plate No.: _____
- b. Claim for loss of use of motor vehicle owned by subrogor of claimant in the sum of \$ 0.00
- c. Claim for personal injury protection benefits paid to subrogor of claimant in the sum of \$ 0.00

3. Date and time of loss: 8/28/12 9:00 PM Eastern

Location of loss: George Washington Bridge Upper East Lane #6

Agency/Department involved: NY/NJ Port Authority

Year/Make of agency/dept. vehicle: N/A

Plate No. of agency/dept. vehicle: N/A

Operator of agency/dept. vehicle: N/A

Accident Description: Young Lee was traveling when
object from the bridge hit his vehicle

That said Claim and Demand is hereby presented for adjustment and payment.

DATED: 10/22/2012

Sworn to before me this 22 day
of October 2012
Terrill A. Montgomery
NOTARY PUBLIC



Respectfully yours,
Allstate Insurance COMPANY

BY: Terrill A. Montgomery
NOTARY PUBLIC

Commonwealth of Virginia
Reg. # 362630
My Commission Expires
June 30, 2013



Allstate

You're in good hands.

Roanoke National Subrogation Claim Cntr
PO BOX 29500
ROANOKE VA 24018

2017 OCT 25 P 2:33
LAW DEPARTMENT
POST AUTHORITY CLAIMS

NY/NJ PORT AUTHORITY-MGT CLAIMS ADMITTED
1 WORLD TRADE CTR
NEW YORK NY 00000

October 22, 2012

CLAIM NUMBER: 0257129130 F5G
DATE OF LOSS: August 28, 2012
OUR INSURED: YOUNG LEE
YOUR FILE NUMBER:
YOUR INSURED:
ADDRESS:

PHONE NUMBER: 800-776-2615
FAX NUMBER: --
OFFICE HOURS: Mon - Fri 8:00 am - 7:00 pm

CITY STATE ZIP: , ,
LOCATION: GEORGE WASHINGTON BRIDGE, UPPER EAST
LANE #6, , NY
AMOUNT OF LOSS: \$2,532.99

Re: Subrogation Claim Notice

Dear NY/NJ PORT AUTHORITY-MGT CLAIMS ADMITTED,

We're writing to inform you that our investigation indicates your insured was responsible for the loss that occurred on August 28, 2012.

Since we have already settled with our policyholder, we are now forwarding you final copies of the expense documents related to the loss. We want you to know that we are seeking reimbursement from you for those expenses. Please accept this letter as notice of our subrogation claim.

Please forward your payment with our claim number to:

**Allstate Payment Processing Center
P.O. Box 650271
Dallas, TX 75265 0271**

We ask that you direct any future correspondence to the address listed at the top of this letter. Thank you.
Sincerely,

RIKKI WEST

RIKKI WEST
800-776-2615 Ext. 7129
Allstate New Jersey Property And Casualty Insurance Company

In the Matter of the Claim of
ROSE MANN

PORT AUTHORITY OF NEW YORK & NEW JERSEY
OFFICE OF THE CLERK

2012 OCT 24 P 2:10

against

THE PORT AUTHORITY OF NEW YORK & NEW JERSEY

TO: THE PORT AUTHORITY OF NEW YORK & NEW JERSEY

PLEASE TAKE NOTICE that the undersigned claimant(s) hereby make(s) claim and demand against you as follows:

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

ROSE MANN

COIRO, WARDI, CHINITZ & SILVERSTEIN
1206 Castle Hill Avenue
Bronx, NY 10462
(718) 824-6500

2 The nature of the claim:

To recover damages for and other expenses arising out of the negligence, recklessness and carelessness of the defendant, its agents, servants and/or employees, in the manner in which they maintained, repaired and inspected the premises described herein and more specifically the sliding electric doors contained therein; in allowing the aforesaid doors to be, become and remain broken, defective and dangerous; in exposing the plaintiff and others lawfully upon the premises to unreasonable and undue risk of harm; in hiring incompetent, inexperienced and inept employees; in failing to give the plaintiff and others lawfully upon the premises a reasonably safe means of traversing same; in creating, suffering and maintaining the aforementioned doors in such a manner and under such lack of proper maintenance and inspection as to cause the occurrence complained of herein; in failing to inspect the doors; in failing to maintain the door; in failing to repair the doors; in failing to comply with the applicable codes and regulations pertinent to the maintenance of said doors; in allowing the doors to be, become and remain in a dangerous, hazardous and traplike condition notwithstanding the fact that plaintiff and large members of the public used the aforementioned doors as a means of entrance and egress to and from the premises as hereinabove described and are invited to do so; the accident complained of herein was allowed to occur when the aforesaid doors closed suddenly and without warning, without providing sufficient time for customers, including the plaintiff, to pass the doors before they closed; in failing to erect, place and/or install warning signs, barriers, barricades and/or other safety devices to properly warn pedestrians, and more particular the plaintiff herein, of the dangerous, hazardous and traplike condition which then and there existed; and in other ways being careless and negligent in the premises.

3. The time when, the place where and the manner in which the claim arose:

On September 1, 2012 at or about approximately 2:00 P.M. while the claimant, Rose Mann was entering through the sliding electric doors at the Hertz Rent-A-Car office at the Marine Air Terminal at Laguardia Airport, Queens, NY. The claimant was struck by the doors which suddenly and without warning closed upon her, causing her to fall and be precipitated to the floor causing the injuries claimed herein. A copy of the Hertz Incident Report is annexed hereto.

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

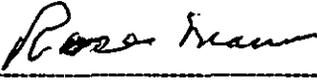
The claimant Rose Mann received

TOTAL AMOUNT CLAIMED

(\$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) intend(s) to commence an action on this claim.

Dated: 10/23/12

(X) 

The name signed must be printed beneath

ROSE MANN

COIRO, WARDI, CHINITZ & SILVERSTEIN
1206 Castle Hill Avenue
Bronx, NY 10462
212-465-9700

Attorney(s) for Claimant(s)
Office and Post Office Address, Telephone Number

INDIVIDUAL VERIFICATION

State of New York, County of ~~BRONX~~ s.s.:

ROSE MANN

being duly sworn, deposes and says that deponent is the 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 the matters therein stated to be alleged on information and belief, and that as to those matters deponent believes it to be true.

(X) 

Sworn to before me, this 23
day of October 2012



MICHAEL A. CHINITZ
Notary Public - State of New York
No. 02CH4752382
Qualified in Nassau County
Commission Expires January 31, 14
Certificate Filed in Bronx County

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:

JUDY LATIMER RICHIE 63

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.

THIS CLAIM IS MADE ON MY OWN BEHALF.

3. Date of Accident: Time:

JULY 21, 2012 APPROXIMATELY 8:00 PM

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

ON THE NJ SIDE OF THE LINCOLN TUNNEL GOING INTO MANHATTAN

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.

WHILE I WAS APPROACHING AND WAITING TO GO THROUGH THE LINCOLN TUNNEL TOLL BOOTH FROM THE NEW JERSEY SIDE TO ENTER MANHATTAN, MY VEHICLE, A CADILLAC ESCALADE DIED. A GOOD SAMARITAN WHO WAS BEHIND ME IN THE TOLL LINE, PULLED OVER TO HELP ME ATTEMPT TO JUMP START MY VEHICLE WITH JUMPER CABLES I PROVIDED. AFTER SEVERAL ATTEMPTS, MY VEHICLE DID NOT START.

AT THAT TIME, A PORT AUTHORITY WRECKER CAME OUT TO ASSIST ME. WITHOUT EXPLAINING TO ME WHAT WAS GOING TO HAPPEN, OR ASKING MY PERMISSION, HE CHOSE TO PUSH MY VEHICLE THROUGH THE TOLL PLAZA TO THE TRIANGULAR AREA BETWEEN THE TUNNEL ENTRANCES AND EXITS WHERE OTHER PORT AUTHORITY VEHICLES WERE PARKED.

I AM A 63 YEAR OLD WOMAN WHO WAS STRANDED OUTSIDE OF THE TUNNEL THAT EVENING AND ONCE MY CAR HAD BEEN MOVED TO THE SAFETY ZONE, I GOT OUT OF MY VEHICLE AND NOTICED THE BUMPER DAMAGE. ATTACHED ARE PHOTOGRAPHS OF THE DAMAGE. I REALIZE THAT THIS IS A HIGH VOLUME AREA AND CARS STALLING CAN IMMEDIATELY CAUSE A BOTTLE NECK, BUT IN THIS PARTICULAR CASE, DAMAGE WAS DONE TO MY VEHICLE IN THIS HASTY ATTEMPT TO MOVE IT.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 OCT 19 PM 2:27

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

AMANDA RICHIE

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	<u>— 0 —</u>
(b)	For loss of earnings	\$	<u>— 0 —</u>
(c)	For property damages	\$	<u>2,451.85</u>

Total: \$ 2,451.85

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.

N/A

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

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

N/A

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

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

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

N/A

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.

SEE ATTACHED PRELIMINARY ESTIMATE

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.

I DO BELIEVE THAT THE PORT AUTHORITY IS RESPONSIBLE FOR THE DAMAGE TO MY VEHICLE AS I WAS NOT GIVEN A CHOICE OR THE OPTION TO SPEAK WITH THE OPERATOR, INSTEAD I WAS PUSHED, NOT VIOLENTLY, BUT FORCEFULLY TO THE "SAFETY ZONE".

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 INCIDENT IS NOT MY FAULT. I WAS PUT IN AN UNFORTUNATE AND UNPREDICTABLE SITUATION IN WHICH ALL MATTERS AND DECISIONS WERE OUT OF MY CONTROL. I WAS FORCED TO RELY UPON THE PORT AUTHORITY EMPLOYEE'S INDEPENDENT DECISION-MAKING WHICH WAS RASH AND RESULTED IN THE DAMAGE OF MY VEHICLE.

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

N/A

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

N/A

Dated: 10/10, 20 12

Signed: [Signature]
Claimant

AFFIDAVIT

STATE OF Texas

COUNTY OF Dallas

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.

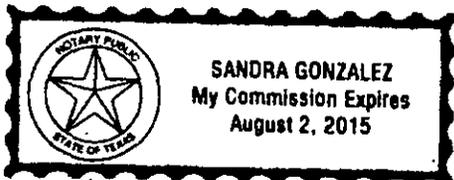
Sworn to before me this

10th day of October, 20 12

[Signature]
Notary Public

[Signature]
Claimant

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 OCT 19 P 2:21



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: Fahmi Bayacoub Age: 49 Address:

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: 7-15-02 Time:

4. Place of Accident. (Identify with sufficient particularity to distinguish from similar places.)
NYC Port Authority Bus Terminal
40th St between 8th & 9th Ave

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.

People crossed the street in the middle of the block in front of my taxi. Taxi was held by Port Authority for accident investigation.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 OCT 16 P 2:02

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

7. The amounts of loss claimed are as follows:

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

Total: \$ 10,99.69

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

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

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

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

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

10. If claim is made for medical and hospital expenses, itemize such expenses and for those already incurred, give names of persons to whom paid or owing.
11. If claim is made for injuries to property, list the items of damaged property and state nature and amount of damage of each item. If such property can be repaired, state cost of repair and obtain and annex estimate of cost of repair.
12. Give full particulars with respect to any items of damage or amounts claimed not given above.
13. State whether or not you believe that the accident was due to any fault on the part of the Port Authority, and if so, give your reasons in full, setting forth any specific acts or omissions which you claim constituted negligence on its part.
14. State whether or not the accident was in any way due to your fault, and if not, state in detail the reasons for your conclusions.
15. List any certificates, affidavits or statement of others which are furnished with the statement.

LAW DEPARTMENT
FORT AUTHORITY CLAIMS
2012 OCT 16 2:02

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

Juke from Port Authority claims said to use fines from
Lieutenant Abar said I would be re funded the money for fine
enclosed bill.

Dated: Sept 14, 2012

Signed: [Signature]
Claimant

AFFIDAVIT

STATE OF New York

COUNTY OF Queens

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

14th day of September, 2012

[Signature]

Notary Public

[Signature]
Claimant

PORT AUTHORITY CLAIMS
LAW DEPARTMENT
P 2:02

FARAH PAYEN
Notary Public, State of New York
No. 01PA6251855
Qualified in Queens County
Commission Expires November 21, 2015

NOTICE OF CLAIM

In the Matter of the Claim of

KEVIN DEVANEY

- against -

PORT AUTHORITY OF NEW YORK AND NEW JERSEY and JOHN F. KENNEDY AIRPORT

TO: Port Authority of New York and New Jersey
Legal Division
225 Park Avenue South
New York, NY 10003

Port Authority of New York and New Jersey
Legal Division
241 Erie Street
Jersey City, NJ 07310

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 OCT 17 P 2:46

PLEASE TAKE NOTICE that the undersigned claimant(s) hereby make(s) claim and demand against you as follows:

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

KEVIN DEVANEY
BRIAN A. KELLY, ESQ.
118 Maple Avenue
New City, New York, 10956

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

Tort claim to recover money damages for
and related damages incurred by and on behalf of
claimant, KEVIN DEVANEY, by reason of negligence, recklessness and carelessness of
the PORT AUTHORITY OF NEW YORK AND NEW JERSEY, and JOHN F.
KENNEDY AIRPORT, their agents, servants, employees and/or licensees in the
ownership, operation, construction, inspection, maintenance, and control of the John F.
Kennedy Airport exit site location.

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

The accident occurred on July 18, 2012, between 5:00pm and 5:30pm at John F. Kennedy Airport ("JFK") located in the Borough of Queens, County of Queens, State of New York. Immediately prior to the accident occurring the claimant, KEVIN DEVANEY, had arrived on his flight (flight #788) from Saint Martin to JFK Airport. Mr. Devaney exited the plane, obtained his luggage, and proceeded to make his way outside. Upon arriving "curbside" at the International Arrivals Terminal #4 upper level pick-up area, Mr. Devaney was caused to trip on the "makeshift" plywood ramp located

in that area. Mr. Devaney sustained

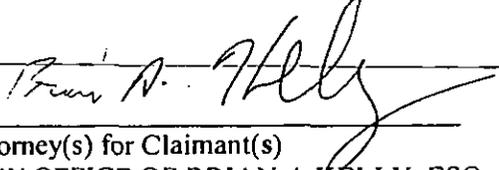
Upon further inspection the plywood ramp existed in a loose, dilapidated, defective, jagged, dangerous and trap-like condition, and was at an elevation approximately four inches higher than the adjoining walkway area. Six (6) color photographs of the accident location are attached hereto.

This occurrence happened by reason of the negligence, recklessness and carelessness of THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY, and/or JOHN F. KENNEDY AIRPORT, their agents, servants, employees and/or licensees in their ownership, management, operation, control, construction, maintenance and supervision of the airport exit site and installation of a plywood ramp exiting at a height approximately four inches higher than the adjoining walkway area; in allowing the claimant to be exposed to a tripping hazard; in failing to provide any notice of such tripping hazard to claimant via a sign notice or otherwise; in failing to provide the claimant with a proper walkway; in allowing the area to contain a tripping hazard and become and remain in a dangerous and hazardous condition constituting a trap, nuisance, and hazard; in being strictly and vicariously liable, and in general, and in other ways being careless, reckless and negligent.

4. **The items of damage or injuries claimed are (do not state dollar amounts):**
The claimant sustained

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) intend(s) to commence an action on this claim.

Dated: September 12, 2012



Attorney(s) for Claimant(s)
LAW OFFICE OF BRIAN A. KELLY, ESQ.
118 Maple Avenue
New City, New York 10956
Phone: (845) 634-2105

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 OCT 17 P 2:46

Individual Verification

State of New York,)
 ss.:
County of Westchester)

KEVIN DEVANEY, being duly sworn, deposes and says that deponent is the 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 the matters therein stated to be alleged on information and belief, and that as to those matters deponent believes it to be true.

Kevin Devaney

KEVIN DEVANEY

Sworn to before me this
12 day of September, 2012

[Signature]

Notary Public

[Signature]
LISA BILTON
Notary Public - State of New York
NO. 01816069657
Qualified in Westchester County
My Commission Expires 1/31/15

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 OCT 17 P 2:46

NOTICE OF CLAIM

In the Matter of the Claim of

FIZA QURAISHI

-against-

THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY

TO: THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY
225 Park Ave. South, 13th Floor, Claims Division, New York, NY 10003

PLEASE TAKE NOTICE, that the undersigned claimant hereby makes claim and demand against The Port Authority of New York and New Jersey as follows:

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

FIZA QURAISHI

SIVIN & MILLER, LLP /
Attorneys for claimant
20 Vesey Street, Suite 1400
New York, NY 10007
(212) 349-0300

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
11/2 OCT 16 P 2:02

2. The nature of the claim is:

To recover damages for injuries sustained by claimant as a result of the negligence of The Port Authority of New York and New Jersey in the ownership, operation, management, maintenance, and control of JFK International Airport, Queens, New York.

3. The time when, the place where and the manner in which the claim arose:

The claim arose on or about July 30, 2012 at approximately 3:15 p.m. at the Federal Circle Air Train Terminal, Third Floor, adjacent to the elevator bank. At the aforesaid time and place, claimant slipped and fell due to the dangerous condition of the floor thereat, and more specifically, an accumulation of liquid on the floor, causing an excessively slippery and unsafe condition.

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

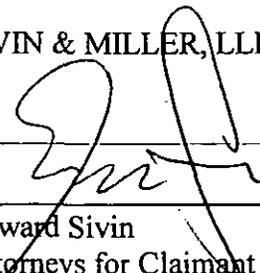
Claimant sustained

all to her damage in the
amount of TWO MILLION (\$2,000,000.00) DOLLARS.

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: New York, New York
October 10, 2012

SIVIN & MILLER, LLP

By 
Edward Sivin
Attorneys for Claimant
20 Vesey St., Suite 1400
New York, NY 10007
(212) 349-0300

LAW DEPARTMENT
FCRT AUTHORITY CLAIMS
2012 OCT 16 P 2:02

VERIFICATION

EDWARD SIVIN, an attorney duly admitted to practice law in the State of New York, hereby affirms the following, under penalty of perjury:

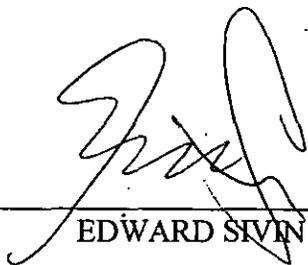
That I am the attorney for the claimant in the within Claim.

That I have read the foregoing Notice of Claim and know the contents thereof; that the same is true to my own knowledge, except as to the matters therein stated to be upon information and belief; and as to those matters I believe it to be true.

That the reason this verification is made by your affirmant and not by claimant is that claimant does not reside in the County where your affirmant maintains his office.

That the grounds for your affirmant's belief as to all matters not stated upon my knowledge are as follows: records, reports, facts and documents contained in claimant's file maintained by your affirmant's office.

Dated: New York, New York
October 10, 2012


EDWARD SIVIN

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 OCT 16 P 2:02



In the Matter of the Claim of
BEVERLY HOWARD-PARRIS

PORT AUTHORITY OF NEW YORK AND NEW JERSEY
OFFICE OF CLAIMS
OCT 12 A 11:34

- against -

PORT AUTHORITY OF NEW YORK AND NEW JERSEY

TO: 225 Park Avenue South, 15th Floor, New York, New York 10003

PLEASE TAKE NOTICE that the undersigned claimant(s) hereby make(s) claim and demand against you as follows:

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

Claimant	Attorney
BEVERLY HOWARD-PARRIS	MARK E. SEITELMAN LAW OFFICES, P.C. 111 Broadway, 9th Floor New York, NY 10006 (212)962-2626

2. *The nature of the claim:*

The nature of the claim is for _____ sustained by Beverly Howard-Parris 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 16, 2012 at approximately 11:00AM at LaGuardia Airport, more particularly in the C Concourse at Gate area C2C4, County of Queens, State of New York when claimant, BEVERLY HOWARD-PARRIS was walking along said area, she was caused to slip and fall and be violently precipitated to the ground as a result of the mopped, wet, slippery floor resulting in _____ 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.

4. *The items of damage or injuries claimed are (do not state dollar amounts)*

Claimant Beverly Howard-Parris, sustained

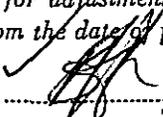
and all other damages to which claimant is entitled to by case law and statute.

2012 OCT 12 P 11:31
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

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) intend(s) to commence an action on this claim.

Dated: October 10, 2012

MARK E. SEITELMAN
LAW OFFICES, P.C.
111 BROADWAY, 9TH FLOOR
NEW YORK, NY 10006



The name signed must be printed beneath

Beverly Howard-Parris

The name signed must be printed beneath

Attorney(s) for Claimant(s)
Office and Post Office Address, Telephone Number
(212) 962-2626

CORPORATE VERIFICATION

State of New York, County of _____ ss.:

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

This verification is made by deponent because said claimant is a _____ corporation, and deponent an officer thereof, to wit its
The grounds of deponent's belief as to all matters not stated upon deponent's knowledge are as follows:

INDIVIDUAL VERIFICATION

State of New York, County of Kings ss.:

being duly sworn, deposes and says that deponent is the 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 the matters therein stated to be alleged on information and belief, and that as to those matters deponent believes it to be true.

X 

Sworn to before me, this 10th
day of October 2012


SHERRY HECKSTALL
Notary Public, State of New York
No. 01HE6094617
Qualified in Kings County
Commission Expires 06/23/20 15

Sworn to before me, this _____
day of _____ 19__

In the Matter of the Claim of

Notice of Claim Against

Attorney(s) for Claimant(s)
Office and Post Office Address

Index №

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF QUEENS

In the Matter of the Claim of

BEVERLY HOWARD-PARRIS

-against-

PORT AUTHORITY OF NEW YORK and NEW JERSEY

NOTICE OF CLAIM

MARK E. SEITELMAN
LAW OFFICES, PC.

ATTORNEY FOR Plaintiff

111 BROADWAY
9TH FLOOR
NEW YORK, NY 10006

(1-212) 962-2626
FAX: (1-212) 962-5050

-----X
In the Matter of the Claim of:

ROLF HAMMER and MARGARET HAMMER,

NOTICE OF CLAIM

Claimants,

-against-

PORT AUTHORITY OF NEW YORK and NEW JERSEY,

Respondent.
-----X

TO: PORT AUTHORITY OF NEW YORK and NEW JERSEY
225 Park Avenue South
15th Floor
New York, NY 10003

1. CLAIMANTS:

ROLF HAMMER and MARGARET HAMMER

2. CLAIMANTS' ATTORNEY:

Joseph W. Belluck, Esq.
BELLUCK & FOX, LLP
546 Fifth Avenue, 4th Floor
New York, NY 10036
(212) 681-1575

3. NATURE OF CLAIM:

To recover money damages

by and on behalf of claimant ROLF HAMMER by reason of the negligence, recklessness and carelessness of the respondent PORT AUTHORITY OF NEW YORK and NEW JERSEY, its agents, servants, employees, and/or licensees; and for and by claimant MARGARET HAMMER.

Claimants also seek to recover money damages against the respondent PORT AUTHORITY OF NEW YORK and NEW JERSEY, its agents, servants, employees and/or licensees, pursuant to: NYS Labor Law §§ 200 and 241; the applicable provisions of OSH Act, 29 U.S.C. §§ 654 et. seq. and of 29 C.F.R. 1910.38; 1910.132-134; 1910.146; 1910.120; 1910.156; 1910.1001; 1910.1025; 1910.1027; 1910.1000; and 1910.1200, NYS Labor Law, Art. 2, § 27-a and Art. 28, § 878 and 12 NYCRR § 820.4 and § 23-1.8 and other applicable rules, regulations and statutes.

PORT AUTHORITY OF NEW YORK AND NEW JERSEY
OFFICE OF THE CLERK
2012 OCT 16 PM 3:25

4. **DATE AND TIME CLAIM AROSE:**

On or about July 10, 2012, claimant ROLF HAMMER

5. **PLACE CLAIM AROSE:**

6. **MANNER IN WHICH CLAIM AROSE:**

7. **ITEMS OF INJURY OR DAMAGE:**

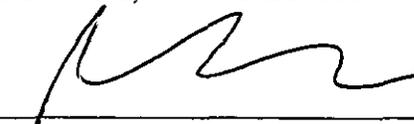
Claimant ROLF HAMMER, sustained

PLEASE TAKE NOTICE, that said claims are hereby presented for adjustment and payment.

The claimants **ROLF HAMMER** and **MARGARET HAMMER**, therefore, present this claim for adjustment and payment to respondents **THE PORT AUTHORITY OF NEW YORK and NEW JERSEY** within the time limited for compliance with this demand. In the event of default of said adjustment, claimants **ROLF HAMMER** and **MARGARET HAMMER** intend to commence an action against respondents **THE PORT AUTHORITY OF NEW YORK and NEW JERSEY** based upon this claim.

Dated: New York, New York
October 11th, 2012

BELLUCK & FOX
546 Fifth Avenue, 4th Floor
New York, New York 10036



Joseph W. Belluck, Esq.
On behalf of the Claimants

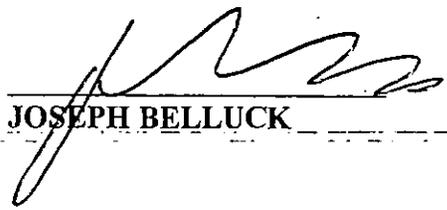
VERIFICATION

State of New York)
)ss:

County of _____)

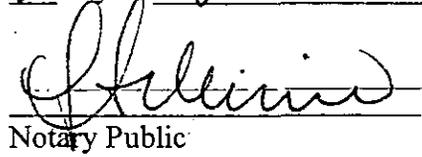
JOSEPH BELLUCK, being duly sworn, deposes and says that: I am the attorney for the claimant herein and I have read the foregoing Notice of Claim and know the contents thereof; the same is true to my knowledge, except as to those matters therein stated to be alleged on information and belief, and that as to those matters, I believe them to be true.

Dated: New York, New York
Oct. 11, 2012



JOSEPH BELLUCK

Sworn to before me on the
11 day of October, 2012



Notary Public

LEBRALEE E. FELICIANO
Notary Public, State of New York
No. 01FE6237407
Qualified in Bronx County
Commission Expires March 21, 2015

NOTICE OF CLAIM

2012 OCT 12 P 11:30
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

In the Matter of the Claim of

PATRICK MCCLOSKEY and MARY ANNE MCCLOSKEY

versus

The Port Authority of New York and New Jersey

PLEASE TAKE NOTICE that the undersigned claimants hereby claim and demand against you as follows:

1. The name and address of the claimants and their attorneys are:

Patrick McCloskey and Mary Anne McCloskey

Weitz & Luxenberg, P.C.
By Peter Tambini, Esq. ✓
700 Broadway
New York, N.Y. 10003

2. The nature of the claim is as follows:

PATRICK MCCLOSKEY sustained

for Local 638.

His spouse, MARY ANN MCCLOSKEY,

3. The time, place and manner in which the claim arose is:

On or about June 2012 PATRICK MCCLOSKEY was diagnosed with

STEAMFITTER for Local 638, from about 1969 until about 1970, while the Towers were under the supervision and control of the Port Authority of New York and New Jersey.

4. The items of damages or injuries are:

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

Dated: New York, New York
October 12, 2012



WEITZ & LUXENBERG, P.C.
by Peter Tambini, Esq.,
on behalf of claimants
700 Broadway
New York, N.Y. 10003
(212) 558-5500

VERIFICATION

Peter Tambini, Esq., an attorney duly admitted to practice law before the Courts of the State of New York, hereby affirms under penalties of perjury and pursuant to CPLR Rule 2106, that the contents of the within Notice of Claim are true to the knowledge of the affirmant.



PETER TAMBINI, ESQ.

Dated: New York, NY
October 12, 2012

LAW OFFICES
OF
WEITZ
&
LUXENBERG, P.C.
700 BROADWAY
NEW YORK, NY 10003

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 OCT 12 P 4: 31

VICTOR J. HOROWITZ
Counsellor At Law
1315 Stelton Road
P.O. Box 1325
PISCATAWAY, N.J. 08855-1325/

(732) 572-7880
Fax (732) 572-7725

E-Mail Address: VJHLAW@AOL.COM

VICTOR J. HOROWITZ *

* NJ & NY BARS

NEW YORK OFFICE
305 Broadway
New York, N.Y. 10007

REPLY TO PISCATAWAY OFFICE &
REFER TO MY FILE NUMBER

October 15, 2012

Port Authority of NY & NJ
225 Park Avenue South
Law Department
New York, NY 10003
Att: Any Authorized Person

Re: Hilda Halasz
D/A: 10/4/2012
My File Number: 207896

Dear Sir/Madam:

Please be advised that this office represents the above named for injuries sustained on the above date at Newark International Airport.

Attached hereto please find completed statement of claimant for damages due to the above accident.

Very truly yours,


VICTOR J. HOROWITZ

/hh
Enclosures
Via: Certified Mail-R.R.R.

FAUSERS\Hilda\Halasz, Hilda\claim form to port auth.wpd

LAW DEPARTMENT
PORT AUTHORITY OF NY & NJ
2012 OCT 19 P 2:26

TORT CLAIMS NOTICE PURSUANT TO N.J.S.A 59:8-4

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

PLEASE TAKE NOTICE that the within Notice of Tort Claim is made pursuant to N.J.S.A. 59:8-4

1. **CLAIMANT:** Hilda Halasz
Address:
Date of birth:

Notices and correspondence in connection with this claim are to be sent to the following:

2. Victor J. Horowitz, Esq.
1315 Stelton Road
P.O. Box 1325
Piscataway, NJ 08855
3. Claimant was caused to fall in ladies' room located at or near C138/139.
4. Hilda Halasz sustained
5. The negligence of Port Authority of NY & NJ through its agent, servants and employees, caused the injuries to the claimant herein.
6. \$1,000,000.00

Dated: October 15, 2012



VICTOR J. HOROWITZ
Attorney for Claimant(s)

/hh

F:\USERS\Hilda\Halasz, Hilda\claim form to port auth.wpd

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 OCT 19 P 2: 26

LAW OFFICES

ROSEMARIE ARNOLD

THE PERSONAL INJURY CENTER

ROSEMARIE ARNOLD***
SHERI A. BREEN**
EVAN D. BAKER**
NATALIE A. ZAMMITTI SHAW**
PAIGE R. BUTLER**



FRANCESCA AIELLO-NICHOLAS
KELLY A. CONLON
CINDY NEWMAN+
LISA A. LEHRER ■
MARIA R. LUPPINO+
JOSEPH LENNON+

ANNEMARIE BRANA-TODDS

• NJ CERTIFIED CIVIL TRIAL ATTORNEY
• NJ MANAGING ATTORNEY
• NY MANAGING ATTORNEY
▲ ADMITTED IN ILLINOIS
♦ ADMITTED IN LOUISIANA
♦ ADMITTED IN NEVADA
+ ADMITTED IN NEW YORK
■ ADMITTED IN PENNSYLVANIA
§ OF COUNSEL
• BAR ADMISSION PENDING

October 8, 2012

2012 OCT 18 P 2:51
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

By Certified Mail RRR # 7011350000152561931
Port Authority of NY and NJ
225 Park Avenue, 15th Floor
New York, NY 10003
Attn: Claims

Re: My Client: Christopher Dottino
Notice of Claim Under Tort Claims Act

To Whom It May Concern:

The following is sent to you pursuant to the provisions of the Tort Claims Act of Port Authority of New York & New Jersey and pursuant to N.J.S.A. 59:8-1 et seq and the N.Y. Unconsolidated Laws-Section 7107 (McKinney 2000).

1. The name and post office address of the Plaintiff is:
Christopher Dottino
2. The post office address of the Plaintiff to which notices are to be sent is:
Rosemarie Arnold, Esq.
1386 Palisade Avenue
Fort Lee, New Jersey 07024
3. The claim arises out of an accident which took place on a cobblestone/paver bike path located behind 1500 Washington Street, Hoboken, New Jersey. Mr. Dottino was riding a mountain bicycle when he was caused to fall due to the negligent and dangerous condition of the pavers, sustaining on September 13, 2012.

1386 PALISADE AVENUE • FORT LEE, NJ 07024 T. 201.461.1111 F. 201.461.1666
825 THIRD AVENUE • 4TH FLOOR • NEW YORK, NY 10022 T. 212.883.8833

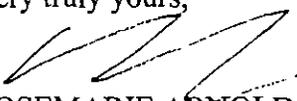
****PLEASE RESPOND TO OUR NEW JERSEY OFFICE****

4.

5. The Plaintiff charges that the Port Authority of New York and New Jersey were negligent in the operation, control, maintenance and supervision of the bicycle path located behind 1500 Washington Street, Hoboken, New Jersey on September 13, 2012.

6. Damages are claimed for

Very truly yours,



ROSEMARIE ARNOLD

RA:jk

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 OCT 18 P 2:57

CALCAGNO & ASSOCIATES

ATTORNEYS AT LAW, LLC
Spencer Savings Bank Building
213 South Avenue East
Cranford, New Jersey 07016

ANDREW JOHN CALCAGNO
NY, NJ, PA & DC BARS

Telephone: (908) 272-7300
Facsimile: (908) 272-5577
www.nynjlaw.net

OF COUNSEL

JAMES M. O'DONNELL
ALAN M. MCLAUGHLIN
ROSEMARY O'DONNELL
CRAIG A. BORGES

Please Reply To Cranford, New Jersey Office

October 11, 2012

NOTICE OF CLAIM

VIA CERTIFIED MAIL, RRR

Port Authority of New York and New Jersey (7011 1570 0001 0793 5102)
241 Erie Street
Jersey City, NJ 07310

Port Authority of New York and New Jersey (7011 1570 0001 0793 5034)
225 Park Avenue South - 13th Floor
New York, NY 10003

United Continental Holdings, Inc. (7011 1570 0001 0793 5041)
d/b/a United Airlines
1 Newark International Airport Street
Newark, NJ 07114

2012 OCT 16 P 2:02
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

Re: Name of Claimants/Clients: Steven Kaufman & Michelle Kaufman, his wife
Date of Accident: July 14, 2012
Place of Accident: Newark Liberty International Airport

To Whom It May Concern:

This is to advise you that I represent Steven Kaufman and Michelle Kaufman, his wife, who was injured on July 14, 2012 as the result of a trip and fall accident which occurred on the above-mentioned date.

I am hereby placing you on notice of our intention to make a claim regarding the above matter. I am enclosing a Notice of Claim form with the pertinent facts. Should you need additional information, please feel free to contact this office. Should you desire a particular Notice of Claim form to be filed, kindly provide a copy at your earliest convenience.

Thank you for your anticipated cooperation in this matter.

Very truly yours,


ANDREW JOHN CALCAGNO

AJC/ljk
Enclosure

NOTICE OF CLAIM

1. Claimants: Steven Kaufman and Michelle Kaufman, his wife

Address:

Date of Birth:

Social Security No.:

If notices and correspondence in connection with this claim are to be sent to a person other than claimant, complete Item #2.

2. **Calcagno & Associates**
Attorneys at Law
Spencer Savings Bank Building
213 South Ave. East
Cranford, NJ 07016
(908) 272-7300
(908) 272-5577 (fax)

Relationship to claimant: **Attorney at Law**

The occurrence or accident which gave rise to this claim:

3. (a) Date: **July 14, 2012**
Time: **Approximately 8:00 a.m.**

(b) Describe the location or place of the accident or occurrence:

Upon information and belief, the subject incident occurred at Terminal A at the A2 Gate area (close to Gate A28) at Newark Liberty International Airport, 1 Brewster Road, City of Newark, County of Essex and State of New Jersey. Mr. Kaufman had just arrived at Newark Airport on United Airlines Flight UA46021 from Manchester, New Hampshire. He was scheduled to take a connecting flight to New Orleans, Louisiana on United Airlines Flight UA35572 which was scheduled to depart at 8:05 a.m. After disembarking from Flight UA46021 at Terminal C, at Newark Airport, the passengers were taken via two separate bus trips to Terminal A within the airport to board the next flight. The bus stopped at a set of outdoor steps at the A2 Gate area and the passengers were required to walk up three flights of stairs to the platform, which abuts the building at the A2 Gate area. As Mr. Kaufman stepped onto the threshold of the doorway that is between the platform and the building, the threshold was loose and uneven, causing his ankle and foot

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 OCT 16 P 2:02

to twist. As a result, Mr. Kaufman fell violently to the ground,

- (c) Describe how the accident or occurrence happened: If a diagram will assist your explanation, please use the reverse side of this form.

See the response to 3(b) above.

- (d) State the name and address of the governmental agency or agencies and private owners or agencies that you claim caused your damages.

Port Authority of New York and New Jersey
241 Erie Street
Jersey City, NJ 07310

Port Authority of New York and New Jersey
225 Park Avenue South – 13th Floor
New York, NY 10003

United Continental Holdings, Inc.
d/b/a United Airlines
1 Newark International Airport Street
Newark, NJ 07114

State the names of State employees whom you claim were at fault, including any information that will assist in identifying and locating them.

Unknown at this time.

State the negligence or wrongful acts of governmental and private governmental and private employees which caused your damages.

- a) Defendants were palpably unreasonable, negligent, careless and reckless in failing to properly inspect and/or maintain and/or inspect the subject location;
- b) Defendants were palpably unreasonable, negligent, careless and reckless in allowing a foreseeable defective and dangerous condition to exist for an unreasonable period of time;
- c) Defendants were palpably unreasonable, negligent, careless and reckless in failing to reasonably and adequately correct defects or dangers in the subject location;

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 OCT 16 2:02

- d) Defendants were palpably unreasonable, negligent, careless and reckless in failing to warn the general public of the dangerous and defective condition;
- e) Defendants were in other ways negligent as shall be revealed in the continuing course of further discovery, investigation and or litigation.

State the name and address of all witnesses to the accident or occurrence.

Michelle Kaufman, his wife; Haley Kaufman, his daughter; and two employees from United Airlines, names to be provided during the course of discovery.

State the names of all police officers and police departments who investigated the accident.

To be provided.

- 4. (a) Claim for Damages (check appropriate block)

- Personal Injury
- Property Damage
- Other - Explain in detail

- (b) If you claim personal injury:

- (1) Describe your injuries resulting from this accident or occurrence.

At this time, with the limited information presently available, and without the benefit of detailed narrative reports, and also without the benefit of diagnostic testing reports, the Claimant suffered the following

In addition, Michelle Kaufman (his wife) has a per quod claim.

- (2) Do you claim permanent disability resulting from this injury:

- Yes
- No

LAW DEPARTMENT
 PORT AUTHORITY OF NY & NJ
 2017 OCT 16 P 2:02

If yes, describe the injuries believed to be permanent.

See response to No. 4(b)(1).

- (3) For each hospital, doctor or other practitioner rendering treatment, examination or other diagnostic services, state name of hospital, doctor or other facility; address; dates of treatment or service; amount of charges to date and amount paid or payable by other sources such as insurance:

To be submitted.

- (4) If you claim loss of wages or income as a result of the injury, state:

Name of employer: **Laser Projection Technologies**

Address of employer: **8 Delta Drive, Londonderry, NH 03053**

Your occupation: **CEO**

Rate of pay: **To be supplied**

Date you became employed: **To be supplied**

Dates of absence from work: **To be supplied**

If still out, expected date of return: **To be supplied**

Total lost wages to date: **To be supplied**

NOTE: If your claimed loss of income arises from self-employment or other than wages, attach a calculation showing the basis of your calculation of lost income.

5. Set forth any and all other losses or damages claimed by you.

None at this time.

- (a) If you claim property damage:

- (1) Describe the property damaged.

None at this time.

- (b) Set forth in detail all other items of loss or damages claimed by you and the method by which you make the calculation.

To be supplied.

- (c) The amount of the claim.

6. Have you made a claim against anyone else for any of the losses or expenses claimed in this notice? If yes, set forth the name and address of all persons and insurance companies against whom you have made such claims.

Not at this time.

7. Are any of the losses or expenses claimed herein covered by any policy of insurance. For each such policy, state the name and address of the insurance company, policy number and benefits paid or payable.

None known at this time.

8. Have you received or agreed to receive any money from anyone for the damages claimed herein? If so, set forth the details of such agreement.

No.

9. The following items must be submitted with this notice:

- (1) Copies of itemized bills for each medical expense and other losses and expenses claimed.

To be submitted.

- (2) Full copies of all appraisals and estimates of property damage claimed by you.

Not applicable.

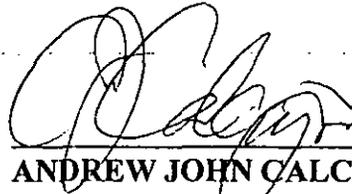
- (3) Copies of all written reports of all expert witnesses and treating physicians.

To be submitted.

- (4) A letter from your employer verifying your lost wages. If self-employed, a statement showing the calculation of your claimed lost income.

To be submitted.

I hereby certify that the foregoing statements made by me are true, that the attached statements, bills, reports and documents are the only ones known to me to be in existence at this time. I am aware that if any statement made herein is willfully false or fraudulent, that I am subject to punishment as provided by law.



ANDREW JOHN CALCAGNO, ESQ.
Attorney for Claimants,
Steven and Michelle Kaufman

Dated: October 11, 2012

LAW DEPARTMENT
POST AUTHORITY CLAIMS
2012 OCT 16 P 2:02

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: JENNY ROMAN Age: 34 Address: 34

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.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 OCT 15 A 8 37

3. Date of Accident: 9/11/12 Time: 12:15 PM

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

Far Lane Entrance to North Tube
Holland Tunnel, 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. I was entering into the Holland Tunnel when I noticed this big truck getting closer and closer to me by my left side. The traffic was moving about 5 miles per hour approximately. I honk my horn and apparently he did not hear me and struck the left rear side of my car. He was dragging and pushing my car towards the right side of the tunnel. I can't move forward because there was a car in front of me. I continued to honk my horn with no luck. He continue dragging my car against the wall until he had enough room to keep going.

Police came. I was in shock, no able to talk, they did the breath in breath out exercise and took my information of what happened.

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

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	_____
(b)	For loss of earnings	\$	_____
(c)	For property damages	\$	<u>5485.89</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.

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

LAW DEPARTMENT
FORT AUDRESSITY CLAIMS
2017 OCT 15 A 8:37

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

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

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

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

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

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

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

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

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: _____, 20_____

Signed: *[Signature]*
Claimant

AFFIDAVIT

STATE OF New York

:

:

COUNTY OF Kings

:

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.

DEPARTMENT OF TRANSPORTATION
 PORT AUTHORITY CLAIMS
 2011 OCT 27 A 8:37

Sworn to before me this

26 day of September, 2012

[Signature]
Notary Public

[Signature]
Claimant

ELIZABETH CRUZ
Notary Public, State of New York
No. 01CR6157794
Qualified in Kings County
Commission Expires 12/11/2016

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

STATEMENT OF CLAIMANT

MR & MRS.

For Damages Due To An Accident

VICTOR / GABRIELLE GRAZI 53/43

1. Claimant's Name: GRAZI Age: Address:

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.

LAW DEPARTMENT
POST AUTHORITY CLAIMS
2012 NOV - 8 P 2:54

3. Date of Accident: 9/19/2012 Time: 11:15 PM

4. Place of Accident. (Identify with sufficient particularity to distinguish from similar places.)
LEAVING LINCOLN TUNNEL ON JERSEY SIDE ABOUT 1/4 MILE WEST — ON CURVE OF HELIX

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.

AFTER LEAVING THE TUNNEL WE HIT A POTHOLE WHICH SOUNDED LIKE IT BROKE THE CAR IN HALF.

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

JUST MYSELF & MY WIFE

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	_____
(b)	For loss of earnings	\$	_____
(c)	For property damages	\$	_____ 346.88

Total: \$ _____ 346.88

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

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

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

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

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

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

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

Wheel Alignment (Firestone)	79.38
Mercedes Benz	267.50
TOTAL	346.88

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

AFTER HITTING THE POT HOLE IT SEEMED TO BE A ALIGNMENT ISSUE AFTER THAT NOT SOLVING THE PROBLEM I HAD TO GO TO Mercedes Dealer The wheels were bent & they could fix them

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 POT HOLE IN QUESTION CAN DAMAGE A TRUCK — I DRIVE A MERCEDES IT ALMOST SWALLOWED US WHOLE.

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.

There's NOT ENOUGH TIME TO SEE THE POT HOLE & THE DEPTH OF THE HOLE WAS DEEP ENOUGH TO CAUSE DAMAGE.

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: Nov 5, 2012

Signed: [Signature]
Claimant

AFFIDAVIT

STATE OF NEW JERSEY :
:
COUNTY OF MONMOUTH :---

Being duly sworn deposes and says:

2012 NOV - P 2 5 PM
LAW DEPARTMENT
PORT AUTHORITY CLAIMANT

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
5th day of November, 2012

Edmond W. Kebeck Sr.
Notary Public

[Signature]
Claimant

EDMOND W. KEBECK SR.
ID # 2334120
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 8/12/2015

The Port Authority of NY & NJ

225 Park Ave. South

13th Floor

New York, NY 10003

RE: PANYNJ Case 18058-12

November 24, 2012

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 NOV 28 A 9:48

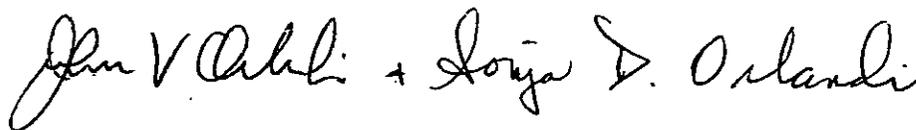
On 9/2/12 we were unfortunate to have had an incident on the Federal Circle escalator. We had just dropped our rental car off at Avis and were proceeding to the Iberia Terminal. There were other people riding up and down the escalator with luggage. We entered the escalator and seconds later John's luggage slipped, causing John to fall onto Sonja who was following him up the escalator. Someone (unknown) stopped the escalator. People helped us get up. John's elbow

From the report you can see that the Police and Ambulance were called. We were attended to by the paramedics and then a NYNJPA supervisor escorted us to Iberia Airlines. While being escorted we noticed signage on other escalators saying NO LUGGAGE ALLOWED ON ESCALATORS. Unfortunately for us there was no such sign on that Federal Circle escalator we took.

I am sure that PANYNJ has insurance to cover such incidents and we are asking for your help.

Yours truly,

John and Sonja Orlandi



P.S. On 9/25/12, upon returning to the scene of the incident, there was still no signage—3 weeks after the incident was reported.

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

Franklyn Romero, 36

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.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 NOV 14 A 9:08

3. Date of accident Time

8/17/12 4:30 AM

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

George Washington Bridge, New Jersey

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.

On August 17, 2012 I was a passenger in a motor vehicle involved in an accident. The driver of the automobile Martin Garcia was caused to crash into a metal divider due to a large pothole in the ground / street.

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

Martin Garcia,

7. The amounts of loss claimed are as follows:

- (a) For medical and hospital expenses \$ Presently Unknown
- (b) For loss of earnings \$ None
- (c) For property damage \$ None

Total \$ TBD

(by attorney)

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

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

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

unemployed

(by attorney)

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.

Presently unknown

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.

NA

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

NA

CLAIMS
PORT AUTHORITY
2012 NOV 14 9:08

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.

See #5. Upon information and belief the Port Authority is responsible for the condition of the roadway and failure to provide adequate warnings.

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.

No. I was a passenger in a car that crashed

(this page by attorney)

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

None (by attorney)

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

I do have a claim against the driver and possibly others (by attorney)

Dated: _____ 20

[Signature]
Claimant

STATE OF *New Jersey*
COUNTY OF *Hudson*

AFFIDAVIT

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
24 day of October, 2012

Maria L Roman
Notary Public

[Signature]
Claimant

MARIA L. ROMAN
A Notary Public of New Jersey
My Commission Expires 12/13/16

The Epstein Law Firm

A Professional Association
340 West Passaic Street
Rochelle Park, New Jersey 07662
<http://www.theepsteinlawfirm.com>

Barry D. Epstein *
Michael J. Epstein * ◇
April M. Gilmore * ◇
James L. Fant ◇
Michael A. Rabasca

Telephone: (201) 845-5962
Fax: (201) 845-5973

* Certified by the Supreme Court of New Jersey
as a Civil Trial Attorney
◇ Also Admitted in New York

November 16, 2012

Via Certified Mail, RRR
and Regular Mail

The Port Authority of New York and New Jersey
225 Park Avenue South
17th Floor
New York, New York 10003

**Re: David Kim
D/A: 06/19/12**

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 NOV 20 P 2:34

Dear Sir or Madam:

Pursuant to N.J.S.A. 32:1-164, please be advised that claim is hereby made in connection with the above matter. I am submitting the following pertinent information:

1. Claimant is David Kim, who resides at
2. All notices, communications and correspondence should be sent to the undersigned at the above address.
3. Claimant, David Kim, has a claim against the Port Authority New York/New Jersey for as a result of a motor vehicle accident, which occurred on June 19, 2012 (see police report enclosed).
4. _____ complained of were caused by the Port Authority New York/New Jersey, its divisions and/or departments and through its agents, servants and employees.

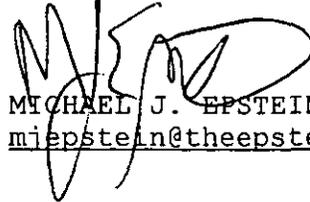
At the present time, the full amount of this claim is unknown. In the event that any additional information is required, or you have any

The Epstein Law Firm, P.A.

specific claim forms, which must be completed, please do not hesitate to transmit them to this office immediately.

Thank you for your kind attention.

Very truly yours,



MICHAEL J. EPSTEIN

mjepstein@theepsteinlawfirm.com

MJE/ec

LAW DEPARTMENT
PORT AUTHORITY CLAIMS

2012 NOV 20 P 2:34

-----X
In the Matter of the Claim of CHARLEMAGNE LIMAGE,

Claimant,

-against -

THE PORT AUTHORITY OF NEW YORK AND
NEW JERSEY,

Respondent.
-----X

TO: The Port Authority Of New York
And New Jersey
225 Park Avenue South, 15th Floor
New York, New York 10003

CLAIMANT: Charlemagne Limage

CLAIMANT'S ATTORNEYS: Law Firm of Jonathan C. Reiter
350 Fifth Avenue, Suite 2811
New York, New York 10118
(212) 736-0979

NATURE OF CLAIM: To recover damages for sustained by
claimant, CHARLEMAGNE LIMAGE, as a result of the
negligence, carelessness, and recklessness, of THE PORT
AUTHORITY OF NEW YORK AND NEW JERSEY, its
agents, servants and/or employees, in the ownership,
operation, management, control, design, construction,
maintenance and repair of the hereinafter mentioned location,
including but not limited to violations of the New York
Labor Law.

TIME CLAIM AROSE: May 2, 2012 between 10:00 a.m. and 11:00 a.m.

NOTICE OF CLAIM

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 NOV 21 P 12: 28

PLACE CLAIM AROSE:

Upon information and belief, the claimant CHARLEMAGNE LIMAGE's claim arose at THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY, J.F.K. International Airport Gate "6" where the claimant worked for Swissport unloading bags and mail.

MANNER IN WHICH CLAIM AROSE:

Upon information and belief, at the aforesaid time and place, the claimant, CHARLEMAGNE LIMAGE, was working on Singapore Airlines plane that had arrived. He was working on belt loader at 183 at Gate 6 when he was caused to lose his footing and fall and be injured due to the aforesaid negligence, carelessness, and recklessness, of THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY, its agents, servants, and/or employees.. Said belt loader bears a Port Authority license plate #A11518. A photograph of which is attached for the purpose of identifying the equipment involved.

ITEMS OF INJURY AND DAMAGE:

Upon information and belief, as a result of the foregoing, the claimant, CHARLEMAGNE LIMAGE, sustained

Damages are claimed on behalf of the claimant, CHARLEMAGNE LIMAGE, in the sum of TEN MILLION DOLLARS (\$10,000,000.00).

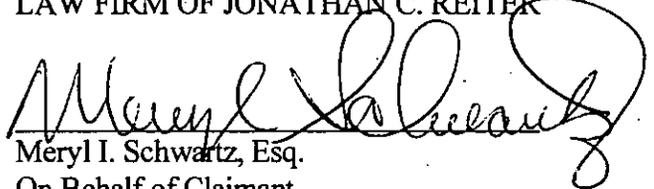
Said claim is hereby presented for adjustment and payment, and, in the event of default of THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY in paying the aforesaid sum(s) totaling ONE MILLION to claimant within the time limited for compliance with this demand, claimants intend to commence an action against THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY to recover the aforesaid sums totaling of TEN MILLION DOLLARS (\$10,000,000.00).

The contents of this Notice of Claim is hereby sworn/affirmed, upon information and belief, to be true on behalf of the claimant, CHARLEMAGNE LIMAGE by their undersigned counsel, and is submitted pursuant to New York Unconsolidated Laws §§ 7107 and 7108.

Dated: New York, New York
November 16, 2012

LAW FIRM OF JONATHAN C. REITER

By:



Meryl I. Schwartz, Esq.

On Behalf of Claimant

CHARLEMAGNE LIMAGE

350 Fifth Avenue, Suite 2811

New York, New York 10118

(212) 736-0979

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 NOV 21 P 12:29

VERIFICATION

STATE OF NEW YORK)
) ss.:
COUNTY OF NEW YORK)

CHARLEMAGNE LIMAGE, being duly sworn, deposes and says:

I am the Claimant herein.

I have read the foregoing Notice of Claim and know the contents thereof, and upon information and belief deponent believes the matters alleged therein to be true.

Charlemagne Limage
CHARLEMAGNE LIMAGE

Sworn to before me this
19th day of November 2012

Meryl I. Schwartz
NOTARY PUBLIC

MERYL I. SCHWARTZ, ESQ.
Notary Public, State of New York
No. 02SC4983757
Qualified in Queens County
Commission Expires July 8, 2015

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 NOV 21 P 12:29

NOTICE OF CLAIM

-----X
In the Matter of the Claim of

Emetria Oliveres

- against -

PORT AUTHORITY OF NEW YORK & NEW JERSEY and THE CITY OF NEW YORK

-----X

TO: The Port Authority of New York & New Jersey,
225 Park Avenue South, 18th floor,
New York, New York 10003

The Comptroller of the City of New York
Municipal Building, New York, New York 10007

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
EMETRIA OLIVERES

Attorney
Ferro, Kuba, Mangano, Skiyar, P.C.
- 424 West 33rd Street, Ste. 440 /
New York, NY 10001
(212) 244-7676

2. Nature of Claim: The nature of the claim sustained by Emetria Oliveres 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 & NEW JERSEY and THE CITY OF NEW YORK their 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 August 23, 2012, at approximately 7:00A.M. at John F. Kennedy International Airport, Terminal 4, top level/departure area, County of Queens, City and State of New York. While claimant, EMETRIA OLIVERES was walking through the entrance of the departure area for Terminal 4, near the interior vestibule door inside door #3, she was caused to slip, trip and fall and be violently precipitated to the ground as a result of water and/or slippery substance on the floor, to said claimant as a result of the negligence, carelessness and recklessness of the PORT AUTHORITY OF NEW YORK & NEW JERSEY and THE CITY OF NEW YORK, its agents, servants, licensees contractors, subcontractors, employees, and other affiliates agencies and departments, and those acting under

PA 107 20 12 56

its direction, behest, permission and control in the ownership, operation, designing, creating, management, maintenance, contracting, subcontracting, supervision, authorizing use and control of John F. Kennedy International Airport, Terminal 4, County of Queens, City and State of New York, in failing to properly maintain said entranceway; in allowing the water and/or slippery substance to remain at said entranceway, ; in causing, permitting and allowing a trap, hazard and nuisance to be and exist for an excessive and unreasonable period of time, despite actual, constructive, and prior written 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 repair said entranceway 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 at the entranceway thereat; in failing to avoid the aforesaid accident which was foreseeable; and in being otherwise negligent, careless, and reckless in the premises.

4. Claimant, EMETRIA OLIVERES,

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. Claimant Emertia Oliveres has been damaged in an amount in excess of the jurisdictional limits of the lower courts and to be determined by a trier of facts.

Dated: New York, New York
November 16, 2012


REBECCA FORTNEY

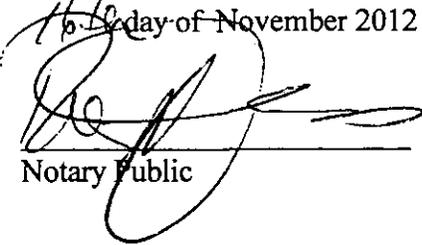
VERIFICATION

STATE OF NEW YORK, COUNTY OF NEW YORK)ss.:

REBECCA FORTNEY, being duly sworn, deposes and says that deponent is the above-named claimant; deponent has read the foregoing NOTICE OF CLAIM and knows 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.


REBECCA FORTNEY

Sworn to before me this
16th day of November 2012


Notary Public

Ferro, Kuba, Mangano, Sklyar, P.C.
Attorneys for Claimant
Emertia Oliveres
424 West 33rd Street, Ste. 440
New York, NY 10001
(212) 244-7676
File No.: P14717-12

2012 NOV 20 P 1:12

LAW DEPARTMENT
PORT AUTHORITY CLAIMS

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:

MANPREET KAUR

25
Birth date:

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

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 NOV 15 P 2:26

3. Date of Accident: Time:

10/9/2012

Appx. 7:00 a.m.

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

Newark Airport (NLIA) - roadways on airport property. This was investigated by a Port Authority police officer under Case #12N-13022. The notation as to the location in the police officer's document that he gave to me is NLIA.

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 going to work at the 7-Eleven Store located at 100 Lindberg Rd., Newark, NJ. As I was walking toward my place of employment I stopped at one of the roadways and waited for the light to change so I could cross the roadway. The light changed allowing me to cross and as I stepped into the crosswalk for this roadway, I was struck by a blue Port Authority bus that was making a right hand turn at this crossway and knocked me to the ground.

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

Unknown

7. The amounts of loss claimed are as follows:

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

I have lost earnings of \$320.

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.

Knocked over by a bus and

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

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

My employer is 7-Eleven Store, 100 Lindberg Rd., Newark, NJ

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.

I am employed but have not yet been able to return to work. My employer is 7-Eleven Store, 100 Lindberg Rd., Newark, NJ

AW DEPARTMENT
AUTHORITY CLAIMS
MAY 15 P 2:27

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

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

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.

I believe the accident was the fault of the bus driver. The bus failed to stop for the red light and traveled through a red light without first stopping and making observation that I was in the pedestrian crosswalk.

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 accident was not my fault. I was crossing with appropriate light signal for this crosswalk

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: November 9, 2012

Signed: Manpreet Kaur
Claimant

MANPREET KAUR

AFFIDAVIT

STATE OF NEW JERSEY

COUNTY OF UNION

MANPREET KAUR

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

9th day of November, 2012

Andrea G. Sharkey
Notary Public

ANDREA G. SHARKEY
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires Jan. 16, 2016

Manpreet Kaur
Claimant
MANPREET KAUR

2012 NOV 15 P 2:27
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

NOTICE OF CLAIM FOR DAMAGES AGAINST

FOR and TO: PORT AUTHORITY OF NY & NJ
GROVE STREET STATION
CITY OF JERSEY CITY
COUNTY OF HUDSON
STATE OF NEW JERSEY
WELLS RIET

Date of Claim: November 6, 2012

1. CLAIMANT

Patrica Judith Astolfi
Last Name First Middle

Date of Birth

Street Address

Mailing Address if other than
street address

City State Zip Code

Social Security Number

If notices and correspondence in connection with this claim are to be sent to a person other than claimant, complete Item #2.

2. Evelyn Padin, Esq.
Name

286-1st Street
Mailing Address

Jersey City, New Jersey 07302
City State Zip Code

Relationship to claimant:
Attorney at Law (X) or _____ Explain relationship

The occurrence or accident which gave rise to this claim:

3a. August 30, 2012
Date

11:00am
Time

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 NOV 14 A 9:09

- b. **If you allege that dangerous condition contributed to your injury or damages indicate exact location of said condition with reference to fixed object, by drawing a diagram.**

Photographs attached.

Municipality Exact location of the occurrence
 draw a diagram (in the space provided
 at the right) showing the street
 plan at the location of the accident.
 Label each street and show the
 direction of travel of each vehicle
 before and after contact.

LAW DEPARTMENT
 PORT AUTHORITY CLAIMS
 2017 NOV 14 A 9:09

- c. **Describe how the accident or occurrence happened:
 If a diagram will assist your explanation, please use the above diagram.**

While walking on the premises I tripped, stumbled and fell on an uplifted, deteriorated sidewalk.

- d. **State the name and address of the person that you claim caused your damage.**

Grove Street Station, The Port Authority of NY & NJ, City of Jersey City, County of Hudson and or State of New Jersey and maintenance personnel or contractors assigned, their agents servant and or employees as well as those persons who may become known through ongoing discovery.

State any names of person who you claim were at fault, including any information that will assist in identifying and locating them.

Employees, agents and or servants of the Grove Street Station, The Port Authority of NY & NJ, City of Jersey City, County of Hudson and or State of New Jersey as their supervisors assign to maintain, supervise, inspect and control the Grove Street Station.

- e. **State the negligence or wrongful acts of the person and which caused your damages.**

Failure to maintain premises free and clear of hazardous conditions in an area where it knew and or should have known that pedestrians would be traveling upon. Failure to warn and failure to inspect and maintain these premises.

- f. **State the name and address of all witnesses to the accident or occurrence.**

Chris Rampallo -address to be provided

- g. State the names of all police officers and police departments who investigated the accident.

Jersey City Police Department.

Submit a copy of Police Report or Central Complaint number.

To be provided

- 4a. Claim for damages (check appropriate block)

Personal Injury Property Damage
 Other-Explain in detail

- b. If you claim personal injury

- (1) Describe your injuries resulting from this accident or occurrence.

- (2) Do you claim permanent disability resulting from this injury?

Yes No

If yes, describe the injuries believed to be permanent.

- (3) For each hospital, doctor or other practitioner rendering treatment, examination, or diagnostic service, state:

a). Name and Address of Hospital, Doctor or other facility

b). Dates of treatment or services

c). Amount of charges to date

(d). Amount paid payable by other sources such as insurance

unknown at this time.

- (4). If you claim loss of wages or income as result of injury, state:

Superior Court of New Jersey 595 Newark Ave, Jersey City NJ 07306
Name of Employer Address of Employer

Judicial Secretary.
Your occupation

Date you became employed at this job.

\$65,000 yearly
Rate of pay

Ten days.
Dates of absence from work

Total lost wages to date

Returned.
If still out of work,
expected date of return

NOTE: If you claimed loss of income arises from self-employment or other than wages, attach a calculation showing the basis of your calculations.

- (5) Set forth any and all other losses or damages claimed by you:

- b. If you claim property damage: N/A

- (1) Describe the property damage.

- (2) The present location and time when the property may be inspected.

- (3) Date property acquired:

Cost of Property:

- (5) Value of property at time of accident:

- (6) Description of damage:
- (7) Has the damage been repaired () Yes () No

If so by whom, when and cost of repairs:

- (8) Attach each estimate of repair costs to this form.
- (9) Set forth in detail the loss claimed by you for property damage.

d. If you claim vehicle damage: N/A

Description of your vehicle involved in accident.

Year _____ Make _____ Model _____ Lic. Plate No.

Driver's Name: _____ Lic. No.

Address

City: _____ State: _____ Zip:

Owner's Name and Address: _____

Insurance Co.: _____ Policy no.: _____

Insurance Co. Address: _____

Damages to Vehicle: _____

e. Set forth in detail all other items of loss or damages claimed by you and the method by which you made the calculation.

f. The amount of the Claim: \$500,000.00

5. Have you made a claim against anyone else for any of the losses of expenses claimed in this notice?

Yes. Grove Street Station, The Port Authority of NY & NJ, City of Jersey City, County of Hudson, State of New Jersey and Wells Reit (property owner)

If yes, set forth the names and addresses of all persons and insurance companies against whom you have made such claims.

6. Are any of the losses or expense claimed herein covered by any policy of insurance__ For each such policy, state the name and address of the insurance company, policy number, and benefits paid or payable.

7. The following items must be submitted with this notice:

- (1) Copies of itemized bills for each medical expense and other losses and expenses claimed.
- (2) Full copies of all appraisals and estimates of property damage claimed by you.
- (3) Copies of all written reports of all expert witnesses and treating physicians.
- (4) A letter from your employer verifying your wages. If self-employed a statement showing the calculations of your claimed lost income.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
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I hereby certify that the foregoing statements made by me are true, that attached statements, bills reports and documents are the only ones known to me to be in existence at this time. I am aware that if any statement made herein is willfully false or fraudulent, that I am subject to punishment provided by law.

DATED: 11/6/2012

Claimant or person filing claim on behalf of claimant

GOLDSTEIN, BALLEEN, O'ROURKE & WILDSTEIN

CLAIM FOR DAMAGES FORM

Forward to: New Jersey Transit
New Jersey Transit Bus Operations, Inc.
The Port Authority of New York & New Jersey

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 NOV 13 A 11:07

CLAIMANT:

Johnson, Ronnie

LAST NAME, FIRST MIDDLE

DATE OF BIRTH

STREET ADDRESS

MAILING ADDRESS IF OTHER

CITY, STATE ZIP

SOCIAL SECURITY NUMBER

Married - Pamela Johnson

MARITAL STATUS

NUMBER OF DEPENDENTS

HOME PHONE

WORK PHONE

2. If notices and correspondence in connection with this claim are to a person other than claimant, complete Item 2.

Goldstein, Ballen, O'Rourke &
NAME Wildstein

One Howe Avenue
MAILING ADDRESS

Passaic, New Jersey 07055
CITY, STATE, ZIP CODE

Relationship to claimant: Attorney(X) or Explain

3a. The occurrence or accident which gave rise to this claim.

9/1/12
DATE

6:30 p.m.
TIME A.M. P.M.

b. Describe the location or place of the accident or occurrence.

Passaic
MUNICIPALITY

Main Avenue
EXACT LOCATION OF OCCURRENCE

c. Describe how the accident or occurrence happened.

Claimant sustained injuries while boarding New Jersey Transit
bus - driver accelerated without warning causing claimant to
fall.

d. Draw a diagram of the area of the incident. Label all intersecting streets. Indicate "North" by an arrow. Indicate house numbers where applicable. Mark "X" at exact spot of occurrence and state distance in feet from nearest intersecting streets if spot is not otherwise identifiable. Indicate public property.

e. State the name and address of the public entity or agencies that you claim caused your damage/injury.

Notice of claim being submitted to New Jersey Transit; New Jersey
Transit bus Operations, Inc. and The Port Authority of New York & New
Jersey.

f. State the name of the employees or agents whom you claim were at fault, including any information that will assist in identifying and locating them.

Investigation ongoing. Notice of claim includes the agents, servants,
and/or employees of New Jersey Transit yet identified, driver of bus
causing accident and injuries.

g. State the negligence of wrongful acts of the public entity and employees which caused your damage.

h. State the name and address of all witnesses to the accident or occurrence.

Unknown

i. State the name and address of all police officers and police departments who investigated the accident.

None

4a. Claim for damages (check appropriate box) ..

() Personal Injury () Property Damage () Other

If other, explain in detail _____

b. If you claim personal injury:

(1) Describe your injuries resulting from this accident or occurrence:

(2) Do you claim permanent disability resulting from this injury?

(3) For each hospital, doctor or other practitioner rendering treatment, examination or diagnostic service, state:

Name of Hospital Doctor or Other	Address	Date of Treatment	Amount of Charges to date
-------------------------------------	---------	----------------------	------------------------------

Amount paid or payable by other sources such as insurance

(4) If you claim lost wages or income as a result of this injury, state: N/A

Name of Employer

Address of Employer

Your Occupation

Date Employed At This Job

Rate of Pay

Date of Absences From Work

Total Lost Wages To Date

If Still Out of Work, Expected
Date of Return

NOTE: If your claimed loss of income arises from self-employment or sources other than wages, attach an itemization showing the basis of your calculation of lost income.

(5) Set forth any and all other losses claimed by you.

c. If you claim property damage: N/A

(1) Describe the property damaged.

(2) The present location and time when the property may be inspected.

(3) Date property acquired _____

(4) Cost of property _____

(5) Value of property at time of accident _____

(6) Description of damage _____

(7) Has the damage been repaired? _____ If so, by whom, when and cost of repairs _____

(8) Attach each estimate of repair costs to this form.

(9) Set forth in detail the loss claimed by you for property damage.

5. Set forth in detail all other items of loss or damages claimed by you and the method by which you made the calculation.

6. The amount of the claim As best as it can be determined at this time - \$1,000,000.00

7. Have you made a claim against anyone (including insurance companies) else for any of the losses or expenses claimed in this notice? N/A

If yes, set forth the names and addresses of all persons and insurance companies against whom you have made such claim.

8. Are any of the losses or expenses claimed herein covered by any policy of insurance? _____

For each policy, state the name and address of the insurance company, policy number and benefits paid or payable _____

9. Have you received or agreed to receive any money from anyone for the damages claimed herein? No If so, set forth the details of such agreement.

NO CLAIMS
PAID
NOV 1 11:07
A
CLAIMS

10. The following items are enclosed if available:

(1) Copies of itemized bills for each medical expense or other losses and expenses claim;

(2) Full copies of all appraisals and estimates of property damage claimed by you;

(3) Copies of all written reports of all expert witnesses and treating physicians; and

(4) A letter from your employer verifying your lost wages. If self-employed, a statement showing the calculation of your claimed lost income.

I hereby certify that the foregoing statements made by me are true, that the attached statements, bills, reports and documents are the only ones known to me to be in existence at this time. I am aware that if any statement made herein is willfully false, that I am subject to punishment provided by law.

DATED: 9/17/2012

X Ronnie Johnson
(signature)

TO WHOM IT MAY CONCERN:

I hereby authorize any and all doctors, hospitals or other medical service facilities to release to _____ any and all records, reports and other information concerning the treatment of the claimant herein named.

X Ronnie Johnson
(signature)

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

Joseph Homphreys 56

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 Time

09/18/2012

07:45 AM

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

MAIN TOLLS CTP / NEWARK LIBERTY INT. / BUILD 105

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 paid for parking & the gate went up & as I went thru the lane the gate malfunctioned & came down on my car striking the windshield & the roof of my car.

2012 NOV 14 A 9:09
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

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

ELISBETH LINDNER

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	<u>0</u>
(b)	For loss of earnings	\$	<u>0</u>
(c)	For property damage	\$	<u>960.15</u>

Total \$ 960.15

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

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

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

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

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

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

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

Windshield = 245.30

Roof = 527.60

LABOR & TAX = 178.25

See estimate of Attached

PORT AUTHORITY CLAIMS
LAW DEPARTMENT
2012 NOV 14 A
09

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

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

I Followed Instructions of the PORT Authority to exit the parking lot & the Gate malfunctioned. See pictures Attached. Men repairing the Gate stuck in a 1/2 way position.

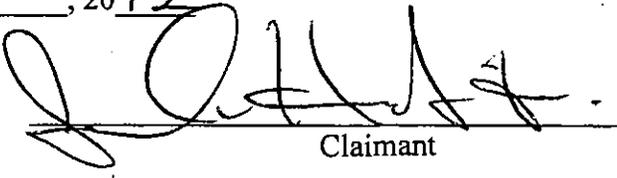
14. State whether or not the accident was in any way due to your fault, and if not, state in detail the reasons for your conclusions.

No

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

ESTIMATE OF DAMAGES TO CAR.
Pictures of the Accident
Pictures of workers Fixing the MAL Functioning Gate.

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

Dated: NOV. 6TH, 2012

Claimant

LAW DEPARTMENT
PORT AUTHORITY CLAIM
2012 NOV 14 A 9 09

AFFIDAVIT

STATE OF NEW YORK
COUNTY OF WESTCHESTER

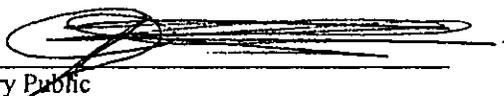
ss:

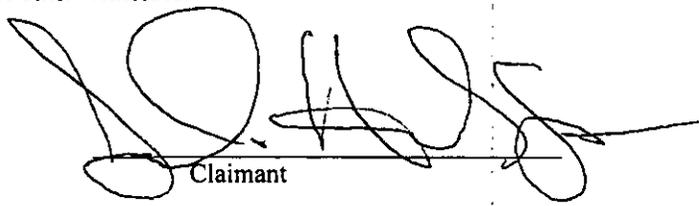
Joseph W. Humphreys JR.

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 6 day of NOVEMBER, 2012


Notary Public


Claimant

JOHN A. DIONISIO
Notary Public, State of New York
Qualified in Westchester County
No. 01DI4804045
Commission Expires Sept. 30, 2014

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: David Diamond Age: 39 Address:

Phon#

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.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
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3. Date of Accident: 10/3/2012 Time: Approx 7:30AM

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

Forest Avenue, Staten Island, 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.

My vehicle was parked when a Port Authority truck backed into it.

* PANYNJ Accident Report # 125-112GB *

6. State number of other witnesses to the accident. State the names and addresses of any known to you.
- Names Unknown to me.
 - 2 Port Authority Workers that were in the truck that backed into me.
 - 1 Port Authority Police Officer who wrote report.

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	_____
(b)	For loss of earnings	\$	_____
(c)	For property damages	\$	<u>1,741.64</u>

Total: \$ #1,741.64 *

** See Repair Estimate **

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

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

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

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

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

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

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

Damage done to front end of my 2011 Ford Fusion.
* See Estimate for itemized list of repairs/parts needed.

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

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

Accident was fault of the Port Authority. ~~My~~ My car was parked and I was not in it. Again, Port Authority truck backed into my parked car.

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.

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

- Repair Estimate.
- My Insurance Declaration Page

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 NOV 14 A
9:09

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

Dated: 10/23, 2012

Signed: [Signature]
Claimant

AFFIDAVIT

STATE OF NEW JERSEY :
:
COUNTY OF MORRIS :

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

27 day of OCTOBER, 2012

[Signature]
Notary Public

[Signature]
Claimant

2017 NOV 11 A 9:10
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

ALLISON McCANN
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires Nov. 19, 2015

NOTICE UNDER N.J.S.A. 32:1-163

**The Port Authority of NY & NJ
225 Park Avenue South
New York, NY 10003**

**RE: Claimant and My Client: Patience Adjekum
Date of Loss: 8/27/12
Location of Loss: Newark Liberty Airport
My File No.: 5952-12**

PLEASE TAKE NOTICE that the following claims are hereby presented under N.J.S.A. 32:1-163

2012 NOV 14 A 9:08
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

A. The Claimant is **Patience Adjekum** who

B. Notices in regard to this claim should be directed to **THOMAS A. McCARTER**, Attorney at Law, 299 Main Street, Hackensack, New Jersey, 07601, telephone no. 201-487-9017.

C. This claims arises out of a fall down incident which occurred on August 27, 2012 at the Newark Liberty Airport. At that time, claimant, **Patience Adjekum**, was walking in the **American Airlines Terminal** when she was caused to slip and fall due to a wet floor outside one of the bathrooms.

D. Damages claimed

E. The damages were caused by the **Port Authority of NY & NJ** and its agents, servants and/or employees, who were negligent and careless in the ownership, operation, control, inspection, repair, construction or maintenance of the aforesaid interior floor in permitting water to accumulate on the floor and caused the same to be in a dangerous, hazardous and defective condition which created a possible unreasonable dangerous condition for the walking public.

F. Claimant. **Patience Adiekum**.



THOMAS A. McCARTER, Esq.
Attorney at Law

Dated: November 6, 2012

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 NOV 14 A 9:08

2012 NOV -7 P 12:10 In the Matter of Claim of

TIMOTHY NERNEY and FELICIA NERNEY

- against -

THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY

TO: THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY
225 Park Avenue South
New York, New York 10003

PLEASE TAKE NOTICE, that the claimants hereby makes claims and demands against THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY as follows:

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

TIMOTHY NERNEY
FELICIA NERNEY

DILLON HOROWITZ & GOLDSTEIN LLP
Attorneys for Claimants
11 Hanover Square, 20th Floor
New York, New York 10005

2. The nature of the claim:

Claims to recover damages for

sustained by TIMOTHY

NERNEY ("Claimant Nerney") by reason of the negligence and/or violation of the Labor Laws of the State of New York including but not limited to Section 200, 240 and 241(6) by THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY, in the ownership,

2012 NOV - 8 - 8:18

LAW DEPARTMENT
PORT AUTHORITY CLAIMS

operation, control, management, repair, maintenance and coordination of the premises known as the Freedom Tower, 1 World Trade Center, New York, New York, during the construction, renovation and alternation, work being performed thereat on August 11, 2011.

3. On information and belief the time when, the place where and the manner in which the claim arose:

The accident occurred on August 11, 2011 at or about 7:30 A.M. Claimant was lawfully in the course of his employment as an elevator installer for Thyssen Krupp Elevator Corporation at the premises known as Freedom Tower, 1 World Trade Center, New York, New York.

At the time of the accident, Mr. Nerney was assisting in a hoisting operation. The job involved hoisting a guide rail from the 41st floor, where it was located to the 49thth floor where we were working. The rail was 16 feet long and weighed 22lbs. per foot. His job was to run the motor for rope that was used in hoisting the rail.

Mr. Nerney was working on a platform in an elevator shaft. The guide rail was being lifted up in the next shaft by a hoist. There were no walls between the shafts. When the rail was near the top of the hoisting job the rope became taught, which meant that the guide rail had become stuck and the tension on the rope had increased.

The rope suddenly became lose, which meant that the rail had suddenly become clear of the obstruction and was popping up towards the top of the shaft, sending slack rope up the shaft resulting in the wraps coming off the hoist making it

uncontrollable and "running away" up the shaft.

As the speed increased, the coil of the rope caught

The incident was investigated by Port Authority Detective Juan Garcia.

Claimant was taken by a New York Fire Department ambulance to Bellevue Hospital.

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

The Claimant TIMOTHY NERNEY demands damages

Total amount claimed: TEN MILLION

(\$10,000,000) DOLLARS.

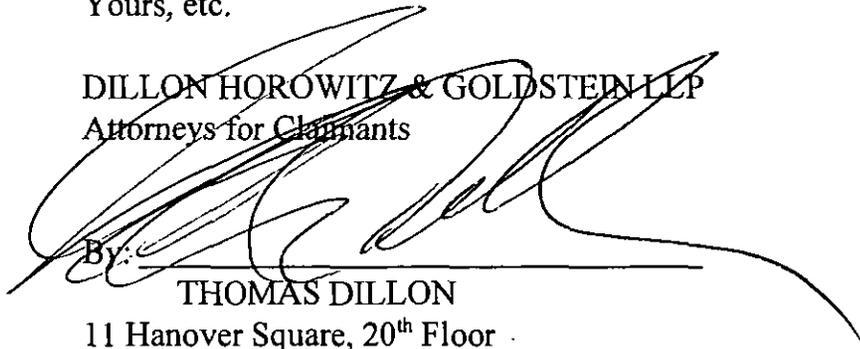
The Claimant FELICIA NERNEY claims in
the amount of TWO MILLION (\$2,000,000) DOLLARS

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

Dated: New York, New York
November 7, 2012

Yours, etc.

DILLON HOROWITZ & GOLDSTEIN LLP
Attorneys for Claimants

By: 

THOMAS DILLON

11 Hanover Square, 20th Floor
New York, New York 10005
(212) 248-4900

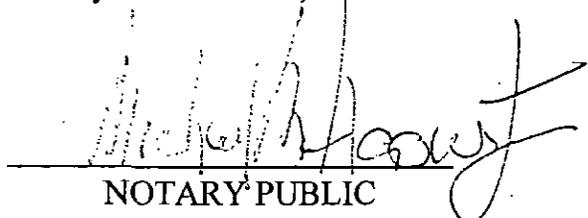
STATE OF NEW YORK)
 : SS.:
COUNTY OF NEW YORK)

THOMAS DILLON, being duly sworn, deposes and says that deponent is the attorney for claimants 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 the matters therein stated to be alleged on information and belief, and that as to those matters deponent believes them to be true.



THOMAS DILLON

Sworn to before me this
7th day of November, 2012



NOTARY PUBLIC

MICHAEL M. HOROWITZ
Notary Public, State of New York
No. 4862750
Qualified in Westchester County
My Commission Expires May 27, 2014

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 NOV - 8 - 8:18

In the Matter of the Claim of

TIMOTHY NERNEY and FELICIA NERNEY

-against-

THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY

NOTICE OF CLAIM

DILLON HOROWITZ & GOLDSTEIN LLP

Attorneys for Claimants

11 Hanover Square - 20th Floor

New York, New York 10005

(212) 248-4900

(212) 248-2848 fax

Service of a copy of the within
Dated, _____, 2012

is hereby admitted.

.....
Attorneys for

Sirs/Madams: – Please take notice

Notice of Entry

that the within is a true copy of a
within named court on

_____ duly entered in the office of the clerk of the

Notice of Settlement

that an _____ of which the iwithin is a true copy will be presented for settlement to the
HON. _____ one of the judges of the within named court, at _____ on
20 _____ at _____ M.

JONATHAN H. ROSENBLUTH

COUNSELLOR AT LAW

76 SOUTH ORANGE AVENUE

SUITE 105

SOUTH ORANGE, NEW JERSEY 07079

973-761-5333

TELECOPIER:
973-761-0456

2012 NOV -8 A 11:32
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

November 5, 2012.

The Port Authority of New York and New Jersey
Bodily Injury Claims Dept.
225 Park Avenue South
15th Floor
New York, New York 10003

RE: **Carlos Rios**
D/A: **October 17, 2012**
Our File No.:

Dear Sir/Madam:

This office represents Carlos Rios relative to a claim for personal injuries and/or Med-Pay benefits pursuant to the provisions of N.J.S.A. 59 et seq. Please accept the following as Notice of Claim consistent with the New Jersey Tort Claim Act.

1. Claimant: Carlos Rios
2. Notices and correspondence in connection with this claim are to be sent to Jonathan H. Rosenbluth, Esq., 76 South Orange Avenue, Suite 105, South Orange New Jersey, Attorney for claimant.
3. a. The incident giving rise to this claim occurred on or about October 17, 2012.
b. The location of the incident was at or about **Newark International Airport, Parking Lot F, Row 22. See attached police report.**
c. The incident occurred from an auto accident collision.

See attached police report.

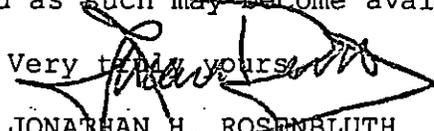
d. Deren J. Copp. Any and all other public employees claimed to be at fault will be supplied as information is obtained.

e. It is alleged upon advice of counsel, that the parties involved were negligent and/or careless in operating there motor vehicles.

Upon advice of counsel, claimant reserves the right to supplement as additional information becomes available.

- f. Witness: To be provided as discovery proceeds.
4. Damages: To be provided as discovery proceeds.
 5. Hospitals and Doctors: To be provided as discovery proceeds.
 6. Wage losses: To be provided as discovery proceeds.
 7. Amount of claim for damages are unliquidated. Additional information to be supplied.
 8. Claims against any additional parties to be supplied.
 9. Copies of any and all bills, reports and or wage loss verification to be supplied as such may become available and/or obtained.

Very truly yours,


JONATHAN H. ROSENBLUTH
Attorney for Claimant

JHR:pbr

Enc.

Via Regular Mail

Via CMRRR# 7011 2970 0002 7767 1865

In the Matter of the Claim

PALMER WILLIAMS,

Claimant,

-against-

PORT AUTHORITY OF NEW YORK AND NEW JERSEY,
Respondent.

PORT AUTHORITY OF NEW YORK AND NEW JERSEY
OFFICE OF THE CLERK
1012 007 23 P 12

NOTICE OF CLAIM

To: 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 and claimant's attorneys are:**

Claimant: Palmer Williams

Attorney: Kazmierczuk & McGrath
103-16 Metropolitan Avenue
Forest Hills, NY 11375
(718) 441-5460

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

To recover for _____ sustained as a result of the negligence and statutory violations of The Port Authority of New York and New Jersey.

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

The accident occurred during the construction/renovation of the HUB Lower Manhattan Transportation Center of the PATH Trains, on Thursday, July 26, 2012 at approximately 2:00 p.m. on a temporary work platform/scaffold 50' above the tracks of the 1&9 subways in the steel staging area 250' west of the intersection of Vesey and Church Streets, in the City and State of New York. More specifically, the accident occurred on the western edge of the steel beams supporting the roof of the subway tracks tunnel at the spot where the beams go into the walls concrete pockets. The accident occurred when the claimant slipped on debris and oil on improperly suspended scaffolding in a work area, without sufficient lighting, where the claimant was required to work. Plaintiff sustained

The area in which the claimant was working was not properly cleaned and was not equipped with any safety devices nor did it have sufficient lighting. The accident occurred while the claimant was performing his duties as an ironworker for DCM Erectors. The work hazards during the construction/renovation process were caused by the negligence and statutory violations of The Port Authority of New York and New Jersey and its agents, including the Labor Law of the State of New York and the Industrial Code of the State of New York.

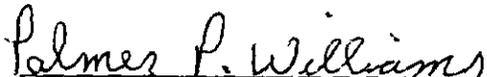
4. The items of damage or injuries are:

Claimant Palmer Williams sustained

That due to the foregoing, this claimant has suffered damages and resultant loss in the sum of FIVE MILLION DOLLARS (\$5,000,000.00).

The undersigned hereby affirms that the above statements in the claim are true and therefore presents this claim for adjustment and payment. You are hereby notified that unless said claim is adjusted and paid within the time provided by law from the date of presentation to you, the claimant intends to commence a legal action on this claim.

Dated: New York, New York
August 17, 2012


Palmer Williams

SWORN TO BEFORE ME ON
August 17, 2012


Notary Public

JOSEPH J. KAZMIERCZUK
Notary Public, State of New York
No. 02KA5064804
Qualified in Queens County
Commission Expires August 26, 2014

In the Matter of the Claim

PALMER WILLIAMS,

Claimant,

-against-

PORT AUTHORITY OF NEW YORK AND NEW JERSEY,
Respondent.

NOTICE OF CLAIM

To: 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 and claimant's attorneys are:

Claimant: Palmer Williams

Attorney: Kazmierczuk & McGrath
103-16 Metropolitan Avenue
Forest Hills, NY 11375
(718) 441-5460

2. The nature of the claim:

To recover for _____ sustained as a result of
the negligence and statutory violations of The Port Authority of New York and New Jersey.

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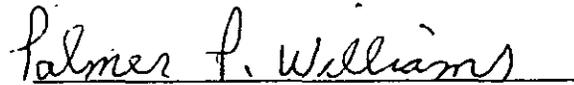
4. **The items of damage or injuries are:**

Claimant Palmer Williams sustained

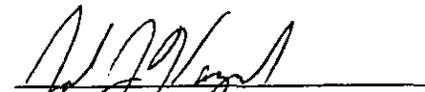
That due to the foregoing, this claimant has suffered damages and resultant loss in the sum of FIVE MILLION DOLLARS (\$5,000,000.00).

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Dated: New York, New York
August 17, 2012


Palmer Williams

SWORN TO BEFORE ME ON
August 17, 2012


Notary Public

JOSEPH J. KAZMIERCZUK
Notary Public, State of New York
No. 02KA5064804
Qualified in Queens County
Commission Expires August 26, 2014

In the Matter of the Claim

PALMER WILLIAMS,

Claimant,

-against-

PORT AUTHORITY OF NEW YORK AND NEW JERSEY,
Respondent.

NOTICE OF CLAIM

To: 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 and claimant's attorneys are:**

Claimant: Palmer Williams

Attorney: Kazmierczuk & McGrath
103-16 Metropolitan Avenue
Forest Hills, NY 11375
(718) 441-5460

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

To recover for _____ sustained as a result of
the negligence and statutory violations of The Port Authority of New York and New Jersey.

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

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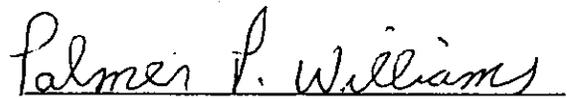
4. **The items of damage or injuries are:**

Claimant Palmer Williams

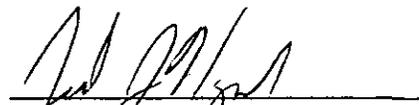
That due to the foregoing, this claimant has suffered damages and resultant loss in the sum of
~~FIVE MILLION DOLLARS (\$5,000,000.00).~~

The undersigned hereby affirms that the above statements in the claim are true and therefore presents this claim for adjustment and payment. You are hereby notified that unless said claim is adjusted and paid within the time provided by law from the date of presentation to you, the claimant intends to commence a legal action on this claim.

Dated: New York, New York
August 17, 2012


Palmer Williams

SWORN TO BEFORE ME ON
August 17, 2012


Notary Public

JOSEPH J. KAZMIERCZUK
Notary Public, State of New York
No. 02KA5064804
Qualified in Queens County
Commission Expires August 26, 2014

2012 OCT 23 P 2:18
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

Claudine Snyder

October 30, 2012

To: Continental/United Air Lines
Risk Management Department- HQSRK
P. O. box 4607
Houston, TX 77210-4607
(713)324-6614

To: Global Aerospace
One Sylvan Way
Parsippany, NJ 07054
(973) 491-8520

To: The Port Authority Of NY and NJ
225 Park avenue
New York, NY 10048
(212) 435-3720

To: City Of Newark, NJ
Huntley A. Lawrence
Conrad Road, Building 1
Newark, NJ 07114
(973) 961-6000

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 NOV 27 A 8:42

Re: Intent To File A Lawsuit

Dear Addressees,

Be so advised that this letter is to serve as official notice of Intent To Sue each entity named above caused by falling while walking inside the Newark Liberty International Airport. I suffered a hard fall unto the floor that was caused by slipping on an oily substance spilled on the floor by workers on the 13th day of August, 2012.

I intend to file a lawsuit against The Newark Liberty International Airport; the owner of the Airport property, the City Of Newark NJ; the operator of the Airport, the Port authority Of NY and NJ; Continental Airlines and United Airlines, whom was the carrier and from whom the ticket was purchased and the Janitorial/Contractor, ABM Industries represented by Global Aerospace are all served this official notice of Intent To Sue.

The above named all hold the responsibility and obligation to serve and protect all passengers and people inside or on the Airport property. The above named failed to take the proper procedures and or precautions to reasonably protect me from

2. If notices and correspondence in connection with this claim are to be sent to a person other than the claimant, complete item No.2.

GEORGE RIOS, ESQ.
NAME

26 JOURNAL SQUARE - SUITE 702
MAILING ADDRESS

JERSEY CITY, NEW JERSEY 07306
CITY, STATE, ZIP CODE

Relationship To Claimant: Attorney-At-Law (x) or _____
Relationship

3. (a) The occurrence or accident which gave rise to this claim.

November 19, 2012
DATE

3:30 p.m. - 4:00 p.m.
Time

- (b) Describe the location or the place of accident or occurrence.

New York
MUNICIPALITY

Port Authority - In the area near Bus # 119
in New York
EXACT LOCATION OF OCCURANCE
(Indicate the exact street address)

DESCRIPTION OF ACCIDENT: _____

Claimant, Carmen Gonzalez, was caused to slip and fall on wet floor at the
Port Authority causing

- (c) Draw a diagram of the area of the incident. Label all intersecting streets. Indicate "North" by an arrow. Indicate home numbers where applicable. Mark "X" at exact spot of occurrence and state distance in feet from nearest intersecting streets if not otherwise identifiable. Indicate public property.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2017 DEC - 6 P 2:22

- (d) State the name and address of the State agent or agencies that you claim caused your damage/injury.

Port Authority of New York and New Jersey, its agents, servants and/or employees.

- (e) State the names of the State employees whom you claim were at fault, including any information that will assist in identifying and locating them.

At the present time no identities and/or names have been discovered. If and when we discover other their identities, the information will be supplied.

- (f) State the negligence or wrongful acts of the State agency and State employees that caused your damage/injury.

Carmen Gonzalez alleges that the Port Authority of New York and New Jersey, by their agents, servants, and employees are negligent in that they failed to properly maintain, control, design or supervise the area in question where the accident occurred.

-
- (g) State the name and address of all witnesses to the accident or occurrence.

To be supplied.

- (h) State the name and address of all police officers and police departments who investigated the accident.

To be supplied.

3. (a) Claim for damages (check) appropriate box:

() Personal Injury

() Property Damage

() Other

If other, explain in detail: _____

- (b) If you claim personal injury:

2012 DEC - 6 P 2: 22
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

- (1) Describe your injuries resulting from this accident or occurrence.
- (2) Do you claim permanent disability resulting from this injury?
- (3) For each hospital, hospital, doctor, or other practitioner rendering treatment, examination, or diagnostic service, state:

- (4) If you claim lost wages or income as a result of injury, state:

NAME OF EMPLOYER

ADDRESS OF EMPLOYER

YOUR OCCUPATION

DATE EMPLOYED AT THIS JOB

RATE OF PAY

DATE OF ABSENCES FROM WORK

TOTAL LOST WAGES TO DATE

IF STILL OUT OF WORK, EXPECTED
DATE OF RETURN

NOTE: If your claimed loss of income arises from self-employment or sources other than wages, attach an itemization showing the basis of your calculation of lost income.

This information shall be supplied at a later date.

(5) Set forth any and all other losses claimed by you.

(c) If you claim property damage:

(1) Describe the property damage:

N/A

(2) The present location and time when the property may be inspected.

N/A

(3) Date property acquired N/A

(4) Cost of property N/A

(5) Value of property at time of accident N/A

(6) Description of Damage. N/A

(7) Attached each estimate of repair costs to this form. N/A

(8) Set forth in detail the list claimed by you for property damage. N/A

(d) Set forth in detail all other items of lost or damages claimed by you and the method by which you made the calculation. None

5. The amount of the claim \$ _____

6. Have you made a claim against anyone (including insurance companies) else for any of the losses or expenses claimed in this notice? Yes

If yes, set forth the names and addresses of all persons and insurance companies against whom you have made such claim. To be supplied

7. Are any of the losses or expenses claimed herein covered by any policy of insurance? See above answer

For each policy, state the names and addresses of the insurance company, policy number and benefits paid or payable. See attached

2017 DEC - 6 PM 2:22
PROPERTY CLAIMS

8. Have you ever received or agreed to receive any money from anyone for the damages claimed herein? No If so, set forth the details of such agreement.

9. The following items must be submitted with this notice.

- (1) Copies itemized bill for each medical expend or other lose and expenses claimed. To be supplied, to many to be included with this notice.
 - (2) Full copies of all appraisals and estimates of property damage claimed by you. N/A
 - (3) Copies of all written reports of all expert witnesses and treating physicians. None to date
 - (4) A letter from your employer verifying your lost wages. If self-employed, a statement showing the calculation of your claimed lost income. To be supplied
-

10. Please specify, if known, whether the claim arises out of any of the following activities of the Community Development Block Grant Program:

N/A

-
- | | |
|--|---|
| <input type="checkbox"/> City-Wide Demolition | <input type="checkbox"/> City-Wide Relocation |
| <input type="checkbox"/> Montgomery Street Gateway | <input type="checkbox"/> Montgomery Residential Housing |
| <input type="checkbox"/> Neighborhood Improvement Program | <input type="checkbox"/> West Side Multi-Family Demonstration |
| <input type="checkbox"/> Martin Luther King Drive Retailsteading | <input type="checkbox"/> Comprehensive Recreation |
| <input type="checkbox"/> Bergen Teen Post | <input type="checkbox"/> Lafayette Teen Post |
| <input type="checkbox"/> Greenville Teen Post | <input type="checkbox"/> Hudson City Teen Post |
| <input type="checkbox"/> Day Care | <input type="checkbox"/> Community Kindergarten |
| <input type="checkbox"/> Pre-Natal Clinic | <input type="checkbox"/> Visiting Homemaker |
| <input type="checkbox"/> Senior Citizens Diagnostic | <input type="checkbox"/> Youth Services Counsel |
| <input type="checkbox"/> Square Ecumencial Education | <input type="checkbox"/> Dartmouth ABC |

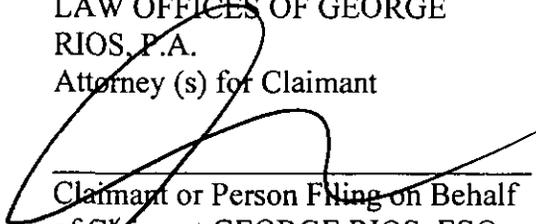
_____ Central Intake-Patrick House

_____ Alternate School-Patrick
House

I hereby certify that the foregoing statements made by me are true, that the attached statements, bills, reports and documents are the only ones known to me to be in existence at the time. I am aware that if any statement made herein is willfully false, that I am subject to punishment provided by law.

GEORGE RIOS, ESQ.
LAW OFFICES OF GEORGE
RIOS, P.A.
Attorney (s) for Claimant

DATED: December 1, 2012



Claimant or Person Filing on Behalf
of Claimant GEORGE RIOS, ESQ.

1/4/12 PARIYATI
PERF AUTHORITY CLAIMS
2012 DEC - 6 P 2:23

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:

Yiu Keung Chan

38

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:

Oct 29, 2012

Time: *Evening*

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

Brookly Pier (Red Hook)

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.

My car was damaged by water (ocean water) while we parked my car at Brooklyn Pier (cruise terminal). I towed car out of Brooklyn terminal, and received a reference number #54 from police report. The damage car is 2007 Toyota Sienna 8 passenger minivan.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 NOV 29 P 2:11

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

*Reference # 54
Property damage report*

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	_____
(b)	For loss of earnings	\$	_____
(c)	For property damages	\$	<u>\$14,194 (blue book)</u>
Total:		\$	<u>\$14,194</u>

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

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

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

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

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

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

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

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

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

I believe that the accident was due to the fault on the part of the Port Authority due ^{the damage was incurred} to ~~happen~~ on the proper real property of the Port Authority.

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.

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: November 15, 20 12

Signed: Yiu Key Chu
Claimant

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
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AFFIDAVIT

STATE OF New York :
 :
 :
COUNTY OF Richmond :
Yiu K Chan :

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

27 day of Nov, 2012

[Signature]
Notary Public

Yiu Key Chu
Claimant

MICHAEL R. NEWELL
Notary Public, State of New York
No. 01NE4837109
Qualified in Richmond County
Commission Expires July 24, 2014

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:

Liu, Lan Xiang 54

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: Time:

Oct 28 - Oct 30 N/A

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

Brooklyn Cruise Terminal

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.

my husband parked my car at Brooklyn Terminal, so we went to cruise for vacation. Sandy hurricane came during his long term parking. My white car was in water and got damage.

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LAW DEPARTMENT
PORT AUTHORITY CLAIMS

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

I have no idea about other witnesses. As I know there are lots cars got same damage at same time

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	<u>0</u>
(b)	For loss of earnings	\$	<u>0</u>
(c)	For property damages	\$	<u>5000</u>

Total: \$ 5000

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.

N/A

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

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

N/A

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.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 NOV 29 P 2:11

-
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.

N/A

-
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.

N/A

-
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.

N/A

-
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: Nov. 26, 2012

Signed: Lan Xiang Li
Claimant

2012 NOV 29 P 2:11
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

AFFIDAVIT

STATE OF New York

COUNTY OF Queens

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/sbe 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

26 day of Nov, 2012

Cheng Han
Notary Public

Ghung L. Lem
Notary Public, State of New York
No. 01LA612C388
Qualified in Queens County
Commission Expires March 03, 2017

Lan Xiang Li
Claimant

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:

Barbara A Buoncristiano 75

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.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
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3. Date of Accident:

9/20/2012

Time:

Approx. 5:00 - 5:15 PM

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

Sidewalk (apron) outside of Jet Blue exit.

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 had just deplaned from Jet Blue flight 1177, exited the door of the terminal and turned left to proceed to the Express Bus Service to NYC. I had a small suitcase on wheels. As I looked ahead to determine exactly where I had to go, I failed to see a raised seam in the sidewalk. Since the sidewalk was attached to the terminal, I assumed it was totally smooth. My shoes caught on the seam, and I pitched forward - the

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

My fall was witnessed by a police woman who submitted a report and was assisted by a customer care representative (Mr. Sera - card included) who was standing near

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	<u>70.00</u>
(b)	For loss of earnings	\$	<u>751.50</u>
(c)	For property damages (taxi - no receipt)	\$	<u>14.00</u>
Total:		\$	<u>1465.50</u>

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

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

DEPT
CLAIMS
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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.

I am statewide Director of Compliance for the NYS Division of Human Rights - Legal Dept., One Fordham Plaza Bronx, NY 10458

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.

See #9.

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

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

N/A

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

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

Yes. Someone in the crowd that gathered said he had fallen himself because of the defect in the Sidewalk.

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.

No.
and

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

See attached.

242955

PORT AUTHORITY OF NEW YORK AND NEW JERSEY
2012 NOV 29 A 9 56

NOTICE OF CLAIM

-----X
In the Matter of the Claim of

RUTH MARIE HALL

-against-

THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY

-----X

To: THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY
225 Park Avenue South, New York, NY 10003

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 NOV 29 4 09 PM '12

1. The name and address of the claimant and claimant's attorneys:

Claimant

Attorneys

Ruth Marie Hall

MARK E. WEINBERGER, P. C.
50 Merrick Road
Rockville Centre, New York 11570
(516) 829-7270

2. The nature of the claim:

To recover money damages for related damages incurred by and on behalf of claimant RUTH MARIE HALL by reason of the negligence, recklessness and carelessness of THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY, its agents, servants, employees and/or licensees.

3. The time when, the place where and the manner in which the claim arose:

On October 5, 2012 at approximately 3:15 P.M. while claimant RUTH MARIE HALL was lawfully upon the premises and descending the interior stairway located at John F. Kennedy International Airport, terminal #7, building 59, County of Queens, City and State of New York and more particularly the stairway from gate area to domestic bag claim next to gate 11/12 when she was caused to slip and fall and be injured by reason of the negligence, recklessness and carelessness of THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY, in the ownership, operation, control, management, maintenance, repair, inspection, cleaning, design, construction, paving and supervision of their aforesaid premises, building, stairways and appurtenances thereat; in that stairway was improperly designed and maintained; in that stairway was unreasonably steep; that the step claimant fell on contained foreign and slippery substance and debris; that the risers were loose, wobbly and otherwise improperly maintained and cleaned and not in compliance with code; in creating a tripping hazard, nuisance and trap for the unaware; in failing to require all parts of the building structure and means of egress to be maintained safely; in failing to provide adequate maintenance; in causing, allowing and permitting said stairway and steps to be, become and remain worn, eroded,

mislevelled, slippery, defective, loose; in permitting said staircase to contain an improper, hazardous, trap like, dangerous and defective concrete base; in causing, allowing and permitting said stairway to be, become and remain filthy and otherwise in a state of disrepair, all in violation of applicable administrative and building codes; in maintaining the aforesaid property debris-strewn, slippery, filthy and otherwise in a state of disrepair; in permitting said staircase to contain improper, hazardous, trap like, dangerous and defective reinforcements; in permitting said stairway to be, become and remain lacking the proper coefficient of friction and containing an improper, loose surface that varied from the steps above and below it; in creating and causing a defective and hazardous condition and a trap for the unaware and claimant in particular; in failing to provide a proper handrail on said stairway; in allowing the aforesaid stairway to be, become and remain slippery; in causing, allowing and permitting said stairway and steps to be, become and remain, loose and filled with debris; in permitting said staircase to contain an improper, hazardous, trap like, dangerous and defective concrete base; in permitting said staircase to contain improper, hazardous, trap like, dangerous and defective reinforcements; in allowing, suffering, and permitting a dangerous, defective, hazardous and trap-like condition to exist in the vicinity of defendant's premises, which condition constituted a trap and menace for all persons lawfully present upon the area where the accident occurred; in causing the claimant to slip on the defective staircase thereat which was mislevelled, loose, unlevelled, slippery and otherwise defective as aforesaid; in failing to post any warnings, guardrails, barricades and/or other structures in front of said dangerous area; in creating said defect; in issuing permits for work thereat and not properly supervising maintenance work thereat; in improperly performing maintenance work thereat; in improperly repairing the said steps thereat, thereby creating the aforesaid dangerous and defective condition; in creating and causing the aforesaid area to be, become and remain loose, slippery and filthy so that one's footing could be lost while traversing same, as in the very occurrence complained of, which was foreseeable; in failing to rope off said area, properly erect barricades and/or otherwise warn others and prevent the occurrence thereat; in employing incompetent, under trained or untrained personnel to properly perform construction and general maintenance work and otherwise properly repair the said area and correct the said condition; in permitting said condition to exist and remain for an unreasonable period of time when the defendants, their agents, servants and/or employees, in the exercise of due care and prudence, knew or could and should have known of the condition and taken the necessary actions to repair and correct the said condition; in causing, and allowing the premises to remain and be in a dangerous and defective condition; in failing to provide the claimant with a safe area upon which to walk; in failing to give warning or notice to the claimant and others lawfully upon said premises of the dangerous, hazardous and trap like condition which existed at that time; in hiring inept, incompetent and insufficient personnel; in employing insufficient and incompetent help to maintain said area and staircase; in failing to erect and maintain barriers, railings and/or adequate warnings at the area complained of; in carelessly and negligently maintaining, inspecting and/or supervising said area and stairway; in carelessly and negligently failing to remedy or repair said condition; in carelessly and negligently failing to avoid the accident although the defendants, their agents, servants and/or employees had a reasonable opportunity to do so; in causing, allowing and permitting said area to come, be and remain in an unsafe condition; in exposing the claimant to the existence of danger and peril in view of the lack of necessary quality and standards and warnings, in total and wanton disregard of the claimant's safety and well-being; in failing to remedy the inherently dangerous and defective conditions of the said area when the defendants, their agents, servants and/or employees knew or could and should have known of the dangers by use of reasonable care, inspection and supervision; in creating said dangerous and defective condition and in causing, allowing and permitting same to exist

and remain for an unreasonably long period of time prior to this accident; in failing to provide adequate interior maintenance; in permitting said premises to be, become exist and remain in violation of building code rules, regulations, statutes and ordinances; in permitting steps thereat to contain mixtures of old and new tread surfaces and be, become, exist and remain broken, cracked and chipped; in violations of the New York State Codes, Rules and Regulations; in violating those statutes, ordinances, rules and regulations in such cases made and provided, of which claimant will ask this Court to take judicial notice at the time of the trial of this action; and the defendants, their agents, servants and/or employees were otherwise negligent, careless and reckless in the premises. Annexed hereto are six (6) photographs and two (2) page Patron Accident Report from The Port Authority of New York & New Jersey.

4. Claimant RUTH MARIE HALL sustained

Claim is for

which claimant are entitled by case law and statute.

Said claim and demand are 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 in a sum exceeding the jurisdictional limits of all lower courts which would otherwise have jurisdiction.

MARK E. WEINBERGER, P. C.

Attorneys for Claimant

RUTH MARIE HALL

50 Merrick Road

Rockville Centre, New York 11570

(516) 829-7270

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 NOV 29 P 1:49

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) intend(s) to commence an action on this claim.

Dated:

X Ruth Marie Hall
The name signed must be printed beneath

The name signed must be printed beneath

~~LAW OFFICES OF~~
Attorney for Claimant(s)
Office and Post Office Address, Telephone Number
MARK E. WEINBERGER, P.C.
50 Merrick Road
Rockville Centre, NY 11570

CORPORATE VERIFICATION

State of New York, County of _____ ss.:

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

This verification is made by deponent because said claimant is a _____ corporation, and deponent an officer thereof, to wit its
The grounds of deponent's belief as to all matters not stated upon deponent's knowledge are as follows:

INDIVIDUAL VERIFICATION

State of New York, County of QUEENS ss.:

~~RUTH MARIE HALL~~
being duly sworn, deposes and says that deponent is the 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 the matters therein stated to be alleged on information and belief, and that as to those matters deponent believes it to be true.

X Ruth Marie Hall
Sworn to before me, this 12th day of October 2012

DANITZA PARCHMENT
Notary Public, State of New York
Qualified in Nassau County
Commission Expires March 2015

In the Matter of the Claim of
RUTH MARIE HALL

THE PORT AUTHORITY OF
THE CITY OF NEW YORK
NEW YORK AND NEW JERSEY

Notice of Claim Against
the City of New York

Attorney(s) for Claimant(s)
Office and Post Office Address

LAW OFFICES OF
MARK E. WEINBERGER, P.C.
50 Merrick Road
Rockville Centre, NY 11570

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 NOV 29 P 1:50

In the Matter of the Claim of
CECELINE E. DOWNSWELL

-against-

THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY

STATEMENT OF CLAIMANT
FOR DAMAGES DUE TO AN ACCIDENT

1. CECELINE DOWNSWELL (Age: 65)
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.

The name and post-office address of claimant's attorney is:

BERGMAN, BERGMAN, GOLDBERG & LAMONSOFF, LLP
801 S. BROADWAY
HICKSVILLE, NEW YORK 11801
(516) 739-2220

3. Date and time of accident.

September 5, 2012 at approximately 3:00 p.m.

4. Place of accident.

Immediately before descending the staircase designated as P7 at the 42nd Street – Port Authority Bus Terminal Subway Station, New York, New York. The condition that caused claimant to trip and fall was located approximately three inches before reaching the aforementioned staircase.

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.

Claimant was caused to trip and be precipitated to the ground.

2012 NOV 29 A 11:28

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
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6. State number of other witnesses to the accident. State the names and addresses of any known to you.

Other than any witnesses referenced on any police accident report, claimant is unaware of any witnesses.

7. The amounts of loss claimed are as follows:

(a) For medical and hospital expenses: \$ To be submitted

(b) For loss of earnings: \$ To be submitted

(c) For property damage: \$ None

Total: \$ To be submitted

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

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

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

Claimant was not employed at the time of the subject occurrence.

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

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

No claim for property damage.

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

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

The accident was due to the fault of the Port Authority.

That the Port Authority, their servants, agents, and/or employees were negligent and careless in that they violated their duty to persons lawfully on the aforesaid location and to this claimant in particular by knowingly, permitting, suffering and allowing the aforesaid location to be, become and remain in a defective, dangerous, broken, unsafe, and traplike condition; in failing to take suitable precautions for the safety of persons lawfully at the said location; in failing to have and keep the said location in a safe and proper manner; in failing to timely, adequately and properly repair and/or restore the said location; in failing to make timely, adequate and proper inspections of the conditions of the said location; in failing to employ adequate and competent personnel to inspect, maintain and/or repair the said location; in that they failed to place barriers, guards or other warnings at, about and around the dangerous, unsafe and traplike condition existing at and upon the said location; in that they maintained the said location in reckless disregard for the safety of claimant and others lawfully traversing the same; in failing to warn the claimant of the dangerous, unsafe and traplike condition of the said location; and in failing to take all necessary and proper means and precautions to avoid the said accident.

Further that the Port Authority, their agents, servants and/or employees were negligent and guilty of culpable conduct, in negligently, carelessly causing, creating and permitting said location to be and remain in an unsafe and dangerous condition; and in failing to keep and maintain said location free from hazards and obstructions; in negligently permitting said location to be and remain dangerous to persons passing along; in causing, creating, suffering and permitting said defective condition to remain and exist for a long period of time thereon; in negligently and carelessly using said location for their benefit; in causing, permitting and creating a nuisance thereon; in having both actual and/or constructive knowledge of the dangerous conditions complained of; and in otherwise being careless and negligent in the premises.

That the Port Authority, their servants, agents, and/or employees were careless, reckless, negligent and guilty of culpable conduct, in causing, creating, permitting, and/or allowing a dangerous, hazardous, defective condition to be, continue, and remain at said location; in causing, creating, permitting, and/or allowing a dangerous, hazardous, defective condition to be, continue, and remain upon the location; in causing, allowing, creating, and/or permitting a hazard, menace, and a nuisance for persons lawfully on said location at said location, and in particular this claimant; in causing, allowing, creating, and/or permitting a hazard, menace, and a nuisance for persons lawfully on said location, and in particular this claimant; in failing to hire competent personnel for the purpose of maintaining the location at said location; in negligently hiring, supervising and training their employees; in failing to take reasonable measures necessary to prevent the creation of a hazardous condition for those persons lawfully on said location, and in particular this claimant; in failing to take reasonable measures necessary to prevent the creation of a hazardous condition for those persons lawfully on said location, and in particular this claimant; in failing to take reasonable measures necessary to prevent the creation of a hazardous condition for those persons lawfully on said location, and in particular this claimant; in failing to provide adequate lighting; in failing to adequately supervise those servants, agents, and/or employees in order to protect against the creation, and/or allowance of a hazardous condition; in causing the claimant to stumble, trip, slip and fall; in causing, permitting, and allowing said location to exist and remain in a dangerous and otherwise unsatisfactory condition, thereby constituting a concealed menace, nuisance, hazard and trap; in causing, permitting, and allowing the said location to exist and remain in a dangerous and otherwise unsatisfactory condition, thereby constituting a concealed menace, nuisance, hazard and trap; in failing to adequately and reasonably supervise their servants, agents, and/or employees ~~for the purpose of adequately and responsibly operating, maintaining and~~ controlling said location; in failing to take the necessary and requisite steps to prevent this foreseeable occurrence; in having both actual and/or constructive knowledge of the dangerous conditions complained of; in violating the applicable rules, statutes, and ordinances which governed the activities of the Port Authority at the time and place herein mentioned; and in otherwise being negligent in the premises. Said accident was due to the negligence of the respondents, their agents, servants and for employees in the ownership, operation, maintenance, layout, management, control, design, construction, repair, inspection, engineering, installation and modification of said area. The respondent, their agents, servants and/or employees were further negligent in failing to take suitable precautions for the safety of persons lawfully on said area; in failing to have and keep said area in a safe and proper manner; in failing to timely, adequately and properly repair and/or restore said area; in failing to make timely, adequate and proper inspections of the conditions of said area; in failing to employ adequate and competent personnel to inspect, maintain and/or repair said area; in that they failed to place barriers, guards or other warnings at, about and around the dangerous, unsafe and trap like condition existing at and upon said area; in that they maintained said area in reckless disregard for the safety of claimant and others lawfully traversing the same; in failing to warn the claimant of the dangerous, unsafe and trap like condition of said area; and in failing to take all necessary and proper means and precautions to avoid the said accident. Further, respondents, their agents, servants and or employees were negligent and guilty of culpable conduct, in negligently causing, creating and permitting said area to be and remain in an unsafe and dangerous condition; and in failing to keep and maintain said area free from hazards and

obstructions; in negligently permitting said area to be and remain dangerous to persons passing along; in causing, creating, suffering and permitting said defective condition to remain and exist for a long period of time thereon; in negligently and carelessly using said area for their benefit; in causing, permitting and creating a nuisance thereon; in causing allowing and permitting the aforementioned location to be, become and remain in a dangerous and hazardous condition, constituting a trap, nuisance and hazard in that the said location constituted a dangerous condition; in failing to repair, backfill or re-pave said condition, and/or upon repaving or backfilling said area in a negligent, careless and reckless manner. Upon information and belief, prior written notice and actual notice was received within a reasonable time by the respondents who then neglected to make timely repairs to correct said condition. The respondents also had constructive notice within a reasonable lime prior to the occurrence but neglected to make timely repairs to correct said condition. The respondents also caused and created said condition (photograph of the location is annexed hereto).

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 conclusion.

The accident was not due to claimant's fault.

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

None.

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

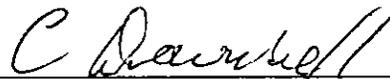
Dated: HICKSVILLE, NEW YORK
November 21, 2012

LAN DEPARTMENT
PORT AUTHORITY CLAIMS
2012 NOV 21 P 1:49



CECELINE E. DOWNSWELL

produce any papers or other evidence within his control, and to cooperate with the Port Authority in obtaining the appearance of other witnesses.


CECELINE E. DOWNSWELL

Sworn to before me this
26th day of November, 2012


Notary Public

ADAM B. FEDER
Notary Public, State of New York
No. 02FE5057077
Qualified in Nassau County
Commission Expires March 8, 2014

2012 NOV 29 P 1:49
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

**In the Matter of the Claim of
ROBERT DEANGELIS
against
PORT AUTHORITY OF NEW YORK AND NEW JERSEY**

2012 NOV 29 A 10 53

TO: PORT AUTHORITY OF NEW YORK AND NEW JERSEY
225 Park Avenue South
New York, New York 10010

PLEASE TAKE NOTICE, that the undersigned claimant(s) hereby make(s) claim and demand against the PORT AUTHORITY OF NEW YORK AND NEW JERSEY, as follows: [Office of the Comptroller requests the following additional information: in Section 2, specific defect (e.g. pothole) if applicable; in Section 3, street address wherever possible.]

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

SACKS AND SACKS, LLP
150 Broadway, 4th Floor
New York, New York 10038

ROBERT DEANGELIS

2012 NOV 29 P 1:10
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

2. The nature of the claim: sustained by claimant, ROBERT DEANGELIS as a result of injuries sustained by him on November 27, 2012.

3. The time when, the place where and the manner in which the claim arose: The claim arose on the 27th day of November, 2012 at approximately 9:50 a.m. at World Trade Center Transportation Hub, Level B3, in the Borough of Manhattan, City and State of New York. At all times herein mentioned, the PORT AUTHORITY OF NEW YORK AND NEW JERSEY owned, operated, managed and controlled the aforesaid premises and further retained numerous contractors including Turner Construction, Tishman Construction, Tishman/Turner a Joint Venture and Winco Contracting to perform work, labor and services thereat. While claimant was lawfully upon the aforesaid premises he was caused to slip, trip and fall into an unguarded opening causing him to sustain

The occurrence as aforesaid was caused solely and wholly by the reason of negligence, carelessness and recklessness of the PORT AUTHORITY OF NEW YORK AND NEW JERSEY and its contractors, agents and employees who were negligent in the ownership, operation, management and control of the aforesaid premises. The PORT AUTHORITY OF NEW YORK AND NEW JERSEY, its contractors, agents and employees failed to ensure that work areas, throughfares and passageways were free of slipping hazards; further, failed to remove, sand, cover wet, slippery hazards thereat; further, failed to cover hazardous openings; further, failed to put guard rails, safety rails, covers, planks and other devices thereat; further, failed to ensure that the jobsite was properly illuminated; further, failed to properly coordinate the work; further, violated Sections 200, 240 and 241(6) of the Labor Law of the State of New York, Rule 23 of the Industrial Code of the State of New York, specifically, but not limited to: 23-1.5, 23-1.7, 23-1.15, 23-2.1, 23-1.30, Article 1926 of O.S.H.A. and was otherwise negligent careless and reckless, causing claimant to sustain

Claimant was free from comparative fault.

4. The items of special damage or injuries claimed are: Claimant ROBERT DEANGELIS sustained

but claimant will permit a physical by the PORT AUTHORITY OF NEW YORK AND NEW JERSEY, and the item of damages exceed the jurisdictional limitations of the lower Court.

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) intend(s) to commence an action on this claim.

Dated: NOV. 28, 2012

[Signature]
The name signed must be printed beneath

ROBERT DEANGELIS
The name signed must be printed beneath

Attorney(s) for Claimant(s)
Office and Post Office Address, Telephone Number
SACKS & SACKS, LLP
150 Broadway 4F
New York, NY 10038
212.964.5570

CORPORATE VERIFICATION

State of New York, County of

ss.:

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

This verification is made by deponent because said claimant is an officer thereof, to wit its corporation, and deponent The grounds of deponent's belief as to all matters not stated upon deponent's knowledge are as follows:

INDIVIDUAL VERIFICATION

State of New York, County of NEW YORK ss.:
ROBERT DEANGELIS
being duly sworn, deposes and says that deponent is the 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 the matters therein stated to be alleged on information and belief, and that as to those matters deponent believes it to be true.

Sworn to before me, this 28th day of NOVEMBER, 2012

[Signature]
Sworn to before me, this day of THAO DUONG

NOTARY PUBLIC-STATE OF NEW YORK
No. 01DU6210927
Qualified in Queens County
My Commission expires September 08, 2013

In the Matter of the Claim of
ROBERT DEANGELIS
V.
POET AUTHORITY OF
NEW YORK +
NEW JERSEY
Notice of Claim Against
PANYNJ

SACKS & SACKS, LLP
Attorney(s) for Claimant(s)
Office and Post Office Address
150 Broadway 4F
New York, NY 10038
212.964.5570

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:

CHARLES MKHITARIAN 70

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.

OWN BEHALF

3. Date of Accident: Time:

JULY 24, 2012 4:20 PM

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

ON GEORGE WASHINGTON BRIDGE HALF WAY

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.

TRAVELING ON GEORGE WASHINGTON BRIDGE UPPER LEVEL GOING WEST BOUND ON 2ND LANE FROM RIGHT. THE VEHICLE WAS HIT FROM THE BOTTOM WITH A PEICE OF METAL AND PUNCTURED THE FUEL TANK, AFTER WHICH OF RAW FUEL SENSED IN THE CAR. I COULD NOT STOP AT THE MOMENT (IN THE MIDDLE OF THE BRIDGE) AFTER GETTING ON ROUTE 4, STOPPED AT BENZEL BUSCH MERCEDES SERVICE CENTER

2012 NOV 28 A 9:47
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

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

NONE

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	_____
(b)	For loss of earnings	\$	_____
(c)	For property damages	\$	<u>3,995.30</u>
Total:		\$	<u>3,995.30</u>

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.

N/A

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

N/A

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.

N/A

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.

DUE TO CONSTRUCTION ON THE GEORGE WASHINGTON BRIDGE
METAL PIECES, DEBRIS AND CONSTRUCTION MATERIAL NOTICED ON THE
SIDE CURB

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.

NO REASON TO BE MY FAULT

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

ATTACHED BENZEL BUSCH INVOICE

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 NOV 28 7 48

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

DUE TO CONSTRUCTION ON THE GEORGE WASHINGTON BRIDGE

Dated: NOVEMBER 21, 2012

NOV 21 2012

SHERBAN M. STANDISH
Commissioner of Deeds
City of New York - No. 4-4325
Certificate Filed in Queens County
Commissioner

Signed:

Claimant

AFFIDAVIT

STATE OF STATE OF NEW YORK :
CITY OF NEW YORK :
COUNTY OF QUEENS :
NOTARY PUBLIC :
SEAL :

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

_____ day of _____, 20____

Notary Public

Claimant

2012 NOV 28 A 9:48
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

In the Matter of the Claim of

CAROLYN M. FEIGAN

NOTICE OF CLAIM

FILED IN THE MATTER OF
CAROLYN M. FEIGAN
2012-10-02 11:00 AM

TO: NEW YORK CITY TRANSIT AUTHORITY

130 Livingston Street Brooklyn, New York

THE CITY OF NEW YORK

130 Church Street, New York, New York, 10007

~~**THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY**~~

~~225 Park Avenue South, 5th Floor New York, New York 10003~~

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

1 Claimant's name and address:

CAROLYN M. FEIGAN

Claimant's attorneys name and address:

RAPHAELSON & LEVINE LAW FIRM, P.C.
Pennsylvania Building
14 Penn Plaza, Suite 1718
New York, New York 10122

2. The nature of the claim is to recover monetary damages for

to claimant, CAROLYN M. FEIGAN, as a result of the negligence, carelessness and recklessness of NEW YORK CITY TRANSIT AUTHORITY, THE CITY OF NEW YORK, THE PORT AUTHORITY OF NEW YORK and NEW JERSEY, its agents, servants and/or employees.

3. Upon belief, the claim arose on October 02, 2012, at approximately 10:45AM, at the 23rd Subway Station located at 23th Street and 6th Avenue, New York, New York.

Specifically, claimant was descending the stairs inside the aforementioned subway station when she was caused to and did slip, trip and fall as a result of a defective, dangerous, hazardous and trap-like condition existing thereat. More specifically, claimant was caused to and did slip, trip and fall at/near the Path staircase of the 23rd Street station subway line. At the time and place

REC'D
OCT 02 2012
PORT AUTHORITY
NEW YORK

aforesaid, claimant was going down the second sets of steps of the stairs when she was caused to and did slip, trip and fall. Upon belief, claimant was descending the aforementioned staircase, when she was caused to and did fall at/near the bottom as a result of a defective, dangerous, slick, slippery and trap-like condition which existed thereat; said defective, dangerous, hazardous and trap-like subway station. As a result of the defective, dangerous, hazardous and trap-like condition caused and created thereat, this claimant was caused to be forcefully precipitated to the ground.

4. Upon information and belief, NEW YORK CITY TRANSIT AUTHORITY, THE CITY OF NEW YORK, THE PORT AUTHORITY OF NEW YORK and NEW JERSEY, its agents, servants, contractees and/or employees were negligent, careless and reckless in the ownership, operation, inspection, supervision, maintenance, control and repair of the aforesaid subway station and stairway in that same was caused, permitted and allowed to be, become and remain defective, dangerous, hazardous and trap like for a long and/or unreasonable period of time. NEW YORK CITY TRANSIT AUTHORITY, THE CITY OF NEW YORK, THE PORT AUTHORITY OF NEW YORK and NEW JERSEY, its agents, servants and/or employees were negligent, careless and reckless in the ownership, operation, inspection, supervision, maintenance, control and repair of said premises in that they caused permitted and allowed the aforesaid stairway to be, become and remain in a defective, dangerous, broken, worn, uneven and devoid of proper stripping and/or slip preventing devices. Moreover, claimant was caused to slip, trip and fall as a result of a dangerous, hazardous and trap-like condition. NEW YORK CITY TRANSIT AUTHORITY, THE CITY OF NEW YORK, THE PORT AUTHORITY OF NEW YORK and NEW JERSEY, caused and created the defective, dangerous, hazardous and slippery condition; in causing, permitting and allowing the dangerous, hazardous condition a long and/or unreasonable length of time; in failing to adhere to regular and routine maintenance schedules; in failing and omitting to regularly inspect the aforementioned subway station; NEW YORK CITY TRANSIT AUTHORITY, THE CITY OF NEW YORK, THE PORT AUTHORITY OF NEW YORK and NEW JERSEY, acted in violation of any/all rules, statutes, laws and/or ordinances in causing, creating and/or failing to cure the aforementioned defective, dangerous, wet, slick and slippery subway station and/or stairs making them unnecessarily dangerous and

hazardous to those persons lawfully traversing the area. NEW YORK CITY TRANSIT AUTHORITY, THE CITY OF NEW YORK, THE PORT AUTHORITY OF NEW YORK and NEW JERSEY its agents, servants, contractees and/or employees were negligent, careless and reckless in the ownership, operation, maintenance, construction, replacement, supervision, inspection, control and repair of the aforesaid station in that said same was caused and permitted to be, become and remain defective, dangerous and hazardous for a long and or unreasonable length of time. NEW YORK CITY TRANSIT AUTHORITY, THE CITY OF NEW YORK, THE PORT AUTHORITY OF NEW YORK and NEW JERSEY, its agents, servants, contractees and/or employees were negligent, careless and reckless in the ownership, operation, maintenance, construction, replacement, supervision, inspection, control and repair of the aforesaid subway station and/or steps were caused and permitted to be, become and remain defective, dangerous, hazardous for a long and or unreasonable length of time; in causing, creating and/or failing to cure the defective, dangerous, hazardous and trap-like condition existing thereat.. NEW YORK CITY TRANSIT AUTHORITY, THE CITY OF NEW YORK, THE PORT AUTHORITY OF NEW YORK and NEW JERSEY, were further negligent, careless and reckless in failing to warn individuals of the above mentioned defective, dangerous and hazardous conditions; in failing to properly light the aforesaid area so that it was not dangerous for persons lawfully traversing the area; in failing to take any steps, precautions and safeguards to keep the subway station in a reasonably safe and suitable condition; in failing to place barricades or erect signs with warnings to persons lawfully proceeding thereat, more particularly, this claimant; in failing to supervise, inspect, repair and/or clean the defective, dangerous, hazardous and trap-like condition; in further causing, allowing and permitting the aforesaid stairway to fall into disrepair when reasonable and proper inspection could and or should of remedied same; and in other ways acting in a negligent, careless and reckless manner with regard to said subway station and/or stairways all of which caused claimant to sustain

Due to the foregoing dangerous and hazardous conditions, claimant, CAROLYN M. FEIGAN, who was then and there rightfully and legally, was caused to sustain

1.

2. Damages are claimed in the sum of THREE MILLION (\$3,000,000.00) DOLLARS.

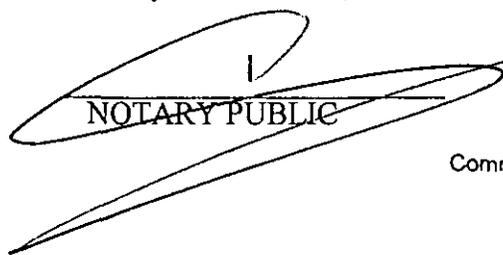
The undersigned claimant therefore presents this claim for adjustment and payment. You are hereby notified that unless it is adjusted and paid within the time provided by law from the date of presentation to you, the claimant intends to commence an action on this claim.

Said claim is hereby presented for adjustment and payment, and in the event of a default of NEW YORK CITY TRANSIT AUTHORITY to pay the sum of THREE MILLION (\$3,000,000.00) DOLLARS to claimant CAROLYN M. FEIGAN, within the time limited for compliance with this demand, claimant intends to commence an action against NEW YORK CITY TRANSIT AUTHORITY, THE CITY OF NEW YORK, THE PORT AUTHORITY OF NEW YORK and NEW JERSEY to recover the aforesaid sum.

ated: November 05, 2012


RAPHAEALSON & LEVINE LAW FIRM, P.C.
By: Gencian Gjoni
Attorneys for Claimant
14 Penn Plaza, Suite 407
New York, New York 10122
(212) 268-3222

Sworn to before me this
05th day of November, 2012


NOTARY PUBLIC

LISANDRO DIAZ
Commissioner of Deeds
City of New York, 2-12564
Certificate filed in Kings County
Commission Expires December 01, 20 12

In the Matter of the Claim of

ATTORNEY'S VERIFICATION

CAROLYN M. FEIGAN

STATE OF NEW YORK)
) ss:
COUNTY OF NEW YORK)

I, Gencian Gjoni, an attorney duly admitted to practice law in the State of New York, make the following affirmation under the penalties of perjury:

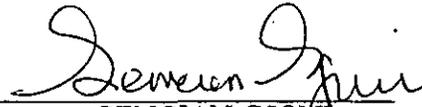
I am of the firm of RAPHAELSON & LEVINE LAW FIRM, P.C., the attorneys of record for the claimant.

I have read the foregoing Notice of Claim and know the contents thereof; the same is true to my own knowledge except as to the matters therein stated to be alleged on information and belief and that as to those matters, I believe them to be true.

This verification is made by affirmant and not by claimant because she is not in the County of New York, which is the County where your affirmant maintains offices.

The grounds of affirmant's belief as to all matters not stated upon affirmant's knowledge are correspondence had with the said claimant, information contained in the said claimant' file, which is in affirmant's possession, and other pertinent data relating thereto.

Dated: New York, New York
November 05, 2012



GENCIAN GJONI

2012 NOV - 6 P 3: 31
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

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

* Case # on file Port Authority # 12N14219

1. Claimant's name Age Address

Natalie Rosalinda ARCE 51

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.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 NOV 21 A 8:41

3. Date of accident Time

10/20/2012 approx 15:30

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

Jet Bridge United flight 4049 - Heathrow - Newell
Gate # 56 Terminal B ↓ 3:40 pm

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.

Exiting jet bridge (crowded flight) ^(shoe) foot got caught
in "metal ridge" that attaches foot bridge. Fell onto both knees.
① Knee immediately swelled could stand or walk. Three, then
four Spanish speaking women were standing in corner when I fell

(corner by opening, where strollers + wheelchair are) No one stopped and asked was
I ok, except the passenger who was sitting next to me. I immediately
after hearing the ladies, + understanding their language said, "Could one
of you go get me a wheelchair, I cannot walk to customs. With that all of
them left and never came back. What seemed like at entering
everyone got off plane, passing me, & kept asking for a wheelchair +
my headbag which flew down a ways that I couldn't get to, a tall
man with a "pilot" hat on asked me was I ok? I told him that I needed
a wheelchair. About 1/2 hr after he left a nice woman came to my assistance.
She walked talking "supervisor" + was yelled at saying "She's busy right now" Fake
her to customs & will meet you there"! After customs she called again
and again told "busy". Waited for my baggage and 1 woman + 1 man
Joan

Came to baggage claim. BOTH SIMILAR "NO SURE THING
& could trip on" The lady with wheelchair said "All
jet bids have it". Then they proceeded (supervisors)
were discussing who "owns" jet bridge. Never
calling Port Authority at any point. Said they
are not responsible need Port Auth. supervisor. Waited
probably another 1/2 hr before another man came.

He asked if I wanted medical attention, I stated no
because I only live 1hr away + work in a hospital
that I only wanted this documented. I asked for
something in writing, ^{he} said "I will document when I
get back to my desk", and he can't give me anything
in writing. I asked him to write his information on a
piece of paper and I was asked do I have paper because
none of them did. It was written on the woman's supervisor's
clipboard notes, however, to find out after it was in my EWR desk
number + claim #). ~~Again~~

Wasn't under that Wednesday after calling these
numbers leaving message that the airport protocol
is call call Port Authority Police to get it documented.

I then had to go to the Police Dept to document a
claim 10/31/2012 after a hurricane.

I was told by the PA Police that "protocol"
for anyone getting injured at the airport is to
contact them to take report. No one called
them.

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

No names given - Pilot (leaving plane), + 3 workers.
outside plane at jet bridge were the only witnesses that were there
when I fell, beside other passengers.

7. The amounts of loss claimed are as follows:

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

Total \$ _____

2017 NOV 21 A 8:42
PROPERTY CLAIMS
DEPARTMENT

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

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

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

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

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

Employed full time # 9 address

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

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

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

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

*Too many passengers exiting plane at one time, rushing
Don't think the jet bridge is well made, having metal
ridges on the sides of it, leading to trip into.*

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.

*Don't feel its my fault in any way. I travel
(thru) numerous times overseas, and exit various (places)
times and never had this happen. It was a
combination of overcrowding, anxious passengers exiting
and the way the "jet bridge" is constructed.*

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

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

2012 NOV 21 A 8:42
MUNICIPALITY CLAIMS
PORT AUTHORITY

Dated: 11-19, 2012

Natalee Robyn Ace
Claimant

AFFIDAVIT

STATE OF NJ
COUNTY OF Ocean County

:
:
: ss:
:

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 19 day of 11, 2012

Maria Palino
Notary Public

Natalee Robyn Ace
Claimant

MARIA PALINO
NOTARY PUBLIC OF NEW JERSEY
Commission Expires 1/22/2016

CLAIM FOR DAMAGES AGAINST: Port Authority of New York and New Jersey

Forward To: Port Authority of New York and New Jersey
225 Park Avenue South
New York, New York 10003

1. CLAIMANT: Adalberto Ramos

March 19, 2012
DATE OF ACCIDENT

To Be Supplied
AMOUNT OF CLAIM

Ramos, Adalberto
LAST NAME, FIRST, MIDDLE

DATE OF BIRTH

STREET ADDRESS

same
MAILING ADDRESS

CITY, STATE, ZIP CODE

SOCIAL SECURITY NUMBER

Married
MARITAL STATUS

One
NUMBER OF DEPENDENT

HOME PHONE NUMBER

To be supplied
WORK PHONE NUMBER

2012 NOV 27 A 8:42
PORT AUTHORITY CLAIMS
DEPARTMENT

2. If notices and correspondence in connection with this claim are to be sent to a person other than the claimant, complete item No.2.

GEORGE RIOS, ESQ.
NAME

26 JOURNAL SQUARE - SUITE 702
MAILING ADDRESS

JERSEY CITY, NEW JERSEY 07306
CITY, STATE, ZIP CODE

Relationship To Claimant: Attorney-At-Law (x) or _____
Relationship

3. (a) The occurrence or accident which gave rise to this claim.

March 19, 2012
DATE

9:50 a.m.
Time

- (b) Describe the location or the place of accident or occurrence.

Elizabeth
MUNICIPALITY

Maher Container Terminal
1210 Corbin Street – Straddle Slot Area
Parking Spot #260
EXACT LOCATION OF OCCURANCE
(Indicate the exact street address)

DESCRIPTION OF ACCIDENT:

Claimant, Adalberto Ramos, was a pedestrian who was struck by a truck who was backing up into a parking spot at Maher Container Terminal in Elizabeth, New Jersey causing _____

- (c) Draw a diagram of the area of the incident. Label all intersecting streets. Indicate "North" by an arrow. Indicate home numbers where applicable. Mark "X" at exact spot of occurrence and state distance in feet from nearest intersecting streets if not otherwise identifiable. Indicate public property.

477 DEPARTMENT
POSTAL AUTHORITY CLAIMS
2012 NOV 27 A 8:42

- (d) State the name and address of the State agent or agencies that you claim caused your damage/injury.

Port Authority of New York and New Jersey, its agents, servants and/or employees.

- (e) State the names of the State employees whom you claim were at fault, including any information that will assist in identifying and locating them.

At the present time no identities and/or names have been discovered. If and when we discover other their identities, the information will be supplied.

- (f) State the negligence or wrongful acts of the State agency and State employees that caused your damage/injury.

Adalberto Ramos alleges that the Port Authority of New York and New Jersey , by their agents, servants, and employees are negligent in that they failed to properly maintain, control, design or supervise the area in question where the accident occurred.

- (g) State the name and address of all witnesses to the accident or occurrence.

To be supplied.

- (h) State the name and address of all police officers and police departments who investigated the accident.

P.O. E. Miranda - Port Authority of New York and New Jersey

3. (a) Claim for damages (check) appropriate box:

- () Personal Injury
() Property Damage
() Other

If other, explain in detail: _____

2012 NOV 21 A 8:43
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

(b) If you claim personal injury:

(1) Describe your injuries resulting from this accident or occurrence.

(2) Do you claim permanent disability resulting from this injury?

(3) For each hospital, hospital, doctor, or other practitioner rendering treatment, examination, or diagnostic service, state:

(4) If you claim lost wages or income as a result of injury, state:

H&M International Transportation, Inc.
NAME OF EMPLOYER

485 Route 1 South – Building B – Suite 110
Iselin, New Jersey 08830
ADDRESS OF EMPLOYER

Truck Driver
YOUR OCCUPATION

January of 2012
DATE EMPLOYED AT THIS JOB

\$1,200.00 / week
RATE OF PAY

3/19/12 – present and continuing
DATE OF ABSENCES FROM WORK

To be determined

To be determined

8. Have you ever received or agreed to receive any money from anyone for the damages claimed herein? No If so, set forth the details of such agreement.

9. The following items must be submitted with this notice.

- (1) Copies itemized bill for each medical expend or other lose and expenses claimed. To be supplied, to many to be included with this notice.
- (2) Full copies of all appraisals and estimates of property damage claimed by you. N/A
- (3) Copies of all written reports of all expert witnesses and treating physicians. None to date
- (4) A letter from your employer verifying your lost wages. If self-employed, a statement showing the calculation of your claimed lost income. To be supplied

10. Please specify, if known, whether the claim arises out of any of the following activities of the Community Development Block Grant Program:

N/A

 City-Wide Demolition

 City-Wide Relocation

 Montgomery Street Gateway

 Montgomery Residential Housing

 Neighborhood Improvement Program

 West Side Multi-Family Demonstration

 Martin Luther King Drive Retailsteading

 Comprehensive Recreation

 Bergen Teen Post

 Lafayette Teen Post

 Greenville Teen Post

 Hudson City Teen Post

 Day Care

 Community Kindergarten

 Pre-Natal Clinic

 Visiting Homemaker

 Senior Citizens Diagnostic

 Youth Services Counsel

 Square Ecumencial Education

 Dartmouth ABC

_____ Central Intake-Patrick House

_____ Alternate School-Patrick
House

I hereby certify that the foregoing statements made by me are true, that the attached statements, bills, reports and documents are the only ones known to me to be in existence at the time. I am aware that if any statement made herein is willfully false, that I am subject to punishment provided by law.

GEORGE RIOS, ESQ.
LAW OFFICES OF GEORGE
RIOS, P.A.
Attorney (s) for Claimant

DATED: November 19, 2012

Claimant or Person Filing on-Behalf
of Claimant GEORGE RIOS, ESQ.

2012 NOV 27 A 8:43
FURNISHED TO THE COURT
BY THE CLERK

NOTICE OF CLAIM

-----X
In the Matter of the Claim of
ANIA S. CANALES

- against -

THE PORT AUTHORITY OF NEW YORK and NEW JERSEY
and THE CITY OF NEW YORK
-----X

LEGAL COUNSEL DIVISION
PORT AUTHORITY OF NEW YORK AND NEW JERSEY

2012 NOV 26 P 4:26

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 NOV 26 P 4:10

TO: The Port Authority of New York and New Jersey
225 Park Avenue South – New York, NY

The City of New York
100 Church Street – New York, NY

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
ANIA S. CANALES

Attorney
BISOGNO & MEYERSON, LLP
7018 Fort Hamilton Parkway
Brooklyn, NY 11228
(718) 745-0880

2. **Nature of Claim:** The nature of the claim is by Ania S. Canales 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 and the CITY OF NEW YORK (shown hereafter as PANYNJ and CITY respectively) their 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 August 31, 2012 between 12:00PM and 1:00PM at LaGuardia Airport, Terminal C, Gate 43, on ramp/apron/aircraft stand area located at 102-05 Ditmars Boulevard Flushing, NY 11371. (Copy of accident report is attached as Exhibit "A") While claimant, ANIA S. CANALES was walking along the ramp/apron/aircraft stand surface in the designated area she was caused to trip and fall and be violently precipitated to the ground as a result of the uneven, raised, depressed, and/or deteriorated ramp/apron/aircraft stand and ramp/apron/aircraft stand area resulting in to said claimant as a result of the negligence, carelessness, recklessness and gross negligence of the PANYNJ and CITY, their 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/apron/aircraft stand located at LaGuardia Airport, Terminal C, Gate 43, on ramp/apron/aircraft stand, 102-05 Ditmars Boulevard Flushing, NY 11371, more particularly, that portion of Terminal C, on ramp/apron/aircraft stand at Gate 43 marked with cones, in failing to properly maintain said ramp/apron/aircraft stand and ramp/apron/aircraft stand area; in allowing the ramp/apron/aircraft stand and ramp/apron/aircraft stand area to become obstructed, cracked, uneven, raised, depressed, missing portions thereof, deteriorated, and/or in a state of disrepair and/or improper repair; in failing to inspect said ramp/apron/aircraft stand and ramp/apron/aircraft stand area; in causing, permitting

-----X
In the Matter of the Claims of

VERONICA GIANGRANDE and MARIO
GIANGRANDE,

-against-

NOTICE OF CLAIM

THE PORT AUTHORITY OF NY & NJ and
THE CITY OF NEW YORK,

-----X
TO: **THE PORT AUTHORITY OF NY & NJ**

**225 Park Avenue South, 18th Floor
New York, New York 10003**

THE CITY OF NEW YORK
100 Church Street
New York, New York 10007

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

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

Veronica Giangrande
Mario Giangrande

CARTIER, BERNSTEIN, AUERBACH
& DAZZO, P.C.
100 Austin Street, Building 2
Patchogue, New York 11772

2. The nature of the claim:

sustained by claimant Veronica Giangrande and
sustained by claimant Mario Giangrande, due to the gross and wanton
carelessness, recklessness and negligence of THE PORT AUTHORITY OF NY & NJ and THE
CITY OF NEW YORK, by and through their agents, servants, and/or employees.

3. The time when, the place where and the manner in which the claim arose:

On September 26, 2012 at approximately 11:50 a.m., the claimant, VERONICA
GIANGRANDE, was lawfully and properly walking to a car which was parked in the Terminal 8
parking lot of JFK Airport located in Queens, New York when she was caused to trip and fall over
broken, cracked, uneven and raised blacktop. The claimant

due to the gross and wanton carelessness, recklessness and negligence of THE
PORT AUTHORITY OF NY & NJ and THE CITY OF NEW YORK, by and through their agents,
servants, and/or employees, in the ownership, operation, maintenance, and management of said
parking lot; in causing, allowing and permitting the blacktop to be, become and remain in a raised
uneven coating over the asphalt; in creating a depression, hole and uneven walking area; in
improperly resurfacing the parking lot; in causing, allowing and permitting a hazardous tripping
condition to exist for those persons walking in the area; in causing, allowing and permitting a
dangerous condition to exist, and the respondents knew or by the exercise of due care should have
known, of the dangerous condition and public nuisance aforementioned; in failing to take proper
steps to resurface and/or recondition the blacktop and asphalt to make it level in a timely manner;
in failing to maintain and/or improperly maintaining the parking lot to keep it free from trip hazards;
in failing and omitting to inspect the parking lot; in failing to barricade the area; in failing to take
notice of the unsafe condition in a timely manner; and in failing to warn those persons lawfully in
the area of the unsafe condition. See photos of the location annexed hereto.

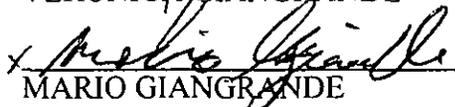
4. The items of damage of injuries claimed are:

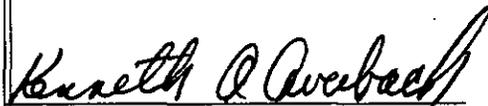
The items of damage or injuries claimed are:

all sustained due to the carelessness, recklessness and negligence of THE PORT AUTHORITY OF NY & NJ and THE CITY OF NEW YORK, in the ownership, operation, management, maintenance, and control of the parking lot located at JFK Airport, Terminal 8, Jamaica, Queens, New York and sustained by claimant, MARIO GIANGRANDE.

The undersigned claimants 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 claimants intend to commence an action on this claim.

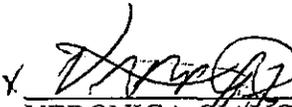
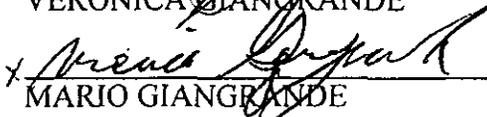
Dated: October 26, 2012

X 
VERONICA GIANGRANDE
X 
MARIO GIANGRANDE

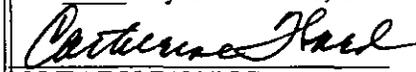

KENNETH A. AUERBACH, ESQ.
CARTIER, BERNSTEIN, AUERBACH
& DAZZO, P.C.
Attorneys for Claimants
100 Austin Street, Building 2
Patchogue, New York 11772
(631) 654-4900

State of New York, County of Queens} ss.:

Veronica Giangrande and Mario Giangrande, being duly sworn, depose and say that deponents are the claimants in the within action; that they have read the foregoing Notice of Claim and know the contents thereof; that the same is true to deponents' own knowledge, except as to the matters therein stated to be alleged upon information and belief, and that as to those matters deponents believe them to be true.

X 
VERONICA GIANGRANDE
X 
MARIO GIANGRANDE

Sworn to before me
this 26 day of October, 2012


NOTARY PUBLIC

CATHERINE WARD
Notary Public, State of New York
No. 01WA6120736
Qualified in Suffolk County
Commission Expires: Dec. 27, 2012

60 4 P 26 NOV 2012
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

NOTICE OF CLAIM

In the Matter of the Claim of
JUAN ORELLANA

against

PORT AUTHORITY OF NEW YORK AND NEW JERSEY

and

CITY OF NEW YORK

TO:

PLEASE TAKE NOTICE that the undersigned claimant(s) hereby make(s) claim and demand against you as follows:

1. The name and post-office address of each claimant and claimant's attorney is:
JUAN ORELLANA
MALLILO & GROSSMAN
163-09 Northern Blvd.
Flushing, NY 11358

2. The nature of the claim:

3. The time when, the place where, and the manner in which the claim arose:

On September 1, 2012 at approximately 1:10 a.m., while claimant was lawfully and properly at the premises 25 Bowery Bay Boulevard, in the County of Queens, City and State of New York, with same being at LaGuardia Airport, specifically the Avis Rent a Car facility at said address, he was caused to slip, trip and fall due to cracked, broken, dilapidated concrete at said premises, causing him to sustain

Said occurrence and the injuries sustained by claimant were due to the negligence, carelessness and recklessness of the CITY OF NEW YORK AND THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY. It is alleged that the CITY OF NEW YORK AND THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY affirmatively created the condition, failed to provide warnings, and failed to prevent an accident of this nature from occurring. This accident occurred as a result of the negligence, carelessness, recklessness, and gross negligence of the CITY OF NEW YORK AND THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY, their agents, servants and/or employees were negligent, reckless and careless in the operation, maintenance, repair, control, possession, contracting, supervision, direction, construction, inspection, renovation, rehabilitation, and/or alteration of the said premises Said incident has caused claimant to sustain due to your negligence in the County of Queens, City and State of New York (See photographs annexed hereto).

4. The items of damage or injuries claimed are (do not state dollar amount)
Personal Injuries

TOTAL AMOUNT CLAIMED

(\$15,000,000.00)

2012 NOV 27 A 8:42
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

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: Fahmi Bayacoub Age: 49 Address:

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: 7-15-02 Time:

4. Place of Accident. (Identify with sufficient particularity to distinguish from similar places.)
NYC Port Authority Bus Terminal
40th St between 8th & 9th Ave

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.

People crossed the street in the middle of the block in front of my taxi. Taxi was held by Port Authority for accident investigation.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 OCT 16 P 2:02

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

7. The amounts of loss claimed are as follows:

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

Total: \$ 10,99.69

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

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

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

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

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

10. If claim is made for medical and hospital expenses, itemize such expenses and for those already incurred, give names of persons to whom paid or owing.
11. If claim is made for injuries to property, list the items of damaged property and state nature and amount of damage of each item. If such property can be repaired, state cost of repair and obtain and annex estimate of cost of repair.
12. Give full particulars with respect to any items of damage or amounts claimed not given above.
13. State whether or not you believe that the accident was due to any fault on the part of the Port Authority, and if so, give your reasons in full, setting forth any specific acts or omissions which you claim constituted negligence on its part.
14. State whether or not the accident was in any way due to your fault, and if not, state in detail the reasons for your conclusions.
15. List any certificates, affidavits or statement of others which are furnished with the statement.

LAW DEPARTMENT
FORT AUTHORITY CLAIMS
2012 OCT 16 2:02

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

Juke from Port Authority claims said to use fines from
Lieutenant Abar said I would be re funded the money for fine
enclosed bill.

Dated: Sept 14, 2012

Signed: [Signature]
Claimant

AFFIDAVIT

STATE OF New York

COUNTY OF Queens

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

14th day of September, 2012

[Signature]

Notary Public

[Signature]
Claimant

PORT AUTHORITY CLAIMS
LAW DEPARTMENT
P 2:02

FARAH PAYEN
Notary Public, State of New York
No. 01PA6251855
Qualified in Queens County
Commission Expires November 21, 2015

CLIFFORD N. KUHN, JR., ESQUIRE

2300 Woodbridge Avenue
Edison, New Jersey 08817

Phone: 732-985-1200

Fax: 732-548-5550

**CLAIMS AGAINST PUBLIC ENTITIES
TORT CLAIM NOTICE PURSUANT TO
N.J.S.A. 59:8-4**

TO: **Certified Mail, R.R.R. 70103090000025216943**
Newark Liberty International Airport
Att: Legal Department
1 Conrad Road
Newark, NJ 07114

Certified Mail, R.R.R. 70103090000025216936
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

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 DEC 18 A 8:39

1. CLAIMANT NAME AND ADDRESS:

Diana Isola

2. CLAIMANT DESIRES ALL NOTICES TO BE SENT TO:

Clifford N. Kuhn, Jr., Esq.
2300 Woodbridge Avenue
Edison, NJ 08817

3. DATE, PLACE AND CIRCUMSTANCES OF OCCURRENCE:

On 26 October 2012 at approximately 6:40 a.m. Diana Isola sustained _____ when she was walking towards the restroom and slipped and fell on water on the floor by the restroom near Gate 90 C at Newark Liberty International Airport.

4. GENERAL DESCRIPTION OF INJURIES, DAMAGE OR LOSS:

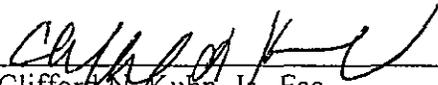
5. NAMES OF PUBLIC ENTITIES OR EMPLOYEES CAUSING THE INJURY,
DAMAGE OR LOSS:

Port Authority of New York and New Jersey and Newark Liberty International Airport

6. AMOUNT CLAIMED:

It is estimated that the amount of damages for the above will exceed \$250,000.00.

Dated: 13 December 2012


Clifford N. Kuhn, Jr., Esq.
2300 Woodbridge Avenue
Edison, NJ 08837

2012 DEC 18 A 8:39
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

**In the Matter of the Claim of
MICHAEL PINSENT
against
PORT AUTHORITY OF NEW YORK AND NEW JERSEY**

ESSEX COUNTY CLERK
2012 DEC 11 P 3:55

TO: PORT AUTHORITY OF NEW YORK AND NEW JERSEY
225 Park Avenue South
New York, New York 10010

PLEASE TAKE NOTICE, that the undersigned claimant(s) hereby make(s) claim and demand against the PORT AUTHORITY OF NEW YORK AND NEW JERSEY, as follows: [Office of the Comptroller requests the following additional information: in Section 2, specific defect (e.g. pothole) if applicable; in Section 3, street address wherever possible.]

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

SACKS AND SACKS, LLP
150 Broadway, 4th Floor
New York, New York 10038

MICHAEL PINSENT

2. The nature of the claim: sustained by claimant, MICHAEL PINSENT as a result of injuries sustained by him on November 6, 2012.

3. The time when, the place where and the manner in which the claim arose: The claim arose on the 6th day of November, 2012 at approximately 9:30 a.m. at premises under construction at the 100th floor at One World Trade Center (Freedom Tower) in the Borough of Manhattan, City and State of New York. At all times herein mentioned, the PORT AUTHORITY OF NEW YORK AND NEW JERSEY owned, operated, managed and controlled the aforesaid premises and further retained numerous contractors including Tishman Construction and DCM Erectors to perform work, labor and services thereat. While claimant was lawfully upon the aforesaid premises as an employee of DCM Erectors he was caused to when was caused to trip over a loose hose at the base of a stairwell causing a tripping hazard thereat. The occurrence as aforesaid was caused solely and wholly by the reason of negligence, carelessness and recklessness of the PORT AUTHORITY OF NEW YORK AND NEW JERSEY and its contractors, agents and employees who were negligent in the ownership, operation, management and control of the aforesaid premises. The PORT AUTHORITY OF NEW YORK AND NEW JERSEY, its contractors, agents and employees failed to ensure that the jobsite was free of tripping hazards; further, failed to ensure that stairwells, throughfares and work areas were free of slipping and tripping hazards; further, failed to ensure proper access to and from all work areas; further, failed to ensure the jobsite was properly illuminated; further, failed to have proper guard rails, safety rails on said stairwell; further, violated Sections 200, 240 and 241(6) of the Labor Law of the State of New York, Rule 23 of the Industrial Code of the State of New York, specifically, but not limited to: 23-1.5, 23-1.7, 23-2.1, 23-1.25, 23-2.7, 23-1.30, Article 1926 of O.S.H.A. and was otherwise negligent careless and reckless, causing claimant to sustain

Claimant was free from comparative fault.

4. The items of special damage or injuries claimed are: Claimant MICHAEL PINSENT but claimant will permit a physical by the PORT AUTHORITY OF NEW YORK AND NEW JERSEY, and the item of damages exceed the jurisdictional limitations of the lower Court.

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) intend(s) to commence an action on this claim.

Dated: DEC. 11, 2012

Michael Pinsent
The name signed must be printed beneath

MICHAEL PINSENT
The name signed must be printed beneath

Attorney(s) for Claimant(s)
Office and Post Office Address, Telephone Number
SACKS AND SACKS, LLP
150 Broadway
New York, New York 10038
(212) 964-5570

CORPORATE VERIFICATION

State of New York, County of ss.:

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

This verification is made by deponent because said claimant is a corporation, and deponent an officer thereof, to wit its The grounds of deponent's belief as to all matters not stated upon deponent's knowledge are as follows:

INDIVIDUAL VERIFICATION

State of New York, County of NEW YORK ss.:

MICHAEL PINSENT being duly sworn, deposes and says that deponent is the 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 the matters therein stated to be alleged on information and belief, and that as to those matters deponent believes it to be true.

Sworn to before me, this 11th day of DECEMBER, 2012

20X20 HAO DUONG
NOTARY PUBLIC-STATE OF NEW YORK
No. 01DU6210927
Qualified in Queens County
My Commission Expires September 08, 2013

Sworn to before me, this 19 day of

In the Matter of the Claim of

MICHAEL PINSENT

against

PORT AUTHORITY OF NEW YORK & NEW JERSEY

Notice of Claim Against

P.A.N.Y.N.J.

SACKS AND SACKS, LLP

Attorney(s) for Claimant(s)

Office and Post Office Address

150 Broadway

New York, New York 10038

(212) 964-5570

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

Gene

~~Gene~~ Sadelle Nazzaro 59

1. Claimant's Name: Age: Address:

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.

2012 NOV 2
P 3:08
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

Oct 29th - ~~2012~~ 2012 ? We were in Colo.

3. Date of Accident: Time:

La Guardia Airport Long Term Parking Lot #1 Lane 102

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

We went to a friend funeral in Colo. ^{first} on Sat. Could not get back due to Hurricane Sandy

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.

We got home on Wed Oct 31 arrived thru JFK took cab to LGA and we police let us walk in (airport was still closed) to get our car / it was hit by a parking lot sign - talked to the man at the parking lot ticket Booth he gave us in form to proceed. It also took off parts of the mirror

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

none that I am aware of.

7. The amounts of loss claimed are as follows:

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

Total: \$ *660.33 + 41.93 = 702.26*
not including my \$1,000.00 deductible

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

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

LAW DEPARTMENT
 PORT AUTHORITY CLAIMS
 2017 NOV 28 P 3:08

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

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

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

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

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

PORT AUTHORITY CLAIMS
LAW DEPARTMENT
1911 NOV 28 P 3:08

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

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

The car was hit by the Port Authority's Sign in the parking lot.

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.

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: Nov. 14, 2012

Signed: [Signature]
Claimant

AFFIDAVIT

STATE OF

:

:

COUNTY OF

:

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

14 day of Nov., 2012

Kristen F. McDonald
Notary Public

[Signature]
Claimant

2012 NOV 28 P 3:08
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

KRISTEN F. MCDONALD
NOTARY PUBLIC
CONNECTICUT
MY COMMISSION EXPIRES
JUNE 30, 2013

In the Matter of the Claim

ANTHONY HARAN,

Claimant,

-against-

PORT AUTHORITY OF NEW YORK AND NEW JERSEY,

Respondent.

NOTICE OF CLAIM

To: 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 and claimant's attorneys are:**

Claimant: Anthony Haran

Attorney: Kazmierczuk & McGrath
103-16 Metropolitan Avenue
Forest Hills, NY 11375
(718) 441-5460 /

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

To recover for _____ sustained as a result of the negligence and statutory violations of The Port Authority of New York and New Jersey.

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

The accident occurred on September 17, 2012 at approximately 8:50 a.m. at One World Trade Center in the County, City and State of New York. More specifically the accident occurred on the 90th floor when the claimant was walking on the main walkway in a southwesterly direction approximately 5' from the southern side of the building under construction and 25' east of the construction elevators. The accident occurred when the claimant slipped and fell

The area in which the claimant was working was not provided with any safety devices nor did it have sufficient lighting. The accident occurred while the claimant was performing his duties as an ironworker for DCM Erectors. The height and work hazards during the construction process were caused by the negligence and statutory violations of The Port Authority of New York and New Jersey and its agents, including the Labor Law of the State of New York and the Industrial Code of the State of New York.

4. **The items of damage or injuries are:**

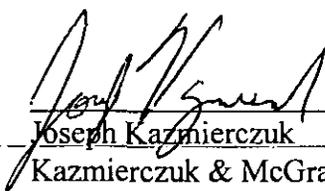
Claimant Anthony Haran sustained

That due to the foregoing, this claimant has suffered damages and resultant loss in the sum of TEN MILLION DOLLARS (\$10,000,000.00).

The undersigned attorney on behalf of the claimant hereby swears that the above statements in the claim are true and therefore presents this claim for adjustment and payment. You are hereby notified that unless said claim is adjusted and paid within the time provided by law from the date of presentation to you, the claimant intends to commence a legal action on this claim.

Dated: Queens, New York
December 14, 2012

By: _____


Joseph Kazmierczuk

Kazmierczuk & McGrath
Attorneys for Claimant
103-16 Metropolitan Avenue
Forest Hills, NY 11375
(718) 441-5460

**In the Matter of the Claim of
MARK JACOBS
against
PORT AUTHORITY OF NEW YORK AND NEW JERSEY**

PORT AUTHORITY OF NEW YORK AND NEW JERSEY
OFFICE OF THE COMPTROLLER
2012 DEC 11 12 3:55

TO: PORT AUTHORITY OF NEW YORK AND NEW JERSEY
225 Park Avenue South
New York, New York 10010

PLEASE TAKE NOTICE, that the undersigned claimant(s) hereby make(s) claim and demand against the PORT AUTHORITY OF NEW YORK AND NEW JERSEY, as follows: [Office of the Comptroller requests the following additional information: in Section 2, specific defect (e.g. pothole) if applicable; in Section 3, street address wherever possible.]

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

SACKS AND SACKS, LLP
150 Broadway, 4th Floor
New York, New York 10038

MARK JACOBS

2. The nature of the claim: sustained by claimant, MARK JACOBS as a result of injuries sustained by him on September 27, 2012.

3. The time when, the place where and the manner in which the claim arose: The claim arose on the 27th day of September, 2012 at approximately 11:00 a.m. at the George Washington Bridge, Panel Point 24E of the New York side of the Bridge, in the Borough of Manhattan, City and State of New York. At all times herein mentioned, the PORT AUTHORITY OF NEW YORK AND NEW JERSEY owned, operated, managed and controlled the aforesaid premises and further retained numerous contractors including American Bridge to perform work, labor and services at the aforesaid premises. While claimant was lawfully upon the aforesaid premises he was caused to sustain

The occurrence as aforesaid was caused solely and wholly by the reason of negligence, carelessness and recklessness of the PORT AUTHORITY OF NEW YORK AND NEW JERSEY and its contractors who were negligent in the ownership, operation, management and control of the aforesaid premises. While claimant was lawfully performing his duties he was caused to sustain serious and severe injuries to his shoulder. The defendants, their contractors, agents and employees were negligent in providing plaintiff with a ladder that was improperly constructed, improperly placed, improperly operated and improperly maintained; further, said ladder was not secured properly against movement, slippage or collapse; said ladder was caused to move, slip and otherwise fail its function to keep the worker elevated, causing claimant to fall and sustain further, failed to have safety belts, safety lines, lifelines, harnesses and safety apparatus thereat; further, failed to provide scaffolding with guard rails thereat; further, failed to ensure that work was closed down due to gusty, dangerous and hazardous winds causing structures to move and shake, causing dangerous working conditions for the workers thereat; further, failed to assign coworkers to man ladders; further, failed to have properly secured ladders; further, failed to stop work due to hazardous and dangerous weather conditions; further, violated Sections 200, 240 and 241(6) of the Labor Law of the State of New York, Rule 23 of the Industrial Code of the State of New York, specifically, but not limited to: 23-1.5, 23-1.7, 23-1.8, 23-1.15, 23-1.16, 23-1.20, 23-2, 23-3, 23-4, 23-5, 23-6, Article 1926 of O.S.H.A. and was otherwise negligent careless and reckless, causing claimant to sustain

Claimant was free from comparative fault.

4. The items of special damage or injuries claimed are: Claimant MARK JACOBS sustained

but claimant will permit a physical by the PORT AUTHORITY OF NEW YORK AND NEW JERSEY. The item of damages exceed the jurisdictional limitations of the lower Court.

PORT AUTHORITY OF NEW YORK AND NEW JERSEY
CLAIMS DEPARTMENT

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) intend(s) to commence an action on this claim.

Dated: DECEMBER 11, 2012

Mark Jacobs
The name signed must be printed beneath

MARK JACOBS

The name signed must be printed beneath

Attorney(s) for Claimant(s)
Office and Post Office Address; Telephone Number
SACKS & SACKS, LLP
150 Broadway 4F
New York, NY 10038
212.964.5570

CORPORATE VERIFICATION

State of New York, County of

ss.:

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

This verification is made by deponent because said claimant is a corporation, and deponent an officer thereof, to wit: The grounds of deponent's belief as to all matters not stated upon deponent's knowledge are as follows:

INDIVIDUAL VERIFICATION

State of New York, County of NEW YORK ss.:

MARK JACOBS

being duly sworn, deposes and says that deponent is the 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 the matters therein stated to be alleged on information and belief, and that as to those matters deponent believes it to be true.

Sworn to before me, this 11th day of DECEMBER, 2012

Jenny Olivares
Notary Public, State of New York
No. 010L6160452
Qualified in Bronx County
Commission Expires February 5, 2014

Sworn to before me, this day of

In the Matter of the Claim of

MARK JACOBS

Matter of Claim Against PORT AUTHORITY OF NEW YORK AND NEW JERSEY

SACKS & SACKS, LLP
Attorney(s) for Claimant(s)
Office and Post Office Address:

150 Broadway 4F
New York, NY 10038
212.964.5570

CERT. AUTHORITY OF NEW YORK
OFF. OF TRANSPORTATION

NOTICE OF CLAIM

CERT. AUTHORITY OF NEW YORK
OFF. OF TRANSPORTATION

2012 NOV 30 A 11:53

In the Matter of the Claim of

2012 NOV 30 A 11:48

MARIANA SALAZAR,

Claimant,

-against-

PORT AUTHORITY OF NEW YORK and NEW JERSEY,

Respondent.

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

CLAIMANT: Mariana Salazar

CLAIMANT'S ATTORNEY: PAUL H. MALONEY, P.C.
275 Madison Avenue, Suite 705
New York, New York 10016
(212) 213-0700

NATURE OF CLAIM: To recover money damages for as a result of the negligence, carelessness and recklessness of THE PORT AUTHORITY OF NEW YORK and NEW JERSEY, its agents, servants contractors and/or employees in the ownership, operation, management, maintenance, control, supervision, inspection and cleaning of Terminal D at LaGuardia Airport; in causing, suffering and allowing leaks from pipes, or bathrooms or other sources to be and exist and causing water to be on the floor, causing a wet, slippery, dangerous and hazardous condition, in the failure to protect, secure and guard the wet and hazardous area, the failure to warn the claimant and others of the hazard, the failure to place cones or other warnings or barricades, the failure to mop and clean, the failure to guard against water leaking, correct leaks, prevent leaks, perform timely and proper inspection, test, maintenance and repairs.

2012 NOV 30 P 11:19
LAW DEPARTMENT
CERT AUTHORITY CLAIMS

**TIME WHEN AND PLACE
WHERE CLAIM AROSE:**

On or about October 3, 2012 at approximately 9:00 a.m., inside of Terminal D at LaGuardia Airport, on the basement level, near employee's lounge. See the annexed photographs.

**THE MANNER IN WHICH
THE CLAIM AROSE:**

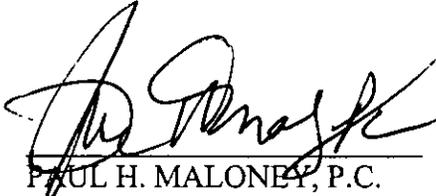
Claimant was caused to slip and fall due to a wet, slippery, unsafe and dangerous condition in LaGuardia Airport is owned, operated, maintained.

**ITEMS OF INJURY
AND DAMAGE:**

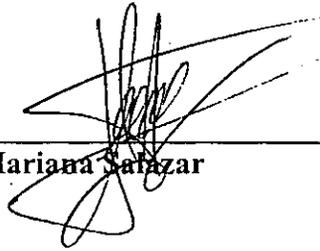
an amount, not to exceed, (\$2,000,000) Two Million Dollars, all together with costs and disbursements.

Said claim is hereby presented for adjustment and payment, and in the event of default of the respondent to make such adjustment within the time limits for compliance with this demand, claimant intends to commence an action against the respondent to recover monetary damages.

Dated: New York, New York
October 22, 2012



PAUL H. MALONEY, P.C.
Attorneys for Claimant(s)
275 Madison Avenue, Suite 705
New York, NY 10016
(212) 213-0700

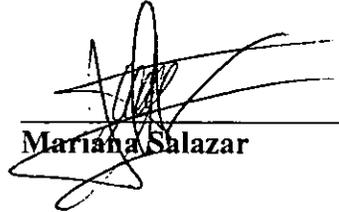


Mariana Salazar

INDIVIDUAL VERIFICATION

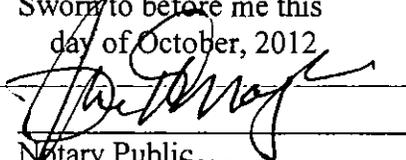
State of New York }
 ss
County of Queens }

I, **Mariana Salazar**, being duly sworn, deposes and says: that I am the claimant(s) herein: that I have read the foregoing notice of claim against the respondents and knows the contents thereof; that the same is true to our own knowledge, except as to the matters therein stated to be alleged upon information and belief, and that as to those matters I believe it to be true.



Mariana Salazar

Sworn to before me this
day of October, 2012



Notary Public

PAUL H. MALONEY IV
Notary Public, State of New York
No. 02MA4794019
Qualified in New York County
Commission Expires May 31, 2013

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 NOV 30 P 4:19

PORT AUTHORITY OF NEW YORK AND NEW JERSEY
CLERK OF THE COURT

NOV 11 11 51

-----X
In the Matter of the Claim of:

**JOYCE VALLE, as Proposed Administratrix of the
Estate of SERGIO VALLE, deceased, and JOYCE
VALLE, individually,**

Claimant,

NOTICE OF CLAIM

-against-

**THE PORT AUTHORITY OF NEW YORK AND
NEW JERSEY,**

Respondent.
-----X

TO:

**THE PORT AUTHORITY OF NEW YORK AND NEW
JERSEY**
225 Park Avenue South
New York, New York 10003

**LAW DEPARTMENT OF THE PORT AUTHORITY
OF NEW YORK AND NEW JERSEY**
One Madison Avenue, 7th Floor
New York, New York 10010

CLAIMANT:

**JOYCE VALLE, as Proposed Administratrix of the
Estate of SERGIO VALLE, deceased, and JOYCE
VALLE, individually**

CLAIMANT'S ATTORNEYS:

**SULLIVAN PAPAIN BLOCK
McGRATH & CANNAVO P.C.**
120 Broadway
New York, New York 10271
(212) 732-9000

NATURE OF THE CLAIM:

To recover damages for personal injuries and wrongful
death sustained by claimant's decedent and the decedent's
Estate as a result of the negligence, carelessness and
recklessness of THE PORT AUTHORITY OF NEW YORK

2012 DEC 11 P 3 22
CLERK OF THE COURT
PORT AUTHORITY OF NEW YORK AND NEW JERSEY

AND NEW JERSEY, their agents, servants and/or employees in the ownership, management and control of the premises hereinafter mentioned.

TIME CLAIM AROSE:

November 21, 2012 between 12:00 and 12:15 P.M.

PLACE CLAIM AROSE:

At or about Gate 36 of the Port Authority Bus Terminal, 625 8th Avenue, New York, New York 10018 ("premises").

MANNER IN WHICH CLAIM AROSE:

At or about the aforesaid time and place, claimant's decedent, SERGIO VALLE, was the victim of an attempted robbery, assault, battery and homicide.

The aforesaid incident, and the resulting injuries and wrongful death sustained by claimant's decedent, were caused and precipitated by the negligent, careless and reckless conduct of the respondent, itself, and through its agents, servants and/or employees in the ownership, management and control of the premises. The respondent, itself, and through its agents, servants and/or employees, was negligent, careless and reckless in failing to maintain said premises, in improperly maintaining said premises, in allowing said premises to become defective, dangerous and unsafe, in failing to make proper inspections, in failing to make proper repairs, in negligently causing, permitting, and allowing the premises to be improperly, inadequately and insufficiently secured, in negligently causing, permitting and allowing access by persons without any legitimate reason be on said premises and who presented a security risk to the public and claimant's decedent and in particular the intruder who assaulted, battered and fatally injured claimant's decedent, SERGIO VALLE, in causing, allowing and permitting access to the premises by persons without any right of entry to the premises, in failing to maintain a proper, adequate and sufficient security system at the premises, in failing to have security personnel at the premises, in failing to have adequate security personnel, in failing to properly guard the various entrances/exits to the premises, in negligently allowing and permitting unauthorized persons to enter and live within said premises, in failing to have means of entry and exit to the premises properly secured, in failing to properly and adequately monitor persons that entered the premises, in negligently causing, allowing and permitting criminal activity to occur at the premises without taking

necessary, adequate and appropriate measures to prevent and discourage such activities from continuing and escalating in the premises, in negligently ignoring prior criminal incidents at the premises, in being negligent, careless and reckless with respect to the ownership, operation, maintenance, control, use, and security of the premises, in causing, allowing and permitting a dangerous condition to exist at said premises, in failing to provide proper security, in undertaking security of said premises but failing to properly perform said duty, in representing and holding out to the public and claimant's decedent that security was proper, in failing to perform security checks, in failing to have proper security protocols and procedures, in failing to have proper door locks, in having improper door locks, in failing to have proper access limits and controls, in failing to have proper locking mechanisms, in negligently and allowing persons without any legitimate reason or purpose to be on said premises, unlimited and unfettered access to bus gates, in failing to prevent persons who present a security risk and danger to the public at large and claimant's decedent unlimited access to said premises and bus gates, in negligently causing and allowing an unsafe conditions to exist which presented a security risk to the public and claimant's decedent, in negligently causing and allowing unsafe conditions to exist which presented a security risk to claimant's decedent and which caused the untimely, premature and wrongful death of claimant's decedent, SERGIO VALLE.

ITEMS OF INJURY
INJURY & DAMAGE:

The decedent's next of kin suffered _____ due to the wrongful death of the decedent, including, but not limited to, loss of financial support, household services and parental guidance.

Said claim is hereby presented for adjustment and payment, and, in the event of default of THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY in paying the aforesaid sum totaling FIVE MILLION DOLLARS (\$5,000,000) to claimant within the time limited for compliance with this demand, claimant intends to commence an action against THE PORT

AUTHORITY OF NEW YORK AND NEW JERSEY to recover the aforesaid sum totaling of FIVE MILLION DOLLARS (\$5,000,000).

The contents of this Notice of Claim is hereby sworn/affirmed, upon information and belief, to be true on behalf of the claimant, JOYCE VALLE, as Proposed Administratrix of the Estate of SERGIO VALLE, deceased, and JOYCE VALLE, individually, by her undersigned counsel, and is submitted pursuant to New York Unconsolidated Laws §§ 7107 and 7108.

DATED: New York, New York
December 4, 2012

Sullivan Papain Block
McGrath & Cannavo P.C.
120 Broadway
New York, New York 10271
(212) 732-9000

By 
Eric K. Schwarz
On Behalf of Claimant JOYCE VALLE

THE PORT AUTHORITY OF NY & NJ



One World Trade Center, New York, N.Y. 10048

STATEMENT OF CLAIMANT
For Damages Due to An Accident

1. Claimant's name	Age	Address
MARIA A. VELEZ	67	

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.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
MIR DEC 12 PM 2:39

3. Date of accident: NOVEMBER 12 2012 Time: BETWEEN 6:00 + 6:30 AM

4. Place of accident. (Identify with sufficient particularity to distinguish from similar places.)
NEWARK LIBERTY INTERNATIONAL AIRPORT
CLAIMANT WAS SEAT # 11 GATE UNKNOWN

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.

While Exiting The plane and walking Through The Tunnel
CLAIMANT FOOT GOT CAUGHT ON A RAISED METAL PIECE
ON THE GROUND WHICH CAUSED HER TO TRIP AND
SUSTAIN

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

ARCADIO VELEZ

7. The amounts of loss claimed are as follows:

(a) For medical and hospital expenses

\$ UNDER INVESTIGATION

(b) For loss of earnings

\$ N/A

(c) For property damage

\$ N/A

Total \$ UNDER INVESTIGATION

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

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

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

UNEMPLOYED

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.

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.

The Port Authority OF New York + New Jersey
It's AGENT, Employees, SERVANTS Failed to
Properly maintain ~~State~~ property.

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.

NONE

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

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

WHILE ON THE
PROPERTY OF Port Authority of New York + New Jersey

Dated: December 01, 20 12.

Aracadio Velez
Maria A. Velez
Claimant

2012 DEC 12 12:38 PM
NOTARY PUBLIC

AFFIDAVIT

STATE OF New Jersey }
COUNTY OF Essex } ss:

and says: MARIA A. VELEZ

being duly sworn deposes

1. That he resides at
2. That he is the person who signed the foregoing statement of claimant.
3. That said statement of claimant was signed and this affidavit is made by deponent for the purpose of inducing The Port Authority of New York and New Jersey 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 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 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 other 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.

Aracadio Velez
Maria A. Velez

Sworn to before me this
1st day of December, 20 12.

WILMA RICE
Notary Public

WILMA RICE
A NOTARY PUBLIC OF NEW JERSEY
MY COMMISSION EXPIRES OCTOBER 11, 2015

**In the Matter of the Claim of
JOHN PRENDERGAST
against
PORT AUTHORITY OF NEW YORK AND NEW JERSEY**

2012 DEC - 4 2 3:45

TO: PORT AUTHORITY OF NEW YORK AND NEW JERSEY
225 Park Avenue South
New York, New York 10010

PLEASE TAKE NOTICE, that the undersigned claimant(s) hereby make(s) claim and demand against the PORT AUTHORITY OF NEW YORK AND NEW JERSEY, as follows: [Office of the Comptroller requests the following additional information: in Section 2, specific defect (e.g. pothole) if applicable; in Section 3, street address wherever possible.]

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

SACKS AND SACKS, LLP
150 Broadway, 4th Floor
New York, New York 10038

JOHN PRENDERGAST

LAW DEPARTMENT
PORT AUTHORITY OF NEW YORK AND NEW JERSEY
2012 DEC - 5 8:11 AM

2. The nature of the claim: sustained by claimant, JOHN PRENDERGAST as a result of injuries sustained by him on November 21, 2012.

3. The time when, the place where and the manner in which the claim arose: The claim arose on the 21st day of November, 2012 at approximately 7:05 a.m. at premises under construction located at 3 World Trade Center, street level on the Church Street side in the Borough of Manhattan, City and State of New York. At all times herein mentioned, the PORT AUTHORITY OF NEW YORK AND NEW JERSEY owned, operated, managed and controlled the aforesaid premises and further, retained numerous contractors, including Tishman Construction and Falcon Steel to perform work, labor and services thereat. While claimant was lawfully upon the aforesaid premises as an employee of Falcon Steel, he was caused to sustain when he was struck by a falling object, fracturing his right foot. The occurrence as aforesaid was caused solely and wholly by the reason of negligence, carelessness and recklessness of the PORT AUTHORITY OF NEW YORK AND NEW JERSEY and its contractors who were negligent in the ownership, operation, management and control of the aforesaid premises. The PORT AUTHORITY OF NEW YORK AND NEW JERSEY and its contractors failed to ensure that workers would not be struck by falling objects that were improperly hoisted and improperly secured; further, allowed loose and dangerous objects to be and remain in an unsecured, unstable position, causing same to fall, striking claimant and causing him to sustain further, failed to ensure that edges of beams, platforms, or other elevated structures, did not contain objects on the edge of same that could fall, striking individuals below; further, failed to provide proper securing devices, chain falls, ropes, pulleys, slings and other devices to properly secured said object; further, violated Sections 200, 240 and 241(6) of the Labor Law of the State of New York, Rule 23 of the Industrial Code of the State of New York, specifically, but not limited to: 23-1.5, 23-1.7, 23-1.8, 23-2.1, 23-2.2, 23-2.3, 23-4, 23-5, 23-6, 23-7, Article 1926 of O.S.H.A., and was otherwise negligent, careless and reckless, causing claimant to sustain Claimant was free from comparative fault.

4. The items of special damage or injuries claimed are: Claimant

however, claimant will permit a physical examination by the PORT AUTHORITY OF NEW YORK AND NEW JERSEY.

The item of damages exceed the jurisdictional limitations of the lower Court.

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) intend(s) to commence an action on this claim.

Dated: DECEMBER 3, 2012

John J. Prendergast
The name signed must be printed beneath

JOHN PRENDERGAST

The name signed must be printed beneath

Attorney(s) for Claimant(s)
Office and Post Office Address, Telephone Number
SACKS & SACKS, LLP
150 Broadway 4F
New York, NY 10038
212:964:5570

CORPORATE VERIFICATION

State of New York, County of ss.:

being duly sworn, deposes and says that deponent is the of

corporate claimant named in the within action; that deponent has read the foregoing Notice of Claim and knows the contents thereof, and that the same is true to deponent's own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters deponent believes it to be true.

This verification is made by deponent because said claimant is a corporation, and deponent an officer thereof, to wit its The grounds of deponent's belief as to all matters not stated upon deponent's knowledge are as follows:

INDIVIDUAL VERIFICATION

State of New York, County of NEW YORK ss.:

JOHN PRENDERGAST

being duly sworn, deposes and says that deponent is the 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 the matters therein stated to be alleged on information and belief, and that as to those matters deponent believes it to be true.

Sworn to before me, this 3rd day of DECEMBER, 2012

THAO DUONG
NOTARY PUBLIC-STATE OF NEW YORK
No. 01DU6210927

Sworn to before me, this day of

Qualified in Queens County
My Commission Expires September 08, 2013

In the Matter of the Claim of

JOHN PRENDERGAST

v.

PER AUTHORITY OF NEW YORK + NEW JERSEY

Notice of Claim Against

PANYNJ

SACKS & SACKS, LLP
Attorney(s) for Claimant(s)
Office and Post Office Address

150 Broadway 4F
New York, NY 10038
212.964.5570

ORIGINAL

NOTICE OF CLAIM

X-----X

In the Matter of the Claim of

KEVIN WARD

- against -

PORT AUTHORITY OF NEW YORK AND NEW JERSEY
2012 FEB 11 AM 11:29

THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY

X-----X

TO: THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY
225 Park Avenue South
New York, New York

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

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

Claimant
Kevin Ward

Attorneys for Claimant
Fortunato & Fortunato, PLLC
26 Court Street - Suite 1301
Brooklyn, New York 11242
(718) 858-4366

2. The nature of the claim: Tort, negligence, absolute liability, and New York State Labor Laws Sections 200, 240, 240(1) and 241(6). Claimant, KEVIN WARD, sustained

while working as an iron worker in construction, renovation, repair, excavation, and demolition. Mr. Ward's were due to respondent's violation of Section 200 of the Labor Law of the State of New York, Section 240(1) of the Labor Law of the State of New York, Section 241(6) of the Labor Law of the State of New York and various Rules and Regulations of the Administrative Codes of the City of New York; various Rules and Regulations of the Board of Standards and Appeals more commonly known as Rule 23 of the Industrial Code of New York and the Rules and Regulations of O.S.H.A. Additionally, respondent was otherwise generally negligent, careless, and reckless under the circumstances, causing claimant to sustain

3. The time when, the place where and the manner in which the claim arose: The accident complained of occurred on March 6, 2012, at approximately 4:15 a.m. The accident complained of occurred at the meeting yard for the iron workers located at 2086 Hudson Street, Fort Lee New Jersey, which is near or beneath the George Washington Bridge, (New Jersey side), inside the fenced area below the bridge at Spruce Street on the north, Bruce Reynolds Blvd (Bridge Plaza South) on the south, Hoyt Avenue on the east and Martha Washington Way on the west. More specifically, 6 feet south of a yellow

trash can/barrel and 18 feet x 3 inches north of Bruce Reynolds Blvd. Using the large tree at the south end of the property, the incident occurred 11 feet east of the tree.¹ The Port Authority of New York and New Jersey used this location to store construction equipment as part of the George Washington Bridge Rehabilitation/Renovation Project. At the time of the accident, the claimant was cleaning tools and putting them away into his employer's Ford F350 truck located in the aforementioned fenced in work area. The claimant after exiting his company's Ford F350 truck, and walking around the truck to store his equipment in the storage box on the driver's side of said vehicle, just behind the driver's door, due to the pitch-black conditions (the nearest artificial lighting was a street light approximately 75 yards away), he slipped off the edge of and stepped into a hole in the ground, approximately two feet long by two feet wide by six inches deep, causing

At the time of the accident, the area in question was dark due to nightfall, and was not lit by any artificial lighting. At this location, the claimant was an ironworker whose job was to repair and replace steel beams and expansion joints under Bridge, and then clean and return tools to his employer's truck at the end of his workday.

That the aforesaid occurrence was caused solely and wholly through and by reason of the negligence, carelessness and recklessness of THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY, its agents, contractors, servants and/or employees in that THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY deprived the claimant of a safe place to work; in that THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY permitted and allowed a dangerous, hazardous and defective condition to exist in the aforementioned area in which the claimant was working; in that the respondent directed, permitted and allowed the claimant to work in an area which was dangerous, hazardous and unsafe; in failing to provide proper safety equipment and procedures so as to ensure the safety of the area in which the claimant was working; in failing to have sufficient and/or efficient personnel in and about the area in which the claimant was working; in failing to have sufficient and/or efficient personnel in and about the premises; in failing to properly instruct, train and equip personnel upon the premises; in failing to properly and adequately supervise the progress of work at the aforementioned premises, and more particularly the area of the premises in which the claimant was working; in failing to give warning or notice of the hazardous and dangerous conditions to the claimant herein; in failing to correct the aforementioned hazardous and dangerous conditions, although said conditions existed for such a long period of time so that the respondent by their agent, servants and/or employees should have had or did have, actual knowledge of the said hazardous and dangerous conditions, and neglected and failed to remedy same; the respondent was further negligent in that respondent created and maintained an absolute nuisance under the circumstances and; in failing to provide this claimant with a safe and unobstructed place to work; in failing to provide a proper and safe surface under this claimant for him to do his work; in failing to properly guard the

¹ See attached photographs.

hazardous and dangerous conditions; in permitting, allowing and maintaining the hazardous and dangerous condition to exist therein; in failing to provide protective barriers in or about the area where the claimant was caused to be injured; in failing to provide any lighting, and/or proper and adequate lighting in or about the area where the claimant was caused to be injured; in failing to provide warnings, barricades or other protective devices in and about the area where the claimant was caused to be injured and further in that THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY violated Section 200 of the Labor Law of the State of New York, violated Section 240 of the Labor Law of the State of New York and violated Section 241(6) of the Labor Law of the State of New York and violated the various Rules and Regulations of the Administrative Codes of the City of New York the various Rules and Regulations of the Board of Standards and Appeals more commonly known as Rule 23 of the Industrial Code of New York, including but not limited to Industrial Code (12 NYCRR) §§ 23-1.7(b)(1), 23-1.7(d), 23-1.7(e), 23-1.30, and the Rules and Regulations of O.S.H.A., and were otherwise generally negligent, careless and reckless under the circumstances, causing claimant to sustain

That the aforesaid occurrence was caused solely and wholly through and by reason of the negligence, carelessness and recklessness of THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY, their agents, contractors, servants and/or employees in that THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY permitted and allowed a dangerous, hazardous and defective condition to exist in the aforementioned area, and were otherwise generally negligent, careless and reckless under the circumstances, causing claimant to sustain

4. The items of damage or injuries claimed are: The claimant, KEVIN WARD,

in the amount of FIFTHTEEN MILLION (\$15,000,000.00) DOLLARS.
Claimant demands FIFTHTEEN MILLION (\$15,000,000.00) DOLLARS.

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 the claim.

Dated: December 10, 2012

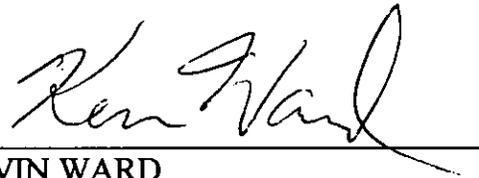


KEVIN WARD

INDIVIDUAL VERIFICATION

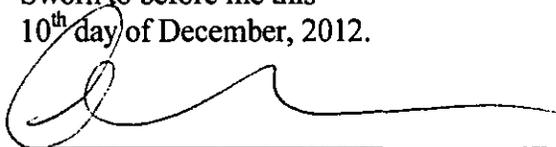
STATE OF NEW YORK)
)
COUNTY OF KINGS)ss.

KEVIN WARD, being duly sworn, deposes and says that I am the claimant in the within claim; I have read the foregoing Notice of Claim and know the contents thereof; the same is true to my own knowledge except as to the matters therein stated to be alleged upon information and belief, and that as to those matters, I believe it to be true.



KEVIN WARD

Sworn to before me this
10th day of December, 2012.



Notary Public

ANNAMARIE FORTUNATO
Notary Public, State Of New York
No. 02FO5072002
Qualified In Kings County
Commission Expires January 21, 2015

FORTUNATO & FORTUNATO, PLLC
Attorneys for Claimant
26 Court Street – Suite 1301
Brooklyn, New York 11242
718-858-4366

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

JANET KOSTER 60

1. Claimant's Name: Age: Address:

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.

MADE BY JANET KOSTER.

2017 DEC 10 A 8:59
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

Sept 14th 2012

3. Date of Accident: Time:

Jet Blue terminal - JFK AIRPORT

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

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.

Going from 1st floor on ESCALATOR to 2nd FLOOR to get Rent A CAR. Slipped

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

1-SISTER - SAME AS MINE

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	<u>5,000.00</u>
(b)	For loss of earnings	\$	<u> </u>
(c)	For property damages	\$	<u> </u>
Total:		\$	<u>5,000.00</u>

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

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

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

Your Sip Tech.
402 TAMPA ROAD
PALM HARBOR, FL 34683

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.

EMPLOYED - 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.

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.

2012 DEC 10 A 8:59
PORT AUTHORITY CLAIMS

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

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

Same AS ABOVE

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

In the Matter of the Claim of
GEORGE POPOWICK and YUKARI POPOWICK
against
PORT AUTHORITY OF NEW YORK AND NEW JERSEY

2012-09-20 17:00:17

TO: PORT AUTHORITY OF NEW YORK AND NEW JERSEY
225 Park Avenue South
New York, New York 10010

PLEASE TAKE NOTICE, that the undersigned claimant(s) hereby make(s) claim and demand against the PORT AUTHORITY OF NEW YORK AND NEW JERSEY, as follows: [Office of the Comptroller requests the following additional information: in Section 2, specific defect (e.g. pothole) if applicable; in Section 3, street address wherever possible.]

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

SACKS AND SACKS, LLP
150 Broadway, 4th Floor
New York, New York 10038

GEORGE POPOWICK and YUKARI POPOWICK

2. The nature of the claim: sustained by claimant, GEORGE POPOWICK as a result of injuries sustained by him on September 20, 2012 by co-claimant, YUKARI POPOWICK.

3. The time when, the place where and the manner in which the claim arose: The claim arose on the 20th day of September, 2012 at approximately 10:00 a.m. at premises under construction at Tower 1, World Trade Center Freedom Tower, in the Borough of Manhattan, City and State of New York. At all times herein mentioned, the PORT AUTHORITY OF NEW YORK AND NEW JERSEY owned, operated, managed and controlled the aforesaid premises and further, retained numerous contractors, including Tishman Construction and Benson Industries to perform work, labor and services thereat. While claimant was lawfully upon the aforesaid premises as an employee of Benson Industries, lawfully performing his duties, he was caused to _____ as a result of dirt, debris and loose materials. The occurrence as aforesaid was caused solely and wholly by the reason of negligence, carelessness and recklessness of the PORT AUTHORITY OF NEW YORK AND NEW JERSEY and its contractors who were negligent in the ownership, operation, management and control of the aforesaid premises. The PORT AUTHORITY OF NEW YORK AND NEW JERSEY and its contractors failed to ensure that work areas were free of tripping and slipping hazards; further, failed to remove/scatter the loose materials that were obstructing workways; further, allowed loose conduit pipe and other refuse to be and remain, causing dangerous and hazardous tripping hazards; further, failed to ensure the area was properly illuminated; further, violated Sections 200, 240 and 241(6) of the Labor Law of the State of New York, Rule 23 of the Industrial Code of the State of New York, specifically, but not limited to: 23-1.5, 23-1.7, 23-2.1, 23-1.30, Article 1926 of O.S.H.A., and was otherwise negligent, careless and reckless, causing claimant to sustain

Claimant was free from comparative fault.

4. The items of special damage or injuries claimed are: Claimant, GEORGE POPOWICK sustained

however, claimant will permit a physical examination by the PORT AUTHORITY OF NEW YORK AND NEW JERSEY. Claimant will require diagnostic testing and may need numerous surgical interventions. The item of damages exceed the jurisdictional limitations of the lower Court. Co-claimant YUKARI POPWICK and the item of damages exceed the jurisdictional limitations of the lower Court.

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) intend(s) to commence an action on this claim.

Dated: DEC. 5, 2012

[Handwritten Signature]
The name signed must be printed beneath

GEORGE POPOWICK YUKARI POPOWICK
The name signed must be printed beneath

Attorney(s) for Claimant(s)
Office and Post Office Address, Telephone Number
SACKS & SACKS, LLP
150 Broadway 4F
New York, NY 10038
212.964.5570

CORPORATE VERIFICATION

State of New York, County of

ss.:

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

This verification is made by deponent because said claimant is a corporation, and deponent is an officer thereof, to wit its
The grounds of deponent's belief as to all matters not stated upon deponent's knowledge are as follows:

INDIVIDUAL VERIFICATION

State of New York, County of NEW YORK ss.:
GEORGE POPOWICK & YUKARI POPOWICK
being duly sworn, deposes and says that deponent is the 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 the matters therein stated to be alleged on information and belief; and that as to those matters deponent believes it to be true.

Sworn to before me, this 5th day of DECEMBER, 2012

[Handwritten Signature]
Sworn to before me, this 5th day of DECEMBER, 2012

NOTARY PUBLIC-STATE OF NEW YORK
No. 01DU6210927
Qualified in Queens County
My Commission Expires September 08, 2013

In the Matter of the Claim of

GEORGE POPOWICK &
YUKARI POPOWICK
PRR Authority of
New York &
New Jersey

Matter of Claim Against
PRR AUTHORITY OF NEW
YORK & NEW JERSEY

SACKS & SACKS, LLP
Attorney(s) for Claimant(s)
Office and Post Office Address:
150 Broadway 4F
New York, NY 10038
212.964.5570

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: Tammy Milatos	Age: 44	Address:
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 attach certificate or other official evidence of your appointment.		
3.	Date of Accident: 10/13/12	Time: 10:00-10:30 AM	
4.	Place of Accident. (Identify with sufficient particularity to distinguish from similar places.) George Washington Bridge - pedestrian walkway		
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.		

RECEIVED
LAW DEPARTMENT
STATEMENT OF CLAIMANT
DEC 11 A 10:06

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

Nilsa Soto-Lopez and Aracelis Lora
c/o ING Financial Services, LLC
1325 Avenue of the Americas
New York, NY 10019

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	to be determined
(b)	For loss of earnings	\$	_____
(c)	For property damages	\$	_____
Total:		\$	_____

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

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

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

ING Financial Services, LLC
1325 Avenue of the America
New York, NY 10019

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

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

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

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

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

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

Accident was caused by uneven walking surface

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 was walking just as I normally do and did nothing out of the ordinary which would cause me to slip

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

LAW DEPARTMENT
PORT AUTHORITY
2012 DEC 11 7:06

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

Dated: 12/6, 2012

Signed: Juan Carlos Melendez
Claimant

PORT AUTHORITY OF NY & NJ
AFFIDAVIT
2012 DEC 11 A 10:06

AFFIDAVIT

STATE OF

:
:
:

COUNTY OF

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

6th day of DECEMBER, 2012

[Signature]

Notary Public

Juan Carlos Melendez
Claimant

EDWARD CHEN
Notary Public, State of New York
No. 01CH6080698
Qualified in New York County
Commission Expires January 29, 2015

In the Matter of the Claim of the NIKITA VOLKOV, Claimant

- against -

THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY, Respondent

2012 DEC -6 P 2:05

TO: THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY

PLEASE TAKE NOTICE that the undersigned Claimant hereby makes claims and demands against The Port Authority of New York and New Jersey, as follows:

1. The name(s) and post-office address(es) of claimant(s) and claimant's(s') attorney(s) is/are:

Claimant:
Nikita Volkov

Attorneys for Claimant:
Law Offices of KENNETH A. WILHELM
445 Park Avenue, 9th Floor
New York, New York 10022

2. The nature of the claim:

For money damages due to what may have been the carelessness, recklessness and negligence of THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY, its agents, servants, employees, representatives, etc., in, inter alia, and without limitation, the ownership, operation, supervision, control, care, custody, charge, design, management, inspection, maintenance, repair, posting of signs, barricades, and use, control, etc., of the property designated and set forth below, due to the fact that the Claimant, NIKITA VOLKOV, was in a motor vehicle accident at the said premises, at the time, place and in the manner set forth below, where he was of the type set forth below.

3. The time when, the place where, and the manner in which the claim arose:

The time when the claim arose: September 14, 2012 at approximately 3:50 a.m.

The place where the claim arose: The New York side of the Bayonne Bridge, in the northbound lanes, Staten Island, City and State of New York, as indicated on the annexed police report which is incorporated herein by reference.

The manner in which the claim arose: On September 14, 2012, the Claimant was a motorist on the Bayonne Bridge, and was lawfully proceeding in a northbound direction on the New York Side of the bridge when his motor vehicle was struck head on by another motorist traveling southbound on the Bayonne Bridge which crossed over the double yellow lines into the northbound lanes of travel. It is and will be claimed, that the accident and resulting injuries may have been caused, and the following may have contributed thereto: inter alia, and without limitation the failure of THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY, through its agents, servants, employees, and/or representatives, which may have been negligent, careless and reckless in providing inadequate lighting on the said bridge; the failure to warn and post adequate signage at the scene of the accident; the failure to have any guardrails on the bridge up to and alongside the scene of the accident; failure to post adequate barricades and guardrails at the scene of the accident; and in the ownership, operation, maintenance, control, care, custody, management, supervision, inspection, repair, use, cleaning, special use, design and construction of said area, and in the manner in which it performed work upon said area; including but not limited to, failing to maintain the area; in performing improper, incomplete and/or inadequate maintenance of the area; failing to inspect the area; in performing improper, incomplete and/or inadequate inspections; failing to repair the area; in performing improper, incomplete and/or inadequate repairs; failing to give a warning; in providing an improper, incomplete and/or inadequate warning; in causing and/or creating the dangerous, hazardous, traplike, unsafe and/or defective conditions complained of; in improper, incomplete and/or inadequate construction and designs of the roadways involved; in causing, creating, allowing and/or permitting the dangerous, hazardous, traplike, unsafe and/or defective conditions complained of to exist and remain; failing to supervise and/or control the maintenance, inspection, repair and construction of the area; in performing improper, incomplete and/or inadequate supervision and/or control of the maintenance, inspection, repair and construction of the area; in performing improper, incomplete and/or inadequate supervision of the area; failing to take

DEC - 6 P 2:05
PORT AUTHORITY OF NEW YORK AND NEW JERSEY

precautions to avoid the accident; failing to take proper, complete and/or adequate precautions to avoid the accident; failing to remove the dangerous, hazardous, traplike, unsafe and/or defective conditions complained of before the occurrence of the accident; in causing, creating, permitting and/or allowing the dangerous, hazardous, traplike, unsafe and/or defective condition complained of to exist and remain for an unreasonable period of time at the accident location; in causing, allowing and/or permitting the area to be and remain in a condition which was defective, improper, inadequate, incomplete, defectively and/or negligently designed, installed and/or constructed; in negligently constructing and/or designing the area and in negligently making a special use of the aforesaid area; in failing to have adequate signs, warning and otherwise, prior to and at the accident scene. The above also constituted a public and/or private nuisance of which respondent either created, had actual notice of, or should have discovered the existence of through reasonable inspection.

4. **The items of damage or injuries claimed are (include dollar amounts):**
Money damages, special damages, etc.,
VOI.KOV

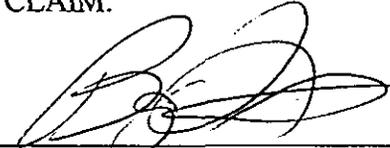
of the Claimant, **NIKITA**

; and for
any other type of damages as permitted to be recovered under the law, and that were sustained by the said
Claimant herein.

TOTAL AMOUNT CLAIMED: THIRTY MILLION DOLLARS (\$30,000,000.00)

The undersigned Claimants therefore presents this NOTICE OF CLAIM.

Dated: New York, New York
December 6, 2012



BARRY LIEBMAN, ESQ., for the Claimant

LAW OFFICES OF KENNETH A. WILHELM

Attorneys for the Claimant

Office & Post-Office Address, Telephone Number:

445 Park Avenue, 9th Floor, New York, New York 10022, (212) 545-7373

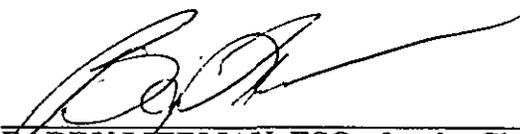


By: BARRY LIEBMAN, ESQ.

INDIVIDUAL VERIFICATION

State of New York, County of New York):

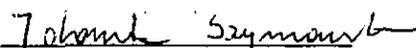
BARRY LIEBMAN, being duly sworn, deposes and says: I am associated with the LAW OFFICES OF KENNETH A. WILHELM, attorneys for the Claimant herein. I have read and know the contents of the attached NOTICE OF CLAIM; that the same is true to my own knowledge, except as to the matters therein stated to be alleged on information and belief, as to which matters I believe to be true. That the reason why this Verification is made by your deponent and not by the Claimant is that, upon information and belief, the Claimant is not now residing within the County of New York where deponent has his office; that the grounds of deponent's belief and the source of his information with respect to the matters set forth in the NOTICE OF CLAIM are derived from a review of the contents of the file maintain in deponent's office for the Claimant, and/or communications, papers, reports, and investigations.



BARRY LIEBMAN, ESQ., for the Claimant

Sworn to before me this
6th day of December, 2012

JOLANTA SZYMANSKA
Notary Public, State of New York
No. 01S2508972
Qualified in Suffolk County
Commission Expires May 8, 2014



NOTARY PUBLIC

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. Catherine Mladinor 47
Claimant's Name: Age: Address

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. Employee Parking lot Main Tolls at the GW Bridge
Date of Accident: Time:
10/30/12

2012 DEC 18 10:19
LAW DEPARTMENT
POST AUTHORITY CLAIMS

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

5. Employee Parking lot at GW Bridge on Main Level
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.

parked my car in parking lot at GW Bridge. Port Auth closed Bridge due to storm, unable to go home. Employees placed in Hotel by Port Auth. drove there by them. Returned ~~two~~ ^{later} days to find car damaged.

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

none known.

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	_____
(b)	For loss of earnings	\$	_____
(c)	For property damages	\$	1000 1383.26
Total:		\$	1383.26

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.

na

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

na

LAW DEPARTMENT
FORT AUTHORITY CLAIMS
2412 DEC 18 A 10:19

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.

na

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

na

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

na

-
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.

na

-
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.

See estimate

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

See estimate

-
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.

Car was parked & found damaged. Car was not allowed to be moved.

-
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 was forced to leave car where it was due to the storm. Bridge closed

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

estimate

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

Dated: Dec 10, 20 12

Signed: Catherine Madenro
Claimant

AFFIDAVIT

STATE OF NEW YORK

:

:

COUNTY OF QUEENS

:

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

10th day of DECEMBER, 20 12

Catherine Madenro

Claimant

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 DEC 18 A 10:19

[Signature]
Notary Public

STEPHEN CHOI
Notary Public - State of New York
No. 01CH6204836
Qualified in Queens County
My Commission Expires April 27, 2019

NOTICE OF CLAIM

ORIGINAL

In the Matter of the Claim of

CAROLINE MERCADO

- against -

PORT AUTHORITY OF NEW YORK AND NEW JERSEY

12/12

RECEIVED
DEPT OF TRANSPORTATION
DEC 14 2 42

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

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:

Claimants

Attorney

Caroline Mercado

PONTISAKOS & ROSSI, P.C.
600 Old Country Road, Suite 323
Garden City, NY 11530
(516) 683-8888

2. Nature of Claim:

Claim for

by CAROLINE MERCADO, arising out of the negligence, carelessness and recklessness of the respondent, its agent(s), servant(s), worker(s) and/or employee(s).

3. The time when, the place where and the manner in which the claim arose:

On or about the 8th day of October, 2012 at approximately 9:00 o'clock p.m., the claimant, CAROLINE MERCADO, was caused to fall and sustain as a result of a dangerous, defective, and improperly or inadequately illuminated stairway at the trailer at American Airlines Hanger 10, Terminal 8, Perimeter Road, Jamaica, New York at Kennedy Airport. The injuries were caused by the respondent who was negligent, reckless and careless in its ownership, maintenance and repair of said stairway and the lighting thereat. The claimant, CAROLINE MERCADO, was an employee of Air Serv at time of the occurrence.

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

TOTAL AMOUNT CLAIMED An amount exceeding the jurisdictional limits of all lower Courts save the Supreme Court of the State of New York.

60-11-11-230-2197
COUNTY OF NEW YORK
RECEIVED

2013 JAN 24 P 1:16

DEAN PRESTIA and MARGHERITA PRESTIA

-against-

THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY

TO:

PLEASE TAKE NOTICE that the undersigned claimants hereby makes(s) claim and demand against the Port Authority of New York and New Jersey, as follows:

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

Claimants:

**DEAN PRESTIA and
MARGHERITA PRESTIA**

Attorneys:

LOUIS GRANDELLI, P.C.
Attorneys for Claimants
90 Broad Street - 15th Floor
New York, New York 10004
(212) 668-8400

2. The nature of the claim:

Negligence due to an improperly installed, secured and/or maintained bathroom sink. The claimant, **DEAN PRESTIA**, was injured when he slipped and fell as a result of a sink falling upon him due to the negligence of the Port Authority of New York and New Jersey (hereinafter "PA"), their agents, servants and/or employees. The claimant **DEAN PRESTIA** is seeking money damages for _____ and related expenses and the claimant, **MARGHERITA PRESTIA**,
DEAN PRESTIA.

3. The time when, the place where, and the manner in which the claim arose:

The claim herein arose on October 3, 2012, at approximately 6:00 p.m., at John F. Kennedy Airport, in the bathroom at the General Aviation Terminal, General Aviation Way, Building 145, Jamaica, New York, when claimant, **DEAN PRESTIA**, sustained

That the accident herein and the injuries to the claimant resulting therefrom were due to the negligence of the PA, their agents, servants and/or employees in failing to properly install, properly secure and/or maintain the bathroom sink, their failure to provide adequate supervision, their failure to provide proper equipment and their failure to properly maintain the premises. Copies of a P.A. Lost Time/IOD Investigation Report, Airport Operations Log and

LAW DEPARTMENT
PORT AUTHORITY CLAIMS

NOTICE OF CLAIM

In the matter of the claim of
FRANK GUCCIONE

-against-

**THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY &
JETBLUE AIRWAYS CORPORATION**

TO: THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY
225 PARK AVENUE SOUTH
15TH FLOOR
NEW YORK, NEW YORK 10003

JETBLUE AIRWAYS CORPORATION
ATTN: GENERAL COUNSEL'S OFFICE
27-01 QUEENS PLAZA NORTH
LONG ISLAND CITY, NY 11101

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 NOV - 6 A 10: 22

PLEASE TAKE NOTICE that the undersigned claimant hereby makes claim and demand against THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY & JETBLUE AIRWAYS CORPORATION as follows:

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

FRANK GUCCIONE

2. The name and post-office address of the attorney for the claimant is:

SURIS & ASSOCIATES, P.C.
999 Walt Whitman Road
Suite 201
Melville, NY 11747

3. The nature of the claim:

Negligence;

4. The time when, the place where and the manner in which the claim arose:

The incident, which is the subject of this claim, occurred on Monday, January 9, 2012 at approximately 11:10 P.M., at John F. Kennedy International Airport (JFK), Terminal 5, also known as the JetBlue Airways Terminal, at or about baggage carousel 5 in the arrival area of the terminal.

At the time of the occurrence the Claimant, FRANK GUCCIONE, a lawful guest and patron at the subject premises, was in the process of walking in the arrival area of Terminal 5, near baggage carousel 5, preparing to collect his luggage, when he was caused to slip and fall due to a dangerous, hazardous and treacherous accumulation of liquid on the floor near and around baggage carousel 5.

Upon information and belief, THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY & JETBLUE AIRWAYS CORPORATION, their agents, servants and/or employees were careless and negligent in the ownership, operation, maintenance and control of the subject premises; in failing to look, in failing to see, in failing to be observant of the surrounding circumstances; In creating a hazardous condition; In creating a dangerous condition; and THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY & JETBLUE AIRWAYS CORPORATION their agents, servants and/or employees were otherwise reckless, negligent and careless in the operation, ownership, maintenance and control of the aforementioned premises; their agents, servants and/or employees were otherwise reckless, negligent and careless in failing to repair a hazardous and dangerous condition on a frequently traveled airport terminal; their agents, servants and/or employees were otherwise reckless, negligent and careless in failing to warn pedestrians utilizing the frequently traveled airport terminal of a hazardous and dangerous condition.

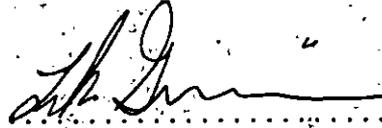
4. The items of damage or injuries claimed are:

Upon information and belief, the injuries sustained by the Claimant, FRANK GUCCIONE, as a result of this incident,

As a result, the claimant claims FIVE MILLION (\$5,000,000.00) as damages.

The undersigned 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.

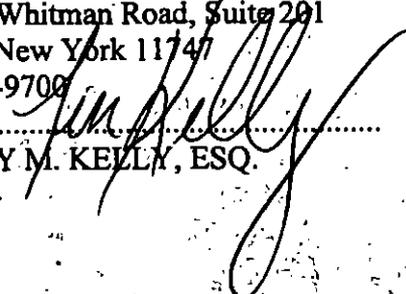
Dated: Melville, New York
October 19, 2012



FRANK GUCCIONE
1048 72nd Street
Apartment 2F
Brooklyn, NY 11228

ATTORNEY FOR CLAIMANT

SURIS AND ASSOCIATES, P.C.
999 Walt Whitman Road, Suite 201
Melville, New York 11747
(631) 423-9700



TIMOTHY M. KELLY, ESQ.

INDIVIDUAL VERIFICATION

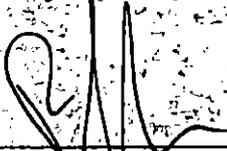
State of New York, County of Suffolk ss:

FRANK GUCCIONE being duly sworn, deposes and says that deponent is the 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 the matters therein stated to be alleged on information and belief, and that as to those matters deponent believes to be true.



FRANK GUCCIONE

Sworn to before me, this
19 day October, 2012



Notary Public

RAYMOND J. SURIS
NOTARY PUBLIC-STATE OF NEW YORK
No. 025U6106409
Qualified in Suffolk County
My Commission Expires March 01, 2016

SUPREME COURT OF THE CITY OF NEW YORK

FRANK GUCCIONE,

Plaintiff,

- against -

**THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY &
JET BLUE AIRWAYS CORPORATION**

Defendants.

NOTICE OF CLAIM

**SURIS & ASSOCIATES, P.C.
Attorneys for Plaintiff
FRANK GUCCIONE
999 Walt Whitman Road, Suite 201
Melville, New York 11747
(631) 423-9700
File No.: 002368MR**

TO:

Attorney(s) for

ADMISSION OF SERVICE

Service of a copy of the within is hereby admitted.

Dated:

.....
Attorney(s) for

NOTICE OF ENTRY

PLEASE TAKE NOTICE that the within is a (certified) true copy of an Order duly entered in the office of the Clerk of the within named Court on

Dated:

NOTICE OF SETTLEMENT

PLEASE TAKE NOTICE that an Order, of which the within is a true copy, will be presented for settlement to the Hon. _____, one of the judges of the within named Court in _____, New York, on

Dated:

**NOTICE OF CLAIM
PORT AUTHORITY OF NY & NJ**

CLAIMANT INFORMATION:

CLAIMANT: LIZANDRO GONZALEZ
ADDRESS:
DATE OF BIRTH:
SS#:

ATTORNEY INFORMATION:

If notices and correspondence in connection with this claim are to be sent to a person other than claimant, complete Item #2.

LABARBIERA & MARTINEZ

9252 KENNEDY BLVD.
NORTH BERGEN, NJ 07047
201-854-6444
201-854-6442
RELATIONSHIP TO CLAIMANT: ATTORNEYS AT LAW

ACCIDENT INFORMATION:

The occurrence or accident which gives rise to this claim:

DATE: WEDNESDAY, NOVEMBER 7, 2012
TIME: 10 PM

Describe the location or place of the accident or occurrence:

PARKING LOT ADJACENT TO BUILDING 330 LOCATED AT THE
NEWARK INTERNATIONAL AIRPORT, NEWARK NEW JERSEY

Describe how the accident or occurrence happened: If a diagram will assist your explanation, please use the reverse side of this form.

PLAINTIFF SLIPPED AND FELL ON SNOW WHILE WALKING TO HIS
CAR LOCATED IN THE EMPLOYEE PARKING LOT ADJACENT TO
BUILDING 330 AT NEWARK INTERNATIONAL AIRPORT IN NEWARK
NEW JERSEY. THE INCIDENT OCCURRED AT 10 PM.

State the name and address of the governmental agency or agencies and private owners or agencies that you claim caused your damages.

PORT AUTHORITY OF NJ & NY
ABC CORP. 1-X
JOHN DOE 1-X
ABC DEPARTMENT 1-X

2012 DEC 1 12:30
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

State the names of governmental agency employees whom you claim were at fault, including any information that will assist in identifying and locating them.

JOHN DOE 1-X

State the negligence or wrongful acts of the governmental entities and/or private governmental entities and/or the employees of said entities which caused your damages.

THE PORT AUTHORITY OF NY & NJ AND/OR EMPLOYEES/ENTITIES WERE NEGLIGENT IN THE FOLLOWING:

- 1) IN ALLOWING AND/OR PERMITTING A DANGEROUS, HAZARDOUS, AND NUISANCE-LIKE CONDITION TO EXIST AT THE SUBJECT PREMISES, NAMELY, A UNTREATED SNOW AND ICE IN THE SUBJECT PARKING LOT, FOR AN UNREASONABLE PERIOD OF TIME.
- 2) IN CAUSING, ALLOWING AND/OR PERMITTING, BY ITS NEGLIGENT MAINTENANCE, NEGLIGENT REPAIR AND NEGLIGENT CONTROL OF THE SUBJECT AREA, A DANGEROUS, HAZARDOUS AND NUISANCE-LIKE CONDITION TO BE CREATED, EXIST AND REMAIN FOR AN UNREASONABLE PERIOD OF TIME, NAMELY UNTREATED SNOW AND ICE IN THE SUBJECT PARKING LOT, IN AND ALONG THE RIGHT OF WAY OF ANY PERSON WALKING UPON ABOUT SAID LOCATION.
- 3) IN FAILING TO REMOVE, REPAIR AND/OR CORRECT SAID CONDITION AS TO MAKE IT REASONABLY SAFE.
- 4) IN FAILING TO REASONABLY WARN OF THE EXISTENCE OF SAID DANGEROUS CONDITION.
- 5) IN OTHER WAYS NEGLIGENT AS CONTINUING DISCOVERY AND INVESTIGATION MY REVEAL

State the name and address of all witnesses to the accident or occurrence.

NONE

State the names of all police officers and police departments who investigated the accident.

NONE

DAMAGES:

Claim for Damages (check appropriate block)

If you claim personal injury:

(1) Describe your injuries resulting from this accident or occurrence.

(2) Do you claim permanent disability resulting from this injury:

ARTMENT
ITY CLAIMS
P 12:30

If yes, describe the injuries believed to be permanent.

MEDICAL INFORMATION:

For each hospital, doctor or other practitioner rendering treatment, examination or other diagnostic services, state name of hospital, doctor or other facility;

address; dates of treatment or service; amount of charges to date and amount paid or payable by other sources such as insurance:

INCOME LOSS:

If you claim loss of wages or income as a result of the injury, state:

NAME/ADDRESS OF EMPLOYER:

TODAY & TOMORROW CLEANING
6 ROSE LN.
HACKETTSTOWN, NJ 07840

YOUR OCCUPATION:	LABORER
RATE OF PAY:	\$400
DATE YOU BECAME EMPLOYED:	15 YEARS AGO
DATES OF ABSENCE FROM WORK:	SINCE NOVEMBER 7, 2012
EXPECTED DATE OF RETURN:	TO BE SUPPLIED
TOTAL LOST WAGES TO DATE:	TO BE SUPPLIED

NOTE: If your claimed loss of income arises from self-employment or other than wages, attach a calculation showing the basis of your calculation of lost income.

OTHER DAMAGES:

Set forth any and all other losses or damages claimed by you.

I MAKE A CLAIM FOR ALL MEDICAL EXPENSES

If you claim property damage:

NOT APPLICABLE

Set forth in detail all other items of loss or damages claimed by you and the method by which you make the calculation.

I ALSO MAKE A CLAIM FOR MEDICAL EXPENSES AND LOSS OF INCOME

The amount of the claim.

TO BE DETERMINED

COLLATERAL SOURCES:

Have you made a claim against anyone else for any of the losses or expenses claimed in this notice? If yes, set forth the name and address of all persons and insurance companies against whom you have made such claims.

Are any of the losses or expenses claimed herein covered by any policy of insurance. For each such policy, state the name and address of the insurance company, policy number and benefits paid or payable.

Have you received or agreed to receive any money from anyone for the damages claimed herein? If so, set forth the details of such agreement.

NONE

ATTACHMENTS:

The following items must be submitted with this notice:

- (1) Copies of itemized bills for each medical expense and other losses and expenses claimed.

TO BE SUPPLIED

- (2) Full copies of all appraisals and estimates of property damage claimed by you.

TO BE SUPPLIED

- (3) Copies of all written reports of all expert witnesses and treating physicians.

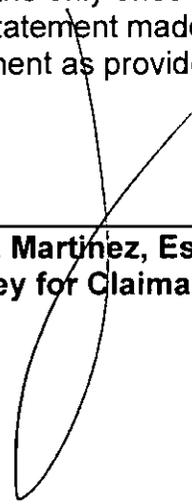
TO BE SUPPLIED

- (4) A letter from your employer verifying your lost wages.
If self-employed, a statement showing the calculation of your claimed lost income.

TO BE SUPPLIED

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 DEC 18 P 12:30

I hereby certify that the foregoing statements made by me are true, that the attached statements, bills, reports and documents are the only ones known to me to be in existence at this time. I am aware that if any statement made herein is willfully false or fraudulent, that I am subject to punishment as provided by law.



Luis A. Martinez, Esq.
Attorney for Claimant

Dated: November 13, 2012

=====

IN THE MATTER OF THE CLAIM OF PORT AUTHORITY OF NY & NJ
OFFICE OF THE CLERK

MARTIN KLEIN

2012 NOV -8 P 4:40

-AGAINST-

PORT AUTHORITY OF NEW YORK AND NEW JERSEY

=====

TO: PORT AUTHORITY OF NEW YORK AND NEW JERSEY
225 Park Avenue South, 18th Floor
New York, New York 10003

PLEASE TAKE NOTICE that the undersigned claimant hereby makes a claim and demand against the PORT AUTHORITY OF NEW YORK AND NEW JERSEY, as follows:

1. The name and post-office address of the claimant and claimant's attorney is:

MARTIN KLEIN
CLAIMANT

THE EDELSTEINS, FAEGENBURG & BROWN
ATTORNEYS FOR CLAIMANT
61 BROADWAY, SUITE 2210
NEW YORK, N.Y. 10006

2. The nature of the claim: **Claim is being made for damages for sustained by claimant.**

3. The time when, the place where and the manner in which the claim arose: **On January 27, 2012, at approximately 3:00 A.M., while claimant was at the premises known as 75 North Hangar Road, Queens, New York, claimant was caused to trip and fall due to a broken, cracked, raised, dilapidated and hazardous condition at the base of the stairway leading to the premises of 75 North Hangar Road, Queens, New York.**

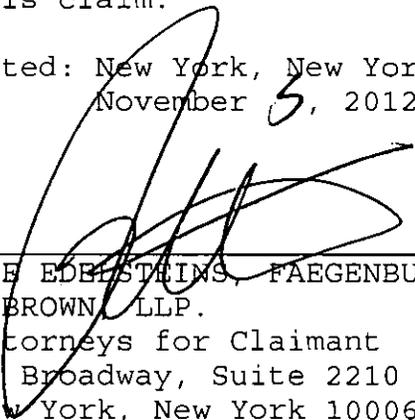
4. The items of damage or injuries claimed are (include dollar amounts)

Claimant demands damages
in the sum of \$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: New York, New York
November 5, 2012



THE EDELSTEINS, FAEGENBURG
& BROWN, LLP.
Attorneys for Claimant
61 Broadway, Suite 2210
New York, New York 10006
(212) 425-1999

2012 NOV - 9 A 9:05
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

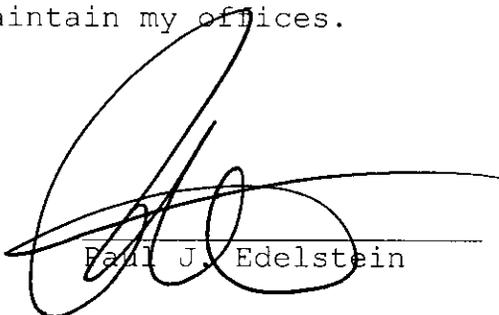
ATTORNEY'S VERIFICATION

Paul J. Edelstein, an attorney duly admitted to practice before the Courts of the State of New York, affirms the following to be true under the penalties of perjury:

I am an attorney at THE EDELSTEINS, FAEGENBURG & BROWN, LLP, attorneys of record for Plaintiff, in the action within. I have read the annexed **NOTICE OF CLAIM** and know the contents thereof, and the same are true to my knowledge, except those matters therein which are stated to be alleged upon information and belief, and as to those matters I believe them to be true. My belief, as to those matters therein not stated upon knowledge, is based upon facts, records, and other pertinent information contained in my files.

This verification is made by me because Plaintiff is not presently in the county wherein I maintain my offices.

DATED: New York, New York
November 5, 2012



Paul J. Edelstein

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 NOV - 9 A 9:05

=====
IN THE MATTER OF THE CLAIM OF

MARTIN KLEIN

-AGAINST-

PORT AUTHORITY OF NEW YORK AND NEW JERSEY
=====

NOTICE OF CLAIM

=====
THE EDELSTEINS, FAEGENBURG & BROWN, LLP
Attorneys for Plaintiff
61 Broadway, Suite 2210
New York, New York 10006
(212) 425-1999
=====

Pursuant to 22 NYCRR 130-1.1, the undersigned, an attorney admitted to practice in the courts of New York State, certifies that, upon information and belief and reasonable inquiry, the contentions contained in the annexed document are not frivolous.

Dated:.....

Signature.....

Name:.....Paul J. Edelstein.....

Print Signer's.....

STATE OF NEW YORK
COUNTY OF RICHMOND

IN THE MATTER OF THE CLAIM OF:

QUINCY MUTUAL FIRE INSURANCE
COMPANY A/S/O LAMBROSE
VASSILIOU

NOTICE OF CLAIM

-AGAINST-

PORT AUTHORITY OF NEW YORK
AND NEW JERSEY

2013 JAN 30 A 8:58

LAW DEPARTMENT
PORT AUTHORITY CLAIMS

TO: 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 makes claim and demands against you as follows:

1. The name and post office address of the claimant is Quincy Mutual Fire Insurance Company, 57 Washington Street, Quincy, MA 02169. Claimant's attorney is Fredric Paul Gallin, Esq., Methfessel & Werbel, 450 Seventh Avenue, Suite 1400, New York, NY 10123.

2. The Nature of the Claim: A yellow tractor owned by the Port Authority of New York and New Jersey and being operated by a police officer who works for the Port Authority was removing debris from various homes in the area of Quincy's insured, Lambrose Vassiliou and Cami Farina, when it came into contact with various exterior areas of Quincy's insured's home including but not limited to: 1) front mailbox near the curb and damaged the herringbone pattern brickwork; 2) large brick rectangular planter in front of the house; 3) light fixture and limestone capping on the two brick retaining walls; 4) metal railing on the front steps; 5) door to a storage shed in the front right corner of the fire floor of the home; 6) right rear corner of the house where there is a cement cornerstone that was damaged; and 7) walkway and rear cement patio.

The armature of the tractor was manufactured by "Case." It showed the numbers "821E".

3. The Time When, the Place Where, and the Manner in Which the Claim Arose: Shortly after Superstorm Sandy a yellow tractor owned by the Port Authority made contact with several areas of the area of Quincy's insured's home located at

4. The Items of Damage or Injuries Claimed Are: Various areas of the outside of Quincy's insured's home were damaged as detailed in number 2 above. The claim with our insured is still being adjusted and the total damages are not yet calculated.

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: NEW YORK, NEW YORK
January 22, 2013

Anne Rose for Quincy Mutual
Signature of Claimant

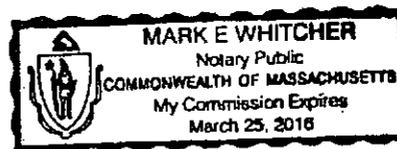
Anne Rose
Print Name of Claimant

TO BE COMPLETED BY NOTARY PUBLIC

STATE OF Massachusetts
COUNTY OF Norfolk : ss.:

On the 23 day of January, 2013 before me came and appeared Anne Rose to me known and known to me to be the person who executed this **Notice of Claim** and who acknowledged to me that he/she executed the same.

Mark E. Whitcher
Notary Public



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
John Perkins *56*

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.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 DEC 28 P 2:39 PM

3. Date of accident *9-27-12 date found* Time *17:01 time found*

4. Place of accident. (Identify with sufficient particularity to distinguish from similar places.)
Parking lot P4 space 406 Newark Airport

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.
Discovered damage to vehicle on return from a 3 day trip.

6. State number of other witnesses to the accident. State the names and addresses of any known to you.
No witnesses to accident.

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$ <u>0</u>
(b)	For loss of earnings	\$ <u>0</u>
(c)	For property damage	\$ <u>727.81</u>
	Total	\$ <u>727.81</u>

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

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

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 DEC 28 PM 2:39

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

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

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

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

1

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.

Damage to the back driver side bumper of car.

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

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

The space between the parking rows is too short. Plus the parking spots have nothing to prevent cars from pulling too far into the parking spots forcing cars parking on the other side to park too far out thus further shortening the space between the parking rows creating the hazard of the cars exiting the parking spaces to hit the car in the next parking row.

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 accident was in no way due to my fault.

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

- Police accident information exchange
- Five Star Parking - Incident Report
- Damage estimate

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

Dated: 12-19-12 2012

John Perkins
 Claimant

LAW DEPARTMENT
 PORT AUTHORITY CLAIMS
 2012 DEC 29 PM 2:39

STATE OF New Jersey
 COUNTY OF Somerset

AFFIDAVIT

ss:

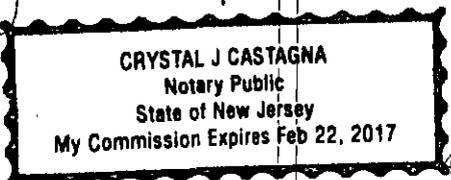
Being duly sworn deposes and says:

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 20 day of December, 2012

Crystal J. Castagna
 Notary Public

John Perkins
 Claimant



10-10-10

NOTICE OF CLAIM

TO: State of New Jersey Office of Attorney General Hughes Justice Complex CN 080 Trenton, NJ 08625 New Jersey Transit Corporation 110 Plaza East Newark, NJ 07105 Attn: Claims Department	Port Authority of New York & New Jersey 225 Park Avenue South, 15 th Fl. New York, NY 10003 Delaware River Port Authority One Port Center 2 Riverside Drive P.O. Box 1949 Camden, NJ 08101
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Pursuant to the provisions of N.J.S.A 59:B-1, the undersigned does hereby make claim on behalf of the following:

1. Claimant: **Roberta Pineiro**

Date of Birth:

Post Office Address:

Social Security No.

Spouse's Name: **Not applicable.**

2. Name and P.O. Address of Claimant's Representative (if any):

Kenneth A. Berkowitz, Esq.
Blume, Goldfaden, Berkowitz, Donnelly, Fried & Forte, P.C.
One Main Street
Chatham, New Jersey 07928
(973) 635-5400

Relationship to claimant: **Attorney**

3. The occurrence or accident which gave rise to this claim:

(a) Time and Date of Occurrence: **November 12, 2012**

(b) Location: **Express Lane approaching the Lincoln Tunnel on the New Jersey side.**

(c) Describe how the occurrence happened. (If diagram will assist, use reverse side of this form):

Claimant was a passenger on a Martz Trailways Bus #M711 when it collided with the rear of a New Jersey Transit Bus #7841 which was operated and controlled in a negligent manner. Claimant sustained

(d) State names of employee(s) whom you claim were at fault, including any information that will assist in identifying and locating them:

The drivers of the buses involved in the collision, Oscar Morales and Leida Luz Medina, and such other person or person(s) that a continuing investigation and discovery may reveal.

(e) State the negligence or wrongful acts of the employee(s) which caused your damages:

See 3(c) above.

(f) State the name and address of all witnesses to the occurrence:

See 3(d) above. See also, the attached Motor Vehicle Crash Report and lists of passengers on each of the buses involved in the collision, and such other person or persons as a continuing investigation and discovery may reveal.

(g) State the names of all police officers and police departments who investigated the occurrence:

See attached Motor Vehicle Crash Report. Also, such other police officers and police departments as a continuing investigation and discovery may reveal.

4. Claim for Damages:

(a) Personal Injury

~~Property Damage~~

(b) If you claim personal injury:

(1) Describe injuries resulting from occurrence:

(2) Do you claim permanent disability resulting from the injury: () Yes () No

If yes, describe injury believed to be permanent:

See 4(1) above.

(3) For each hospital, doctor or other practitioner rendering treatment, examination or diagnostic services state name of hospital/doctor or other facility, address, date of treatment, amount of charges to date, amount paid or payable by other sources such as

LAW DEPARTMENT
POST ACCIDENT CLAIMS
MAY 06 2014 11:31

insurance:

(4) If you claim loss of wages or income as a result of the injury state:

Name and address of employer:	Emblem Health
Your occupation:	
Date employed:	To be provided
Rate of pay:	Approx. \$58,000 annually
Dates of absence from work:	To be provided
Total lost wages to date:	To be provided
Expected date of return:	To be provided

2010 DEC 24 AM 11:31
LAW DEPARTMENT
PROPERTY CLAIMS

NOTE: If your claimed loss of income arises from self-employment or other than wages, attach a calculation of lost income

(5) Set forth any and all other losses or damages claimed by you:

(c) If you claim property damage:

(1) Describe the property damage: **N/A**

(2) The present location and time when the property may be inspected: **N/A**

(3) Date property acquired: **N/A**

(4) Cost of property: **N/A**

(5) Value of property at time of occurrence: **N/A**

(6) Description of damage: N/A

(7) Has the damage been repaired? () Yes () No

N/A

If so by whom, when and cost of repair: N/A

(8) Attach each estimate of repair costs to this form.

N/A

(9) Set forth in detail the loss claimed by you for property damage: N/A

(d) Set forth in detail all other items of loss or damages claimed by you and the method by which you made calculation: N/A

5. Amount of Claim: \$5,000,000

6. Have you made a claim against anyone else for any of the losses or expenses claimed in this notice?

() Yes (X) No

If yes, set forth the name and address of all persons and insurance companies against whom you have made such claims:

Not applicable.

7. Are any of the losses or expenses claimed herein covered by any policy of insurance?

(X) Yes () No

For each such policy state the name and address of the insurance company, policy number, benefits paid or payable:

To be provided. Benefits paid or payable to be determined.

8. Have you received or agreed to receive any money from anyone for the damages claimed herein?

() Yes (X) No

If so, set forth the details of such agreement:

9. The following items must be submitted with this notice:

(1) Copies of itemized bills for each medical expense and other losses and expenses claimed.

To be supplied.

(2) Full copies of all appraisals and estimates of property damage.

Not applicable.

(3) Copies of all written reports of all expert witnesses and treating physicians.

To be supplied.

(4) A letter from employer verifying lost wages. If self-employed a statement showing the calculation of the claimed lost income. **Not applicable.**

If the respondent public entity has a different form of notice of claim and requires claimant to submit that form, please provide us with a copy immediately.

I certify that the foregoing statements made by me are true. I am aware that if any are willfully false I am subject to punishment.



KENNETH A. BERKOWITZ, ESQ.
Claimant or person filing claim on behalf of claimant

DATED: December 18, 2012

JEAN BAPTISTE & ASSOCIATES, LLC
Attorneys-At-Law

892 Broad Street, Second Floor
Newark, New Jersey 07102
Toll Free: 1-800-531-6442
Office: 201-484-8474
Fax: 201-884-1404

December 21, 2012

VIA: CERTIFIED MAIL

Attention: Claims
The Port Authority of New York & New Jersey
225 Park Avenue South, 13th Floor
New York, New York 10003

NOTIFICATION LETTER

RE: BONNY JEAN PIERRE;
CLIENT NO.: BOPI-BAP-012

Dear Sirs/Madam:

Please be advised that the Law Office of Jean Baptiste & Associates, LLC, has been retained to represent Bonny Jean Pierre in reference to an injury sustained while at the Newark International Airport.

On September 6, 2012, at approximately 7:30 pm, our client was on the escalators heading towards the immigration and customs area in Port Authority Newark. As Mr. Pierre stepped off the escalator, he slipped on liquid and fell forward to the floor. Mr. Pierre is a 70 year old man, and his fall resulted in

The injuries to our client occurred due to the breach of duty to keep and maintain a safe environment, specifically in a high traffic area of escalators.

that could have otherwise been avoided. Our client has been injured and now requests damages for the same.

Please contact my office to further discuss this incident.

I thank you for your time and consideration herein.

Very Truly Yours,



Josté Jean Baptiste, Esq.

JJB/ap

cc: Bonny Jean Pierre

2012 DEC 26
LAW DEPTA
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CLAIMS
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In the Matter of the Claim of

MICHAEL TRICARICO and LORRETTA TRICARICO, Claimants,

against

THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY, Respondent.

PORT AUTHORITY OF NEW YORK AND NEW JERSEY
2012 SEP 27 P 2:50

TO RESPONDENTS:

THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY

~~625-8th-Avenue~~ *225 PARK AVE SOUTH*
New York, New York ~~10018-9993~~

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

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

**MICHAEL TRICARICO
& LORETTA TRICARICO**

CALANO & CULHANE, LLP
370 Lexington Avenue, Suite 1200
New York, New York 10017

2. The nature of the claim: The claimants seek money damages sustained by the claimant **MICHAEL TRICARICO** on November 17, 2012 and sustained by claimant, **LORETTA TRICARICO** all as a result of the carelessness, recklessness, negligence and unlawfulness of the **RESPONDENT** through its agents, servants and/or employees, as a result of the injuries sustained by the claimants herein.

3. The time when, the place where and the manner in which the claim arose: The claim arose on November 17, 2012 at approximately 9:30 a.m. at the World Trade Center 1, also known as, the "Freedom Tower" construction site and more particularly on Vesey Street approximately 50 feet East of West Street, New York, New York. The accident occurred as the claimant, **MICHAEL TRICARICO**, while in the course of this employment with Collavino Construction Company was struck on with a "Stay Box", which was being loaded onto a flatbed truck in a negligent, careless, reckless and unlawful manner through the **RESPONDENT's** agents, servants and/or employees, violating of Labor Law § 240 (1) 241 (6) 200 and 12 NYCRR 23-1.5, 23-1.7 (a) (b) (c), 23-2.1, 23-2.2, 23-6.1 (a) (b) (c) (d) (e) (h), 23-9.1, 23-9.2 (a) (b) (c), 23-9.7 (c), 23-9.8 (a) (b) (c) (d) (e) (f) (g) (h).

4. The claimant, **MICHAEL TRICARICO**, has sustained

Said damages exceed the jurisdictional limits of all lower Courts which would otherwise have jurisdiction.

That said claim and demand is hereby presented for adjustment and payment.

PLEASE TAKE FURTHER NOTICE, that by reason of the premises, in default of *Port Authority* adjusting this claim within the time limited for the compliance with this demand by *Respondent* by the statutes in such cases made and provided, claimant intends to commence an action against *Respondent* to recover monies for personal injuries with interest and costs.

Dated: *12/18/12*

Respectfully yours,

[Signature]
Claimant

[Signature]
THOMAS A. CULHANE, ESQ.
CALANO & CULHANE, L.L.P.
Attorneys for Claimant
370 Lexington Avenue, Suite 1200
New York, New York 10017
Tel. No: (212) 685-3500

STATE OF NEW YORK, COUNTY OF *ny*

I, *Michael Ricci*, being duly sworn, deposes and says; that he is the claimant herein; that he has read the foregoing notice of claim against *Respondent* and knows the contents thereof; that the same is true to his own knowledge, except as to the matters therein stated to be alleged on information and belief, and that as to those matters he believes it to be true.

[Signature]
Claimant

Sworn to before me on this
18 day of *Dec.* *2012*

[Signature]

Notary Public

THOMAS A CULHANE
NOTARY PUBLIC STATE OF NEW YORK
BRONX COUNTY
LIC. #02CU4957433
MY COMMISSION EXPIRES 10/16/2013

2012 DEC 27 P 3:24
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

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: **Do K. Park** Age: **63** Address:

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.

Not applicable.

3. Date of Accident: **July 19, 2012** Time: **approximately 12:00 to 1:10 AM**

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

Upon information and belief, LGA Terminal D between Gate 1 & Gate 2 – Female Restroom.

See attached Patron Accident or Property Damage Report for Case # 5594 made by officer Nappi.

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.

Based on the undersigned's conversations with claimant, at time and place of occurrence, claimant, Do K. Park, was in a female bathroom stall and was exiting the stall when claimant slipped and fell as a result of soapy water that was on the floor.

There was a large amount of soapy water. The soapy water was placed on the floor by the cleaning staff of the Port Authority. No warning was placed, given or made in the area of the occurrence about the presence of the soapy water on the floor.

Please also refer to Patron Accident or Property Damage Report for case #5594, a copy of which is attached hereto.

2012 DEC 21 A 11:30
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

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

Based on the undersigned's conversations with claimant and other records, the following persons may have been witnesses to the occurrence;

- 1. Sarah (address unknown) – no family relationship.
- 2. Yae Eun Park (address to be provided) – niece.
- 3. Grace Park (address to be provided) – niece.
- 4. Officer J. Nappi – reporting officer.
- 5. Rosemary Pinto-Delta – cleaning staff.
- 6. Jae Shin Park (address to be provided) – brother

7. The amounts of loss claimed as follows:

(a) For medical and hospital expenses	\$ _____ [TBD] _____
(b) For loss of earnings	\$ _____ [TBD] _____
(c) For property damages	\$ _____ [TBD] _____

Total: \$ _____ [TBD] _____

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

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

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

Claimant was self-employed as a travel agent.

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

LAW DEPARTMENT
 POST AUTHORITY CLAIMS
 2017 DEC 24 A 11:30

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

Claimant continues to be self-employed as a travel agent at the address stated 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.

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.

Not applicable.

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

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

The claimant's damages were actually and proximately caused by the careless, recklessness and/or negligence of the Port Authority, its agents, servants, employees and/or assigns, in creating the trap, hazard or dangerous condition which gave rise to the incident, in failing to own, operate, possess, manage, maintain, repair or control the premises in a safe and reasonable condition, in allowing the area where the incident occurred to be slippery, soapy, dangerous and/or otherwise hazardous, in failing to adequately and reasonably warn of the dangerous and impending condition, which was then and there existing, in causing, permitting or allowing a trap, hazard or dangerous condition to be and exist for an unreasonable amount of time, in failing to properly inspect the area of the incident, or, if an inspection was conducted prior to the incident, in failing to conduct such inspection in a reasonable manner, in failing to take necessary steps to correct or prevent the dangerous condition, in failing to reasonably and timely maintain, correct or repair dangerous condition, in failing to give warnings, erect barricades, or otherwise restrict the use of the area to prevent a hazard, trap or nuisance from endangering the general public, and, more particularly, the claimant herein, in failing to take the necessary precautions during the course or duration of the trap, hazard or dangerous condition, in failing to avoid the incident, which was foreseeable, and in being otherwise careless, reckless and/or negligent in and around the areas where the incident occurred, in failing to adequately train, equip, supervise, instruct or otherwise oversee the agent, servant or employee who acted on the behalf, benefit and request of the Port Authority.

Claimant reserves the right to supplement and/or amend this response as more information becomes available, since investigation and discovery into such matters are continuing and on-going.

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.

It is the claimant's position that the incident was caused wholly and solely by the careless, recklessness and/or negligence of the Port Authority, its agents, servants, employees and/or assigns and that claimant did not in any way contribute to the cause of the incident.

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

To be provided as they become available.

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

An incident report for the subject occurrence was made by the Port Authority of NY & NJ (Case # 5994). A copy of the incident report is attached hereto.

Dated: December 14, 2012

Signed:



Claimant or Claimant's Legal Representative

AFFIDAVIT

STATE OF :

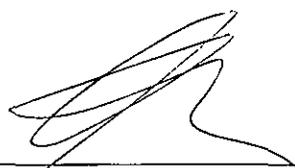
COUNTY OF :

GARY PARK, as Attorney-in-fact for, DO K. PARK, under Power of Attorney, being duly sworn, deposes and says:

1. That claimant resides at:
2. That claimant, by and through her attorney-in-fact, Benjamin Hahm, under Power of Attorney, is the person who signed the foregoing statement of claimant.
3. That said claimant was signed and this Affidavit is made by the deponent for the purpose of inducing the Port Authority of NY & NJ to pay claimant's claim, and that 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, except that deponent reserves the right to further

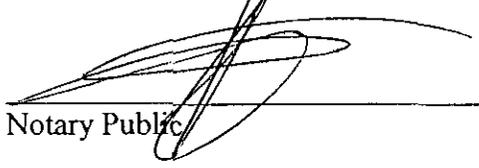
elaborate, supplement and/or amend such statement of facts as further information becomes available and collected.

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, to the best of deponent's knowledge and belief, 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, except that deponent reserves the right to further elaborate, supplement and/or amend each representation made therein as such information becomes available and collected.
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 presently 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 this claim is just, and that claimant 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.



Claimant or Representative of Claimant
**Gary Park, Esq., As Attorney-in-Fact by
Power of Attorney, for Do K. Park**

Sworn to before me this
14th day of December, 2012



Notary Public

CHRISTINE S. HA
NOTARY PUBLIC-STATE OF NEW YORK
No. 01HA6219639
Qualified in Queens County
My Commission Expires March 29, 2014

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 DEC 24 A 11:30

6. State number of other witnesses to the accident. State the names and addresses of any known to you.
There were two cars we believe were witnesses but a person at the scene whom we believe was an officer or undercover told them to drive through + leave the scene.

7. The amounts of loss claimed are as follows:

(a) For medical and hospital expenses \$ 635 So far
(b) For loss of earnings \$ 0
(c) For property damage \$ not sure, was rental car

Total \$ 635

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.

Injuries to Ray Montoya are hopefully temporary. He is seeking medical attention for his back pain.

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

Doctor was out of office when we called so we are sending this without.

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.

Ray F. Montoya, driver in self employed, Staircase Contractor.

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

Ray + I were visiting his sister who was in the hospital at that time. We were visiting from out of state.

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

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

We were in a rental car at the time we were hit by the officer.

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.

The accident was 100% the fault of the Port Authority police officer. He turned into our car while he was in a "No turn" lane without lights or siren. We had a green light.

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 accident was 100% NOT our fault. We had a green light with no one in front of us. We proceeded thru the green light when the police officer turned into the side of our car as we were in the middle of the intersection. He had no lights or siren on at that time.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 JAN - A 9:51

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

N/A

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

N/A

2013 JAN -9 A 8:57
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

Dated: 12-12-12, 2012

Kathryn D. Montoy
Claimant

AFFIDAVIT

STATE OF

:
:
:

ss:

COUNTY OF

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
31st day of December, 2012

[Signature]
Notary Public



[Signature]
Claimant

Kathryn Diane Montoy

NOTICE OF CLAIM

PORT AUTHORITY OF NY & NJ
OFFICE OF THE SECRETARY

In the Matter of the Claim of

ROXANA HOYOS AND ROGER HOYOS

2012 NOV 19 A 11:55

-against-

THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY,

TO: 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(s) hereby make(s) claim and demand against you as follows:

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

ROXANA HOYOS SILBERSTEIN, AWAD & MIKLOS, P.C.
Attorneys for Claimants
600 Old Country Road Suite 412
Garden City, New York 11530

ROGER HOYOS SILBERSTEIN, AWAD & MIKLOS, P.C.
Attorneys for Claimants
600 Old Country Road Suite 412
Garden City, New York 11530

2. The nature of the claim is:

This is a claim brought to recover monetary damages for sustained by claimant, ROXANA HOYOS, with resulting medical expenses. Claimant ROGER HOYOS asserts a claim for

Claimants brings this claim due to the negligence of the respondents, their agents, servants and/or employees, in their ownership, operation, maintenance, management, control and supervision of the middle revolving doors at Delta Terminal/Terminal D at LaGuardia Airport described below, located at the 100-15 Ditmars Boulevard, New York, New York 11369, in the County of Queens, City and State of New York.

2012 NOV 19 P 3:38
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

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

On or about the 20th day of January, 2012 at or about 9:30 a.m., while claimant, ROXANA HOYOS was lawfully walking in the parking lot in Delta Terminal/Terminal D and into the middle revolving doors, in particular, the third door to the right when facing the building from outside, located at the 100-15 Ditmars Boulevard, New York, New York 11369, in the County of Queens, City and State of New York, when she was violently thrown to the ground inside the revolving door after being slammed from behind by one of the doors panels due to the increased rotation and velocity of the door. The Port Authority was placed on notice of this incident on or about October 9, 2012 by a Statement of Claimant sent via certified mail. The claim number assigned to this matter is 2012-12699. Color photocopies of 2 photographs are annexed hereto to enable identification with greater specificity.

Claimant sustained _____ as a result of the negligence and carelessness of the THE PORT OF AUTHORITY OF NEW YORK and NEW JERSEY and its agents, servants and/or employees in causing, permitting and allowing the said revolving doors to be, become and remain in an unsafe and otherwise dangerous and hazardous condition; in failing to perform maintenance on the subject revolving door; in failing to reduce the rate of speed of the revolving door, in failing to repair, inspect, maintain, fix and adjust the subject door; in failing to have written and audio warnings of the speed of the revolving door; in failing to provide a safe ingress and egress to the terminal; in failing to offer an alternative means of ingress and egress to the building; in failing to have automatic revolving doors; in failing to monitor the speed of the revolving doors on a daily basis; in failing to conduct regular tests on the door to determine it is in proper working order; in failing to ensure that the revolving doors are working at an appropriate speed; in failing to warn patrons of the speed at which the doors were operating; in failing to warn patrons to proceed with caution; in failing to timely inspect and/or properly inspect the aforesaid revolving doors; in failing to warn of the speed the door is operating at; in failing to repair, timely repair and/or properly repair the aforesaid revolving door after receiving prior written notice of said defective condition; in failing to repair, timely repair and/or properly repair the issue that caused the increase in speed of the aforesaid revolving doors after receiving prior written notice of said defective condition; in failing to repair, timely repair and/or properly repair the issue that caused the increase in the speed of revolving door after having prior constructive and actual notice of said defective condition; in causing a trap; in causing and creating an obstruction; in knowingly permitting said defective condition to remain; in failing to timely replace the rubber strips/seals causing increased velocity; in failing to timely replace the rubber strips/seals causing decreased resistance; in failing to maintain safety releases; in failing to clear any and all obstruction with respect to the safety and operation of the doors; in failing to timely replace the rubber strips/seals; in failing to update the revolving doors to sensor

activated doors; in failing to control, monitor and inspect the speed control device of the doors; in negligently designing and installing the subject revolving door; in failing to check, inspect, maintain and repair the break shoe assembly of the revolving door; in violating New York City Administrative Code, Article 5, §27-371, including but not limited to sections(m)(1), (m)(2)(a.)- (e.) and (3); and in being otherwise careless, reckless and negligent in the premises.

4. *The items of damage or injuries claimed:*

Claimant, ROXANA HOYOS,

which exceeds the jurisdictional limits of all lower courts that would otherwise have jurisdiction in this matter, all to his damage.

The undersigned claimants 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 claimants intend to commence an action on this claim.

Dated: Garden City, New York
November 16, 2012

SILBERSTEIN, AWAD & MIKLOS, P.C.

By: Amanda A. Santos
Amanda A. Santos, Esq.

Attorneys for Claimant
Office and Post Office Address
600 Old Country Road - Suite 412
Garden City, New York 11530
(516) 832-7777

**NOTICE OF CLAIM
AGAINST PORT AUTHORITY OF NEW YORK AND NEW JERSEY**

In the Matter of the Claim of
ARKADY LEVITANT

-against-

THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY

To: **THE PORT AUTHORITY OF NEW YORK & NEW JERSEY**
225 Park Avenue South
New York, N.Y. 10003 15th Floor

PLEASE TAKE NOTICE, that the undersigned claimant hereby makes a Claim and Demands against you as follows:

1.

Claimant:
ARKADY LEVITANT

Attorney:
Law Office of Joel M. GLuck
80 Livingston Street
Brooklyn NY 11201
(718) 488-9141
Fax (718) 852 -4679
Email: jmgluck200@aol.com

2. **Nature of Claim;**

Date Injury April 20,2012 Time between 6 and 7 PM

Location: at JFK Terminal No. 4 Air Swiss.

**Details Claimant was coming Air Swiss Flight
Flight at Terminal 4 and was walking down corridor when claimant
slipped on wet and slippery floor and fell**

Port Authority as property owner failed to maintain surfaces in a safe condition, permitted and allowed the floors to remain in a wet and hazardous state. Port Authority through its agents failed to cure a defective and dangerous condition.

LAW DEPARTMENT
PORT AUTHORITY OF NEW YORK AND NEW JERSEY
2012 DEC 28 P 12:11

**Claimant slipped on wet floor of which the Port Authority had notice.
Corridor of Terminal 4 Swiss Air arrivals.**

3. Injuries claimed:

4. No claim for wage loss

5. Treatment:

a)

b)

6.

7. No Photographs

8. Port Authority Police are in possession of incident report

9. Damages:

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, claimant intends to commence an action

2012 DEC 28 P 12:52
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

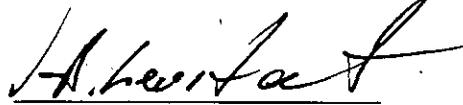
in law as a result of these claims.

Claim is made for

in the amount of One Million Dollars.

Dated: Brooklyn, New York

Dated: December 27, 2012



ARKADY LEVITANT



JOEL M GLUCK
Notary Public, State of New York
No. 02GL6093674
Qualified in Kings County
Commission Expires June 9, 2015

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

PORT AUTHORITY OF NY & NJ
OFFICE OF THE ATTORNEY GENERAL
2012 DEC 28 P 12:15

STATEMENT OF CLAIM
FOR DAMAGES DUE TO AN ACCIDENT.

1. Claimant's Name: Age Address

Ana M. Betancur 57

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 representative capacity. Give your official title in full and annex certificate or other official evidence of your appointment.

I make this claim for my own

3. Date and time of accident:

October 29, 2012 @ 4:00 pm.

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

The accident occurred at the Harrison Path Station.

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

I am employed by the Modern Facilities and while I was cleaning the Harrison Path Station after a hurricane the station was evacuated by the order of the Port Authority Police. I was never instructed or made aware that the Harrison Path Station was being vacated. While the water was rising at the station I picked up the emergency phone and informed the person on a line of the situation the response I received was "what's the matter you can't swim?" Ultimately, the Port Authority Police arrived on a boat, broke a window and pulled me to safety from the rising water.

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

LAW DEPARTMENT
PORT AUTHORITY CLERKS
2012 DEC 28 P 12:22

The only witnesses are the responding Port Authority Police Officers.

7. The amounts of loss claimed are as follows

Unknown at this time.

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

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.

Modern Facilities
1 Path Plaza
Jersey City, New Jersey

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

To be supplied.

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

To be supplied.

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

To be supplied.

13. State whether or not you believe that the accident was due to any fault on 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.

I hold the Port Authority responsible for not informing me of the evacuation of the Harrison Path Station.

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 conclusion.

I am not in any way at fault for this accident. I was not made aware by the Port Authority Police of the evacuation of the Harrison Path Station.

15. List any certificates, affidavits or statements 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: December 27, 2012



Ana Betancur/Claimant

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 DEC 28 P 12:52

AFFIDAVIT

Being duly sworn deposes and says:

1. That Ana M. Betancur resides at
2. That Ana M. Betancur is the person who signed the foregoing statement of claim.
3. That said statement of claim 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 deponent is aware that if said statement or this Affidavit is false in any material respect or omits any material fact, in 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 Ana M. Betancur own personal knowledge, excepting only such facts as are 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, Ana M. Betancur has not suffered any damages on account of said accident except as set forth in said statement.
8. That if any Affidavits, statements or certifications 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 her 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 her control, and to cooperate with the Port Authority in obtaining the appearance of other witnesses.

Sworn to before me this
day of _____ 2012

Notary Public



Ana M. Betancur/Claimant

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 DEC 28 P. 12: 52

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

Mark Burton 39

1. Claimant's name Age Address

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.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2017 DEC 18 A 10:19

3. Date of accident Time

9/19 - 9/23/12 N/A Car was parked

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

Short term parking, Terminal 7 USIA ^{2nd floor} handicap parking space

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 parked on 2nd floor handicap parking. Car was parked on Wednesday 9/19 @ 8am, I returned on 9/23 @ 4:30 pm and discovered a white large dent on my black bumper (on bk car). There was a dent a white paint from car that must of Backed into my car while attempting a 3 point Turn? Hoping security cameras can help identify Hit and Run.

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

Hit and run

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$ _____
(b)	For loss of earnings	\$ _____
(c)	For property damage	\$ 1727.58

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.

N/A

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

N/A

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

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 DEC 18 A 10:19

-
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.

NA

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

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

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

I do think there is fault to the Port Authority for not leaving enough room between lanes especially near handicap parking. The less room equals more spaces but also harder to park and move through lots

-
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.

Not my fault, car was parked in between marked spaces and pulled forward as much as possible. Yet car was still struck on the rear bumper.

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

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

Dated: 10/2, 20 12

[Signature]
Claimant

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 DEC 18 A 10:19

STATE OF New York : AFFIDAVIT
COUNTY OF Westchester : ss:

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
2 day of October, 20 12
[Signature]
Notary Public

[Signature]
Claimant
Mark Burton

FRANCESCA TYRRELL
Notary Public, State of New York
No. 4936902
Qualified in Westchester County
Commission Expires August 15, 20 14

FRANCESCA TYRRELL
Notary Public, State of New York
No. 4936902
Qualified in Westchester County
Commission Expires August 15, 20 14

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

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2017 DEC 18 A 10:18

1.	Claimant's name	Age	Address
	Steven Skific	37	

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.

- Police Lieutenant Appointment Date: August 23, 1999

3. Date of accident: Unknown Time: Unknown

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

- Port Authority Technical Center Parking Lot on Jersey Avenue across from Building # 777

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.

- My personal vehicle was scratched (passenger side) by an apparent act of Criminal Mischief. Additionally, three other vehicles were damaged in the same manor. The date and time was uncertain the matter is under investigation by the Criminal Investigations Bureau. I have added the Criminal complaint Report # 285-12.

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

- No witnesses have been identified as of yet in this investigation

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$ _____
(b)	For loss of earnings	\$ _____
(c)	For property damage	\$ <u>1,943.55</u>
	Total	\$ <u>1,943.55</u>

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.

- N/A

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

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 OCT 18 AM 10:18

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.

- N/A

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

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

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

Suspect in this case is unknown pending investigation by CIB.

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 act was "Criminal Mischief" and the actor is unknown. My personal vehicle was parked legally (PATC) and an unknown suspect intentional used a sharp object to cause property damage to the vehicle.

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

- Criminal Complaint Report # HT 285-12

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

Dated: 12/07/2012




Claimant

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 DEC 13 AM 10:18

AFFIDAVIT

STATE OF New Jersey
COUNTY OF Hudson

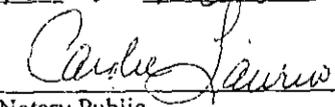
:
: ss:
:

Being duly sworn deposes and says:

1. That he resides at
2. That he 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.




Claimant

Sworn to before me this
10 day of December, 2012


Notary Public
Commission expires 8/31/2016

NOTICE OF CLAIM

COPY

In the Matter of the Claim of

Rosa Marques

PORT AUTHORITY OF NY & NJ
OFFICE OF THE CLERK

2012 DEC 21 P 2:14

TO: The Port Authority of New York and New Jersey

PLEASE TAKE NOTICE that the undersigned claimant(s) hereby make(s) claim and demand against you as follows:

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

Claimant: Rosa Marques

Claimant's Attorney: Law Office of Michael H. Joseph PLLC
203 East Post Road
White Plains, NY 10601
Tel: (914) 574-8330 /
Fax: (914) 358-5379

2. The nature of the Claim:

Negligence in the ownership, maintenance and repair of the steps in the Port Authority Bus Terminal.

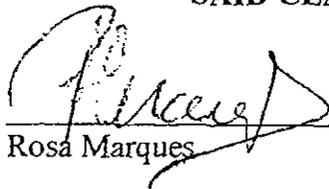
3. The time when, the place where and the manner in which the claim arose:

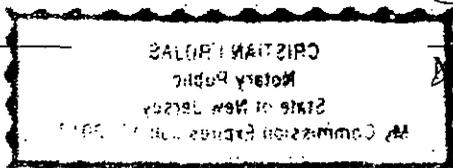
On or about September 27, 2012, at approximately 8:15 a.m. on the stairway between the third and second level in the vicinity of the bus drop-off area on the third level of the Port Authority Bus Terminal, located at 625 8th Avenue, New York, NY 10018. Claimant was walking down the steps, after exiting her New Jersey Transit Bus 192X on the third floor. As Claimant walked down the steps, the heel of her shoe got caught on the step, causing claimant to lose her balance and fall forward down the steps to the landing.

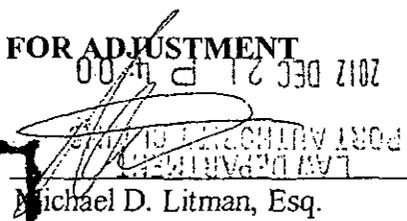
4. The items of damage or injuries claimed are (do not state dollar amounts)

All of the aforementioned caused Claimant to

SAID CLAIM IS HEREBY PRESENTED FOR ADJUSTMENT


Rosa Marques




Michael D. Litman, Esq.

2012 DEC 21 P 4:00

LAW OFFICE OF MICHAEL H. JOSEPH
PORT AUTHORITY OF NY & NJ

December 14, 2012

The Port Authority of NY & NJ
Attn: Notice of Claim
225 Park Ave South # 11FL
New York NY 10003

Re: Our Claim No: 2012-975997
Our Policy No.: F268794
Our Insured: Archer Cuellar
Date of Loss: October 30, 2012
Loss Location: Jersey City, NJ
Your Driver: Eric Wordel
Your Plate:

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 DEC 20 P 1:29

Dear Sir/Madam:

This is to inform you that New Jersey Manufacturers Insurance Company is exercising its right of subrogation regarding the claim referenced above.

Per the attached police report, our insured had approached an uncontrolled intersection (power outage) and came to a complete stop and proceeded through the intersection. Your driver, coming from our insured's left, did not stop at the uncontrolled intersection, and struck my insured's vehicle. As your vehicle was to the left, it had a duty to give up the right of way to my insured's vehicle that was already stopped at the intersection when your vehicle approached it.

We would appreciate your prompt consideration of this claim because an expeditious settlement will benefit all parties involved. Please include our claim number on all correspondence and payment.

Please forward your check or contact me to discuss the damages or liability resulting from this accident at the phone number and extension above. The total damages paid out to date are \$4,916.95.

Thank you for your anticipated cooperation.

Very truly yours,

Megan Tice
Subrogation Claims Assistant

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

DEBORA L HAMILTON 54

1. Claimant's Name: Age: Address:

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.

10/29/12 UNKNOWN
3. Date of Accident: Time:

BROOKLYN CRUISE TERMINAL

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

CAR WAS FLOODED WHILE PARKED AT THE BROOKLYN CRUISE TERMINAL

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.

DURING SUPERSTORM SANDY

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 DEC 20 PM 1:28

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

UNKNOWN

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	_____
(b)	For loss of earnings	\$	_____
(c)	For property damages	\$	CAR WAS VALUED @ 23000.
			PERSONAL EFFECTS INSIDE CAR VALUED @ \$ 300.00
			SNOW TIRES \$ 432.00
	Total:	\$	23,300. \$ 23,732.

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

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

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2017 DEC 20 P 1:28

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

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

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

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

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

CLOTHING 3 JACKETS, BRA, 2 DRESSES \$ 200.00
AUTOMOTIVE ACCESSORIES FLASHLIGHT JUMPER CABLES CAR
DETAILING EQUIPMENT AND PRODUCTS \$ 100.00
SNOW TIRES (AFTER MARKET PURCHASE) \$ 432.00

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

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

IN LIGHT OF THE FACT THAT THERE WAS AMPLE WARNING OF THE APPROACHING STORM AND THE FACT THAT THE CRUISE TERMINAL PARKING LOT WAS DIRECTLY ON THE WATER THE LOT SHOULD HAVE BEEN CLOSED AND CUSTOMERS DIRECTED TO PARK ELSEWHERE.

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.

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

In the Matter of the Claim of

JOHN WOLCSON and TASHA WOLCSON

-against-

THE CITY OF NEW YORK and THE PORT
AUTHORITY OF NEW YORK AND NEW JERSEY

To: Comptroller of The City of New York
Municipal Building, New York, NY 10007

The Port Authority of New York and New Jersey
225 Park Avenue South, New York, New York 10003

1. The names and addresses of the claimants and claimants' attorneys:

Claimant

John Wolcson
& Tasha Wolcson

Attorneys

O'Dwyer & Bernstein, LLP
52 Duane Street
New York, New York 10007
(212) 571-7100

2. The nature of the claim:

The claim is for money damages for sustained by claimant JOHN WOLCSON and a derivative claim on behalf of claimant TASHA WOLCSON by reason of the negligence and statutory violations of THE CITY OF NEW YORK and THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY including, but not limited to, Sections 200, 240 and 241(6) of the Labor Law of the State of New York.

3. The time when, the place where and the manner in which the claim arose:

At approximately 2:30 p.m., on October 12, 2012, while claimant JOHN WOLCSON was engaged in his employment as a laborer with Tishman Construction Corporation of New York, 100 Park Avenue, New York, NY 10017, he was caused to be injured in connection with the construction, reconstruction and/or renovation of the WTC 1/Freedom Tower building

located at One World Trade Center at One World Trade Center, City and State of New York, more specifically, on the Ground East Material , Tower One, when he was caused to trip and fall on a wire mesh that was in a dangerous, defective and hazardous condition. See photographs and accident report attached. Upon information and belief, the wire mesh and ramp were installed by Atlantic Scaffolding.

Negligence and violation of Sections 200, 240 and 241(6) of the Labor Law of the State of New York are claimed in that THE CITY OF NEW YORK and THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY their agents, licensees, servants, contractors and/or employees were negligent and in violation of the Labor Law of the State of New York; were careless, reckless and negligent in the ownership, operation, management, maintenance supervision, inspection and control of the aforesaid premises and/or workplace; in failing to provide claimant with a safe place to work; in causing and/or permitting unsafe conditions to exist at the aforesaid construction site which constituted a danger, hazard and menace to the safety of the claimant; in causing and/or permitting hazardous and dangerous conditions to exist in violation of law; in failing to take necessary steps and measures to protect the life of the claimant; in causing and/or permitting the claimant to work and be employed in a hazardous place under dangerous circumstances without the benefit of adequate and appropriate protection for claimant's safety and welfare; in causing and/or permitting the existence of a condition which was dangerous, hazardous and unsafe; in failing to construct, shore, equip, place, guard, arrange, operate, inspect, supervise and maintain the workplace at the aforementioned construction site so as to give proper protection to the claimant; in failing to take reasonable precautions to operate, control, supervise, inspect and otherwise assure that claimant could perform claimant's duties under safe working conditions, such that there was an undue risk of injury under the circumstances then and there existing; in causing a hazard to persons lawfully present on the aforesaid premises; in causing and/or permitting the aforementioned conditions to be existent for a considerable length of time prior to the accident, and THE CITY OF NEW YORK and THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY, their agents, servants and/or employees knew or should have known that such hazardous and dangerous condition would present a hazard and danger to persons present on the premises, including the claimant; in failing to correct or remedy such conditions all of which had actual and constructive notice; in failing to inspect the said premises; in failing to warn or apprise the

claimant of the danger to claimant's person; in failing to properly correct, repair, barricade or safeguard said conditions; in allowing a dangerous condition to exist causing a hazard to the life and limb of claimant; in failing to use reasonable care, caution and forbearance that should have been exercised under the circumstances and the situation that prevailed and existed at the time and place of the said occurrence; in violating the Labor Laws of the State of New York and the rules, regulations and ordinances of the City of New York in force and effect at the time of happening of this accident; all these conditions THE CITY OF NEW YORK and THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY, their agents, servants and/or employees had due notice of or by reasonable care and inspection could have avoided same.

4. The items of damages or injuries claimed are:

Claimant JOHN WOLCSON sustained

Claimant JOHN WOLCSON has

in the sum of THREE MILLION DOLLARS (\$3,000,000.00).

Claimant TASHA WOLCSON claims derivative damages in the sum of FIVE HUNDRED THOUSAND DOLLARS (\$500,000.00).

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

Dated: New York, New York
December 3, 2012



VICTOR GRECO, ESQ.

O'DWYER & BERNSTIEN, LLP
Attorneys for Claimants
52 Duane Street, 5th Floor
New York, New York 10007
(212) 571-7100

VERIFICATION

STATE OF NEW YORK: COUNTY OF NEW YORK: ss.:

VICTOR GRECO, being duly sworn, deposes and says:

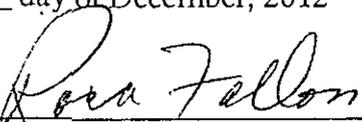
That he is an attorney associated with the attorneys for the claimants in the within action; that he has read the foregoing NOTICE OF CLAIM and knows the contents thereof; that the same is true to his own knowledge except as to matters therein stated to be alleged upon information and belief, and as to those matters he believes it to be true and the reason that this verification is not made by claimants is that the claimants are not presently in the county where the attorneys for the claimants have their office.

Deponent further says that the source of his information and the grounds of his belief, as to all matters not stated upon his knowledge are from investigations made on behalf of said claimants.



VICTOR GRECO

Sworn to before me this
3 day of December, 2012



Notary Public

ROSA FALLON
Commissioner of Deeds
City of New York - No. 2-12032
Qualified in Kings County
Commission Expires Jan 01, 2014

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. Steven Starkman 53
Claimant's Name: Age: Address:

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. 10-29-12 Unknown
Date of Accident: Time:

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

5. Hurricane Sandy - rising waters causing irreparable permanent damage
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.

to my 2003 Audi A4 convertible. Declared salvage by Liberty Mutual Insurance. It appears that rising tide waters flooded the vehicle and short circuited all electrical systems while flooding the engine.

2012 DEC 18 A 10:19
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

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

Cherie Starkman

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	_____
(b)	For loss of earnings	\$	_____
(c)	For property damages	\$	<u>500</u>

Insurance deductible

Cab fare home 100

Total: \$ 600⁰⁰

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

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

LAW DEPARTMENT
FORT AUDRECHTY CLAIMS
2012 DEC 18 A 10:19

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

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

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

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

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

2003 Audi A4 Convertible - I am seeking reimbursement for deductible and cab fare home on my return to LGA.

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

Car was totaled. Insurance company settled claim less deductible.

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.

Port Authority failed to provide safe parking for my vehicle

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.

Not my fault

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

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

Marlene Marcus, daughter
Address to be supplied

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$ <u>To be supplied</u>
(b)	For loss of earnings	\$ <u>none</u>
(c)	For property damages	\$ <u>none</u>

Total: \$ To be supplied

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

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

See attached reports

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.

Not Employed

LAW DEPARTMENT
FORT LAUDERDALE CLERKS
2013 APR - 2 A 10 20

-
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.

To be supplied

To be supplied

\$ 3,883.00

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.

Allowing dangerous condition to exist by allowing rotator wheel to be exposed while in use with no warning signs to protect public

-
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.

N/A

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

None to date

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: Saul J. Klein Age: 42 Address:

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

LAW DEPARTMENT
PORT AUTHORITY OF NY & NJ
2013 MAR 20 A 9 27

3. Date of Accident: 3/17/13 Time: 3:30 P.M.

4. Place of Accident. (Identify with sufficient particularity to distinguish from similar places.)
left lane of roadway leading in towards the airport + terminals
~~at~~ I believe called JFK expressway. It happened about 1000 feet
before the sign for American Airlines Terminal Announcement/sign

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 got a flat tire (right, front) when I went thru a large crater or pothole. ~~when I returned~~ I was dropping off my wife at the AA terminal. A week later the area of the crater/pothole was being repaired. Thank you for considering my claim.

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

2
me + my wife - Marsha Klein, same address as me

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	_____
(b)	For loss of earnings	\$	_____
(c)	For property damages	\$	283.82
Total:		\$	283.82

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.

N/A

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

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

N/A

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.

LAW ENFORCEMENT
 POINT AND CLERK
 2013 MAR 28
 9:27

-
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.

N/A

-
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. Needed new tire so I got it fixed at MAVIS. The receipts are annexed - paid bill + credit card receipt.

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

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

Failure to maintain ~~control~~ control, own + operate roadway. Knew or should have known construction could cause damage to property and/or person. Had actual notice because they repaired it shortly thereafter. Constructive notice too.

-
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.

No

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

N/A

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

Dated: Mar 25, 20 13

Signed: Saul J. Klein
Claimant

AFFIDAVIT

STATE OF NEW YORK

COUNTY OF NASSAU

Saul J. Klein

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
25th day of March, 20 13

Pranoti D. Oak
Notary Public

Saul J. Klein
Claimant

PRONOTI D. OAK
Notary Public, State of New York
No. 01CA6111095
Qualified in Queens County
Commission Expires June 7 2013

REC'D
MAR 28 9 21
PORT AUTHORITY OF NY & NJ

IN THE MATTER OF THE CLAIM OF

JOHN P. SULLIVAN

against

PORT AUTHORITY OF NEW YORK AND NEW JERSEY

TO: 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 demand against the City of New York, as follows:

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

John P. Sullivan

The Perceman Firm, P.L.L.C., 250 West 57th Street, Suite 401, New York, New York 10107

2. The nature of the claim:

This is a claim for _____ s sustained by the claimant as a result of the negligence, carelessness and recklessness of the respondent and/or their agents, servants, and/or employees in the operation, management, maintenance, control and ownership of the subject premises and the construction, renovation and/or demolition that was taking place thereat. Claimant will also allege that respondent and/or their agents, servants, and/or employees violated the provisions of the Labor Laws including sections 200, 240(1.P) and 241(6) of the State of New York. Claimant will also allege that respondent and/or their respective agents, servants, and/or employees, among other things, failed to provide proper protection to claimant, failed to provide proper and safe safety devices and/or hoisting devices and that the hoisting devices and or parts of them supplied, provided and /or employed failed.

3. The time, when, the place where and the manner in which the claim arose:

The subject claim arose on Feb. 23, 2013, at approximately 10:30 AM at the 279 Mezzanine of the VSC (Vehicle Security Center), World Trade Center, New York, New York,

while the claimant was working at a location owned by the Port Authority of New York and New Jersey. The claimant, while in the employ of Navillus Tile/Navillus Contracting was caused to sustain while in the process of installing a blast plate (a large steel plate) into position; it broke free from the hoisting device and fell and injured claimant. It will also be alleged, among other things, that the threaded rod that was used to secure and hold up the blast plate broke causing the blast plate to fall and injure the claimant. It is alleged that the devices used to lift and maneuver the blast plates into position were not properly and safely constructed, placed, maintained, protected, and managed, and that the proper safety devices for the performance of the work were not furnished nor erected nor were they constructed, placed operated nor maintained as to give proper protection. Claimant will allege that the devices furnished and/or employed were not the proper devices nor adequate to safely perform the task and that they failed to provide additional or other safety devices. Claimant will allege violations of Sections 240, 241(6) and 200 of the Labor Law of the State of New York as well as violations of ANSI, OSHA including but not limited to 1926.251, 1926.602, 1925.552, 1926.759; and of New York State's Industrial Code including but not limited to 23-6.1, 23- 6.2 and 23-6.3.

4. The items of damage or injuries claimed are:

TOTAL AMOUNT CLAIMED: TWENTY MILLION DOLLARS (\$20,000,000.00)

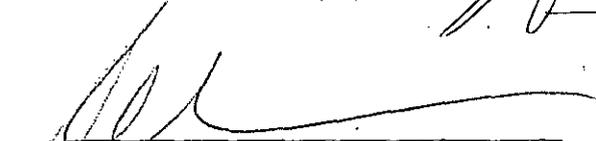
The undersigned presents this claim and demand for adjustment and payment and notifies you that unless adjusted and paid within the time provided by law from the date of its presentation to you, it is the intention of the undersigned to commence an action thereon.

Dated: New York, New York

FEB. 25, 2013



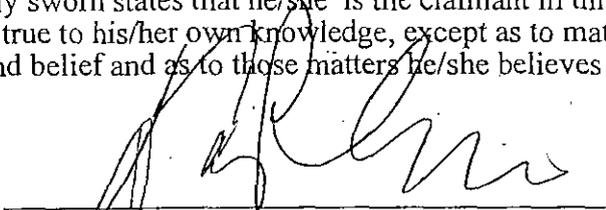
JOHN P. SULLIVAN



The Perecman Firm, P.L.L.C.
Attorneys for Claimant(s)
250 West 57th Street, Suite 401
New York, New York 10107
(212) 977-7033

STATE OF NEW YORK)
COUNTY OF NEW YORK) S.:

JOHN P. SULLIVAN, being duly sworn states that he/she is the claimant in this action and that the foregoing Notice of Claim is true to his/her own knowledge, except as to matters therein stated to be alleged on information and belief and as to those matters he/she believes it to be true.



JOHN P. SULLIVAN

Sworn to before me this
25th day of FEB 2013



NOTARY PUBLIC

David H. Perecman
Notary Public, State of New York
No. 02PE6036093
Qualified in New York County
Commission Expires March 18, 2014

2013 MAR 28 A 11:13
FBI NEW YORK
COMMUNICATIONS SECTION

BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

-----X

In the Matter of the Claim of

WARREN GEORGE, INC.,

Claimant,

- against -

PORT AUTHORITY OF NEW YORK
AND NEW JERSEY,

Respondent.

-----X

NOTICE OF CLAIM

TO: LAW DEPARTMENT
PORT AUTHORITY OF NEW YORK AND NEW JERSEY
Journal Square Transportation Center
1 Path Plaza, Seventh Floor
Jersey City, New Jersey 07306

2013 MAR 14 A 9 14
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

PLEASE TAKE NOTICE THAT THE UNDERSIGNED CLAIMANT
HEREBY MAKES CLAIM AND DEMAND AGAINST YOU AS FOLLOWS:

Claimant:	Warren George, Inc.
Nature of Claim:	Loss or Destruction of, and/or Physical Damage to Claimant's Property
Time and Place at Which Claim Arose:	On or about November 19, 2012, time unknown.
Manner in Which Claim Arose:	Collapse of Port Authority Railroad structure falling on and crushing Claimant's drill rig, resulting in loss or destruction of, and/or physical damage to Claim- ant's property.
Particulars of Claim:	Severe damage to a Diedrich D-120 drilling rig in the amount of \$250,000.00.

The undersigned Claimant therefore presents this claim for adjustment and payment. You are hereby notified that unless the within claim 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: March 7, 2013

WARREN GEORGE, INC.

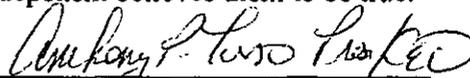
By: 
Anthony Tirro
President/CEO

INDIVIDUAL VERIFICATION

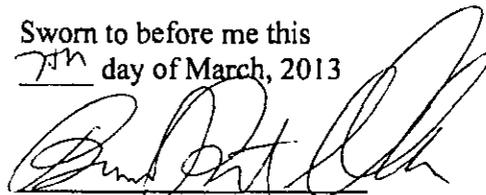
STATE OF NEW JERSEY

COUNTY OF HUDSON

Anthony Tirro, being duly sworn, deposes and says that deponent is the President/CEO of Claimant; that he has read the foregoing Notice of Claim and knows the contents thereof; that the same is true to the best of his knowledge, except as to any matters therein stated to be alleged on information and belief, and as to those matters deponent believes them to be true.


Anthony Tirro
President/CEO
Warren George, Inc.

Sworn to before me this
7th day of March, 2013


Notary Public

BRUNO BRANCATELLA
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 8/28/2015

**In the Matter of the Claim of
CHRISTOPHER O'NEIL
against
PORT AUTHORITY OF NEW YORK AND NEW JERSEY**

TO: PORT AUTHORITY OF NEW YORK AND NEW JERSEY
225 Park Avenue South
New York, New York 10010

PLEASE TAKE NOTICE, that the undersigned claimant(s) hereby make(s) claim and demand against the PORT AUTHORITY OF NEW YORK AND NEW JERSEY, as follows: [Office of the Comptroller requests the following additional information: in Section 2, specific defect (e.g. pothole) if applicable; in Section 3, street address wherever possible.]

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

SACKS AND SACKS, LLP CHRISTOPHER O'NEIL
150 Broadway, 4th Floor
New York, New York 10038

2. The nature of the claim: sustained by claimant, CHRISTOPHER O'NEIL as a result of injuries sustained by him on February 4, 2013.

3. The time when, the place where and the manner in which the claim arose: The claim arose on the 4th day of February, 2013 at approximately 9:30 a.m., at premises under construction at World Trade Center Tower 3, 3rd Floor, in the Borough of Manhattan, City and State of New York. At all times herein mentioned, the PORT AUTHORITY OF NEW YORK AND NEW JERSEY owned, operated, managed and controlled the aforesaid premises and further retained numerous contractors including Tishman Construction to perform work, labor and services thereat. While claimant was lawfully upon the aforesaid premises as an employee of Falcon Steel Company, Inc., he was caused to slip, trip and fall on accumulated slag, ice and other debris on the deck where he was working, sustaining

The occurrence as aforesaid mentioned was caused solely and wholly by the reason of negligence, carelessness and recklessness of the PORT AUTHORITY OF NEW YORK AND NEW JERSEY and its contractors, agents and employees who were negligent in the ownership, operation, management and control of the aforesaid premises; further, failed to ensure that the passageways, work areas and thoroughfares were free of slipping and tripping hazards; further, failed to properly remove dangerous, hazardous slipping hazards in passageways, work areas, and thoroughfares; further, failed to maintain safe premises, despite actual and constructive notices of the dangerous condition; further, failed to have proper handrails, guard rails or safety rails thereat; further, failed to properly sand, cover and/or remove dangerous, hazardous slipping hazards in passageways, work areas, and thoroughfares; further, failed to properly use de-icers and other devices to ensure that icy and slippery conditions were removed, sanded, covered, or otherwise secured; further, failed to clear the snow and ice; further, failed to provide appropriate protection for workers working in close proximity to welding and/or flame-cutting operations; further, failed to provide suitable screening between the welding and/or flame-cutting operations and the plaintiff; further, said work area was not properly illuminated, causing plaintiff to slip and fall, sustaining

Claimant was free from comparative fault.

4. The items of special damage or injuries claimed are: Claimant CHRISTOPHER O'NEIL

but claimant will permit a physical by the PORT AUTHORITY OF NEW YORK AND NEW JERSEY, and the item of damages exceed the jurisdictional limitations of the lower Court.

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) intend(s) to commence an action on this claim.

Dated: MARCH 26, 2013

X *Chris O'Neil*
The name signed must be printed beneath

CHRISTOPHER O'NEIL
The name signed must be printed beneath

Attorney(s) for Claimant(s)
Office and Post Office Address; Telephone Number
SACKS & SACKS, LLP
150 Broadway 4F
New York, NY 10038
212.964.5570

CORPORATE VERIFICATION

State of New York, County of

ss.:

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

This verification is made by deponent because said claimant is a corporation, and deponent an officer thereof, to wit its
The grounds of deponent's belief as to all matters not stated upon deponent's knowledge are as follows:

INDIVIDUAL VERIFICATION

State of New York, County of NEW YORK ss.:
CHRISTOPHER O'NEIL
being duly sworn, deposes and says that deponent is the 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 the matters therein stated to be alleged on information and belief, and that as to those matters deponent believes it to be true.

Sworn to before me, this 26th day of MARCH, 2013

Sworn to before me, this day of

THAO DUONG

NOTARY PUBLIC-STATE OF NEW YORK
No. 01DU621892
Qualified in Queens County
Commission Expires September 10, 2014

In the Matter of the Claim of

CHRISTOPHER O'NEIL

Notice of District Attorney
POLY AUTHORITY OF NEW YORK
& NEW JERSEY

SACKS & SACKS, LLP
Attorney(s) for Claimant(s)
Office and Post Office Address:
150 Broadway 4F
New York, NY 10038
212.964.5570

In the Matter of Claim of:

GAETANO CAVALLARO

-against-

THE PORT AUTHORITY
OF NEW YORK AND NEW JERSEY

NOTICE OF CLAIM

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 MAR 26 P 2:17

To: THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY
225 Park Avenue South, 13th Floor
New York, New York 10003

PLEASE TAKE NOTICE that the undersigned claimants hereby make claim and demand against you as follows:

1. The name and post office address of each claimant and claimant's attorneys are:

Claimant

Attorneys

Wilentz, Goldman & Spitzer P.A.
110 William Street, 26th Floor
New York, NY 10038
Tel. (212) 267-3091

2. Claimant's social security number is _____ and his date of birth is _____

3. The nature of the claim:

4. The time when, the place where and the manner in which the claim arose:

On January 22, 2013, Claimant was _____

claimant worked as a security guard at the Howland Hook Marine Terminal located at 300 Western Avenue, Staten Island, NY 10303. THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY, as successor in interest to the CITY OF NEW YORK, its agents, servants and/or employees were negligent in the ownership, operation, management, maintenance and control of the facilities at the Howland Hook Marine Terminal in causing, permitting and allowing Claimant to be exposed to asbestos.

5. The items of damage or injuries claimed are:

TOTAL AMOUNT CLAIMED: Five Million Dollars (\$5,000,000.00)

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: March 14, 2013
New York, NY

Gaetano Cavallaro
Gaetano Cavallaro- Claimant

Andrew Grous
Andrew Grous
Attorney for Claimant
Wilentz, Goldman & Spitzer
110 William Street, 26th Floor
New York, NY 10038
Tel. (212) 267-3091

Naomi Lebofsky
NAOMI LEBOFISKY
NOTARY PUBLIC, State of New York
No. 01LE6059381
Qualified in New York County
Term Expires: May 29, 2015

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 MAR 26 P 2:11

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

Wilson Richard

1. Claimant's Name: Age: Address:

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.

Richard Wilson

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 MAR 26 AM 10:19

3. Date of Accident: Time:

2013/12/3

11:40 P.M.

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

One Path Plaza Jersey City 07306

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.

The ~~detective~~ detective from 1 path plaza said when he look at surveillance camera, at 11:42pm some one come and took bike in a matter of time,

Officer Monahan badge # 2390

Case # 13T-1056

Car # 13T-1056

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

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

bike was bought in london £ 274.99 pounds
Shipping £ 59.99 pounds
bike lock \$ 75.00

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

this is my only means of transport.

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.

a nut and bolt, is suppose to secure bike rack at corner of stand, which only the bolt was in place, where i could not see missing nut, this give access to the person to manipulate bike rack with out cutting locks to steal the bike.

a nut and bolt is suppose to secure bike stand

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 lock is one of the most secure locks, KRYPTONITE lock i lock bike to bike rack, when i return bike was gone. dective said 152pm someone came took bike in a minute due to broken bike rack

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

NOTICE OF CLAIM

2013 MAR 13 10 13 AM

against

MAR 13 10 13 AM

The Port Authority of New York & New Jersey

Claimant: Herbert J. Henschel

Claimant's Address:

Claimant's Telephone:

Claimant's Attorney: Pro Se

The nature of the claim:

The claim arises from the failure and refusal of the Port Authority of New York & New Jersey (the Port Authority) to pay, or cause its agent and claims service provider, Metropolitan Life Insurance Co., to pay dental benefits to the Claimant or on Claimant's behalf to his dentist. Said dental benefits were payable to Claimant or on his behalf to his dentist pursuant to a dental benefits plan provided to Claimant by the Port Authority upon Claimant's retirement from the Port Authority

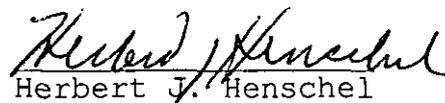
The time when, the place where and the manner in which the claim arose:

The items of damage claimed to have been sustained:

Dental benefits in the amount of Five thousand two hundred dollars and No Cents, (\$5,200.00).

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

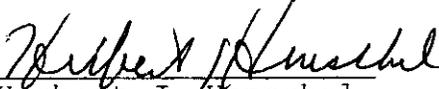
Dated: March 5, 2013


Herbert J. Henschel

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 MAR 13 P 1:39

State of Florida)
) ss:
County of Palm Beach)

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


Herbert J. Henschel

Sworn to before me
this 5 day of
March, 2013





LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 MAR 13 P 1:39

NOTICE OF CLAIM

PORT AUTHORITY OF NEW YORK & NEW JERSEY

against

MAR 13 7 25

The Port Authority of New York & New Jersey

Claimant: Herbert J. Henschel

Claimant's Address:

Claimant's Telephone:

Claimant's Attorney: Pro Se

The nature of the claim:

The claim arises from the failure and refusal of the Port Authority of New York & New Jersey (the Port Authority) to pay, or cause its agent and claims service provider, Metropolitan Life Insurance Co., to pay dental benefits to the Claimant or on Claimant's behalf to his dentist. Said dental benefits were payable to Claimant or on his behalf to his dentist pursuant to a dental benefits plan provided to Claimant by the Port Authority upon Claimant's retirement from the Port Authority

The time when, the place where and the manner in which the claim arose:

The items of damage claimed to have been sustained:

Dental benefits in the amount of Three thousand Dollars and No Cents, (\$3,000.00) for the services referred to in (1) in the preceding paragraph and dental benefits in the amount of One thousand six hundred dollars and No cents (\$1,600.00) for the services referred to in (2) in the preceding paragraph.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 MAR 13 PM 1:39

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

Dated: March 5, 2013

Herbert J. Henschel
Herbert J. Henschel

State of Florida)
) ss:
County of Palm Beach)

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

Herbert J. Henschel
Herbert J. Henschel

Sworn to before me
this 5 day of March
March, 2013

Jorge Christian Sandoval



LAW DEPARTMENT
FORT AUTHORITY CLAIMS
2013 MAR 13 P 1:39

In the Matter of the Claim of

Nenad Zecevic and Snjezana Ana Zecevic

against

Port Authority of New York and New Jersey

PLEASE TAKE NOTICE that the undersigned claimant(s) hereby make(s) claim and demand, as follows.

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

Nenad Zecevic

Jaroslawicz & Jaros, LLC
225 Broadway, 24th Floor
New York, New York 10007
(212) 227-2780

2013 MAR 25 P 11:33
PORT AUTHORITY OF
NEW YORK AND NEW JERSEY

2. **The nature of the claim:** Respondent, by its agents, servants and/or employees, was reckless, careless and negligent in failing to provide claimant with a safe place to work; in failing to have properly trained personnel; in failing to properly coordinate; in failing to have proper safety instructions; in creating a trap, hazard and a nuisance; in failing to warn; in violating internal rules and regulations; in violating applicable laws, rules and regulations; and defendant was otherwise reckless, careless and negligent.
3. **The time when, the place where, and the manner in which the claim arose:** The occurrence took place on March 4, 2013 at approximately 3:30 p.m. at the Lan Cargo warehouse located at 151 East Hangar Road, Building 151, Jamaica, New York, at JFK Airport. Claimant parked between Doors 5 and 6. Due to respondent's recklessness, carelessness and negligence, a crate was caused to fall upon the claimant, as a result of which he
4. **The items of damages or injuries claimed are (include dollar amounts):** Claimant Nenad Zecevic suffered

Claimant Snjezana Ana Zecevic

TOTAL AMOUNT CLAIMED:

Claimant Nenad Zecevic seeks to recover damages in an amount not to exceed the sum of *Five Million Dollars (\$5,000,000)*. Claimant Snjezana Ana Zecevic seeks to recover damages in an amount not to exceed the sum of *One Million Dollars (\$1,000,000)*.

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) intend(s) to commence an action on this claim.

Dated: 03/20, 2013

x *Nenad Zecevic*
Nenad Zecevic

x *Snjezana Ana Zecevic*
Snjezana Ana Zecevic

JAROSLAWICZ & JAROS, LLC
Attorneys for Claimant(s)
225 Broadway, 24th Floor
New York, New York 10007

INDIVIDUAL VERIFICATION

State of Wisconsin
County of Milwaukee ss.:

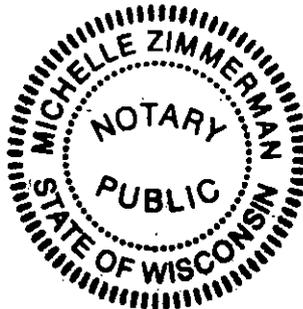
Nenad Zecevic and Snjezana Ana Zecevic, being duly sworn, deposes and says that deponents are the claimants in the within action; that (s)he has read the foregoing Notice of Claim and knows the contents thereof; that the same is true to deponent's own knowledge, except as to the matters therein stated to be alleged on information and belief, and that as to those matters deponent believes it to be true.

x *Nenad Zecevic*
Nenad Zecevic

x *Snjezana Ana Zecevic*
Snjezana Ana Zecevic

Sworn to me this 20th day
March, 2013

Michelle Zimmerman
Notary Public



2013 MAR 25 P 1:51
STATE OF WISCONSIN
DEPARTMENT OF REVENUE

JAROSLAWICZ & JAROS, LLC
225 BROADWAY, 24TH FLOOR
NEW YORK, NEW YORK 10007
(212) 227-2780

**In the Matter of the Claim of
FRANK PENSABENE
-against-
PORT AUTHORITY OF NEW YORK AND NEW JERSEY**

**TO: PORT AUTHORITY OF NEW YORK AND NEW JERSEY
225 Park Avenue South
New York, New York 10010**

03 MAR 21 P 3 13

PLEASE TAKE NOTICE, that the undersigned claimant(s) hereby make(s) claim and demand against the PORT AUTHORITY OF NEW YORK AND NEW JERSEY, as follows: [Office of the Comptroller requests the following additional information: in Section 2, specific defect (e.g. pothole) if applicable; in Section 3, street address wherever possible.]

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

SACKS AND SACKS, LLP
150 Broadway, 4th Floor
New York, New York 10038

FRANK PENSABENE

2. The nature of the claim: Personal injuries sustained by Frank Pensabene on the 19th day of October 2012.

3. The time when, the place where and the manner in which the claim arose:

The claim arose on the 19th day of October 2012 at approximately 10:15 a.m. at construction located at the World Trade Center Transportation Hub in the Borough of Manhattan, City and State of New York. At all times herein mentioned, the **PORT AUTHORITY OF NEW YORK AND NEW JERSEY** owned, operated and controlled the aforesaid premises and further, retained numerous contractors, including Tishman Construction, Turner Construction, Tishman/Turner Construction, Joint Venture and Winco to perform work, labor and services thereat. While claimant was lawfully upon the aforesaid premises as an employee of Winco, he was caused to sustain when he slipped and fell into an unguarded, unprotected opening. The occurrence as aforesaid was caused solely and wholly by the reasons of the negligence, carelessness and recklessness of defendants, their contractors, agents and employees who were negligent in the ownership, operation, management and control of the aforesaid premises; further, the Port Authority of New York and New Jersey and its contractors and agents failed to ensure that there was proper protection in place to prevent claimant from falling into an unguarded opening; further, defendants were negligent in failing to free the jobsite from slipping hazards thereat; further, defendants were negligent in failing to have laborers clean up any slipping hazards at the jobsite; further, the defendants were negligent in failing to keep pace at the jobsite to prevent slipping hazards thereat; further, defendants failed to employ laborers to keep up with the work on the jobsite; further, defendants violated Sections 200, 240 and 241(6) of the Labor Law of the State of New York, Rule 23 of the Industrial Code of the State of New York, specifically, but not limited to: 23-1.5, 23-1.7, 23-1.8, 23-1.15, 23-1.16, 23-1.17 23-2.1, 23-2.2 and 23-5, Article 1926 of O.S.H.A. and was otherwise negligent, careless and reckless, causing claimant to sustain

Claimant was free from comparative fault.

4. The items of damage or injuries claimed are:

As a result of the aforesaid occurrence claimant sustained

The full nature and extent is not known but claimant will permit a physical by the **PORT AUTHORITY OF NEW YORK AND NEW JERSEY**. The item of damages sustained by plaintiff exceeds the jurisdictional limitations of the lower courts.

03 MAR 21 P 3 13
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

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) intend(s) to commence an action on this claim.

Dated: NEW YORK, NEW YORK
MARCH 21, 2013

X *Frank Pensabene*
The name signed must be printed beneath
FRANK PENSABENE

The name signed must be printed beneath

Attorney(s) for Claimant(s)
Office and Post Office Address, Telephone Number
SACKS & SACKS, LLP
150 Broadway 4F
New York, NY 10038
212.964.5570

CORPORATE VERIFICATION

State of New York, County of ss.:

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

This verification is made by deponent because said claimant is a corporation, and deponent an officer thereof, to wit its The grounds of deponent's belief as to all matters not stated upon deponent's knowledge are as follows:

INDIVIDUAL VERIFICATION

State of New York, County of NEW YORK ss.:
Frank Pensabene
being duly sworn, deposes and says that deponent is the 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 the matters therein stated to be alleged on information and belief, and that as to those matters deponent believes it to be true.

Sworn to before me, this day of March 2013

Carreen Wade
CARREEN F. WADE

Sworn to before me, this day of

NOTARY PUBLIC - STATE OF NEW YORK
No. 01WA5005816
Qualified in Richmond County
My Commission Expires December 21, 2014

In the Matter of the Claim of

Frank Pensabene

-against-

The Port Authority of New York and New Jersey

Notice of Claim Against

The Port Authority of New York and New Jersey

SACKS & SACKS, LLP
Attorney(s) for Claimant(s)
Office and Post Office Address
150 Broadway 4F
New York, NY 10038
212.964.5570

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 Joan Ragusa	Age 65	Address
----	--------------------------------	-----------	---------

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

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2017 MAR - 1 P 2:09

3.	Date of accident 11/26/2011	Time 05:05AM
----	--------------------------------	-----------------

4.	Place of accident. (Identify with sufficient particularity to distinguish from similar places.) Terminal A-3 checkpoint at Newark International Airport, Newark, NJ
----	--

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. Plaintiff was departing after passing through security, plaintiff turned around to look for a bench/chair to put on her shoes, etc. Plaintiff saw a chair, replaced her back brace on her, picked up her shoes and other belongings and again turned around, in the same direction. Tripped and fell over the cart that holds the property containers in A-3 checkpoint screening. The cart had not been there 20 to 30 seconds before.
----	---

6. State number of other witnesses to the accident. State the names and addresses of any known to you. 4

Mic Anthony J. Cicerello,
Michael Ragusa,
Lisa Cicerello,
Malanie Cicerello,

In addition there were numerous employees on site; representatives of the Port Authority; 4 security guards; a photographer; a doctor; EMTs - administered EKG supervisors. All of these employees seemed greatly concerned about claimant's injuries.

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$ _____
(b)	For loss of earnings	\$ _____
(c)	For property damage	\$ 30.00

Total	\$ 30.00
-------	----------

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

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

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

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

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 MAR - 1 P 2:09

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.

N/A

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.

Eyeglasses - \$30.00

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

\$50,000.00 -
went for

Claimant

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, employee placed container directly adjacent to back of claimant in a walkway aisle.

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.

No, I had turned around and looked 20 to 30 seconds before. I turned around again and tripped over the cart.

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

Copy of incident report attached - not completely accurate. The incident report is incorrect that I was sitting at 5:09 AM. I was on the floor much longer than 5 minutes. I tripped over the cart and fell hard on the other side. One of my sneakers was found twenty feet away.

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

I was wheeled onto the plane. While on the plane a female supervisor came on the plane and asked me to repeat my last name. I was not carrying luggage. I was carrying a purse. I could not get up for about one minute. The report states I refused medical attention which is not true. Medical attention was provided at the scene. This incident ruined claimant's vacation.

Dated: February 24, 2012

Joan Ragusa
JOAN RAGUSA Claimant

AFFIDAVIT

STATE OF NEW JERSEY
COUNTY OF OCEAN

:
:
: ss:
:

Being duly sworn deposes and says:

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 MAR - 1 2:09

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
24th day of Feb., 2012

June C. Connor
Notary Public

June C. Connor
A Notary Public of New Jersey
My Commission Expires Jan 15, 2017

Joan Ragusa
Claimant JOAN RAGUSA

NOTICE OF CLAIM

PORT AUTHORITY OF NEW YORK AND NEW JERSEY

2012 FEB -2 P 3:35

In the Matter of the Claim of Hector Ortiz

-against-

THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY

TO: THE PORT AUTHORITY OF NY & NJ

PLEASE TAKE NOTICE that the undersigned claimant hereby makes claim and demand against The Port Authority of NY & NJ as follows:

1. Claimant:
Hector Ortiz

Attorney:
Fisher, Byrialsen & Kreizer, PLLC
291 Broadway, Suite 709
New York, New York 10007

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 FEB -2 P 4:23

2. Nature of Claim:

and related damages and expenses on behalf of claimant due to the excessive force, assault, battery, and violation of claimant's constitutional rights caused by employees of The Port Authority of New York and New Jersey.

3. The time when, place where, and the manner in which the claim arose:

This occurrence took place on June 27, 2011 at approximately 10:00 pm near the ticket counter area for Jet Blue in John F. Kennedy Airport in Queens, New York. More specifically, Mr. Ortiz was seized by Port Authority Police Officers and his hands were wrenched violently behind his back. These same officers threw Mr. Ortiz to the ground. As a result of these actions, Mr. Ortiz had to be rushed to the hospital where he was received

as a result of this incident.

The Port Authority of New York and New Jersey, its agents, servants and/or employees intentionally, carelessly, and recklessly caused the claimant to sustain the injuries heretofore complained of.

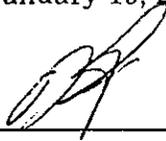
4. **The items of damage or injuries claimed are:**

Monetary damages for personal injuries and pain and suffering, past, present, and future medical expenses

and related expenses on behalf of the claimant due to the intentional acts of the respondents. Claimant claims money damages in the amount of \$10 million.

Dated: New York, New York

January 19, 2012



David P. Kreizer, Esq.
FISHER, BYRIALSEN & KREIZER, PLLC
Attorneys for Claimant
291 Broadway, Suite 709
New York, NY 10007

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 FEB - 2 P 4: 23

In the Matter of the Claim of

ANTHONY VADALA

-against-

THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY

NOTICE OF CLAIM

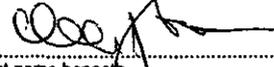
CHARLES J. FINE

Attorney for CLAIMANT

Office and Post Office Address, Telephone
1501 Broadway
NEW YORK, N.Y. 10036
(212) 354-0966

To

Signature (Rule 30-1.1-a)



Print name beneath

CHARLES J. FINE

Attorney(s) for

Service of a copy of the within

is hereby admitted.

Dated,

Attorney(s) for

Please take notice

NOTICE OF ENTRY

that the within is a (*certified*) true copy of a
duly entered in the office of the clerk of the within named court on

NOTICE OF SETTLEMENT

that an order
settlement to the HON.
of the within named court, at
on

of which the within is a true copy will be presented for
one of the judges

at

M

Dated,

Yours, etc.

CHARLES J. FINE

Attorney for

To

Office and Post Office Address
1501 Broadway
NEW YORK, N.Y. 10036

Attorney(s) for

NOTICE OF CLAIM

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

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

CLAIMANT: Green Apple Cleaners, LLC
ATTN: DAVID KISTNER
49-02 217TH STREET
BAYSIDE, NEW YORK, 11364

LAW DEPARTMENT
PORT AUTHORITY OF CLAIMS
2013 MAR 15 A 10:42

NATURE OF CLAIM:

The claim is for bad faith, fraud, misrepresentation, breach of duty of good faith and fair dealing, negligence and/or recklessness, breach of contract, unfair practices, and defamation, and libel.

DETAILS OF CLAIM:

Claimant is an E-Z Pass customer, and the claim arises out of the continued daily business practices of the Port Authority, specifically, the Port Authority's failure to properly maintain business record keeping, the creation of duplicative customer accounts, misrepresentation of amounts owed, failure to provide monthly statements of any outstanding balance, and defamation and libel for the continuous posting of the "Wall of Shame Top Egregious Toll Violators" on its website.

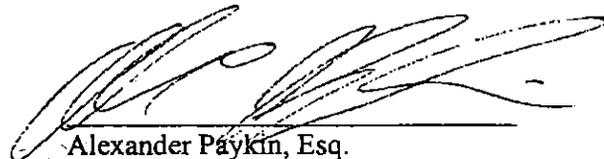
DAMAGES:

Claimant has been damaged by the actions of the Port Authority in an amount not less than Two Hundred Thousand (\$200,000.00) Dollars.

DATED: March 5, 2013
New York, NY

Respectfully Submitted,

The Law Office of Alexander Paykin, P.C.



Alexander Paykin, Esq.
350 5th Avenue, 59th Floor
New York, NY 10118
Phone: 212-380-6939
Fax: 917-210-6420 (not for service of process)
Attorney for Claimant



February 28, 2013

PORT AUTHORITY NEW YORK & NEW JERSEY
225 PARK AVE. SOUTH
NEW YORK, NY 10001

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 MAR -7 A 10051

Attn: PAUL GLADYS

Your File/Policy:		Property Damage:	\$4972.95
Your Insured/Owner:		Deductible:	\$500.00
Your Insured/Driver:	SNOW PLOW DRIVER	Rental:	\$
Date of Loss:	2/9/13	Medical:	\$
Our Insured:	ROSEMARY NIERADKA	Wage:	\$
Our Claim Number:	225774	Other:	\$
Bailment Claimed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Loss:	\$5,472.95

SUBROGATION NOTICE

Dear Sir or Madam:

Our investigation reveals that the above-captioned accident was caused by your insured. Copies of our supporting documents are enclosed. Please forward your payment, made payable to MAPFRE Insurance Company, in the amount of \$5,772.95, to

MAPFRE USA
ATTN: Premium Accounting DE-39
11 Gore Rd
Webster, MA 01570

If you have any questions, please feel free to contact me at 1-877-372-9836, ext. 15601.

Sincerely,

MAPFRE INSURANCE COMPANY

Judith Potvin
Claim Representative, Subrogation

JP/md

American Commerce Insurance Company | Commerce Insurance Company |
Commerce West Insurance Company | Citation Insurance Company | MAPFRE Insurance Company |
MAPFRE Insurance Company of Florida | MAPFRE Insurance Company of New York

Eastern Claim Office | 11 Gore Road, Webster, MA 01570 | 877-372-9836 | www.mapfreinsurance.com

Gay Chacker & Mittin

ATTORNEYS AT LAW

EDWARD F. CHACKER*
NEIL I. MITTIN*
BRIAN S. CHACKER**

CENTER CITY OFFICE
1731 Spring Garden Street
Philadelphia, PA. 19130-3915
(215) 567-7955 FAX (215) 567-6809

NORTHEAST OFFICE
1726 Welsh Rd – First Floor
Philadelphia, PA. 19115

* Member PA Bar Only
** Member PA & NJ. Bars

Reply to Center City Office

February 22, 2013

Certified/RRR Mail and U.S. First Class

Mail

Newark International Airport
1 Brewster Rd,
Newark, New Jersey 07114

Certified/RRR Mail and U.S. First Class

Mail

The Port Authority of NY & NJ
2 Montgomery Street
4th Floor
Jersey City, NJ 07302

Certified/RRR Mail and U.S. First Class

Mail

The Porter Airlines
Billy Bishop Toronto City Airport
Toronto Ontario
Canada M5V 1A1

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 FEB 20 A 9:12

Re: Our Client: Sui Kin Riddick
Date of Accident: 1/19/13
Location of Incident: Newark Airport

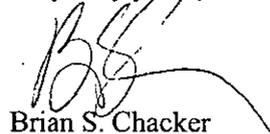
Dear Sir or Madam:

This office has been retained to represent the above named individual in a claim against you arising from an incident which occurred on the above date.

If you are insured, please give this letter to your insurance company immediately. If you are not insured, you or your attorney should contact us.

If we do not receive acknowledgment of this letter, we will be compelled to take further action. Thank you very much.

Very truly yours,



Brian S. Chacker

BSC/sf

Certified Mail#7008 1140 0002 8069 3607 (Newark International Airport)
#7008 1140 0002 8069 3614 (The Port Authority of NY & NJ)
#7008 1140 0002 8069 3324 (The Porter Airlines)

February 12, 2013

Port Authority of NY & NJ
Attn: Brenda Jiminez
225 Park Ave S 11th Fl
New York NY 10003

Re: Our Claim No: 2012-848815
Our Policy No: F692734
Our Insured: Michael A Tobass Jr.
Date of Loss: March 6, 2012
Loss Location: Hackensack, NJ
Your Plate No: SAT66Y
Your Driver: Robert E Feehan

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 FEB 19 A 9:29

Dear Mrs. Jiminez:

This is to inform you that New Jersey Manufacturers Insurance Company is exercising its right of subrogation regarding the claim referenced above.

We would appreciate your prompt consideration of this claim because an expeditious settlement will benefit all parties involved. Please include our claim number on all correspondence and payment.

Please forward your check or contact me to discuss the damages or liability resulting from this accident at the phone number and extension above. The total damages paid out to date are \$689.25.

Thank you for your anticipated cooperation.

Very truly yours,

Stephanie Chambers
Subrogation Claims Assistant

STATE OF NEW YORK
COUNTY OF RICHMOND

IN THE MATTER OF THE CLAIM OF:

QUINCY MUTUAL FIRE INSURANCE
COMPANY A/S/O LAMBROSE
VASSILIOU

NOTICE OF CLAIM

-AGAINST-

PORT AUTHORITY OF NEW YORK
AND NEW JERSEY

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 JAN 30 A 8:58

TO: 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 makes claim and demands against you as follows:

1. The name and post office address of the claimant is Quincy Mutual Fire Insurance Company, 57 Washington Street, Quincy, MA 02169. Claimant's attorney is Fredric Paul Gallin, Esq., Methfessel & Werbel, 450 Seventh Avenue, Suite 1400, New York, NY 10123.

2. The Nature of the Claim: A yellow tractor owned by the Port Authority of New York and New Jersey and being operated by a police officer who works for the Port Authority was removing debris from various homes in the area of Quincy's insured, Lambrose Vassiliou and Cami Farina, 455 Manhattan Street, Staten Island, NY, when it came into contact with various exterior areas of Quincy's insured's home including but not limited to: 1) front mailbox near the curb and damaged the herringbone pattern brickwork; 2) large brick rectangular planter in front of the house; 3) light fixture and limestone capping on the two brick retaining walls; 4) metal railing on the front steps; 5) door to a storage shed in the front right corner of the fire floor of the home; 6) right rear corner of the house where there is a cement cornerstone that was damaged; and 7) walkway and rear cement patio.

The armature of the tractor was manufactured by "Case." It showed the numbers "821E".

3. The Time When, the Place Where, and the Manner in Which the Claim Arose: Shortly after Superstorm Sandy a yellow tractor owned by the Port Authority made contact with several areas of the area of Quincy's insured's home located at 455 Manhattan Street, Staten Island, NY.

4. The Items of Damage or Injuries Claimed Are: Various areas of the outside of Quincy's insured's home were damaged as detailed in number 2 above. The claim with our insured is still being adjusted and the total damages are not yet calculated.

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: NEW YORK, NEW YORK
January 22, 2013

Anne Rose for Quincy Mutual
Signature of Claimant

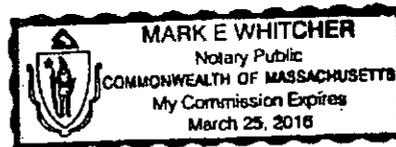
Anne Rose
Print Name of Claimant

TO BE COMPLETED BY NOTARY PUBLIC

STATE OF Massachusetts
COUNTY OF Norfolk : ss.:

On the 23 day of January, 2013 before me came and appeared Anne Rose to me known and known to me to be the person who executed this **Notice of Claim** and who acknowledged to me that he/she executed the same.

Mark E. Whitcher
Notary Public



-----X
In the Matter of the Claim(s) of

O'NEAL FLAT ROLLED METALS LLC,

NOTICE OF CLAIM

Claimant,

-against-

1 WORLD TRADE CENTER LLC and THE PORT
AUTHORITY OF NEW YORK AND NEW JERSEY,

Respondents.
-----X

TO: THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY
225 Park Avenue South, 18th Floor
New York, NY 10003

2013 JAN 22 A 9:00
PORT AUTHORITY CLERK
DEPARTMENT

PLEASE TAKE NOTICE that the undersigned claimant hereby makes a claim and demand against you as follows, pursuant to Title 17 of the Unconsolidated Laws of the State of New York, §§ 1707-1708:

CLAIMANT: O'Neal Flat Rolled Metals LLC
1229 S. Fulton Avenue
Brighton, CO 80601

CLAIMANT'S ATTORNEYS: Lawrence A. Dany III
SUTHERLAND ASBILL & BRENNAN LLP
1114 Avenue of the Americas, 40th Floor
New York, NY 10036
Tel.: (212) 389-5000

NATURE OF CLAIMS:

The first claim is to recover in *quantum meruit* for the reasonable value of stainless steel plate provided by O'Neal Flat Rolled Metals LLC ("O'Neal") that has been used by 1World Trade Center LLC ("1WTC") and/or the Port Authority of New York and New Jersey ("PA") in the construction of the building located at One World Trade Center, New York New, York. O'Neal provided the steel plate to American Architectural, Inc. ("AAI") as contractor to 1WTC and/or PA. AAI did not pay the full value of the material received. With knowledge that the steel plate had

not been paid for, 1WTC and/or PA nevertheless took possession of an installed the material in the realty located at One World Trade Center, New York New, York, and have thereby been unjustly enriched.

The second claim is for enforcement of the contractor trust fund provisions of the New York Lien Law. O'Neal, as a supplier to AAI in connection with the work performed, or to be performed, under AAI's contracts with 1WTC and/or PA for the improvement located at One World Trade Center, New York, New York ("Contracts"), is a statutory trust beneficiary under the New York Lien Law. Funds that are due, or would be due, AAI pursuant to its Contracts with 1WTC and/or PA constitute trust assets as to which AAI is trustee for the benefit of the subcontractors and suppliers such as O'Neal.

Upon information and belief, 1WTC and/or PA (together with its construction manager), and AAI, have amended their Contracts to allow 1WTC and/or PA to pay certain subcontractors by joint check and then deduct the amount of such payments from monies that would otherwise be due to AAI pursuant to the Contracts. The Contract funds that would otherwise be due AAI constitute the contractor's trust. The payment or credit of trust funds to 1WTC and/or PA, both non-beneficiaries, is a breach of the New York Lien Law, which requires that trust assets first be applied to existing and future trust obligations. As the recipients of the diverted trust funds, 1WTC and/or PA are constructive trustee for the contractor's trust assets in their possession.

**TIME AND DATE CLAIMS
AROSE:**

The first claim herein arose on or about the date(s) that 1WTC and/or PA installed the stainless steel plate provided by O'Neal in the building located at One World Trade Center, New York, New York, which date is known only to 1WTC and/or PA and their contractors, but is believed to be on or about October 26, 2012.

The second claim herein arose on or about the date(s) that 1WTC and/or PA received payment of (or took credit against) funds that were due to AAI pursuant to the Contracts, which date is known to 1WTC and/or PA and their contractors, but is believed to be on or about October 26, 2012.

PLACE CLAIM AROSE:

Upon information and belief, the first claim arose at the place of installation of the steel plate in the building located at One World Trade Center, New York, New York.

Upon information and belief, the second claim arose at the place(s) of business wherein 1WTC and/or PA received payment of (or credit against) funds that were due to AAI pursuant to the Contracts, i.e., 225 Park Avenue South, New York, New York.

MANNER IN WHICH CLAIM AROSE:

As to the first claim: O'Neal provided several shipments of steel to AAI as contractor to 1WTC and/or PA. AAI did not pay the full value of the material received. Despite knowledge of AAI's failure to pay for the steel 1WTC and/or PA took possession of and installed the material in the realty located at One World Trade Center, New York New, York, and were thereby unjustly enriched.

As to the second claim: 1WTC and/or PA (together with its construction manager), and AAI, agreed to allow 1WTC and/or PA to pay certain subcontractors by joint check and then deduct the amount of such payments from monies that would otherwise be due to AAI pursuant to the Contracts. The Contract funds that would otherwise be due AAI constitute part of the contractor's statutory trust under the New York Lien Law. The payment or credit of Contract funds to 1WTC and/or PA, both non-trust beneficiaries, is a breach of the statutory trust provisions, which require that trust assets be first applied to pay existing and future trust obligations.

ITEMS OF DAMAGE OR INJURY:

As to the first claim: claimant is owed the reasonable value of the stainless steel plate provided by O'Neal and used by 1WTC and/or PA. The claimant has been damaged in an amount that exceeds the jurisdictional limits of all lower courts which might otherwise have jurisdiction, and in an amount to be proven at trial, but not less than \$761,125.59.

As to the second claim: claimant is a statutory trust beneficiary entitled to enforce the fund through, *inter alia*, an accounting; identification, enjoyment, setting aside and recovery of trust diversions; damages for breach of the

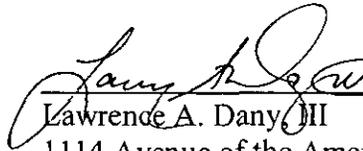
150 4 V 22 NOV 2013
LAW DEPARTMENT
PROPERTY CLAIMS

trust. Claimant has been damaged in an amount equal to the trust funds diverted, and would impress a constructive trust upon the Contract funds held by 1WTC and/or PA, and sue to recover such funds for the benefit of trust beneficiaries.

Claimant, O'Neal Flat Rolled Metals LLC, therefore, presents its claim for adjustment to **THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY** within the time limited for compliance with this demand. In the event of default of said adjustment, Claimant, O'Neal Flat Rolled Metals LLC, intends to commence an action against **THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY** based upon this claim.

Dated: New York, New York
January 14, 2013

SUTHERLAND ASBILL & BRENNAN LLP



Lawrence A. Dany III
1114 Avenue of the Americas
40th Floor
New York, NY 10036
Tel.: (212) 389-5000
Fax: (212) 389-5099

COPY TO:

1 WTC LLC
225 Park Avenue South
New York, NY 10003

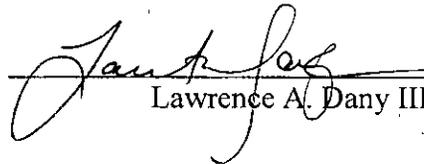
LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 JAN 22 A 9:05

VERIFICATION

STATE OF NEW YORK)
) ss.:
COUNTY OF NEW YORK)

LAWRENCE A. DANY III, an attorney duly admitted to practice in the Courts of the State of New York, affirms under penalty of perjury that:

1. That he is the attorney for the claimant in the above-entitled action with offices located at 1114 Avenue of the Americas, 40th Floor, New York, NY 10036.
2. That he has read the foregoing **NOTICE OF CLAIM** and knows the contents thereof; that the same is true to his knowledge, except as to the matters stated to be alleged upon information and belief, and that as to those matters he believes them to be true.
3. That the reason why this verification is made by deponent instead of the claimant is because the claimant is not within the County of New York, which is the county where deponent has his office.
4. Deponent further says that the grounds of his belief as to all matters in the notice of claim not stated to be upon his knowledge are based upon communications and other papers furnished to him by claimant and interviews with officers and employees of claimant.



Lawrence A. Dany III

Subscribed and Sworn to before me on 14th day of
January 2013.



NOTARY PUBLIC

GUILLERMO VAZQUEZ
Notary Public - State of New York
No. 01VA6080415
Qualified in New York County
My Commission Expires 12/21/2014



BELL,
Subrogation
Since 1976

1 (800) 282-6882
Local: (813) 261-7755
Fax: (813) 289-8864
www.bellcorp.com
Bell@bellcorp.com

January 18, 2013

RE: Our Client: State Farm Ins
Bell File #: 2013000138
Balance Due: \$ 2,263.94
Date of Loss: 4-23-2012

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 JAN 29 A 9:40

Dear : Ms. Michelle,

These are the documents you requested supporting the claim that was placed in our office by State Farm Ins. If you have any questions concerning this account, please contact our office at the telephone number listed above.

Sincerely,

Dana Whitmire
Senior Subrogation Agent ,Ext 1224
Bell, LLC

Dana Whitmire

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 GEICO A/S/O GARY WILLNER Age Address ONE
GEICO BLVD. FREDERICKSBURG, VA 22412

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 12-4-12 Time 9:20 A.M.

4. Place of accident. (Identify with sufficient particularity to distinguish from similar places.) 176TH & HAVEN AVE, MANHATTAN, NY

5. State in full accident occurred. If any of the facts are not known to you from your personal knowledge, indicate the source of your information.
MR WILLNER'S VEHICLE WAS STOPPED DOUBLE PARKED WAITING TO GET INTO PARKING GARAGE AND THE PORT AUTHORITY VEHICLE ATTEMPTED TO GO PAST AND STRUCK HIS VEHICLE

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

7. The amounts of loss claimed are as follows:

PORT AUTHORITY CLAIMS
2013 JAN 18 AM 11:11

a. For medical and hospital expenses	\$N/A
b. For loss of earnings	\$N/A
c. For property damage	\$1038.16
Total	\$1038.16

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.

N/A

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

N/A

9. If claim is made as a result of personal injuries to yourself or any other person, and insured 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

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.

N/A

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 repair and obtain and annex estimate of cost of repair.

1038.16

2009 LEXUS ES350

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

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

THE DRIVER OF THE PORT AUTHORITY VEHICLE STRUCK MR WILLNER'S PARKED VEHICLE

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 conclusion.

MR WILLNER'S VEHICLE WAS STOPPED AND PARKED AT TIME OF IMPACT

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

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

LAW DEPARTMENT
PORT AUTHORITY OF NY & NJ
2017 JAN 18 A 11:11

Dated:

1/4/12

Signed: Anna M. Dwyer for Geccio
Claimant

Affidavit

STATE OF Virginia
COUNTY OF Stafford

Being duly sworn deposes and says:

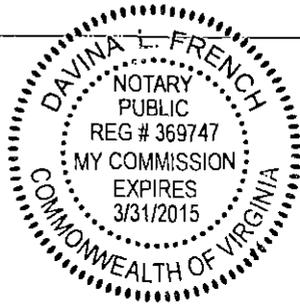
1. That he/she resides at
2. That he/she is the person who signed the foregoing statement of claimant.
3. That said statement of claimant was signed and this Affidavit is made by the deponent for the purpose of inducing The Port Authority of NY & NJ to pay deponent's claim, and that your

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, expecting 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. The 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 examination 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

Davina French



THE FELDLAW FIRM P.C.

150 BROADWAY, SUITE 1703
NEW YORK, NEW YORK 10038

(212) 964-4100
FAX (212) 964-4295
DLF@FELDLAWFIRM.COM

December 5, 2012

Via Regular and Certified Mail

Roger & Sons Concrete Inc.
7 Dey Street, 10th Floor
New York, NY 10007
Certified Mail: 7012 1010 0000 3936 6588

Roger & Sons Concrete Inc.
1475 Route 55
Lagrangeville, NY 12540
Certified Mail: 7012 1010 0000 3936 7899

Silverstein Properties Inc.
7 World Trade Center
250 Greenwich Street
New York, NY 10007
Certified Mail: 7012 1010 0000 3936 7905

Tishman Construction Corporation
666 5th Ave
New York, New York, 10103
Certified Mail: 7012 1010 0000 39367912

Port Authority of New York & New Jersey
225 Park Avenue South
New York, NY 10003
Certified Mail: 7012 1010 0000 3936 7929

Re: Injury to Kenneth D'Auria
Date of Accident: November 28, 2012

Sirs/Madames:

Please be advised that this firm represents the above named individual for injuries he sustained while working as an electrician for Corporate Electric Group at 4 World Trade Center. Mr. D'Auria was injured, according to the accident report, when a concrete pipe burst on the fifth floor.

Accept this letter as notice to your company, including its agents and representatives, to

1/11/13 10:00 AM
2012 DEC 10 PM 12:08

retain and maintain all pertinent evidence in this case including but not limited to the concrete pipe, accident reports, photographs, expert reports, videos, witness statements and minutes/reports of any meeting concerning this accident for the pendency of this matter. Failure to do so will result in a request to the court for sanctions.

Should you wish to discuss this matter please feel free to call or write.

Very truly yours,

A handwritten signature in black ink, appearing to read "David Lewis Feld". The signature is written in a cursive style with a vertical line through the middle of the name.

David Lewis Feld



Afni Insurance Services

P.O. Box 3068 | Bloomington, IL 61702-3068 | Phone 866-856-8150 | Fax 309-820-2626

November 14, 2012

PORT AUTHORITY NEW YORK

225 PARK AVE S
NEW YORK, NY 100031604

RE: Afni File #: 915221
PARKWAY INSURANCE Claim #: 00512987453
Insured: UNI MARCHESE
Your Claim #:
Your Insured: PORTH AUTHORITY
Date of Loss: 8/28/2012
Amount Claimed: \$904.14

Dear Claims :

We are contacting you today on behalf of Parkway Insurance regarding a loss. The facts of the accident indicate your insured is liable for payments that Parkway Insurance made to its policyholder as a result of this loss. Supporting documentation is enclosed for your review.

All payments should be made payable to Afni, include the Afni file number and must be directed to:

Afni Insurance Services
P.O. Box 3068
Bloomington, IL 61702-3068

Should you have any questions, please feel free to contact me at 866-856-8150.

Sincerely,

Michelle Lawson

Michelle Lawson Ext 3577
Subrogation Specialist

2012 NOV 26 A 10:14
LAW DEPARTMENT
PORT AUTHORITY CLAIMS



October 12, 2012

The Port Authority of New York & New Jersey
225 Park Avenue South
New York, New York 10003

RE: **OUR CLAIM NUMBER:** YKRE-013545
OUR INSURED: Baf Trucking
CLAIMANT: Port Authority
DATE OF LOSS: 7/14/2012
CLAIM AMOUNT: \$6,208.89
YOUR CLAIM NUMBER: Unknown

Dear Sir/Madam:

We are the third party administrator for American Alternative Insurance Corp.

Our investigation is complete; attached you will find our subrogation supports. The above amount includes our insured's \$1,000.00 deductible.

We have determined that you are at fault for this loss, and therefore is legally liable for our insured's damages.

Please make checks payable to American Alternative Insurance Corp. and mail to:

York Risk Services Group, Inc.
99 Cherry Hill Road, Suite 102
Parsippany, NJ 07054
Attn: Recovery Unit

Your cooperation is greatly appreciated.

Very truly yours,

Kathy Giesta
Subrogation Examiner
Tel.#781-917-1756

99 Cherry Hill Road, Suite 230, Parsippany, NJ 07054-0253 Phone: (973) 404-1126 Fax: (877) 927-8439

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 OCT 19 A 11:34

MARK E. SEITELMAN

LAW OFFICES, PC.

TRINITY BUILDING

111 BROADWAY, 9TH FLOOR

NEW YORK, NY 10006-1901

212 962-2626

FAX: 212 962-5050

LETTERS@SEITELMAN.COM

October 9, 2012

MARK E. SEITELMAN

MICHAEL GOLDFARB

MIRSADE BAJRAKTAREVIC

DONALD D. CASALE

MARA G. PANDOLFO*

NICHOLAS A. CHIVILY

IRINA ROLLER

CARY S. SMOKE

PATRICK A. LYONS**

OF COUNSEL

LEGAL ASSISTANTS

ELINA ZHURAVLEVA

NATALYA CYADUKYAN

SHERRY HECKSTALL

MONTFORT AMERIS, JR.

ARELIS ALMONTE

SONIA WEEKES

OFFICE ADMINISTRATOR

MINNA S. MONTE

*ALSO ADMITTED IN NJ AND DC

**RETIRED

REGISTERED MAIL-R.R.R.

The Port Authority of New York & New Jersey

225 Park Avenue South. 13th Floor

New York, NY 10003

Attention: Claims Department

Re: Claimant: Alyson Aulet
Insured: The Port Authority of NY & NJ
Claim No.: Please Provide
D/A: 09/15/12

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 OCT 12 A 11:06

Dear Sir or Madam:

Please be advised that our office represents the above entitled who was involved in an automobile accident on the above date at the stated location.

Enclosed please find a completed no-fault application for benefits on behalf of our client.

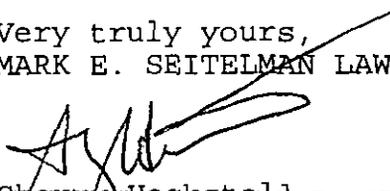
Also, enclosed please find a copy of the police report.

Please be advised that the other vehicle involved in this accident may not have sufficient liability coverage to compensate my client for the injuries sustained. Therefore, I hereby place you on notice of a claim under the Uninsured/Underinsured portion of your insured's policy.

Kindly communicate with the undersigned with reference to each and every aspect of this matter.

Thank your for your anticipated cooperation in this matter.

Very truly yours,
MARK E. SEITELMAN LAW OFFICES, P.C.


Sherry Heckstall
Paralegal

MG:sh

Enc.

Registered Mail R.R.R#:223 622 012 US

Cellino & Barnes p.c.

ATTORNEYS AT LAW

The Graybar Building, 420 Lexington Avenue, Suite 930
New York, New York 10170

Tel: (800) 621-2020
Fax: (877) 227-8020
www.cellinoandbarnes.com

March 21, 2013

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED
and U.S. FIRST CLASS MAIL

Lisa F. King
Agatino LaTorre, Jr.
John E. Lavelle
John W. Looney
Michael J. Lovecchio
William J. Loyd
Brett L. Manske
James E. Maslyn
John C. Murrett, Jr.
Christian R. Oliver
Joshua C. Olmstead
Stephen A. Saltzman
Robert A. Scalone
Robert J. Schreck
Jeffrey C. Sendziak
John A. Sheehan
John H. Shields
Allan M. Silverstein
Joe A. Vazquez
Robert L. Voltz
Michael J. Williams
K. John Wright
Daryl P. Ciambella
Chief Operating Officer
Scott K. Rohring
1970 - 2012

Stephen E. Barnes
Ross M. Cellino
Richard P. Amico
Richard J. Barnes
Denis J. Bastible
Richard M. Borrelli
Alex Bouganim
Dylan J. Brennan
Robert B. Brown
Bruce S. Cantin
Joseph J. Capetola
Scott D. Carlton
Erik W. Centner
Stephen C. Ciocca
Michael J. Cooper
Christopher D. D'Amato
Nicholas B. Davis
Sandy A. Fazili
Steven M. Fleckner
Brian A. Goldstein, M.D., J.D.
David M. Goodman
George R. Gridelli
Timothy R. Hedges
Sean P. Kelley

Special Counsel
Gregory V. Pajal
Ellen B. Sturm
Port Authority of New York & New Jersey
225 Park Avenue South, 18th Floor
New York, NY 10003

2013 MAR 25 A 9:48
PART 201
PORT AUTHORITY CLERK

RE: Our Client : Andrew Igbodudu
Date of Accident : March 14, 2013

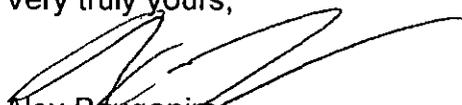
Dear Sir/Madam:

Please be advised that this law firm has been retained by the above-referenced individual in regard to personal injuries sustained as a result of a slip and fall on your premises.

Demand is hereby made that any and all videos and/or photographs depicting the accident and the scene of the accident for a period of five hours prior to the accident be preserved. Failing to preserve these will result in a motion for the spoliation of evidence should this case proceed to litigation. In addition, it is requested that copies of the accident report and any and all investigative materials be forwarded to my office at your earliest possible convenience.

Please contact our office to notify us of the name of your insurance carrier. We would also request that you forward this letter to your insurance carrier including any primary, excess and/or umbrella carriers, with the request that the appropriate adjuster correspond with me about this matter. Your failure to promptly notify your insurance company or companies of the subject incident may result in a denial of coverage by your insurance company. If you are denied insurance coverage, you could have personal responsibility for any obligations that may arise from this incident.

Very truly yours,


Alex Bouganim
(212) 804-7400 x526

NOTICE OF CLAIM

TO: Port Authority of New York and New Jersey
225 Park Avenue South, 15th Floor
New York, New York 10003
Via Registered Mail – Return Receipt Requested

Port Authority of New York and New Jersey
c/o Law Department of the Port Authority of New York and New Jersey
1 PATH Plaza, 7th Floor
Jersey City, New Jersey 07036
Via Registered Mail – Return Receipt Requested

2013 MAR 20 P 2:23
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

Name and Post Office Address of each Claimant and its Attorney:

- a. Claimant: DCM Erectors, Inc.
- b. Claimant's address: 110 East 42nd Street, New York, New York 10017
- c. Claimant's Attorney: Christopher G. Fusco, Esq., Callahan & Fusco, LLC
- d. Attorney Address: 72 Eagle Rock Avenue, Suite 320, East Hanover, New Jersey 07936

Nature of Claim:

This claim against the Port Authority of New York and New Jersey's ("PANYNJ") arises out of the Claimant's contract with the PANYNJ for the construction of World Trade Center Transportation Hub ("Hub"). As per the request of the PANYNJ and/or its representatives and/or agents, Claimant has furnished significant amounts of extra work (i.e. outside the scope of the contract) towards the completion of the Hub project, yet Claimant remains unpaid. Claimant, as per the unilateral decisions of the PANYNJ and/or its agents and/or representatives, has submitted numerous requests for Pending Identification Notifications ("PIN") to the PANYNJ for Claimant's extra work and has submitted requests for Post Award Contract Changes ("PACC") in an effort to have the PANYNJ provide approved Change Orders, allowing Claimant to bill for its services. Despite numerous requests for resolution, there still remain in excess of seventy (70) PINs and approximately eight (8) PACCs that still have yet to be reviewed by the PANYNJ and/or its agents and/or representatives. Due to the PANYNJ's actions, including but not limited to its breach of contract, material breach of contract, fraud, conversion, breach of fiduciary duty, bad faith, breach of duty of fair dealing, negligent misrepresentation, unjust enrichment, and quantum meruit, as well as any and all violations of any agreement between the parties, any applicable statute, or violation of

any duty under law or equity, the Claimant has been damaged. The PANYNJ has also, despite repeated demand by Claimant, refused to establish a uniform process for the submission of PINs, PACCs, Change Orders, and requests for payment, and instead operates by an arbitrary process (unknown to the Claimant) meant to only frustrate a contractor's request for payment for its work. The foregoing also constitutes a breach of contract by the PANYNJ. The actions on the part of the PANYNJ have caused the Claimant to suffer numerous economic damages, including, but not limited to, cash flow issues, attorney's fees, layoffs, employee deferrals, inability to pay vendors and bills, inability to acquire credit facilities, inability to bid for work on other construction projects, and various types of litigation.

The time when, the place where and the manner in which the claim arose:

The PANYNJ has, since approximately September 2012, refused and/or ignored the Claimant's repeated request to be paid for its extra work on the Hub and Claimant's demand for a uniform submission process of request for payment, as well as submission of PINs, PACCs, and Change Orders.

(rest of page left intentionally blank for Verification)

Damages: Without waiving any right to supplement this Notice of Claim, the Claimant has suffered persistent economic damages due to the PANYNJ's refusal to pay the Claimant for its extra work, including, but not limited to, cash flow issues, attorney's fees, layoffs, employee deferrals, inability to pay vendors and bills, inability to acquire credit facilities, etc., which may well exceed \$25,000,000.00. Claimant will also suffer prospective economic damages after the date of this notice of claim for so long as Claimant remains unpaid for its extra work performed.



Larry Davis
President, DCM Erectors, Inc.

State of New York
County of New York
Subscribed and sworn to (or affirmed) before me
this 14th day of March, 2013.
By Larry Davis
Personally known OR produced identification
Type identification produced _____

Sworn to before me this
14th day of March, 2013

Suzanne Martinucci
Notary Public

Suzanne Martinucci
Notary Public

SUZANNE MARTINUCCI
Notary Public, State of New York
No. 01MA6250297
Qualified in New York County
Commission Expires October 24, 2015

LAW DEPARTMENT
PERF AUTHORITY CLAIMS
2013 MAR 20 P 2:23

State Farm Mutual Automobile Insurance Company



Auto Claim Central
PO Box 8021
101 State Farm Place
Ballston Spa, New York 12020-8014

April 2, 2012

Port Authority of New York & New Jersey
2 Montgomery St Fl 4
Jersey City NJ 07302

RE: Claim Number: 30-0Q49-003
Date of Loss: January 24, 2012
Location of Loss: NJ Turnpike Exit 13A
Our Insured: Aliaksand Haroshka
Your Claim No: pends

2012 JUN 12
LAW DEPARTMENT
PORT AUTHORITY
PROPERTY CLAIMS
P 12:46

To Whom It May Concern:

[Notice of Claim]

In the Matter of the Claim of State Farm Fire and Casualty Company against NYFD

PLEASE TAKE NOTICE that I, State Farm Fire and Casualty Company, the undersigned, pursuant to the Statutes in such cases made and provided, do hereby make claim against the New York & New Jersey Port Authority, the sum of \$ pends and in support of such claim do state the following:

1. My name is State Farm Fire and Casualty Company and my post office address is: State Farm Auto Claims, P.O. Box 8021, Ballston Spa, NY 12020.
2. The claim is one against New York & New Jersey Port Authority for damages sustained to a 2003 Honda Accord, owned by Aliaksand Haroshka.
3. The time this claim arose and damages hereinafter alleged were sustained at approximately 12:30PM on January 24, 2012.
4. The particular place of the sustaining of such damages was Exit 13A on the New Jersey Turnpike.
5. The said damages for which claim is hereby made arose in the following way:

TO WIT: Our insured was pulling from the toll booth when a ladder that was placed against the booth fell on our vehicle.

WHEREFORE, I respectfully request that this, my claim, be allowed and paid by the said name.

Date: April 2, 2012

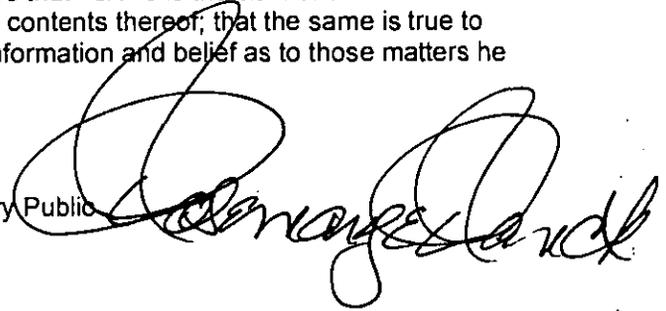
State Farm Fire and Casualty Company
(800) 949-3494 Ext. 4004

Robert DelGuercio on behalf of State Farm Insurance

State Farm Fire and Casualty Company, being duly sworn, says that he/she is the claimant named in the foregoing claim; that he/she has read the same and knows the contents thereof; that the same is true to his/her own knowledge except as to the matter alleged upon information and belief as to those matters he believes is to be true.

Dated: *April 20-12*

Notary Public



COUNTY OF : Saratoga
STATE OF NEW YORK

ROSEMARYE RANCK
NOTARY PUBLIC-STATE OF NEW YORK
No: 01RA6225226
Qualified in Saratoga County
My Commission Expires July 19 *2014*

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2017 JUN 12 P 12:46

0014

At this point, since only 260 trips (out of the 400 paid trips) have been loaded in my card, I am claiming the remaining 140 paid trips. To expedite delivery, I request that they be delivered to me via a new SmartLink card pre-loaded with the 140 trips.

Also, for the enormous inconvenience and inordinate amount of time spent in dealing with the limitations of the SmartLink system, the inadequacy of supporting SmartLink Customer Service, and for the inappropriate decision of PATH Management to use a fare rate not in effect at time of purchase, I am asking for a commensurate amount of re-consideration and goodwill from PATH Law Department to decide in my favor so I may put closure on my claim to have PATH deliver all 400 trips I purchased on September 30, 2012.

Below are e-mail correspondences.

From:
Sent: Wednesday, February 20, 2013 11:15 PM
To: 'smartlinkservice@panynj.gov'
Subject: URGENT Please Help - SmartLink 0161 0199 2290 1147 0086
Importance: High

To Whom it May Concern:

I am escalating my case to your attention as your Customer Service could not help. I purchased ten 40-trips on Sep 30, 2012, before the PATH rates went up. My expectation was that my SmartLink card will be replenished with all 400-trips I purchased. When I called Customer Service sometime in Oct-Nov, 2012 to inquire why only 80 trips were loaded, I was informed that there was a limit to the card replenishment, and that I should not be worried because my card will be replenished automatically when it goes below the threshold for replenishment. Now, I see that the remaining seven 40-trips are marked 'expired', and hence, my card was not replenished automatically, as promised.

As shown on my on-line account status, of the 400 trips I purchased on Sep 30, 2012, to-date, only 120 were loaded on my SmartLink card. I request that my SmartLink card be replenished urgently with the remaining 280 trips I paid for on Sep 30, 2012.

The recommended solution of Customer Service Manager, Sandy White-Robinson is NOT Acceptable. She offered to activate and replenish my SmartLink card with current rates. This is UNACCEPTABLE!

- 1) PATH took my \$600.00 for 400 trips on Sep 30, 2012 – I am entitled to 400 trips on my SmartLink card.
- 2) The \$600 transaction was executed on Sep 30, 2012. I am NOT purchasing the trips today.
- 3) There is no mention or notice of purchases expiring after a period of time
- 4) There is no mention or notice of caps or limits on replenishments on the SmartLink card

This is a major inconvenience!! - having to follow-up a number of times on a purchase I am entitled to in the first place! Empower your Customer Service Manager-in-Charge – she is so inadequately powerless to resolve PATH's system limitation. A problem with your system should not penalize customers like me.

Your urgent attention is requested as my SmartLink card's balance, as of this writing, is now down to 8. I am unwilling to purchase additional trips as I have 280 trips waiting to be activated and loaded into my SmartLink card listed on the subject line. Please replenish my card ASAP!

Please confirm via return e-mail to confirm that you have activated and loaded the remaining 280 trips on my SmartLink card. I can be reached at _____ during business hours.

Looking forward to your prompt action.

Thanks,
Didi Molano

From:
Sent: Saturday, February 23, 2013 1:21 AM
To: 'smartlinkservice@panynj.gov'
Subject: RE: URGENT Please Help - SmartLink 0161 0199 2290 1147 0086
Importance: High

Any update on this please? My SmartLink card balance is down to 4. Awaiting your immediate replenishment of the remaining 280 trips on my SmartLink card. Kindly confirm back!!

Thank you,
Didi Molano

From:
Sent: Wednesday, February 20, 2013 11:15 PM
To: 'smartlinkservice@panynj.gov'
Subject: URGENT Please Help - SmartLink 0161 0199 2290 1147 0086
Importance: High

NOTICE: THIS E-MAIL AND ANY ATTACHMENTS CONTAIN INFORMATION FROM THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY AND AFFILIATES. IF YOU BELIEVE YOU HAVE RECEIVED THIS E-MAIL IN ERROR, PLEASE NOTIFY THE SENDER IMMEDIATELY, PERMANENTLY DELETE THIS E-MAIL (ALONG WITH ANY ATTACHMENTS), AND DESTROY ANY PRINTOUTS.

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

N/A

7. The amounts of loss claimed are as follows:

Claim:

- (a) At this point, since only 260 trips (out of the 400 paid trips) have been loaded in my card, I am claiming the remaining 140 paid trips. To expedite delivery, I request that they be delivered to me via a new SmarttLink card pre-loaded with the 140 trips.
- (b) For the enormous inconvenience and inordinate amount of time spent in dealing with the limitations of the SmartLink system, the inadequacy of supporting SmartLink Customer Service, and for the inappropriate decision of PATH Management to use a fare rate not in

effect at time of purchase, I am asking for a commensurate amount of re-consideration and goodwill from PATH Management.

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

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

N/A

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

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

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.

N/A

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.

When PATH Management decided to re-instate the expired trips, PATH Management should not have recalculated the number of trips using a rate different from the one in effect at time of purchase.

SmartLink Customer Service Center inadequately handled SmartLink systems's major limitations.

The only saving grace to this ordeal is PATH Customer Service (Chris) who was able to respond more efficiently than Addison C Lovell and SmartLink Customer Service staff.

2012 MAR 28 P 2 11
LAW DEPARTMENT
PORT AUTHORITY CLERKS

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 am not at fault as I have followed all the instructions to complete and activate the purchase of 400 trips on September 30, 2012.

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

E-mail correspondences enclosed.

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

Dated: 21 MARCH, 2013

M. D. V. New
Claimant

AFFIDAVIT

STATE OF NEW JERSEY
:
:
COUNTY OF SOMMERSET :

ss:

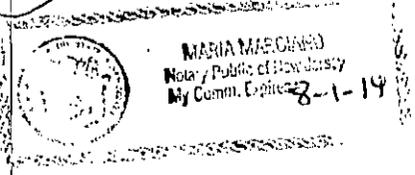
Being duly sworn deposes and says:

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 21st day of March, 2013

M. D. V. New
Claimant

[Signature]
Notary Public



Clark Law Firm, P.C.
1074 Broadway, Suite 101
West Long Branch, NJ 07764
732-443-0333
732-272-1685 (fax)
Attorneys for Plaintiffs

GYLMAR SIMOES,

Plaintiff,

v.

**CITY OF NEWARK; CITY OF NEWARK
TAXI CAB COMMISSION; PORT
AUTHORITY OF NEW YORK & NEW
JERSEY; STATE OF NEW JERSEY
OFFICE OF THE ATTORNEY GENERAL**

Defendants

**NOTICE OF TORT
CLAIM**

Pursuant to NJS 59:8-4, Claimant, hereby gives Defendants, public entities, City of Newark, City of Newark Taxicab Commission, Port Authority of New York and New Jersey, State of New Jersey, Office of the Attorney General Notice of the within tort claim.

TO: Attention: City of Newark
920 Broad Street
Newark, New Jersey 07102

Attention: City of Newark Taxicab Commission
920 Broad Street
Newark, New Jersey 07102

Attention: Port Authority of New York and New Jersey
225 Park Avenue South
New York, New York 10003

Attention: State of New Jersey, Office of the Attorney General
P.O. BOX 080
Trenton, New Jersey 08625

CLAIMANTS

1. Mr. Gylmar Simoes

ATTORNEY ADDRESS TO SEND ALL NOTICES

Gerald H. Clark, Esq.
Clark Law Firm
1074 Broadway, Suite 101
West Long Branch, NJ 07764
732-443-0333
732-272-1685 (fax)

DATE, PLACE & OTHER CIRCUMSTANCES OF THE OCCURRENCE

1. Upon information and belief, this incident occurred on or around November 21, 2012 between 5 p.m. and 7 p.m. Gylmar Simoes sustained _____ as the passenger in taxicab number 557 owned by the Newark Taxicab Commission when said taxicab was involved in a motor vehicle collision on the Verrazano Bridge, Staten Island/Brooklyn, New York

Claimant reserves the right to amend the aforementioned response throughout the course of discovery.

PLAINTIFFS' DAMAGES

Claimant, Gylmar Simoes suffered injuries which will be provided at a later date.

Claimant reserves the right to amend the aforementioned response throughout the course of discovery.

PUBLIC ENTITIES RESPONSIBLE

1. City of Newark
920 Broad Street
Newark, New Jersey 07102
2. City of Newark Taxicab Commission
920 Broad Street
Newark, New Jersey 07102
3. Port Authority of New York and New Jersey
225 Park Avenue South
New York, New York 10003
4. State of New Jersey, Office of the Attorney General
P.O. BOX 080
Trenton, New Jersey 08625

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 JAN - 2 P 3: 03

Claimant reserves the right to amend the aforementioned response throughout the course of

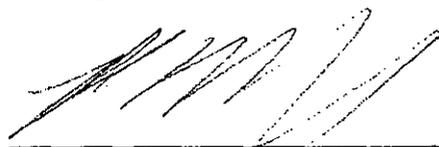
discovery.

AMOUNT OF DAMAGES

Claimant has suffered _____ as a result of this incident. Mr. Simoes will be making claims in connection with this incident in an amount that has yet to be determined, but will be provided at a later date.

Claimant reserves the right to amend the aforementioned response throughout the course of discovery.

Clark Law Firm, P.C.
Attorneys for Claimant,



ROB MORELLO
For the Firm

RM:jen

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 JAN - 2 P 3: 03

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

STATEMENT OF CLAIMANT

TRACKMAN I
9096

For Damages Due To An Accident

QUINCY DEWITT 53

1. Claimant's Name: Age: Address:

NIA

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.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 JAN - 11 PM 2:08

11-8-2012

0300 AM

3. Date of Accident: Time: MACMILLAN BLDG
120 ACADEMY ST, JERSEY CITY NJ PARKING LOT.

4. Place of Accident. (Identify with sufficient particularity to distinguish from similar places.)
JEREMENKO TADEUSZ A PATH EMPLOYEE WAS ROWING
THE MACMILLAN BLDG PARKING LOT AND HIT MY
CAR A NISSAN ALTIMA IN THE REAR BUMPER & ~~TRUNK~~

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.

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

7. The amounts of loss claimed are as follows:

- (a) For medical and hospital expenses
- (b) For loss of earnings
- (c) For property damages

N/A

\$

\$

\$

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.

N/A

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

N/A

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 JAN -4 PM 2:08

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.

N/A

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.

~~2006~~ 2006 NISSAN ALTIMA REAR
BUMPER & TRUNK

REPAIRS 2844.07
DEDUCTIBLE 500.00

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

JERZEMENKO TADEUSZ A PATH EMPLOYEE, HIT MY
CAR WHILE PLOWING THE SNOW AND REPORTED IT
TO HIS SUPERVISOR. ■

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.

PARK MY CAR AT MACMILLAN BLDG, WHEN TO
WORK, RETURN HOURS LATER AND SAW MY CAR
WAS DAMAGE.

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.

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: 1-2, 2013

Signed: [Signature]
Claimant

AFFIDAVIT

STATE OF New Jersey :
 :
COUNTY OF Union :

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 JAN 4 P 2:08

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
2 day of January, 2013

[Signature]
Notary Public

[Signature]
Claimant

DEBORAH L. ZUKOVICH
NOTARY PUBLIC OF NEW JERSEY
MY COMMISSION EXPIRES OCT. 19, 2015

In the Matter of the Claim of

2013 JAN -4 P 4: 10

KEMRAJ S. BEERAM and TULSIEDAI BEERAM

Claimants,

-against-

PORT AUTHORITY OF NEW YORK & NEW JERSEY

Respondent.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 JAN -4 P 4: 39

TO: Port Authority of New York & New Jersey, 225 Park Avenue South, 15th Fl., New York, New York 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 claimants' attorneys is:

Claimants

Kemraj Beeram

Tulsiedai Beeram

Attorney

Parker Waichman LLP
6 Harbor Park Drive
Port Washington, NY
11050
(516) 466-6500

2. Nature of Claim: The nature of the claim is for sustained by **Kemraj Beeram** 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 & 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 Respondent of the **building located on the premises of JFK International Airport known as building no. 75 located at JFK Expressway and South Cargo Road, Jamaica, New York 11430, specifically, within the interior of the building**, in failing to properly maintain said premises; in allowing the operation of a Hi-Lo/Forklift within said premises; in negligently allowing the operation of a Hi-Low Forklift within said premises; in allowing the improper operation of a Hi-Lo/Forklift within said premises; in allowing a defective Hi-Lo/Forklift to be operated within

said premises; in failing to supervise the operation of the Hi-Lo/Forklift within said premises; in failing to inspect the Hi-Low/Forklift then and there being operated within said premises; in failing to monitor the operation of the Hi-Low/Forklift within said premises;; in failing to maintain the Hi-Lo/Forklift then and there being operated within the premises; in allowing the Hi-Lo/Forklift to be operated in reverse without any backup horn or any alarm or warning lights; in operating the Hi-Lo/Forklift without any safety spotter or other means to protect those pedestrians traversing in the area the Hi-Lo/Forklift was operated; 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 repair said sidewalk 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 within the premises thereat; in failing to avoid the aforesaid accident which was foreseeable; and in being otherwise negligent, careless, reckless and grossly negligent in the premises.

3. The time when, the place where and the manner in which the claim arose:

The accident arose on March 20, 2011 at approximately 6:45 p.m., at the building located on the premises of JFK International Airport known as building no. 75 located at JFK Expressway and South Cargo Road, Jamaica, New York 11430, specifically, within the interior of the building for which Menzies Aviation was a tenant thereat, while claimant, **Kemraj Beeram**, lawfully traversing on the premises as an employee of Jetway Security as a security guard, was struck by the Hi-Lo/Forklift then and there being negligently operated within the premises resulting to said claimant as a result of the negligence, carelessness, recklessness and gross negligence of the **Port Authority of New York & New Jersey and/or its agents, servants, and/or employees.**

4. Items of Damage: Claimant, **Kemraj Beeram**, sustained

Claim is for _____ and all other damages to which claimants are 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 claimants intend 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 on behalf of claimant **Kemraj S. Beeram.**

Claimant, **Tulsiedai Beeram**, has sustained

in an amount not to exceed the sum of TWO MILLION (\$2,000,000) DOLLARS on behalf of claimant, **Tulseidai Beeram**.

Dated: Port Washington, New York
January 2, 2013

2013 JAN - 4 P 4: 39
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

From:**Sent:** Tuesday, December 11, 2012 8:54 AM**To:** WebFeedback**Subject:** Feedback Information -- Vehicle Damage at the GWB -- C. Heimann

Regarding Subject:

GWB

Car Damage

Comments: While crossing the GWB on the night of Sunday, Dec. 9th at 6:30PM, I struck an unseen object on the far right lane of the upper deck, and immediately blew my 2 right tires. This event was reported to the authorities at the GWB by the driver of the flat bed truck of the TBTA, who towed me across the Henry Hudson Bridge to the Bronx. The damage included the blown sidewalls of the 2 tires, and it required my replacing both tires and wheels at a cost of approx. 850. These tires had just been purchased 2 weeks previously. Please advise how I should proceed. Carol Heimann

Personal Information:

First Name: Carol

Last Name: Heimann

Email:

Company:

Mailing Address:

Mailing Address:

City:

State:

Zip Code:

Country: US:United States

Phone Number:

Others that Apply to: Commuter, E-ZPass Holder,

The information in this letter and outline is documented by phone logs, written communication with the American Automobile Association, eye witnesses, Iphone pictures, and the responding Port Authority personnel who eventually arrived at the scene.

I am seeking a written response from the Mayors Office as the ultimate Coordinator for all security and interagency communications, the Police Department on the complete failure of the 911 system to send emergency vehicles, Homeland Security on why there are no security cameras in this area to prevent terrorist attacks that could significantly affect NYC transportation in this area and finally, the Port Authority, whose lack of awareness, at this time of heightened security, is completely unacceptable particularly when advised by an outside agency, i.e., American Automobile Association, that an emergency has occurred on their property.

In the written responses from the parties addressed in this letter I am seeking an explanation as to why I was not aided and what steps will be taken to correct the failures identified in this letter and outline so this situation never occurs again.

Sincerely,

Susan C. Drop

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 JAN -4 A 9 32

GEORGE WASHINGTON BRIDGE TRAFFIC ACCIDENT SEQUENCE OF EVENTS
SUSAN DROP
DECEMBER 8, 2012

ON DECEMBER 8, 2012, AT APPROXIMATELY 1125 AM SUSAN DROP ,
AND HER DAUGHTER IN LAW, HEIDI, CROSSED THE GW
BRIDGE ON THE LOWER LEVEL FROM NEW JERSEY IN A 2003 RED CHEVY
TAHOE WITH THE INTENTION OF HEADING INTO NEW YORK CITY VIA THE
HENRY HUDSON PARKWAY.

AFTER CROSSING THE BRIDGE, SUSAN ENTERED THE LOWER LEVEL
EXIT RAMP LEADING TO THE SOUTHBOUND HENRY HUDSON PARKWAY. UPON
ENTERING THE EXIT RAMP, THE ROAD HEADS DOWNWARD LEADING TO A
UNDERPASS WHERE THE DRIVER NEEDS TO NEGOTIATE A 90 DEGREE RIGHT
TURN WHILE IN THE UNDERPASS TO GET ON THE HENRY HUDSON PARKWAY
SOUTHBOUND.

WHILE ENTERING THE UNDERPASS AND NEGOTIATING THE RIGHT TURN,
SUSAN'S VEHICLE ENCOUNTERED A SECTION OF BLACK ICE CREATED BY
LEAKS IN THE ROOF OF THE UNDERPASS AS THE OUTSIDE TEMPERATURE
WAS NEAR FREEZING THEREBY CREATING EXTREMELY HAZARDOUS DRIVING
CONDITIONS IN THE UNDERPASS.

UPON ENCOUNTERING THE SECTION OF BLACK ICE IN THE UNDERPASS,
THE VEHICLE SLID TO THE RIGHT SPINNING 180 DEGREES, THE PASSENGER
SIDE REAR NOW STRIKING THE RETAINING WALL SHEARING OFF THE RIGHT
REAR WHEEL COMING TO REST FACING ONCOMING TRAFFIC. FORTUNATELY
THERE WERE NO VEHICLES IN FRONT OR BEHIND SUSAN. THE TRUCK ENDED
UP AGAINST THE RETAINING WALL WITH THE WHEEL BROKEN OFF UNDER
THE TRUCK RENDERING THE VEHICLE INOPERABLE AND IMMOVABLE. BOTH
SUSAN AND HER PASSENGER WERE ABLE TO EXIT THE VEHICLE, WALK UP THE
RAMP AND FIND A SAFE AREA TO REPORT THE ACCIDENT

THE OUTLINE OF WHAT HAPPENED NEXT IS OUTLINED BELOW:

1129 AM FIRST 911 CALL FROM CELL PHONE (310-691-4608) REPORTING
ACCIDENT AND LOCATION REQUESTING ASSISTANCE. DURATION 2 MINUTES

1153 AM SECOND 911 CALL REPORTING ACCIDENT AND LOCATION
REQUESTING IMMEDIATE ASSISTANCE. DURATION 1 MINUTE.

1156 AM AAA NOTIFIED REQUESTING IMMEDIATE ASSISTANCE BY SUSAN'S
SON, ERIC, FROM PARK RIDGE, NEW JERSEY.

1202 PM FIRST AUTO (HYUNDAI) STRIKES SUSAN'S TRUCK COMING TO
REST FORWARD OF SUSAN'S TRUCK IN THE LEFT LANE.

1203 AM THIRD 911 CALL. REPORTING MULTIPLE CAR ACCIDENT

1207 PM FOURTH 911 CALL. DURATION 30 SECONDS

2013 JAN - 11 9:32
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

1216 PM PORT AUTHORITY (PA) , IN DISCUSSIONS WITH AAA SAY EXIT IS COVERED BY CAMERAS, PATROLLED AND THERE IS NO ACCIDENT.

1227 PM AAA BOUNCED AROUND PA NUMEROUS TIMES. EVERYONE AT PA SAYS THERE IS NO ACCIDENT AND AAA HAS NO JURISDICTION ON THE BRIDGE.

1232 PM SECOND VEHICLE (NISSAN) STRIKES SUSAN'S TRUCK HEAD ON DEPLOYING ALL AIRBAGS. ACCIDENT IS NOW 3 CAR ACCIDENT WITH NUMEROUS APPROACHING VEHICLES SLIDING AND SKIDDING UNDER THE UNDERPASS TO AVOID THE 3 VEHICLES

1234 PM FIFTH 911 CALL REPORTING MULTIPLE CAR PILEUP REQUESTING IMMEDIATE ASSISTANCE. DURATION 5 MINUTES. IT IS NOW OVER AN HOUR SINCE FIRST 911 CALL.

1239 PM NOW AAA SUPERVISOR INVOLVED. CONTACTS WITH PA TELL AAA THEY DO NOT SERVICE THIS AREA,

1252 PM AAA STATION ADVISED PA DEFINITELY RESPONSIBLE FOR AREA WHERE ACCIDENT TOOK PLACE.

1250 PM PA SUPERVISOR, JOHN MIRCOVITCH, ON HIS REGULAR TOUR OF THE AREA COMES UPON THE ACCIDENT SCENE, CALLS IN THE ACCIDENT TO PA OPERATIONS ASKING FOR ASSISTANCE. PA OPERATIONS INDICATES IT IS UNAWARE OF THE ACCIDENT AND SENDS ASSISTANCE.

1254 PM AAA SPOKE TO PA AND WAS ADVISED HELP AND POLICE ARE ON THE WAY TO THE ACCIDENT SCENE.

1259 PM PA POLICE ARRIVE FOLLOWED BY FLATBED TRUCKS TO MOVE VEHICLES FROM UNDERPASS.

2 PM VEHICLES PLACED ON 178TH STREET BY PA, THEN DEPART. AAA NOTIFIES SUSAN'S HUSBAND, RAYMOND, WHO HAS ARRIVED TO ASSIST SUSAN, THAT TOWING ARRANGEMENTS WILL BE MADE TO TOW SUSAN'S VEHICLE TO NEW JERSEY.

5 PM SUSAN'S CHEVY TAHOE TOWED TO NEW JERSEY.

ONCE PA PERSONNEL ARRIVED ON THE SCENE, THEY WERE COURTEOUS, WORKED QUICKLY AND EFFICIENTLY TO CLEAR THE AREA AND SPREAD A SALT/SAND COMPOUND IN THE UNDERPASS ON THE BLACK ICE. WHILE PA PERSONNEL WERE ON THE SCENE CARS COULD BE SEEN SLIPPING AND SLIDING ON THE SLIPPERY SURFACE. MR. MIRCOVITCH AND HIS CREW DID AN EXCELLENT JOB.

CONTACTS:

SUSAN DROP

JOYCE BIANK

JOHN MIRCOVITCH
PORT AUTHORITY OPERATIONS SUPERVISOR
ARRIVED AT ACCIDENT SCENE

PORT AUTHORITY POLICE REPORT
12G-1957 (NOT AVAILABLE AS OF 12/24/12)

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 JAN -4 A 9:32

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

EDWARD L. BRIGANTE 59

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.

MAY 18 2012

APPROX 4:30

3. Date of accident Time

LEAVING TERMINAL A TO GET RENTAL CAR AT ENTERPRISE RENTAL

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

GOING UP ESCALATOR TO GET RENTAL CAR

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.

APPROX. 1/3 WAY UP MY BAG "CARRY ON" SHOULDER - GOT CAUGHT IN SIDE RAIL (L) SIDE BAG WAS IN MY LEFT HAND WHEN THE ACCIDENT HAPPENED

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 JAN - 2 A 10:46

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

LOIS BRIGANTE (WIFE)
LADY THAT I FELL ON TOP OF. ???

7. The amounts of loss claimed are as follows:

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

Total \$ _____

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

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

Attached from Tests & Doctors

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 JAN - 2 A-10-4b

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

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

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

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

Bills ARE still coming in this is what I HAVE AS OF
DEC. 16 2012

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

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

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

MY BAG FOUND OPENING BETWEEN S/S PLATES. IT SEEM TO
ME THAT THE PLATES WERE NOT LOCKED IN OR SECURED TO EACH OTHER.

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.

IT IS WHAT IT IS AND IT HAPPENED THE WAY I
SAID

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

Bills, Dr's findings

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

Dated: DEC. 17, 20 12

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 JAN - 2 A 10-46



[Signature]
Claimant

AFFIDAVIT

STATE OF

COUNTY OF

:
:
ss:
:

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
10 day of DEC, 20 12

[Signature]
Notary Public

[Signature]
Claimant



December 31, 2012

From: Doreen Foley

To: Manager, Claims Dept
The Port Authority of NY and NJ
225 Park Ave South, 13th floor
New York, NY 10003

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 JAN -4 A 9:06

Dear Claims Department:

Back in November I sustained damage to a tire and rim after driving over a pothole in the westbound left lane just after crossing the George Washington Bridge. I am happy I was able to avoid an accident or injury.

I submitted online feedback regarding this pothole and was informed via email, by Charlene Allen, that the road has been repaired.

I am enclosing copies of the bills for both the rim and the tire and would be grateful for any reimbursement assistance.

Sincerely,



Doreen P. Foley

GILL & CHAMAS, L.L.C.

Mailing Address:

P.O. Box 760
Woodbridge, New Jersey 07095

Physical Address:

655 Florida Grove Road
Woodbridge, New Jersey 07095

732-324-7600

732-324-7606 Fax

Website: www.GillandChamas.com

RAYMOND A. GILL, JR. *†
Certified with National Board of Trial Advocacy
PETER CHAMAS *†
JAMES PAGLIUCA
MICHAEL J. HANUS
PAUL K. CALIENDO *†
KEVIN L. PARSONS †
ROBERT J. ADINOLFI

Certified by the Supreme Court of New Jersey as a Civil Trial Attorney †
Member of NJ and VA Bars *
Member of NJ and PA Bars *

E-Mail: RGill@gillandchamas.com



ERROLL J. HAYTHORN *
DAVID H. LANDE **
MAX J. STAGLIANO °
RICHARD T. SMITH *
WILLIAM A. BOCK
THOMAS DE SENO
ANTHONY J. VINDIGNI *
MARK J. JAFFE *

Member of NJ and NY Bars °
Member of NJ and MA Bars °

ROBERT LEIGHT
1999-2010

Port Authority of New York and New Jersey
Attn: Law Department
Journal Square Transportation Center
1st Floor
1 PATH Plaza
Jersey City, NJ 07306

RE: Kathleen Brancasi v. Port Authority of New York and New Jersey

NOTICE OF CLAIM

(McKinney's Unconsolidated Laws of NY § 7107 et seq.)

1. NAME AND POST OFFICE ADDRESS OF CLAIMANT AND CLAIMANTS ATTORNEY:

Kathleen Brancasi

By:

Raymond A. Gill, Jr., Esq.
Gill & Chamas, L.L.C.
655 Florida Grove Road
P.O. Box 760
Woodbridge, NJ 07095

2013 JAN - 2 P 3: 09
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

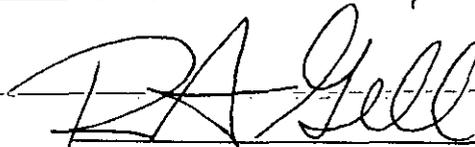
2. **NATURE OF CLAIM:**

3. **DATE, PLACE AND OTHER CIRCUMSTANCES OF THE OCCURRENCE OR TRANSACTION WHICH GAVE RISE TO THE CLAIM ASSERTED:**

Kathleen was caused to trip and fall on the sidewalk nearest to door number 3 at the United Airlines departure level at Newark Liberty International Airport, Newark, New Jersey.

4. **DESCRIPTION OF THE INJURY, DAMAGE OR LOSS INCURRED SO FAR AS IS KNOWN AT THIS TIME:**

\$1,000,000.00



RAYMOND A. GILL, JR.

DATED: December 27, 2012

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 JAN - 2 P 3: 09

Jean Hémond, ing.
Peintre et photographe de marine

Quebec City, December 11, 2012

Lisa MacSpadden
Director, Media Relations
NY Port Authority
225 Park Avenue South - 18th Floor
New York, NY 10003, USA

Mrs MacSpadden:

My name is Jean Hémond and I am a professional artist, photographer specialized in boats and ships, a painter, a retired professional engineer and a naval architect from Québec City.

On November 22nd through a Google search, I noticed that one of my pictures of the WTC spire components being towed to NY was used by the NY Post and several other print and online media. The preeminent position of the WTC construction progress, the circumstances over the ADF contracted spire components late delivery, It, being shown from a high angle plus the action depicted with two ships towing the barge; made the image unique material for marketing and media use. To my surprise under my own photography the source mentioned a NY Port Authority handout to media.

I personally captured and processed this photography in Québec City on November 17, 2012 and posted it on my Flickr album with a small but very visible watermark.

Unfortunately my photo was published in as many as ten online publications that I am aware of, 4 days after I took it myself. In most you were cited as the source my image was cropped, the watermark was removed and there was absolutely no mention of credit to the photographer. Some publications however added Getty Image as the source. I was never contacted by your organization to obtain copyrights for this image. I also received, a much too late, Getty Images offer for giving them this picture copyrights as contributor.

As a photographer, I earn revenue from the pictures I capture by selling licenses. In this case, Getty Image and NY Port Authority had no ownership of my copyrights. In fact, I reached out to Getty and they confirmed that your organization provided the picture (email copy attached).

2...

Tél. :
Courriel :

Jean Hémond, ing.
Peintre et photographe de marine

2...

The picture I took has a unique aerial view of the tow with WTC spire in progress. I have official access to an information system that provided me timely information about the passage of the tow. It was taken as raw data, with a top of the line Canon EOS DS1, a tall zoom lens and a tripod. Also, I carefully processed the image with professional CS6 software to remove the shade of the bridge from the picture. The unique nature of the picture and the location it was taken from makes it obvious that it was taken by a free-lance professional photographer. But not anybody working under contract for press or media nor the NY Port Authority. My image was used and distributed by someone in your organization without my knowing. It is easy to prove that I am the author, the original photo is in my Flickr album with a watermark and it is Google referenced. The small size of the image published, the unusual frame proportions and the processing should have alerted any knowledgeable media professional.

I understand that it may have been a mistake in an urgent opportunity of publishing the very good news for the WTC administration about the arrival of the spire component by the NY Port Authority. However I still own the all copyrights of this image. I make my living in selling licenses of my photography therefore I demand that the NY Port Authority pay me \$6500 CAD before January 15, 2012 in for the actual use and for the full license of the original photo.

In absence of a timely agreement, I will then resume in due legal proceedings, including also legal expenses. I hope we can come to an agreement to avoid any claims against the NY Port Authority, the numerous media outlets and Getty Images for the unauthorized use of my photo.

I remain available to discuss at your earliest convenience.

Regards,



Jean Hémond
P. Eng. Naval architect Ret.. Photographer and Painter

Incl.: Getty Image email
Invoice

Courriel :

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

Tanya R. Lanthier 23

1. Claimant's Name: Age: Address:

N/A

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.

PORT AUTHORITY CLAIMS
LAW DEPARTMENT
DEC 17 12:41

12/4/12

7:25 AM

3. Date of Accident: Time:

George Washington Bridge upper level, left lane

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

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.

Driving in left lane, upper level of GWB, right before actually getting on the bridge there was a pot hole which caused a flat tire and cracked rim. This was all on my way to work at 760 Washington ave; car started NJ.

I have proof that my tire had to get changed once I reached my job and needed repairs on the rim & tire.

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

Jasmine Lebrn
Deborah Maldonado

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	<u>0</u>
(b)	For loss of earnings	\$	<u>0</u>
(c)	For property damages	\$	<u>\$275.00</u>
Total:		\$	<u>\$275.00</u>

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.

N/A

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

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

N/A

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

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

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

N/A

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.

New tire - \$150.00, Rim repair \$125.00

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.

Due to the unkept maintenance of the George Washington bridge my rim cracked and tore my tire.

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 was not due to my fault because I was driving at speed limit and was not able to dodge the pothole because of other cars which could have caused an accident.

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

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

Dated: December 6, 2012

Signed: *Kenya Lanthier*
Claimant

STATE OF New York
COUNTY OF Orange

AFFIDAVIT

:
:
:

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

6th day of December, 2012

Marisol Pulliza
Notary Public

Kenya Lanthier
Claimant

MARISOL PULLIZA
NOTARY PUBLIC-STATE OF NEW YORK
No. 01PU6137310
Qualified in Orange County
My Commission Expires November 21, 2013

THE PORT AUTHORITY OF NY & NJ



One World Trade Center, New York, N.Y. 10048

STATEMENT OF CLAIMANT
For Damages Due to An Accident

1. Claimant's name	Age	Address
MARIA A. VELEZ	67	

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.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
MIR DEC 12 PM 2:39

3. Date of accident	Time
NOVEMBER 12 2012	BETWEEN 6:00 + 6:30 AM

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

NEWARK LIBERTY INTERNATIONAL AIRPORT
CLAIMANT WAS SEAT # 11 GATE UNKNOWN

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.

WHILE EXITING THE PLANE AND WALKING THROUGH THE TUNNEL
CLAIMANT FOOT GOT CAUGHT ON A RAISED METAL PIECE
ON THE GROUND WHICH CAUSED HER TO TRIP AND
SUSTAIN

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

ARCADIO VELEZ

7. The amounts of loss claimed are as follows:

(a) For medical and hospital expenses

\$ UNDER INVESTIGATION

(b) For loss of earnings

\$ N/A

(c) For property damage

\$ N/A

Total \$ UNDER INVESTIGATION

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

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

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

UNEMPLOYED

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.

TO BE DETERMINED

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.

The Port Authority OF New York + New Jersey
It's AGENT, Employees, SERVANTS Failed to
Properly maintain ~~State~~ property.

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.

NONE

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

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

CLAIMANT WAS WHILE ON THE
PROPERTY OF PORT AUTHORITY OF NEW YORK + NEW JERSEY

Dated: December 01, 20 12.

Aracadio Velez
Maria A. Velez
Claimant

2012 DEC 12 12:38 PM
NOTARY PUBLIC

AFFIDAVIT

STATE OF New Jersey }
COUNTY OF Essex } : ss: 101-36-8396

and says: MARIA A. VELEZ

being duly sworn deposes

1. That he resides at
2. That he is the person who signed the foregoing statement of claimant.
3. That said statement of claimant was signed and this affidavit is made by deponent for the purpose of inducing The Port Authority of New York and New Jersey 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 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 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 other 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.

Aracadio Velez
Maria A. Velez

Sworn to before me this
1st day of December

20 12.

W

Notary Public

WILMA RICE
A NOTARY PUBLIC OF NEW JERSEY
MY COMMISSION EXPIRES OCTOBER 11, 2015



CATHAY PACIFIC CARGO

Building 75, JFK International Airport, Jamaica, NY 11430
Tel: 718-244-6260 Fax: 718-244-6264

Lily Sing

September 4, 2012

Prologis
Building 75
JFK International Airport
Jamaica, NY 11430

Attn: Robert Caton

Re: Auto accident in Building 75 Parking lot

Dear Mr. Caton,

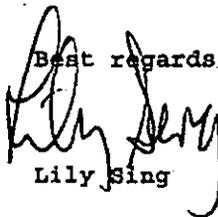
I am submitting this claim to you because I had an auto accident in Prologis parking lot on 31Aug12. This is due to the construction in the parking lot.

On August 31, 2012, my parking space #116 was blocked due to the construction. I had to pull around and parked by the fence. There was only one entrance/exit around that area. When I was driving around all the barrels, there was a car came out with quite a fast speed. I turned my wheels to the right handed side to avoid the other vehicle and my left side hit the guardrail. Because of the low visibility in your parking lot during the construction, I feel that Prologis should be responsible for the cost of damage on my vehicle.

Attached is a copy of the invoice for the repair cost for \$2151.37. I would greatly appreciate it if you would remit payment ASAP and payable to "Lily Sing".

If you or anyone should have questions, please do not hesitate to contact me at

Best regards,


Lily Sing

2012 SEP -5 P-2:5
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

NOTICE OF CLAIM

In the Matter of the Claim of
IAN HUGH PETER RAMJOHN

against

PORT AUTHORITY OF NEW YORK AND NEW JERSEY

TO:

PLEASE TAKE NOTICE that the undersigned claimant(s) hereby
make(s) claim and demand against you as follows:

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

IAN HUGH PETER RAMJOHN MALLILO & GROSSMAN
163-09 Northern Blvd.
Flushing, NY 11358

2. The nature of the claim: Loss of services, society and consortium.

3. The time when, the place where, and the manner in which the claim arose:

On January 14, 2013 at approximately 11:50 a.m., while claimant's wife, AFROSE RAMJOHN, was lawfully and properly at LaGuardia Airport in the County of Queens, City and State of New York, specifically at the lower level baggage claim area of the American Airlines Central Terminal, she was walking up Escalator No. 14 which was not in operation and as claimant's wife was on said escalator, said escalator suddenly and without warning, started moving in a downward direction, said escalator normally being an upward elevator from the lower level baggage claim area, being Escalator No. 14 while attempting to get off the escalator, claimant's wife was caused to

Said occurrence and the injuries sustained by claimant's wife were due to the negligence, carelessness and recklessness of the PORT AUTHORITY OF NEW YORK AND NEW JERSEY affirmatively created the condition, failed to provide warnings, and failed to prevent an accident of this nature from occurring. This accident occurred as a result of the negligence, carelessness, recklessness, and gross negligence of the PORT AUTHORITY OF NEW YORK AND NEW JERSEY, their agents, servants and/or employees were negligent, reckless and careless in the operation, maintenance, repair, control, possession, contracting, supervision, direction, construction, inspection, renovation, rehabilitation, and/or alteration of the said premises. Said incident has caused claimant's wife to sustain

PETER RAMJOHN AFROSE
RAMJOHN, due to your negligence in the County of Queens, City and State of New York (See photographs annexed hereto).

4. The items of damage or injuries claimed are (do not state dollar amount)
Loss of services, society and consortium.

TOTAL AMOUNT CLAIMED

(\$2,000,000.00)

2013 MAR 20 A 9:2
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

NOTICE OF CLAIM

In the Matter of the Claim of
AFROSE RAMJOHN

against

PORT AUTHORITY OF NEW YORK AND NEW JERSEY

TO:

PLEASE TAKE NOTICE that the undersigned claimant(s) hereby
make(s) claim and demand against you as follows:

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

AFROSE RAMJOHN

MALLILO & GROSSMAN
163-09 Northern Blvd
Flushing, NY 11358

2. The nature of the claim: Personal injuries

3. The time when, the place where, and the manner in which the claim arose:

On January 14, 2013 at approximately 11:50 a.m., while claimant was lawfully and properly at LaGuardia Airport in the County of Queens, City and State of New York, specifically at the lower level baggage claim area of the American Airlines Central Terminal, she was walking up Escalator No. 14 which was not in operation and as claimant was on said escalator, said escalator suddenly and without warning, started moving in a downward direction, said escalator normally being an upward elevator from the lower level baggage claim area, being Escalator No. 14 while attempting to get off the escalator, claimant was caused to sustain

Said occurrence and the injuries sustained by claimant were due to the negligence, carelessness and recklessness of the PORT AUTHORITY OF NEW YORK AND NEW JERSEY affirmatively created the condition, failed to provide warnings, and failed to prevent an accident of this nature from occurring. This accident occurred as a result of the negligence, carelessness, recklessness, and gross negligence of the PORT AUTHORITY OF NEW YORK AND NEW JERSEY, their agents, servants and/or employees were negligent, reckless and careless in the operation, maintenance, repair, control, possession, contracting, supervision, direction, construction, inspection, renovation, rehabilitation, and/or alteration of the said premises. Said incident has caused claimant to sustain

due to your negligence in the County of Queens, City and State of New York (See photographs annexed hereto).

4. The items of damage or injuries claimed are (do not state dollar amount)

Personal Injuries

TOTAL AMOUNT CLAIMED

(\$2,000,000.00)

2013 MAR 28 A 9:27

PORT AUTHORITY OF NEW YORK AND NEW JERSEY

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:
Hon K. Wong 42

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

2013 JAN - 4 P 2:08
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

3. Date of Accident: Dec. 7, 2012 Time: 2:30 AM

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

S. Marginal Hwy leading to Blvd. East where you can either make a right turn towards Hoboken or a left turn to Blvd. East.

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 heading towards Weehawken, NJ on South Marginal Hwy where I was going to make a left turn onto Blvd. East by the Hess Gas Station. While travelling on S. Marginal Hwy, the road was shavened to be paved apparently, as my car drove onto the section that was indented - both my tires on the driver side blew and were sliced by the sharp edges of the pavement.

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

There were no witnesses since it was 2:30 am. I pulled into the nearby Hess Station on Blvd. East to try to put air in the tires. This is when I discovered the long slash in both tires. Both tires blew out and cannot be repaired.

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	<u>NA</u>
(b)	For loss of earnings	\$	<u>NA</u>
(c)	For property damages	\$	<u>546.00</u>

Total: \$ 546.00

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.

no injuries were sustained.

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

N/A

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 JAN -4 P 2:08

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.

N/A

-
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.

Two Hankook Ventus tires @ \$118 each

Damage to two rims @ \$100 each to repair. A new rim will cost \$420.

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

I had to have my car towed to the tire shop which cost me \$110.00. I am also seeking reimbursement for the tow.

-
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 accident was a direct result of the unevenness of the road - the indented shaved part of the road where it was prepped to be repaved. As my car passed this section of the road, my rims and tires were damaged and flattened.

-
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 accident was in no way any fault on my part. There were no warning signs that the road was being shaved/dugged out/uneven/nor prepped for repaving. The sudden dip into the road caused the damage sustained to my tires. If it were not for the road conditions mentioned above, my tires would not have

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

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

Dated: Jan 2, 2013

Signed: Hon K. W
Claimant

AFFIDAVIT

STATE OF New Jersey :
:
COUNTY OF Bergen :

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

2 day of JAN, 2013

Doreen M. Schmidt
Notary Public

Hon K. W
Claimant

DOREEN M. SCHMIDT
NOTARY PUBLIC
STATE OF NEW JERSEY
MY COMMISSION EXPIRES DEC. 1, 2014
I.D.# 2321943

2013 JAN -4 P 2:08
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

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

Talitha Jones 47

1. Claimant's Name: Age: Address:

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.

Oct 29th 2012

3. Date of Accident: Time:

Brooklyn Cruise Terminal parking lot

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

Hurricane Sandy washed my car away.

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.

2013 JAN 15 A 8:23
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

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

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	_____
(b)	For loss of earnings	\$	_____
(c)	For property damages	\$	<u>3,279.00</u>
	Total:	\$	<u>3,279.00</u>

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.

N/A

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

N/A

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.

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.

N/A

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.

2001 Chevy Impala \$3000.00 CAR SEAT \$129.00 / Dresses \$150.00

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

Everything was soaked in SALT WATER

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.

I think they should have made the PARKING FURTHER AWAY FROM WATER.

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.

NO

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: Jan 7th, 2013

Signed: Talitha Jones
Claimant

AFFIDAVIT

STATE OF New York :
: :
COUNTY OF Queens :

2013 JAN 15 AM 8:33
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

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

7 day of January, 2013

Douglas J. Jones
Notary Public

Talitha Jones
Claimant

DOUGLAS J. JONES
NOTARY PUBLIC, State of New York
No. 01J05098511
Qualified in Queens County
Commission Expires September 29, 2013

-----X

In the Matter of the Claim of

EMMANUEL DURAN,

Claimant,

-against-

NOTICE OF CLAIM

PORT AUTHORITY OF NEW YORK AND NEW JERSEY,
UNITED STATES OF AMERICA, U.S. DEPARTMENT OF
HOMELAND SECURITY, BUREAU OF U.S. CUSTOMS AND
BORDER PROTECTION, U.S. IMMIGRATION AND
CUSTOMS ENFORCEMENT and TRANSPORTATION
SECURITY ADMINISTRATION,

Respondents.

-----X

TO: PORT AUTHORITY OF NEW YORK AND NEW JERSEY, 225 Park Avenue South,
New York, NY 10003

UNITED STATE OF AMERICA
DEPARTMENT OF HOMELAND SECURITY
U.S. CUSTOMS AND BORDER PROTECTION
1300 Pennsylvania Avenue, NW. Washington, DC 20229
One Penn Plaza, 11th Floor, New York, NY 10119

U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
500 12TH Street, S.W., Washington, D.C. 20536

TRANSPORTATION SECURITY ADMINISTRATION
601 South 12th Street, Arlington, VA 20598

2013 JAN 15 A 8:32
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

PLEASE TAKE NOTICE that the undersigned claimants hereby make claim and demand against the PORT AUTHORITY OF NEW YORK AND NEW JERSEY, UNITED STATES OF AMERICA, U.S. DEPARTMENT OF HOMELAND SECURITY, BUREAU OF U.S. CUSTOMS AND BORDER PROTECTION, U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT and TRANSPORTATION SECURITY ADMINISTRATION as follows:

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

EMMANUEL DURAN

STEPHEN R. KRAWITZ, LLC
Attorney for Claimant
271 Madison Avenue, Suite 200
New York, NY 10016
212-682-0707

2. The nature of the claim:

The nature of the claim is to recover a SIMS memory card taken without permission or authority from the claimant's cellular telephone, and for the failure to return the SIMS card to the claimant when its production was demanded. The respondents were negligent, careless and reckless in the possession of claimant's property and liable for the wrongful conversion of claimant's property without his permission and/or consent. The SIMS card wrongfully taken from claimant's cellular telephone contained irreplaceable photographs which were not stored on any other media or computer. The respondents jointly and/or severally their agents, servants and/or employees in the ownership, maintenance, operation and control of the facility located a JFK International Airport for incoming international flights, more specifically to the claimant herein.

The nature of the claim is to recover the claimant's SIMS memory card or monetary damages for the loss of private, personal and irreplaceable photographs contained on the SIMS card, as a result of the of the negligence, carelessness and recklessness and conversion of claimant's property by the respondents herein,

3. The time when, the place where and the manner in which the claim arose:

The claim herein arose on or about January 7, 2013 , at approximately 10:40 p.m. at JFK International Airport, at the International Arrivals Building. Plaintiff was a passenger on Jet Blue Flight no.: 830, seat 9C, arriving from Santo Domingo, Dominican Republic to JFK International Airport. The claim arose when the claimant entered the Customs area of the airport. Claimant was traveling alone. Claimant was in the Dominican Republic visiting members of his family over the holiday.

Claimant presented himself at a window in the customs area. The claimant's fingerprints were taken by placing his hand on a scanner. Claimant then presented his Dominican Republic passport and his Permanent Resident Card issued by the U.S. Department of Justice, Immigration and Naturalization Service. Claimant was escorted by a uniformed officer to a waiting room. His passport and Permanent Resident Card were taken from him.

At some point the documents were returned to claimant and he was told he could proceed to collect his luggage. He then went to the luggage claim area and waited for his luggage. When claimant retrieved his luggage he then went to the immigration check out area with his luggage and the completed immigration form from the airplane. Before the claimant could check through, he was taken out of the line by another uniformed office, and advised that his luggage needed to be checked. The claimant was asked various questions about his trip and his ticket and then taken into a private room. The claimant was physically examined by the officer. The officer opened claimant's luggage and there was no contraband in the luggage or on the claimant's person. The officer then took claimant's two cellular phones (Samsung flip phone and Huawei dts) and wrote private telephone numbers from the phones onto the immigration form on the back. The respondents were checking the data on the phones. One cellular phone the claimant used in the Dominican Republic (Samsung) did not have a camera. The other phone (Huawei) had a camera and the claimant used in the U.S. The officer then opened the back of both of the claimant's cellular phones and took out the batteries and SIMS memory cards. The phones were handed back to the claimant and he was advised he could leave the airport.

When the claimant left the customs area in the International Arrivals Building he discovered his SIMS memory card had been removed from the Huawei cellular phone by the respondents and not replaced. Claimant then went to Jet Blue customer service area to complain that his SIMS card was wrongfully taken. Jet Blue customer service advised this was a Customs issue and they could not help the claimant. Claimant then went to the information booth in the International Arrivals building and spoke with a representative. The representative called Customs and the individual who checked claimant's luggage come out to the information booth. Claimant advised the officer that the SIMS memory card from his cellular was missing. The officer went back to check for the SIMS card, returned and told the claimant that the SIMS card was not there. The representative from the information booth gave the claimant a telephone number to file a report (718-751-4065) the officer told the claimant his name was "Moe." The number is a non-working number and therefore claimant could not file proper a report.

The claimant seeks a return of this personal property and/or monetary damages for the conversion of his personal property which was wrongfully taken by the respondents herein.

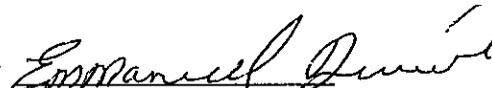
4. The items of damage or injuries claimed are (include dollar amounts)

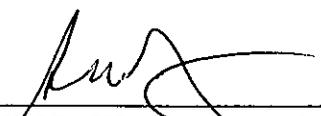
As a result of the incident herein, claimant sustained injuries consisting of the loss of irreplaceable photographs on his SIMS card, the possibility that the photographs will be published to the internet or in some other way distributed without his authority and permission, all to his great damage.

Damages are claimed on behalf of Claimant EMMANUEL DURAN \$1,000,000.00

The undersigned claimants 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 intends to commence an action on this claim.

Dated: New York, NY
January 10, 2013


EMMANUEL DURAN

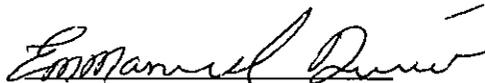

STEPHEN R. KRAWITZ, LLC
By: Stephen R. Krawitz, Esq.
Attorneys for Claimant
271 Madison Avenue, Suite 200
New York, NY 10016
(212) 682-0707

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 JAN 15 A 8:32

INDIVIDUAL VERIFICATION

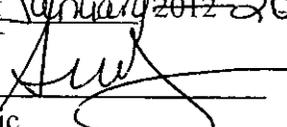
STATE OF NEW YORK, COUNTY OF NEW YORK ss:

EMMANUEL DURAN, being duly sworn, deposes and says that deponents are the claimants in the within action; that they have read the foregoing NOTICE OF CLAIM and knows the contents thereof; that the same is true to deponents' own knowledge, except as to the matters therein stated to be alleged on information and belief, and that as to those matters deponent believes it to be true.


EMMANUEL DURAN

Sworn to before me this

10, day of January ~~2012~~ 2013



Notary Public

STEPHEN R. KRAWITZ
Notary Public, State of New York
No. 4815455
Qualified in New York County
Commission Expires November 30, 20 14

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:

Jovita Arroyo Mora 64 years.

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.

2013 JAN 11 P 1:15
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

3. Date of Accident: Time:

Dec-6-12

Dec-6-12

between 4-4:30 PM

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

- ① The Port Authority of NY & NJ
- ② I tried to take the buss on the 4th floor that was going to New Brunswick NJ, I was taking the electric sta

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 on the electric stairs going to the 4th floor to take the buss that was going to New Brunswick NJ, when a guy pass me thru and I fall, tow people helpme to get up and they took me to sit down by the door 417 and after that, they left. I ask for help and someone call the police, after talked to the police, he call the ambulance.

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

- ① Two people help me to get up.
- ② Another one help me to call the police.
- ③ One police came
- ④ Two paramedics came, and help me.
- ⑤ I do not know any of the name or addresses.

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$ 275.00 + \$6,304.05 + \$385.00
(b)	For loss of earnings	\$ _____
(c)	For property damages	\$ _____

Total: \$ 6,964.05 till today

Note

Hope sully I won't get other bills.

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.

Just pain on my head and all over in my body at that time of the accident and I still have it.

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

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

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.

LAW DEPARTMENT
SRT AUTHORITY CLAIMS
2013 JAN 11 P 1:15

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

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

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.

Any fault on the part of the Port Authority

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.

It wasn't fault neithg

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

Only the Port Authority's Affidavit

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

Dated: January 08, 2013

Signed: [Signature]
Claimant

AFFIDAVIT

STATE OF NEW JERSEY
:
:
COUNTY OF MIDDLESEX
:

Being duly sworn deposes and says:

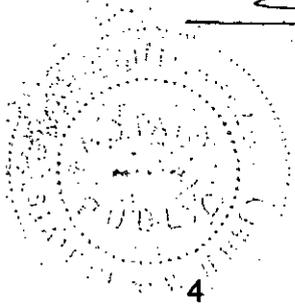
1. That he/she resides at
2. That he/she is the person who signed the foregoing statement of claimant.
3. That said statement of claimant was signed and this Affidavit is made by the deponent for the purpose of inducing The Port Authority of NY & NJ to pay deponent's claim, and that your deponent is 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
8 day of JANUARY, 2013

[Signature]
Notary Public

[Signature]
Claimant

MARIA GUTIERREZ
NOTARY PUBLIC
NEW JERSEY
MY COMMISSION EXPIRES ON 4-1-2014



LAW DEPARTMENT
PORT AUTHORITY CLAIMS
JAN 11 P 1:15

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:

MAHENDRA BAHADUR 59 yrs

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

2013 JAN 11 P 1:14
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

3. Date of Accident: Time:
12/17/12 16:55

4. Place of Accident. (Identify with sufficient particularity to distinguish from similar places.)
CENTRAL AVE @ PAVONIA AVE AND SUMMIT AVE.
JERSEY CITY, NJ.
SEE ATTACHED POLICE REPORT claim # 12T-3281

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. ^{South}
I was travelling through green light from Central Ave onto Summit Ave/Pavonia Ave junction when driver of Port Authority-owned vehicle proceeded through red light and struck the left front end of my car.

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

None.

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	0.00	
(b)	For loss of earnings	\$	0.00	
(c)	For property damages	\$	500.00	Insurance Deductible
	Total:	\$	500.00	

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.

N/A

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

N/A

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

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 JAN 11 P 1:15

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.

N/A

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.

DAMAGE TO MY VEHICLE
CLAIM FOR \$500.00 NOT COVERED
By MY INSURANCE (DEDUCTIBLE)

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

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.

Accident was entirely due to the fault
of the Driver of the vehicle owned by
Port Authority

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.

Accident was None of my fault. I was
~~pass~~ travelling through GREEN LIGHT.

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

N/A

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

Dated: January 7, 2013

Signed: Mahendra Bahadur
Claimant

AFFIDAVIT

STATE OF NEW JERSEY

COUNTY OF HUDSON

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
7th day of Jan, 2013

Arlene C. Babula
Notary Public

Mahendra Bahadur
MAHENDRA BAHADUR
Claimant

PORT AUTHORITY OF NY & NJ
 CLAIMS DEPARTMENT
 JAN 15 11 15 AM '13

**ARLENE C. BABULA
NOTARY PUBLIC OF NEW JERSEY
COMMISSION EXPIRES 10/19/2013**

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

MAYA ALON ON BEHALF
~~OF~~

1. Claimant's Name: Age: Address:

I AM MOTHER OF

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.

10/02/2012

~ 15:00

3. Date of Accident:

Time:

2013 JAN 11 P 1:15
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

4. Place of Accident. (Identify with sufficient particularity to distinguish from similar places.)
THE ESCALATOR THAT GOES DOWN FROM THE UPPER LEVEL
TO THE WINTER GARDEN, WORLD FINANCIAL CENTER.

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.

WHILE GOING DOWN THE ESCALATOR (TOGETHER WITH MY SON'S
I WAS HOLDING HIS HAND) HIS BOOT GOT CAUGHT BETWEEN
THE STAIRS AND THE ^{RIGHT AWAY} RIGH EDGE OF THE ESCALATOR, AS THE
ESCALATOR DIDN'T STOP AND WE COULDN'T RELEASE IT, IT GOT
FURTHER TANGLED AND THE LEG GOT CAUGHT IN SUCH A MANNER
THAT WE NEEDED TO CUT THE BOOT TO FREE THE LEG,
THE FIRE DEPT. CAME AND WE WERE EVALUATED TO THE
HOSPITAL.

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

TRAFFIC WITNESSES (A FRIEND FROM ISRAEL)
THE NYC SECURITY PEOPLE, FDNY AND
POLICE.

POLICE REPORT NUMBER #12558

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	<u>32</u>
(b)	For loss of earnings	\$	<u>864.49 (ER - New York doctor's bill)</u>
(c)	For property damages	\$	<u>215 (Doctors in ER)</u>

Total: \$ 1139.49
 + 32
1171.49

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.

MY SON'S FOOT WAS INJURED, X-RAYS WERE MADE TO MAKE
SURE THERE IS NO BROKEN BONE.
INJURY (PHYSICAL) WAS TEMPORARY.

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

THE HOSPITAL BILL FOR THE ER SERVICES ON THE AMOUNT
OF 864.49 I MISPLACED AND ASKED TO RESEND THEM.
I WILL PROVIDE AFFIDAVIT SEPARATELY

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.

THE INJURED CHILD IS NOT EMPLOYED

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:

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 JAN 1 P 1:15

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.

WE ALREADY SUBMITTED CLAIM TO THE INSURANCE FOR THE FDNY'S TRANSPORTATION SERVICES (ON THE AMOUNT OF 214.80); HOSPITAL AND MEDICAL BILLS (ITEMIZED IN PREVIOUS PAGE HAVE NOT BEEN PAID YET.

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

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

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

THE LEG GOT CAUGHT IN THE ESCALATOR FOR UNKNOWN REASONS BUT AFTER IT HAPPENED: 1. THE ESCALATOR DIDN'T STOP UNTIL IT WAS MANUALLY STOPPED, MOMENT BEFORE IT HIT IT'S CURCULATION
2. I WASN'T PROVIDED WITH ASSISTANCE IMMEDIATELY, AND MY SON'S FOOT WAS TANGLED FOR A WHILE CAUSING ME DISTRESS AND TRAUMA.

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 AM NOT SURE WHY IT HAPPENED.

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

→ 3. (CONT SECTION 13) I WANTED TO EVACUATE BY MY OWN AND TO CALL PHYSICIANS; AND WAS REQUIRED TO GO TO A HOSPITAL WITH THE FDNY AGAINST MY WILL.

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

Dated: 01/03, 20 03

(on behalf of)

Signed: Maya Alon
Claimant

AFFIDAVIT

STATE OF

:

:

COUNTY OF

:

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

03 day of JANUARY, 20 03

Maya Alon
Claimant

Notary Public

LAW OFFICES OF
DAVIS, SAPERSTEIN & SALOMON, P.C.

SAMUEL L. DAVIS•ot
MARC C. SAPERSTEIN•oo
GARRY R. SALOMON•†
STEVEN BENVENISTI•ot
PAUL A. GARFIELD•ot

LUIS L. HAQUIA•ot
TERRENCE SMITH••
STEVEN H. COHEN•o
PATRICIA Z. BOGUSLAWSKI•†
ADAM LEDERMAN•o
RAYMOND S. CARROLL•o
ANGELA CERVELLI BENNETT•
RENEE C. RIVAS•

375 CEDAR LANE
TEANECK, NJ 07666-3433
FACSIMILE: (201) 692-0444
Email: lawinfo@dsslaw.com
(201) 907-5000

January 2, 2013

800 INMAN AVENUE
COLONIA, NJ 07067
(732) 510-1000

744 BROAD STREET, 16th FLOOR
NEWARK, NJ 07102
(973) 854-1000

39 BROADWAY, SUITE 520
NEW YORK, NY 10006
(212) 608-1917

CERTIFIED CIVIL TRIAL ATTY †
PENNSYLVANIA BAR ■
NEW JERSEY BAR •
NEW YORK BAR ◊
GEORGIA BAR ◊
D.C. BAR ◊
OF COUNSEL

RACHAEL NASS•o
KEVIN DECIE•
BENNETT J. WASSERMAN•ot

VIA: CERTIFIED MAIL

Port Authority of New York and New Jersey
225 Park Avenue South
New York NY 10003

Re: Buchanan, Marc -v- New Jersey Transit
File No.: 26317
Date of Accident: 12/03/2012

REPLY TO TEANECK

Dear Sir or Madam:

Pursuant to Title 59 of the New Jersey Statutes, please be advised of the following claim:

The name and address of the claimant is Marc Buchanan,

Notices are to be sent to Davis, Saperstein & Salomon P.C. at the above address.

The injuries occurred on December 3, 2012. When the claimant was hit by a New Jersey Transit bus while exiting his vehicle on Broad Street in Newark New Jersey.

Claimant

to exceed the statutory minimum of \$3500.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 JAN 11 P 1:16

Davis, Saperstein & Salomon P.C.
January 2, 2013
Page 2

Entities involved are the State of New Jersey, New Jersey Transit, Port Authority of New York and New Jersey, John Does 1-30, John Roe, ABC Corp. 1-30 (said names being fictitious and unknown) and, any others who may be found through discovery and to whom notice will be given.

The amount of the claim cannot presently be determined.

Please contact me upon receipt of this letter.

Very truly yours,

DAVIS, SAPERSTEIN & SALOMON P.C.

By:  RAYMOND CARROLL, ESQ.
For the Firm

RC/tc

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 JAN 11 P 1:16

7012 0470 0001 7878 8174

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:
John Coppola	65	

2. If the 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:	October 22, 2012	Time:	7:25am
----------------------	------------------	-------	--------

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

Outerbridge Crossing – Staten Island side of bridge

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

It appears that an object, of unknown material, fell from the overhead cantilever of the bridge and landed on a truck NJ bound. The object then flew into the air and over the center divider and hit a vehicle, immediately in front of me, in the left lane Staten Island bound. This unknown object then flew into the air and hit a vehicle in the right lane. The object then flew back in the air and hit my vehicle which was in the left lane behind the first vehicle. The hood of my vehicle sustained damage on the right side of the hood.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 JAN - 9 A 8:55

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

Other vehicles were involved. I do not know their names or addresses but they also have reported this event to a PA police officer at the Outerbridge Crossing Administration Building on October 22, 2012.

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$ 0.00
(b)	For loss of earnings	\$ 0.00
(c)	For property damages - Carsmetics	\$ 1,377.89
(d)	Estimated Car Rental while car is repaired	\$ 400.00
	Total Loss	\$ 1,777.89

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.

None

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

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.

N/A

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.

Carsmetics of Keyport, LLC	\$1,377.89
Enterprise Rental (est. 4 days)	\$ 400.00

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

See above

2011 JAN - 9 A 8:55
LAW DEPARTMENT
FOR AUTHORITY CLAIMS

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.

It appears that something on the overhead cantilevers fell from the bridge and hit the vehicles as stated above.

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 am not at fault for this accident but rather I am the victim.

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/

Dated: Jan 2, 2013

Signed: [Signature]
Claimant

AFFIDAVIT

STATE OF _____ :

COUNTY OF _____ :

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
4th day of JAN, 2013

Susan M. Concannon
Notary Public

[Signature]
Claimant

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 JAN - 11 A 8:56

SUSAN M CONCANNON
Notary Public
State of New Jersey
My Commission Expires June 11, 2017
I.D.# 2421777

6. State number of other witnesses to the accident. State the names and addresses of any known to you.
There were two cars we believe were witnesses but a person at the scene whom we believe was an officer or undercover told them to drive through + leave the scene.

7. The amounts of loss claimed are as follows:

(a) For medical and hospital expenses \$ 635 So far
(b) For loss of earnings \$ 0
(c) For property damage \$ not sure, was rental car

Total \$ 635

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

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

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

N/A

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

Ruy F. Montoya, driver is self employed. Staircase Contractor. 2709 Lynwood Ln. McKinney, TX 75070

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

Ruy + I were visiting his sister who was in the hospital at that time. We were visiting from out of state.

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

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

We were in a rental car at the time we were hit by the officer.

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.

The accident was 100% the fault of the Port Authority police officer. He turned into our car while he was in a "No turn" lane without lights or siren. We had a green light.

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 accident was 100% NOT our fault. We had a green light with no one in front of us. We proceeded thru the green light when the police officer turned into the side of our car as we were in the middle of the intersection. He had no lights or siren on at that time.

2013 JAN - A 9:51
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

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

N/A

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

N/A

2013 JAN -9 A 8:57
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

Dated: 12-12-12, 2012

Kathryn D Montoy
Claimant

AFFIDAVIT

STATE OF

:
:
:

ss:

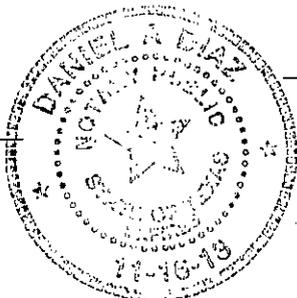
COUNTY OF

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
31st day of December, 2012

[Signature]
Notary Public



[Signature]
Claimant

Kathryn Diane Montoy

-----X
In the Matter of the Claim of

**ALBERT HALLARD and
LORAIN HALLARD**

OFFICE OF THE SECRETARY OF TRANSPORTATION
2013 JUN -9 P 3:22

-----X

To: **PORT AUTHORITY OF NEW YORK AND NEW JERSEY**
Office of the Secretary
225 Park Avenue South, 18th Floor
New York, New York 10003

PLEASE TAKE NOTICE that the undersigned claimants hereby make claim and demand against you as follows-

1. The name and address of the claimants and claimants' attorneys:

Claimants

Albert Hallard

Attorneys

Leav & Steinberg, LLP
140 Broadway, Suite 3601
New York, New York 10005
Tel. No.: (212) 766-5222
File No.: 123470

2. The nature of the claim:

The nature of the claim is to recover monetary damages for the

suffered by claimants, as a result of the negligence, carelessness and recklessness of the respondent PORT AUTHORITY OF NEW YORK AND NEW JERSEY, its servants, agents and/or employees.

3. The time when, the place where and the manner in which the claim arose:

-----X
Upon information and belief, on the 16th day of October, 2012 between the hours of 2:00-2:30P.M., while claimant was a lawful laborer working at the construction project known as 1 World Trade Center, more particularly, on the 104th Floor, in the North Core of Cell 2, in Manhattan, New York, he was caused to sustain when while descending a ladder at an elevation of approximately 16 feet, he was caused to fall when the ladder shifted and fell at the aforesaid location.

PORT AUTHORITY CLAIMS
LAW DEPARTMENT

The aforesaid occurrence took place as a result of the careless, recklessness, negligence and gross negligence of PORT AUTHORITY OF NEW YORK AND NEW JERSEY, its agents, servants and/or employees, in its ownership, operation and control of the aforesaid construction project; in permitting and allowing a dangerous and defective condition to exist at said construction site; in failing to make due, timely and necessary inspections of said premises, more particularly the work area and ladder thereat, to ascertain if same were in proper and fit condition; in failing to provide a safe place for claimant to go from one place to another thereat; in causing, permitting and allowing claimant to descend a 16-20' ladder without first ascertaining that same could be done in safety; in causing, permitting and allowing claimant to descend the aforesaid ladder without providing support and stability to said ladder; in causing, permitting and allowing claimant to descend the ladder which was not fit for the use intended; in failing to tie off the upper end of the ladder; in causing, permitting and allowing claimant to descend the ladder which was not tied off on the top half; in failing to secure and fasten the upper end of the ladder to a secure anchorage and/or rigid support; in causing, permitting and allowing claimant to descend the ladder which was not secured or fastened at its top to a rigid support in any way; in failing to provide firm and secure ladder footing for the bottom half of the ladder, such as through the use of a 2x4 kicker; in causing, permitting and allowing claimant to descend the ladder which was not secured on the bottom half by a kicker, more particularly, a 2x4 kicker so as to prevent any movement while a laborer was ascending/descending said ladder; in causing, permitting and allowing claimant to descend the ladder which was not sturdy, or securely fastened in place to prevent any movement while a laborer was ascending/descending said ladder; in failing to provide the proper ladder for the work being performed thereat; in failing to barricade and/or place any signage near the area of the ladder to prevent its use by laborers where the ladder was so positioned that it would move, shift, slip, tilt and/or fall under the weight of a laborer ascending/descending said ladder, thereby causing a laborer to fall; in failing to provide proper equipment to claimant so that his work could be performed in safety; in failing to inspect, properly inspect and/or timely inspect the aforesaid ladder prior to the occurrence herein; in failing to inspect, properly inspect and/or timely inspect the aforesaid place where the ladder was positioned to ascertain that said ladder was in a safe condition for the work performed and to the performed at the constructions site; in failing to have sufficient employees at the aforesaid time and place to assist claimant while he was upon and descending said ladder in the lawful performance of his work; in failing to provide personnel to hold the ladder at the bottom to secure same; in failing to repair, properly repair and/or timely repair the aforesaid ladder; in failing to provide sufficient lighting thereat; in that the step surfaces of the ladder failed to have sufficient anti-slip coefficient of friction; in that the step surfaces of the ladder did not have non-slip surfaces; in failing to erect suitable and adequate warning devices in and about the said area, so as to give

timely and adequate warning to the claimant of the dangers existing thereat; in failing to give a sign, signal or warning to the claimant and other laborers lawfully thereat of the dangerous and defective conditions as aforesaid; in that they failed to provide claimant ALBERT HALLARD with a safe place to work as required by law; in causing, permitting and allowing the aforesaid location to be, become and remain in an unsafe, improper and dangerous condition; in failing to provide adequately for the protection of persons lawfully upon said location, more particularly, the claimant herein; in failing to make the due, timely and necessary inspections of said construction site, to ascertain if same were in proper and fit condition; in failing to take any and all steps necessary to timely repair and/or properly repair, remedy or otherwise rectify the aforesaid dangerous and hazardous conditions; in failing to give claimant herein an opportunity to avoid this occurrence; in failing to give any warning, post any signs or erect any barriers around said dangerous and hazardous condition; in failing to adequately safeguard and protect the life and limb of persons lawfully upon said location, more particularly the claimant herein; in failing to take any and all reasonable precautions to safeguard against this occurrence; in failing to maintain said premises in a safe and proper condition for persons lawfully thereat; in failing to provide adequate and competent personnel to maintain said location in a safe and proper manner; in failing to provide proper equipment to claimant herein so that his work could be performed in safety; in failing to have sufficient employees at the aforesaid time and place to assist claimant herein in the lawful performance of his work; in failing to warn claimant of the dangers existing thereat; in failing to use due care, diligence and caution at the aforesaid location; in failing to comply with relevant and applicable provisions of the laws, including the Occupational Safety and Health Act of the United States, ("OSHA"), § 240, 240 (1), 241 (6), as well as other sections of the Labor Law of the State of New York, and applicable provisions of law and regulations of the Industrial Commissioner as applied herein; in failing to give sign, signal or warning to the claimant and others lawfully thereat of the dangerous and defective conditions which caused the occurrence herein; in causing, permitting and/or allowing the existence of the aforesaid dangerous conditions; in failing to exercise reasonable care and prudence in the premises; ~~in failing to hire and/or employ sufficient, competent and/or able personnel with the proper knowledge and skill to safely and properly perform the work being done thereat; in failing to provide adequate and competent personnel to supervise the work being done thereat; in failing to correctly and/or properly manage, supervise and/or control the work being done thereat; in failing to train and/or properly train its personnel to perform their work in a safe and proper manner; in failing to make proper inspections of the work in progress to determine whether or not proper safety precautions were being observed; in failing to remedy and correct the dangerous conditions although they knew or should have known that same existed by reasonable diligence and inspection and in failing~~

to use reasonable care in the supervision and control of the premises and/or work being performed thereat and thereon; in failing to provide secure and maintain a proper and safe workplace; in causing, creating and/or allowing the existence of a trap and nuisance as aforesaid; and in failing to use due care and caution in the premises so as to cause, create, and/or permit the condition complained of, the resulting occurrence and the injuries sustained herein.

4. The items of damage or injuries claimed are:

Due to the acts and omissions of the respondent PORT AUTHORITY OF NEW YORK AND NEW JERSEY, its servants, agents and/or employees, claimant ALBERT HALLARD,

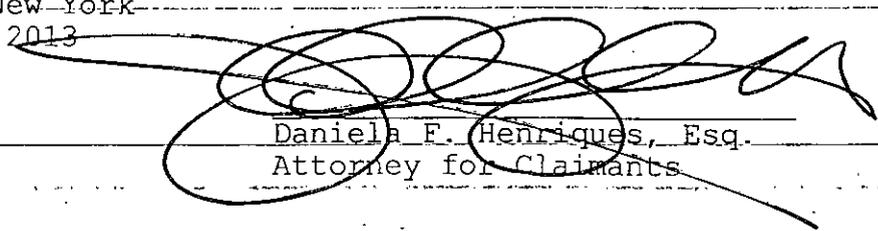
Claimant has been damaged in the sum of three million (\$3,000,000.00) dollars.

Claimant, LORAINÉ HALLARD, as the lawful wife of

by her husband claimant, ALBERT HALLARD, all to her damage in the total amount of one million (1,000,000.00) dollars.

The undersigned claimants 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 claimants intend to commence an action on this claim.

Dated: ~~New York, New York~~
January 8, 2013

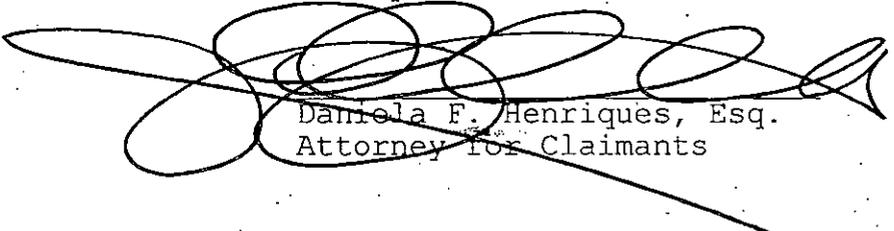


Daniela F. Henriques, Esq.
Attorney for Claimants

VERIFICATION

STATE OF NEW YORK : COUNTY OF NEW YORK: ss.:

DANIELA F. HENRIQUES, ESQ., being duly sworn, deposes and says that deponent is one of the attorneys for the above named claimant. Deponent has read the foregoing NOTICE OF CLAIM and knows 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.



Daniela F. Henriques, Esq.
Attorney for Claimants

Sworn to before me
January 8, 2013



NOTARY PUBLIC

WENDY WONG
Notary Public, State of New York
No. 01WO4811809
Qualified in New York County
Commission Expires June 30, 2014

2013 JAN -9 P 3:36
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

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:
AKil Bey 48

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: ^{Incident} Time:
Oct. 9, 2012 5pm

4. Place of Accident: ^{Incident} (Identify with sufficient particularity to distinguish from similar places.)

2800 Columbia Ave. North Bergen, NJ - Super 8 Motel

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

SEE ATTACHED AFFIDAVIT

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 JAN -9 A 9:57

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

1 - Aminah Bey

7. The amounts of loss claimed are as follows:

- (a) For medical and hospital expenses \$ _____
- (b) For loss of earnings \$ _____
- (c) For property damages \$ _____
- (d) → Compensatory Damages \$ _____

(see attached RENTAL RECEIPT / INVOICE)

Total: \$ See Attached

(e) -

False Arrest and False Imprisonment

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.

As stated above as a result of False Arrest and False Imprisonment. Violations of my 4th and 5th Amendment rights

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

N/A

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.

Paralegal - Freelance

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

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.

N/A

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.

The following itemized property needs to be returned to my possession: ① 1999 Nissan Pathfinder (Black)
② Identification Card
③ MSTA Surety ID CARD
④ Right to Travel Affidavit

2013 JAN - 9 AM 9:57
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

13. State whether or not you believe that the ^{Incident} 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.

PA Police Officer Jeffrey Nichols detained me for a traffic stop, and eventually arrested me unlawfully without warrant and confiscated my property in violation of the 4th and 5th amendments U.S. Constitution as well his oath of office to uphold. Violation of 4th & 5th Amendments

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

I committed no felony or "breach of the peace" in my actions. There was no probable cause of any criminal conduct that warranted me being stopped. See U.S. V. Ramirez & Sandoval Violation of the 4th & 5th Amendments 872 F2d, 1392

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

See Attached

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

See Attached Affidavits

Dated: December 28, 2012

Signed: Akil Bey
Claimant

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 JAN - 9 A 8:57

AFFIDAVIT

STATE OF :

:

:

COUNTY OF :

:

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.

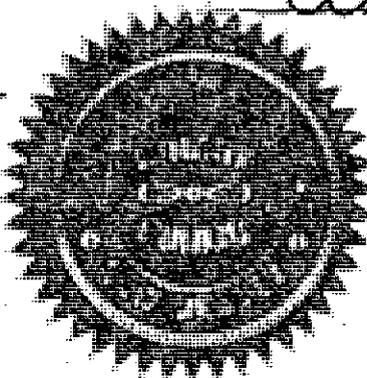
Sworn to before me this

28th day of December, 2012

Akil Bey
Claimant

[Signature]
Notary Public

HECTOR D. LOPEZ
Notary Public
Of New Jersey
Commission Expires 01/07/2013



Katherine I. Castellanos

Port Authority of NY & NJ
Manager, Claims Administration 15th Floor

Re: Accident on September 12, 2012.

To whom it may concern.

The following is to that on September 12, 2012 as I was getting on the escalator at Journal Square, I
and suffered

Attached please find:

1. Police Report (photocopy)
- 2.
- 3.
- 4.
- 5.
- 6.

Please note that due to the fact that I do not have any medical insurance I'm enclosing all of my medical bills to date along with receipts for monies I have paid to date. Since I was injured on Port Authority of NY & NJ property, I ask if you could please be responsible for any expenses and medical bills to date and continuing. I'll really appreciate it.

Thank you in advance,


Katherine I. Castellanos
Katherine I. Castellanos

LAW DEPARTMENT
PORT AUTHORITY OF CLAIMS
2013 JAN 10 A 11:41

Officer McKeon - Shield # 2170, Officer Felix Garcia

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

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	_____
(b)	For loss of earnings	\$	_____
(c)	For property damage	\$	<u>547.73</u>

Total \$ 547.73

N/A

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

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

N/A

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.

Passenger side front and rear tires. See enclosed receipt.

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.

2013 JAN - 9 A 8:55
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

When my tires were damaged by the pothole and I pulled over to the emergency

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.

lane, there were already 3 cars ~~with~~ parked there with ruptured tires from the same pothole. 2 cars came after me. A port authority Tow driver was also parked on the emergency shoulder and reported the pothole. The lane should have immediately been closed. The port authority finally closed the lane approx. 5 hrs. later. I was still there waiting for a tow truck when the lane was finally closed.

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.

Because it was dark, I could not see the pothole in time to avoid it. The fact that it happened to several cars before and after me confirms that the pothole was not easily visible. The lane should have been closed immediately when first reported to avoid further damage.

INITIAL NOTICE OF CLAIM FOR DAMAGES AGAINST THE STATE OF NEW JERSEY

FORWARD TO: TORT AND CONTRACT UNIT
 DEPARTMENT OF THE TREASURY, BUREAU OF RISK MGMT.
 PO BOX 620
 TRENTON, NEW JERSEY 08625
 PHONE: (609) 292-4347

Port Authority
 of NY/NJ
 225 Park Ave, Suite
 15th floor
 New York, NY, 10003

ATTN: Law Department

FORM MUST BE FILED WITHIN 90 DAYS OF THE ACCIDENT OR YOU MAY FORFEIT YOUR RIGHT

1. CLAIMANT:

THOMPSON, Joe
 LAST NAME FIRST MIDDLE

DATE OF BIRTH

STREET ADDRESS

MAILING ADDRESS IF OTHER THAN STREET ADDRESS

CITY STATE ZIP CODE
 cell ph#

SOCIAL SECURITY NUMBER

2. IF NOTICES AND CORRESPONDENCE IN CONNECTION WITH THIS CLAIM ARE TO BE SENT TO A PERSON OTHER THAN CLAIMANT, COMPLETE ITEM #2.

NAME

MAILING ADDRESS

CITY STATE ZIP CODE

RELATIONSHIP TO CLAIMANT: ATTORNEY AT LAW OR EXPLAIN RELATIONSHIP

THE OCCURRENCE OR ACCIDENT WHICH GAVE RISE TO THIS CLAIM:

3a. 11-13-12 10:30 AM
 DATE TIME

b. DESCRIBE THE LOCATION OR PLACE OF THE ACCIDENT OR OCCURRENCE.
 Corner of MLK BLVD and Court Street,
 City of Newark, NJ
 MUNICIPALITY

Corner of MLK Blvd.
 and Court Street
 EXACT LOCATION OF THE OCCURRENCE

LAW DEPARTMENT
 PORT AUTHORITY CLAIMS
 2013 JAN -2 P 3:03

c. DESCRIBE HOW THE ACCIDENT OR OCCURENCE HAPPENED: IF A DIAGRAM WILL ASSIST YOUR EXPLANATION, PLEASE USE THE REVERSE SIDE OF THIS FORM.

I WAS WAITING AT A RED LIGHT ON the corner of MLK JR. and COURT ST. when I WAS RAMMED (hit) from behind by a NY/NJ Port Authority Vehicle - see included accident report (12N-14889)

d. STATE THE NAME AND ADDRESS OF THE STATE AGENCY OR AGENCIES THAT YOU CLAIM CAUSED YOUR DAMAGE.

The Port Authority of NY/NJ
225 PARK AVENUE South 11th
New York NY 10003

STATE THE NAMES OF STATE EMPLOYEES WHOM YOU CLAIM WERE AT FAULT, INCLUDING ANY INFORMATION THAT WILL ASSIST IN IDENTIFYING AND LOCATING THEM.

Anthony MastroMAMACO Employee # 39237
Driv. Lic. #

e. STATE THE NEGLIGENCE OR WRONGFUL ACTS OF THE STATE AGENCY AND STATE EMPLOYEES WHICH CAUSED YOUR DAMAGES.

The state employee crashed his 2004 White Jeep Wrangler into my 1994 Mazda Protege while I was at rest at the corner of MLK JR. & COURT st. waiting for the red light to turn green.

f. STATE THE NAME AND ADDRESS OF ALL WITNESSES TO THE ACCIDENT OR OCCURRENCE.

BRIAN FAUSTINA

LAW DEPARTMENT
PORT AUTHORITY PLAZA
2013 JAN - 2 P 3:01

g. STATE THE NAMES OF ALL POLICE OFFICERS AND POLICE DEPARTMENTS WHO INVESTIGATED THIS ACCIDENT.

Officer Collins - PA. Employee # 41392

4a. CLAIM FOR DAMAGES (CHECK APPROPRIATE BLOCK):

PERSONAL INJURY PROPERTY DAMAGE

OTHER - EXPLAIN IN DETAIL

(2)

(the thousand) ...

[Emergency Room]

Went to hospital (UMDNJ) to receive treatment. I have NOT yet receive

COST for examination and treatment.

b. IF YOU CLAIM PERSONAL INJURY:

(1) DESCRIBE YOUR INJURIES RESULTING FROM THIS ACCIDENT OR OCCURRENCE.

(2) DO YOU CLAIM PERMANENT DISABILITY RESULTING FROM THIS INJURY:

YES NO

IF YES, DESCRIBE THE INJURIES BELIEVED TO BE PERMANENT.

(3) FOR EACH HOSPITAL, DOCTOR OR OTHER PRACTITIONER RENDERING TREATMENT, EXAMINATION OR DIAGNOSTIC SERVICES, STATE:

NAME OF HOSPITAL, DOCTOR OR OTHER FACILITY	ADDRESS	DATES OF TREATMENT OR SERVICE	AMOUNT OF CHARGE TO DATE	AMT. PAID OR PAYABLE BY OTHER SOURCE SUCH AS INSURANCE

(4) IF YOU CLAIM LOSS OF WAGE OR INCOME AS A RESULT OF THE INJURY STATE:

NAME OF EMPLOYER

ADDRESS OF EMPLOYER

YOUR OCCUPATION

DATE YOU BECAME EMPLOYED

RATE OF PAY

DATE OF ABSENCE FROM WORK

TOTAL LOSS WAGES TO DATE

IF STILL OUT, EXPECTED DATE OF RETURN

NOTE: IF YOUR CLAIMED LOSS OF INCOME ARISES FROM SELF-EMPLOYMENT OR OTHER THAN WAGE, ATTACH A CALCULATION SHOWING THE BASIS OF YOUR CALCULATION OF LOST INCOME.

(5) SET FORTH ANY AND ALL OTHER LOSSES OR DAMAGE CLAIMED BY YOU.

Use of vehicle to run errands and general use.

C. IF YOU CLAIM PROPERTY DAMAGE:

(1) DESCRIBE THE PROPERTY DAMAGED.

Damage to all of rear of vehicle; Rear bumper, rear trunk hood, rear right tail light, exhaust system/muffler. Also, driver seat unable to hold upright position, Driver side seat belt won't secure. Driver (loose)

(2) THE PRESENT LOCATION AND TIME WHEN THE PROPERTY MAY BE INSPECTED.

Corner of Somerset and Spruce St in Newark

(3) DATE PROPERTY ACQUIRED.

3-2012

(4) COST OF PROPERTY

\$ 1,200.00

(5) VALUE OF PROPERTY AT TIME OF ACCIDENT:

\$ ~\$1,700.00

COST OF: BRAKES, STRUTS, RADIATOR replca Right after purchase.

(6) DESCRIPTION OF DAMAGE.

Damage to all of rear of vehicle. Pull down Trunk. Rear tail light. Fender/Bumper. Muffler/Exhaust. seat belt & driver seat lumbar adjuster

(7) HAS THE DAMAGE BEEN REPAIRED?

NO

IF SO, BY WHOM, WHEN AND COST OF REPAIRS.

(8) ATTACH EACH ESTIMATE OF REPAIR COSTS TO THIS FORM.

(9) SET FORTH IN DETAIL THE LOSS CLAIMED BY YOU FOR PROPERTY DAMAGE.

Use of vehicle for over a month to travel, run errands, or look for a job. Plus the actual damage done to car, or deliver PIZZA for income.

d. SET FORTH IN DETAIL ALL OTHER ITEMS OF LOSS OR DAMAGES CLAIMED BY YOU AND THE METHOD BY WHICH YOU MADE THE CALCULATION.

5. THE AMOUNT OF THE CLAIM. ^{car} 1,145.00 Plus Hospital bill of \$942.50 = 2,087.50

6. HAVE YOU MADE A CLAIM AGAINST ANYONE ELSE FOR ANY OF THE LOSSES OR EXPENSES CLAIMED IN THIS NOTICE?
No

IF YES, SET FORTH THE NAME AND ADDRESS OF ALL PERSONS AND INSURANCE COMPANIES AGAINST WHOM YOU HAVE MADE SUCH CLAIMS:

7. ARE ANY OF THE LOSSES OR EXPENSES CLAIMED HEREIN COVERED BY ANY POLICY OF INSURANCE?
No

FOR EACH SUCH POLICY, STATE THE NAME AND ADDRESS OF THE INSURANCE COMPANY, POLICY NUMBER AND BENEFITS PAID OR PAYABLE

8. HAVE YOU RECEIVED OR AGREED TO RECEIVE ANY MONEY FROM ANYONE FOR THE DAMAGES CLAIMED HEREIN?
 YES NO

IF YES, SET FORTH THE DETAIL OF SUCH AGREEMENT.

9. THE FOLLOWING ITEMS MUST BE SUBMITTED WITH THIS NOTICE:

- (1) COPIES OF ITEMIZED BILLS FOR EACH MEDICAL EXPENSE AND OTHER LOSSES AND EXPENSES CLAIMED.
- (2) FULL COPIES OF ALL APPRAISALS AND ESTIMATES OF PROPERTY DAMAGE CLAIMED BY YOU.
- (3) COPIES OF ALL WRITTEN REPORTS OF ALL EXPERT WITNESSES AND TREATING PHYSICIANS.
- (4) A LETTER FROM YOUR EMPLOYER VERIFYING YOUR LOST WAGES. IF SELF-EMPLOYED, A STATEMENT SHOWING THE CALCULATION OF YOUR CLAIMED LOST INCOME.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 JAN - 2 P 3:0

I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE. THAT THE ATTACHED STATEMENTS, BILLS, REPORTS AND DOCUMENTS ARE THE ONLY ONES KNOWN TO ME TO BE IN EXISTENCE AT THIS TIME. I AM AWARE THAT IF ANY STATEMENT MADE HEREIN IS WILLFULLY FALSE OR FRAUDULENT, THAT I AM SUBJECT TO PUNISHMENT PROVIDED BY LAW.

12/19/12 DATE Joe Thompson Jr. CLAIMANT OR PERSON FILING ON BEHALF OF CLAIMANT

sent origin.
12/27/12 Joe Thompson Jr.

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:

STEVEN PYUN 60

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

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 JAN - 8 P 12:38

3. Date of Accident: Time:

11/22/2012

6:05 PM

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

UPPER LEVEL GEORGE WASHINGTON BRIDGE. TRAVELING FROM NJ TO NY. EXTREME LEFT LANE, ABOUT 2/3 WAY PAST TOLL GATE.

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.

TRAVELING IN EXTREME LEFT LANE @ 45 MPH; ALL OF SUDDEN, THE CAR (MERCEDES BENZ E 350) TILTED TOWARD DRIVER'S SIDE & INDICATORS ON THE DASHBOARD NOTED FLAT TIRES ON BOTH TIRES (FRONT & BACK) ON THE LEFT SIDE OF THE CAR. WITH EMERGENCY BLINKERS ON, SLOWLY DROVE TO THE SIDE OF THE ROAD, COMPLETELY PAST THE BRIDGE, GOT OUT & ASCERTAINED THE TWO FLAT TIRES. IT'S MY BEST GUESS THAT THERE'S A RIVET OR BOLT STICKING OUT FROM THE DIVIDER OR POT HOLE IN THE ROAD THAT CAUSED THE RIP ON THE SIDEWALLS, EXACTLY ON THE SAME SPOT OF BOTH TIRES. 1 PICTURES INCLUDED.

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

N/A

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	N/A
(b)	For loss of earnings	\$	N/A
(c)	For property damages	\$	588.50
	2 NEW TIRES		450.00
	ALSO NEEDS NEW WHEEL, RIM		
	FOR 1 OF THE TIRE IS WARPED. Total:	\$	1038.50
	COST \approx \$450		

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

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

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

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

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

LAW DEPARTMENT
FURTHER AFFIDAVIT CLAIMS
2013 JAN - 8 P 12:33

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

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

2 NEW TIRES : \$ 588.50 (INVOICE INCLUDED)
1 NEW WHEEL : \$ 450.00
 WARPED \$ 1038.50

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

13. State whether or not you believe that the accident was due to any fault on the part of the Port Authority, and if so, give your reasons in full, setting forth any specific acts or omissions which you claim constituted negligence on its part. IF PA WAS TO INVESTIGATE THIS ACCIDENT, I AM SURE PA CAN FIND THE NAIL, NUT OR BOLT STICKING OUT. SINCE THE RIP OR PUNCTURE TOOK PLACE IN THE SAME EXACT SAME SPOT OF THE BOTH TIRES' SIDEWALL, THIS CONSTITUTES NEGLIGENCE ON MAINTAINING THE ROAD IN SAFE CONDITION FOR TRAVEL.

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.

-SEE ABOVE-

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

- INVOICE FROM AGS BATTERIES & AUTOMOTIVE.

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

Dated: 12/31, 2012

Signed: Steve J. Py
Claimant

AFFIDAVIT

STATE OF _____ :

COUNTY OF _____ :

Being duly sworn deposes and says:

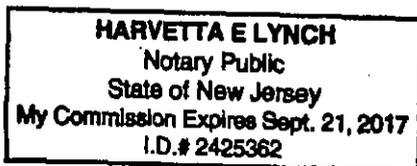
1. That he/she resides at
2. That he/she is the person who signed the foregoing statement of claimant.
3. That said statement of claimant was signed and this Affidavit is made by the deponent for the purpose of inducing The Port Authority of NY & NJ to pay deponent's claim, and that your deponent is 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

3 day of Jan., 2013

Harvetta E. Lynch
Notary Public

Steve J. Py
Claimant



LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 JAN - 9 P 12:39

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: Donna Collins Age: 67 Address:

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.

Claim made on my own behalf

2013 JAN 18 AM 11:11
LAW DEPARTMENT
PORT AUTHORITY OF NY & NJ

3. Date of Accident: 12/18/12 Time: 14:15

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

Last downhill curve before tunnel tolls - 495 E/B Helix Lane 1

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.

Hit very large pothold destroying tire and rim

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

No known witnesses. PA employes stated that my was the 6th car that had happened to so far that day. It happened to another can while I was waiting for a repairman to fix my car. The pothole is still there if you want to see it. I went through the tunnel on Sunday, January 9th and I saw it about 50% filled.

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	_____
(b)	For loss of earnings	\$	_____
(c)	For property damages	\$	1,282.29

Total: \$ 1,282.29

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.

No injuries

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

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

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

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

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

No medical claims

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.

Tire, Rim
Receipt from repair is enclosed
Total Cost \$1,282.29

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 JAN 18 A 11:11

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

All is given above

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

Port Authority negligence for not filling large pot hole. Mine was the 6th car it happened to that very day and it happened to yet another car while I was there waiting. Also PA employees could not change my tire because "they did not know how"- at least that is what they said. I had to wait 2 hours for a repairman that I called to

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

It is not my job to inspect the road ahead of me before driving on it in a cramped space like the ramp entering the Lincoln Tunnel.

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

I am enclosing the Accident Information report filled out by you policeman (By the way, he did not want to fill this out, I ~~practically had threaten to call ABC News to get him to do it~~)

16. State any other facts or circumstances which may have a bearing upon your claim/
Lazy and untrained personnel at the Lincoln Tunnel entrance, no wonder
tolls have to be raised.

Dated: January 12, , 2013

Signed: *Sam K. Allen*
Claimant

AFFIDAVIT

STATE OF New Jersey :
:
COUNTY OF Mercer :

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

12th day of January, 2013

Maria Binder
Notary Public

Sam K. Allen
Claimant

2013 JAN 18 AM 11:11
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

**Maria Binder
Notary Public
State Of New Jersey
My Commission Expires
September 25, 2016**

Our File No.: 236458

RE: Julio A. Casagrande vs. Port Authority of NY and NJ

**NOTICE OF CLAIM
Pursuant to Title 59:1-1**

1. Name of Claimant(s): **Julio A. Casagrande**
2. Date of Claim: **January 15, 2013**
3. Address of Claimant:
4. D/Accident: **12/5/2012 at 1:35 a.m.**
5. State exact location, giving address, where bodily injury or property damage loss was sustained; and furnish a detailed description of how the accident happened.

Client was traveling on the Lincoln Tunnel when he was rear ended by defendant.

6. Send notices to: **GINARTE, O'DWYER & WINOGRAD, LLP 400 Market Street,
Newark, New Jersey 07105. Attn: Roger Guarda, Claims Mgr.**
7. Furnish the name & address of the public entity and/or employee causing bodily injury or property damage.

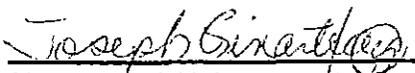
The Port Authority of NY/NJ, 241 Erie St., Jersey City, NJ 07310

8. Give general description of the injury, damages, or loss incurred:
9. The amount claimed (i.e. demand):
 - a) Injury- \$1,000,000.00
 - b) Property damage- To Be Determined
 - c) Lost wages- To Be Determined
 - d) Medical expenses- To Be Determined

2013 JAN 22 A 9:04
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

I certify that all of the facts furnished above to support my claim against the Port Authority of NY and NJ are true to the best of my information, knowledge and belief.

JOSEPH A. GINARTE, ESQ.



Signature of Claimant or Attorney

NOTICE OF CLAIM PURSUANT TO N.J.S.A. 59:8-4

TAKE NOTICE THAT Mrs. Ruth A. Almario, PURSUANT TO N.J.S.A. 59:8-4, is presenting a Notice of Claim for damages against Port Authority of NY & NJ and John Doe.

A. The claimant resides at

B. All notices may be forwarded to SCOTT P. KESSLER, Esq., of the law firm of TOBIN

REITMAN GREENSTEIN CARUSO WIENER KONRAY & KESSLER, 136 Central Avenue,
Clark, NJ 07066.

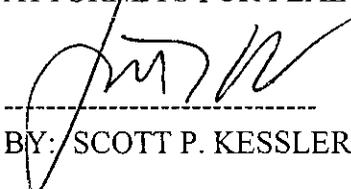
C. The incident occurred on 01/03/2013, near Entrance to the Path Station where the claimant was injured when she slipped and fell on a ramp.

D. The claimant sustained

E. Port Authority of NY & NJ and John Doe, including but not limited to, its agents, servants and/or employees are responsible for these injuries as a result of a negligent or wrongful act or omission on the part of the public entity and/or employee acting within the scope of employment.

F. The amount of damages sought is an unliquidated amount and is not yet capable of computation.

TOBIN REITMAN GREENSTEIN CARUSO
WIENER KONRAY & KESSLER
ATTORNEYS FOR PLAINTIFF


BY: SCOTT P. KESSLER, Esq.

Dated: January 22, 2013

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 JAN 24 A 9:32

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

STEPHEN CHERNIN

49

1. Claimant's Name: Age: Address:

N/A

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.

12/7/12

5:30 PM

3. Date of Accident: Time:

WEST BOUND GWB UPPER LEVEL PARALLEL TO TOLL PLAZA

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

TRAVELING WEST BOUND STRUCK A POT HOLE

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.

2013 JAN 23 A 9:45 AM
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

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

PA TOW TRUCKER DRIVER WHO CAME TO THE SCENE AFTER OCCURANCE
ANOTHER VEHICLE THAT STRUCK THE SAME POTHOLE AND HAD A PLAT AS WELL
NAMES UNKNOWN

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	<u> -</u>
(b)	For loss of earnings	\$	<u> -</u>
(c)	For property damages	\$	<u>874.62</u>
Total:		\$	<u>874.62</u>

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.

N/A

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

N/A

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.

N/A

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.

BLOWN OUT TIRES ON PASSENGER SIDE FRONT - REAL TIRES
REPAIR COST \$321.20/EA

WHEEL ALIGNMENT \$175.00

$$*321.20 + *321.20 + *175 + *57.22(\text{TAX}) = *874.62$$

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. WHEN THE PA TOW TRUCKER DRIVER CAME TO THE SCENE, I EXPLAINED WHAT HAD HAPPENED. HE SAID THAT POTHOLE HAS BEEN AN ISSUE FOR THE PAST WEEK AND MANY BLOWN-OUT TIRE HAVE OCCURRED. IT WAS ALSO REVEALED THAT THE PA HAD TRIED SEVERAL TIMES TO REPAIR THIS POTHOLE AND WERE UNSUCCESSFUL. WHEN THE ACCIDENT OCCURRED THERE WAS ANOTHER VEHICLE REPAIRING HIS TIRE AND SHORTLY AFTER ANOTHER VEHICLE PULLED OVER IN THE SAME POTHOLE AND HAD A FLAT.

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.

AS STATED ABOVE, TRAVELING AT THE SPEED LIMIT THERE WAS NO WAY TO AVOID THIS POTHOLE.

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

PLEASE SEE ATTACHED REPAIR BILL.

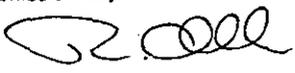
16. State any other facts or circumstances which may have a bearing upon your claim/

Dated: JANUARY 18, 2013

Signed:  Claimant

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 JAN 23 A 9:48

AFFIDAVIT

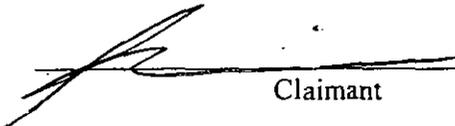
STATE OF **ROBERT ALLEN** :
Notary Public, State of New York :
No. 01AL5040155 :
Qualified in Nassau County :
COUNTY OF **Commission Expires March 6, 2015** :


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
18 day of January, 2013


Notary Public


Claimant

ROBERT ALLEN
Notary Public, State of New York
No. 01AL5040155
Qualified in Nassau County
Commission Expires March 6, 2015

In the Matter of the Claim of

ROBERTO BONNET

against

PORT AUTHORITY OF NEW YORK and NEW JERSEY

TO: PORT AUTHORITY OF NEW YORK and NEW JERSEY

PLEASE TAKE NOTICE that the undersigned claimant(s) hereby make(s) claim and demand against you as follows:

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

ROBERTO BONNET

ARYE, LUSTIG & SASSOWER, P.C.
20 VESEY STREET
NEW YORK, NY 10007

2. The nature of the claim:

SEE ATTACHED RIDER

3. The time when, the place where and the manner in which the claim arose:

SEE ATTACHED RIDER

RECEIVED
JAN 25 A 9 50

4. The items of damage or injuries claimed are (do not state dollar amounts)

SEE ATTACHED RIDER

2013 JAN 25 A 11:18
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

RIDER TO NOTICE OF CLAIM

RE: ROBERTO BONNET V. PORT AUTHORITY OF NEW YORK AND NEW JERSEY

2. This is a claim for negligence by the Port Authority of New York and New Jersey with respect to its negligence of the premises and construction site hereinafter set forth.
3. The time when, the place where, and the manner in which the claim arose: On June 26, 2012 at approximately 9:35 a.m., at the Port Authority of New York and New Jersey/World Trade Center (WTC) Construction Project, in the County, City and State of New York, claimant, an A-journeyman electrician employed by Five Star Electric, who was performing construction work thereat, fell while exiting a switchgear room on the B4 level, when he tripped and fell due to a rubber hose that obstructed the passageway, which constituted an inadequate and unsafe passageway, and further constituted an improper tripping hazard. The foregoing accident and claimant's resulting injuries were caused by the negligence of the Port Authority in the ownership, operation, management, maintenance, control and supervision of said premises and construction site, and by its failure to comply with the applicable provisions of the Labor Law, including §241(6) and §200 and the regulations promulgated thereunder; in failing to provide claimant with a safe place to work; in failing to provide claimant with a safe and adequate passageway and walkway; and in causing, allowing and permitting, tripping hazards to come, be and remain upon said job site and passageway.
4. The items of damage or injuries claimed are: Claimant ROBERTO BONNET sustained

etc., with damages in the amount of FIVE MILLION (5,000,000.00) DOLLARS.

2013 JAN 25 A 11:18

LAW DEPARTMENT
PORT AUTHORITY CLAIMS

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) intend(s) to commence an action on this claim.

Dated: New York, New York
January 23, 2013

Roberto Bonnet

The name signed must be printed beneath
ROBERTO BONNET

Arye Lustig & Sassower, P.C.

Attorney(s) for Claimant(s)
Office and Post Office Address, Telephone Number
ARYE, LUSTIG & SASSOWER, P.C.
20 Vesey Street, Suite 1010
New York, NY 10007
(212) 732-4992

The name signed must be printed beneath

CORPORATE VERIFICATION

State of New York, County of

ss.:

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

This verification is made by deponent because said claimant is a corporation, and deponent an officer thereof, to wit its

The grounds of deponent's belief as to all matters not stated upon deponent's knowledge are as follows:

INDIVIDUAL VERIFICATION

State of New York County of New York ss.:

ROBERTO BONNET

being duly sworn, deposes and says that deponent is the 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 the matters therein stated to be alleged on information and belief, and that as to those matters deponent believes it to be true.

Roberto Bonnet

Sworn to before me, this 23rd day of January, 2013

Sworn to before me, this day of

DIANE COOPER
Notary Public, State of New York
No. 01CO4716316
Qualified in Kings County
Commission Expires November 30, 2014

200

In the Matter of the Claim of

ROBERTO BONNET

against

PORT AUTHORITY OF NEW YORK
and NEW JERSEY

Notice of Claim

ARYE, LUSTIG & SASSOWER, P.C.
Attorney(s) for Claimant(s)

Office and Post Office Address

20 Vesey Street
New York, NY 10007
(212) 732-4992

Police report, but I was ...
so I went again a couple days later, and no one was able to
give me a police report. I tried to get it on-line and the site
did not recognize the case # I was given, there is a report I just
don't have it.

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

4 witnesses two I am able to describe
1. Fabiola Fernandez 2. Yolanda Hernandez

*The other two were employees of the airport.

7. The amounts of loss claimed are as follows:

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

Total \$ _____

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

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

LAW DEPARTMENT
FORT AUTHORITY CLAIMS
2013 JAN 29 A 8:40

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

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

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

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

The claim I am making is to request payment of ambulance bill, since I was told the airport was responsible for such expense. Attached to these documents please find a copy of the ambulance bill sent to me. Again as I stated in my description of the accident, I was told to use this service since it was paid by the airport, and I left with ambulance instead of leaving with my sister.

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

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

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

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

I believe the accident was my fault because I tried to return up the stairs when the stairs were going down.

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

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

Dated: 1/22, 2013

Maria N. Fernandez
Claimant

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 JAN 28 A 8:40

AFFIDAVIT

STATE OF NJ
COUNTY OF Hudson

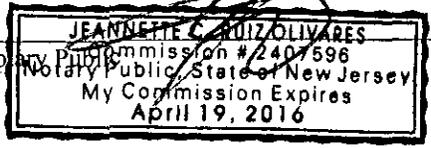
:
:
ss:
:

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 1 day of 22, 2013

Maria N. Fernandez
Claimant



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

International Motor Freight

1. Claimant's Name: Age: Address:

Lisa Baupaki - Safety Director

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.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 JAN 28 A 11:23

January 10, 2013

6:00 pm

3. Date of Accident: Time:

Corbin Street, Port Newark NJ

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

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.

International Motor Freight driver Jose Soto was travelling on Corbin St Southbound when Port Authority driver David McLeary was coming off of Corbin Street ramp wanted to make left hand turn there is no left hand turn lane until March St and while doing so struck passenger side of International Motor Freight tractor causing damage.

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

7. The amounts of loss claimed are as follows:

(a) For medical and hospital expenses \$ N/A
(b) For loss of earnings \$ N/A
(c) For property damages \$ Pacts + 607.79 Lobar 350.00

Total: \$ 957.79

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. N/A

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

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
210 JAN 28 A 11:23

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.

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

8/7/19/0019 11-17
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. *N/A*

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. *Please see attached parts prices.*

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

~~13. State whether or not you believe that the accident was due to any fault on the part of the Port Authority, and if so, give your reasons in full, setting forth any specific acts or omissions which you claim constituted negligence on its part. *Port Authority vehicle wanted to make left hand turn from non-turning lane*~~

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. *No. IMF driver was travelling on Corbin St Southbound when Port Authority driver tried to turn left from non-turning lane*

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: January 22, 2013

Signed: [Signature]
Claimant

AFFIDAVIT

STATE OF _____ :

COUNTY OF _____ :

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

_____ day of _____, 20_____

Claimant

Notary Public

2013 JAN 28 A 11: 23
LAW DEPARTMENT
PORT AUTHORITY CLAIMS



Metro Corporate Campus I
99 Wood Avenue South
Suite 307
Iselin, New Jersey 08830
Tel: 732-491-2100
Fax: 732-491-2120

A New Jersey Limited Liability Company

www.krollfirm.com

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Michael G. McNally *
Bradley M. Parsons
Seth Ptasiwicz *
Jeffrey A. Stephens

BAR ADMISSIONS
† NJ & PA Bar
* NJ & NY Bar
* NJ, PA & DC Bar
* NJ, NY & DC Bar
* NJ, NY & PA Bar

January 18, 2013

VIA REGISTERED FIRST CLASS MAIL, R.R.R.

The Port Authority of New York and New Jersey
Journal Square Transportation Center
One Path Plaza, Seventh Floor
Jersey City, New Jersey 07306

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

ATTENTION: Administrator of Tort Claims

2013 JAN 23 A 9 4
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

Re: Notice of Claim for Damages Against The Port Authority of New York and New Jersey

Claimants: Mauro DoPrado and his wife Senilda Prado
Date of Accident: 7/24/12

Dear Sir or Madam:

Please be advised that this office has been retained to represent Mauro DoPrado and his wife, Senilda Prado, for injuries Mr. DoPrado sustained as a result of an accident occurring on July 24, 2012. Pursuant to N.J.S.A., 32:1-163 & 32:1-164, please be advised as follows:

(1) Name & Address of Each Claimant and Their Attorney:

Claimants: Mauro DoPrado and Senilda Prado

Attorney: Michael T. Carton, Esq.
Kroll Heineman Carton, LLC
Metro Corporate Campus One
99 Wood Avenue South, Suite 307
Iselin, New Jersey 08830.

(2) **The Nature of the Claims:**

Tort Claim for _____ suffered by Mauro DoPrado including

Senilda Prado brings a related per quod claim.

(3) **The Time, Place, and Manner in Which the Claim Arose:**

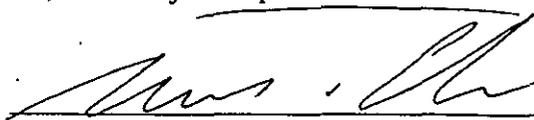
Claimant, Mauro DoPrado, suffered _____ when he fell from a scaffold during construction/renovation work in the area of the C-1 Courtyard overpass opposite Building #74 at the Newark Airport Facility in the early morning of July 24, 2012. (See attached Port Authority of NY & NJ Police Report for your convenience and reference, which is not to be treated as an adoptive admission).

(4) **The Nature of the Damages:**

Mauro DoPrado suffered _____

I hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made are wilfully false, I am subject to punishment.

Dated: 1/18/13



Michael T. Carton, Esq., On Behalf of Claimants
Mauro Do Prado and Senilda Prado

MTC:ct
Enclosure

2013 JAN 23 A. 9. 48
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

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

Gonzalez Lissette

1. Claimant's Name: Age: Address:

Kelly Canonica Progressive Insurance Claims Adjuster

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.

11/27/12

1805

3. Date of Accident: Time:

Irving St & JFK Blvd Jersey City NJ

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

2013 JAN 22 10 09
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

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.

Port Auth vehicle attempted to make a left turn at the intersection. Our insured had to stop abruptly but was unable to stop in time.

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

0

7. The amounts of loss claimed are as follows:

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

N/A

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

N/A

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.

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

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 JAN 22 A 9:00

-
10. If claim is made for medical and hospital expenses, itemize such expenses and for those already incurred, give names of persons to whom paid or owing.
-
11. If claim is made for injuries to property, list the items of damaged property and state nature and amount of damage of each item. If such property can be repaired, state cost of repair and obtain and annex estimate of cost of repair.
-
12. Give full particulars with respect to any items of damage or amounts claimed not given above.
-
13. State whether or not you believe that the accident was due to any fault on the part of the Port Authority, and if so, give your reasons in full, setting forth any specific acts or omissions which you claim constituted negligence on its part.
-
14. State whether or not the accident was in any way due to your fault, and if not, state in detail the reasons for your conclusions.
-
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: 12/19/12, 2012

Signed: [Signature]
Claimant

AFFIDAVIT

STATE OF NJ
:
:
COUNTY OF Bergen
:

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

14 day of January, 2013

[Signature]
Notary Public

[Signature]
Claimant

Sworn to and subscribed
before me this
14 day of Jan., 2013

NICOLE B. HOLLAR
ID # 2387135
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 7/2/2014

2013 JAN 22 A 9:06
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

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: 57 Address:
RICHARD PINHELES

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.

NA

2013 JAN - 2 P 3:02
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

3. Date of Accident: DECEMBER 2, 2012 Time: 5:15 P.M.

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

GEORGE WASHINGTON BRIDGE, UPPER LEVEL, WEST BOUND, LEFT LANE
NEW YORK SIDE

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 DRIVING IN HEAVY TRAFFIC IN THE LEFT LANE OF THE
GWB BRIDGE. SHORTLY AFTER GETTING ONTO THE BRIDGE, I HIT
A LARGE POT HOLE, WHICH IMMEDIATELY BLEW OUT MY RIGHT
FRONT TIRE. I WAS UNABLE TO STOP RIGHT THERE DUE TO
HEAVY TRAFFIC. AFTER THE BRIDGE I STOPPED AND THE TIRE
WAS COMPLETELY DAMAGED.

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

NONE.

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	_____
(b)	For loss of earnings	\$	_____
(c)	For property damages	\$	321.46 REPLACEMENT TIRE 45.37 INSTALLATION OF TIRE
Total:		\$	366.83 SEE ATTACHED BILLS

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.

NONE.

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

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 JAN - 2 P 3:02

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.

NONE.

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

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

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

NONE.

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.

YES, THE RIGHT FRONT TIRE ON A 2008 JAGUAR XKR WAS COMPLETELY DAMAGED. THE TIRE COST \$321.46 TO PURCHASE FROM TIREACK, IT COST \$45.37 TO INSTALL BY STS. THE TOTAL COST TO REPLACE THE DAMAGED TIRE WAS \$366.83. SEE ATTACHED INVOICES.

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

SEE ABOVE #11.

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 DAMAGE TO MY TIRE WAS DUE TO THE NEGLIGENCE OF THE PORT AUTHORITY IN PROPERLY MAINTAINING THE ROADWAY SURFACE. THE POTHOLE INTO MY WHEEL WENT INTO WAS TOO LARGE TO REPAIR IN A DAY. IT SHOULD HAVE BEEN FIXED TO AVOID THIS ACCIDENT.

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.

NO, THIS ACCIDENT WAS NOT DUE IN ANY WAY TO MY FAULT. THE POTHOLE WAS IN THE TRACK OF THE LEFT LANE. I WAS UNABLE TO AVOID IT AS IT WAS DARK AND I DID NOT EVEN SEE IT.

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

SEE ATTACHED PORT AUTHORITY POLICE REPORT NO. 12G1937 DATED 12/5/2011.

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

I WAS TOLD BY THE POLICE AT THE PORT AUTHORITY BUILDING IN
PORT LAKE THAT OTHER MOTORISTS HAD FILED SIMILAR COMPLAINTS
FOR THE IDENTICAL POT HOLE.

Dated: DECEMBER 31, 2012

Signed: [Signature]
Claimant

AFFIDAVIT

STATE OF New Jersey :

COUNTY OF Bergen :

Being duly sworn deposes and says:

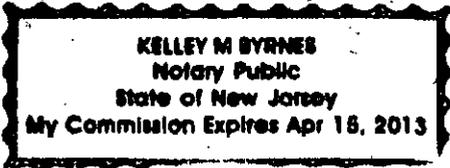
1. That he/she resides at
2. That he/she is the person who signed the foregoing statement of claimant.
3. That said statement of claimant was signed and this Affidavit is made by the deponent for the purpose of inducing The Port Authority of NY & NJ to pay deponent's claim, and that your deponent is 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

31st day of December, 2012

[Signature]
Claimant

Kelley M. Byrnes
Notary Public



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

I was alone in the car

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	<u>0</u>
(b)	For loss of earnings	\$	<u>0</u>
(c)	For property damage	\$	<u>\$ 770.40</u>

Total \$ 770.40

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

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

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

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

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

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

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

Broken front driver's side wheel.
New wheel installed. See attached paid receipt.

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

2013 JAN 17 AM 11:07
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

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 road was left open where a plate or cover should have been placed. It was too dark to see the defect and avoid it.

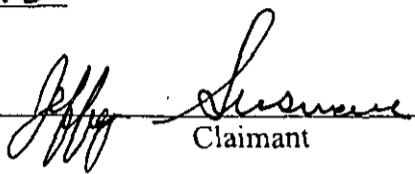
14. State whether or not the accident was in any way due to your fault, and if not, state in detail the reasons for your conclusions.

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

- ① Photo of damaged wheel,
- ② Receipt for repair.
- ③ ~~Police report~~

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

Dated: 1/2, 2013


 Claimant

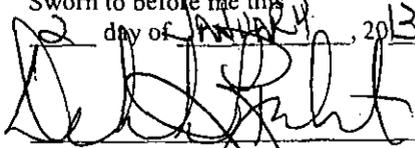
STATE OF NEW YORK
 COUNTY OF BRONX

AFFIDAVIT

ss:

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 2 day of JANUARY, 2013

 Notary Public


 Claimant

DEBORAH L. REMBERT
 NOTARY PUBLIC, STATE OF NEW YORK
 No. 01916603633
 QUALIFIED IN BRONX COUNTY
 MY COMMISSION EXPIRES NOV. 25, 2014

NOTICE OF CLAIM

In the Matter of the Claim of **MANUEL VIVAR** - 9 P 3:59

MANUEL VIVAR

- against -

THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY

2013 JAN - 9 P 5:06
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

TO: The Port Authority of New York and New Jersey
225 Park Avenue South, 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 attorney is:

Claimant

Attorney

MANUEL VIVAR

GORAYEB & ASSOCIATES, P.C.
100 William Street, Suite 1205
New York, New York 10038
(212) 267-9222

2. Nature of Claim:

To recover money damages expenses and related damages incurred by and on behalf of claimant MANUEL VIVAR by reason of the negligence, recklessness, carelessness and violation of statute by THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY its/their agents, servants, employees and/or licensees in the ownership, operation, construction, inspection, demolition and control of Terminal 4 at John F. Kennedy International Airport.

3. The time when, the place where and the manner in which the claim arose:

At approximately 1:30am on April 27, 2012, while claimant MANUEL VIVAR was performing construction related work on the third floor of Terminal 4 at John F. Kennedy International Airport; the claimant sustained and other damages when he when an improperly hoisted and/or secured heavy object fell onto his right foot. This occurrence happened by reason of the negligence, recklessness, carelessness and violation of statute of THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY, its agents, servants, employees and/or licensees in the ownership, operation, control, construction, demolition, decommissioning and supervision of the said work site at Terminal 4 at John F. Kennedy International Airport; in failing to provide the claimant with proper protection; in failing to provide a safe place to work; and failing to provide

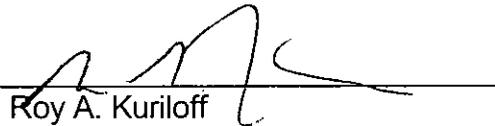
safety devices and equipment adequate to prevent claimant from sustaining the injuries herein. THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY, its/their agents, servants, servants and/or employees violated the provisions of § 200, 240 and 241 of the Labor Law of the State of New York, the applicable provisions of Rule 23 of The Industrial Code of the State of New York, and the rules of the Occupational Safety and Health Administration as they pertain to construction.

4. Claimant MANUEL VIVAR sustained

in the sum of TEN MILLION (\$10,000,000.00) DOLLARS.

The undersigned claimant therefore presents this claim for adjustment and payment. You are hereby notified that unless said claim 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: New York, New York
January 8, 2013

x 
Roy A. Kuriloff

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 JAN - 9 P 5: 06

VERIFICATION

STATE OF NEW YORK

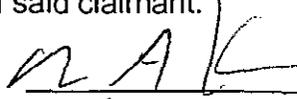
SS.:

COUNTY OF NEW YORK }

Roy A. Kuriloff, an attorney at law, duly admitted to practice in the Courts of this State, affirms under the penalties of perjury that:

I am a member with the law firm of **GORAYEB & ASSOCIATES, P.C.**, attorney for the claimant in the above entitled action; that affirmant has read the foregoing **NOTICE OF CLAIM** and knows the contents thereof; that the same is true to affirmant's own knowledge except as to the matters therein stated to be alleged upon information and belief, and as to those matters affirmant believes it to be true.

Affirmant further says that the source of affirmant's information and the grounds of Affirmant's belief as to all matters not stated upon affirmant's knowledge is from investigations made on behalf of said claimant.



Roy A. Kuriloff

Sworn to before me this
8th day of January, 2012



Notary Public

2013 JAN - 9 P 5:06
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

VIJAY ZAMAN
NOTARY PUBLIC, State of New York
No. 4996224
Qualified in Kings County
Commission Expires May 11, 2014

GORAYEB & ASSOCIATES, P.C.
Attorney for Claimant
MANUEL VIVAR
100 William Street, Suite 1205
New York, NY 10038
(212) 267-9222/8503 - LL/CJG/EA

In the Matter of the Claim of
RICHARD VALLE and GEORGETTE VALLE

Claimants,

- against -

PORT AUTHORITY OF
NEW YORK AND NEW JERSEY

Respondent.

NOTICE OF CLAIM

TO: PORT AUTHORITY OF NEW YORK AND NEW JERSEY
Office of the Secretary
225 Park Avenue South
New York, NY 10003

PLEASE TAKE NOTICE that the undersigned claimant(s) hereby make(s) claim and demand against you as follows:

1. The name and post office address of each claimant and claimant's attorneys are:

Claimants:

RICHARD VALLE
& GEORGETTE VALLE

Attorneys:

RHEINGOLD, VALET, RHEINGOLD,
McCARTNEY & GIUFFRA LLP
113 East 37th Street
New York, NY 10016
(212) 684-1880

2. The nature of the claim:

3. The time when, the place where and the manner in which the claim arose:

The subject occurrence took place on October 18, 2012, at approximately 12:30 noon. At the time of incident, claimant RICHARD VALLE was lawfully and properly in the course and scope of his employment for Hellman Electric Corp. at a construction site located at The LaGuardia International Airport located at 10015 Ditmars Blvd, East Elmhurst, NY 11369 in the County of Queens, City and State of New York, and more particularly, by the Delta Terminal Guard Post #2, and more particularly between Pump House No. 4 and the FAA Shed. At said time and place, Claimant was laying pipe, conduit and/or sewer line in a several foot deep trench that was approximately 300 feet long and approximately 4-5 feet wide, to redo a pump house at the airport. At the time, Claimant was approximately 10 feet away from a splice box which was underground and was approximately 10 feet tall, 8 feet wide and 12 feet long, made of concrete

PORT AUTHORITY OF
NEW YORK AND NEW JERSEY
OFFICE OF THE SECRETARY
225 PARK AVENUE SOUTH
NEW YORK, NY 10003
JAN 22 2013 10 22 AM
LAW DEPARTMENT
PORT AUTHORITY CL

and rebar. This particular splice box was the furthest one on the airport side (as opposed to the work side). There was no shoring on the side walls of the trench. At said time and place, and while within said trench, Claimant's foot became trapped in mud within the trench that went up to his knee and he became injured.

Attached herewith is the "Loss Report Form" and Accident Report regarding the subject occurrence.

That the foregoing occurrence and resulting injuries were caused wholly and solely, through and by reason of the carelessness, recklessness and negligence of the PORT AUTHORITY OF NEW YORK AND NEW JERSEY its agents, servants and/or employees, in the ownership, operation, control, care, custody, charge, management, maintenance and supervision of the aforesaid construction site; in failing to provide the Claimant with the safe and proper equipment necessary to perform his job duties; in failing to maintain said construction site in safe and proper condition; in failing to properly investigate the site before the work was commenced; in failing to consider specific soil and rock characteristics and locations; groundwater location, extent, direction and rate of movement (including seasonal variations); in failure to assess the general hazards which may arise during construction near body of water, such as the nature of the ground, the existence of high water pressures in strata immediately beneath the bottom of the trench, underground installations and services, the nature of any industry on adjoining property, and vibration from traffic or other sources; in failing to place lining strong enough so that it is not distorted by ground or water pressures; in failing to seal off water, dirt and mud from entering the trench from overburden or underlying strata by driving the lining tubes sufficiently into impervious material to provide a secure seal; in allowing employees, and specifically the Claimant to enter the trench knowing of possibility of flooding and/or sinking; in failing to pump water out of the excavation before anyone enters it; in excavating in an unstable or disturbed soil; in placing and installing poor drainage around excavation or water seepage; in failing to protect employees and Claimant against hazardous atmospheric currents and tides; in failing to dewater (and de-mud) the trench knowing full well that the excavation was below the existing water table, by digging trench drains, deep wells and well points; in failing to utilize pumps and piping cutoff methods such as sheet piling; in failing to alter the shape of the trench or use a "trench box," a metal cage-like enclosure that protects trench workers against crumbling trench walls; in failing to slope, shore or shield the trench as required by OSHA standards, in failing to provide shoring and/or providing inadequate shoring; failing to provide a safe means of exit from the trench and allowing water, dirt and mud to accumulate in the trench; in failing to warn Claimant of said dangerous conditions thereat; in failing to inspect said jobsite; in failing to provide Claimant, and others, with a safe place to work; in causing, permitting and/or allowing the premises and construction site to be, become and remain in an unsafe, defective, hazardous, improper and dangerous condition; in failing to provide employees with the proper tools and equipment; in failing to make the due, timely and necessary inspections of said premises and construction work being performed thereat to ascertain if same was in proper and fit condition and the work was being performed in a safe and proper manner; in failing to take any and all steps necessary to timely repair and/or properly repair, remedy or otherwise rectify the aforesaid dangerous and hazardous conditions; in failing to adequately safeguard and protect the life and limb of persons lawfully upon said premises and more particularly, the Claimant herein; in failing to take any and all reasonable precautions to

safeguard against this occurrence; in failing to train, properly train and/or adequately train their agents, servants and/or employees in the safe and proper execution of their job; in failing to train and/or properly train its personnel to ascertain the safety and working conditions thereat; in failing to supervise and/or properly supervise the activities thereat; in failing to provide sufficient and adequate supervisory personnel to oversee and/or control the work being performed thereat; in violating certain sections of the Labor Law, including but not limited to, Sections 200, 240, 241, 241-a, and 241(6) New York State Industrial Code Rule 23, cited as §§23-1.7; 23-1.8; 23-2.2(c) (1); 23-3.3(c); 23-3.4; 23-4.1; 23-4.1(a) as well as the Rules of the Board of Standards and Appeals and the regulations of OSHA; in allowing all of the foregoing to exist with actual and constructive notice; in violating the applicable laws, rules, regulations, statutes, ordinances and regulations in such cases made and provided; and in failing to exercise reasonable care and prudence in the premises in blatant disregard for their employees' safety, all without any fault or lack of care on the part of the Claimant herein contributing thereto.

4. The items of damage or injuries claimed are:

Claimant RICHARD VALLE sustained,

The Claimant GEORGETTE VALLE

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) intend(s) to commence an action on this claim.

Dated: New York, NY
January 22, 2013



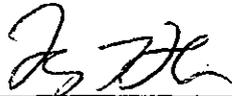
JEREMY A. HELLMAN, ESQ.
Law firm of RHEINGOLD, VALET, RHEINGOLD,
McCARTNEY & GIUFFRA LLP
on behalf of the Claimants

RHEINGOLD, VALET, RHEINGOLD,
McCARTNEY & GIUFFRA LLP
Attorneys for Claimants
113 East 37th Street
New York, NY 10016
(212) 684-1880

INDIVIDUAL VERIFICATION

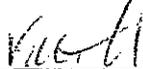
STATE OF NEW YORK)
):ss:
COUNTY OF NEW YORK)

Jeremy A. Hellman, being duly affirmed, makes the following statement under the penalty of perjury: I am an attorney duly admitted to practice law in the State of New York, and am an associate of Rheingold, Valet, Rheingold, McCartney & Giuffra LLP, the attorneys of record for the claimant. I have read the foregoing Notice of Claim and know the contents thereof. The same is true to my own knowledge except as to those matters alleged to be true on information and belief, and as to those matters I believe them to be true.



JEREMY A. HELLMAN

Affirmed to be true before
me this 22nd day of January 2013

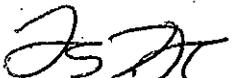


Notary Public

VICTORIA TOCHIN
Notary Public, State of New York
No. 01TO6132279
Qualified in New York County
Commission Expires August 22, 2013 — 13

Pursuant to 22 NYCRR § 130-1.1, the undersigned, an attorney admitted to practice in the courts of New York State, and an Associate of Rheingold, Valet, Rheingold, McCartney & Giuffra LLP, certifies that, upon information and belief and reasonable inquiry, the contentions contained in this document are not frivolous;

Dated: January 22, 2013
New York, NY



Jeremy A. Hellman, Esq.

2013 JAN 22 P 1:02
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

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:
PATRICIA SEILER 58

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.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 JUN 17 P 12:13

3. Date of Accident: 3-27-12 Time: approx. 1:40 pm.

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

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 DRIVING OVER THE OUTER BRIDGE CROSSING FROM NEW JERSEY TO NEW YORK. THERE WAS A CINDER BLOCK IN MY LANE (LEFT LANE) THAT COULD NOT BE AVOIDED. MY VEHICLE WAS DAMAGED

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

POLICE REPORT ON FILE (COPY ATTACHED)

7. The amounts of loss claimed are as follows:

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

INSURANCE COMPANY PAID BALANCE

Total: \$ 991.48

(MY RESPONSIBILITY)

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

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

LAW DEPARTMENT
PERSONAL INJURY CLAIMS
MAY 17 12:33

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

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

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

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

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

DAMAGE TO VEHICLE IN THE AMOUNT OF \$99,48

(MY RESPONSIBILITY)

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

VEHICLE TOWING
RENTAL VEHICLE

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.

THERE WAS A CINDER BLOCK ON THE BRIDGE.
THE PORT AUTHORITY IS RESPONSIBLE FOR
KEEPING THE BRIDGES FREE OF ANY DEBRIS
AND SAFE FOR TRAVELING.

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 WAS NOT AT FAULT - THE CINDER
BLOCK WAS IN THE ROAD -

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

A REPORT WAS MADE AT THE PORT AUTHORITY OFFICE
AT THE OUTER BRIDGE CROSSING

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

Dated: 1/8, 20 13

Signed: [Signature]
Claimant

AFFIDAVIT

STATE OF

:

COUNTY OF

:

:

Being duly sworn deposes and says:

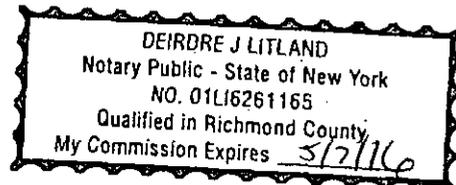
1. That he/she resides at
2. That he/she is the person who signed the foregoing statement of claimant.
3. That said statement of claimant was signed and this Affidavit is made by the deponent for the purpose of inducing The Port Authority of NY & NJ to pay deponent's claim, and that your deponent is 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

8 day of January, 20 13

[Signature]
Notary Public

[Signature]
Claimant



IN THE MATTER OF THE CLAIM OF

CONWAY LACKMAN

-AGAINST-

2013 JAN 18 A 9 42

THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY and LAGUARDIA AIRPORT

TO: *THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY*
225 Park Avenue South, 17th Floor
New York, New York 10003

LAGUARDIA AIRPORT
225 Park Avenue South, 17th Floor
New York, New York 10003

PLEASE TAKE NOTICE that the undersigned Claimant hereby makes claim and demand against THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY and LAGUARDIA AIRPORT, as follows:

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

CONWAY LACKMAN

ELEFTERAKIS & ELEFTERAKIS, P.C.
112 Madison Avenue, 10th Floor
New York, NY 10016

2. *The nature of the claim:*

To recover money damages for and related damages incurred by and on behalf of Claimant, CONWAY LACKMAN, by reason of the carelessness, negligence, recklessness and culpable conduct of THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY and LAGUARDIA AIRPORT, their agents, servants and/or employees.

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

WHEN: On or about November 18, 2012 at approximately 2:45p.m.

WHERE: "Ramp-side" (outside) of Terminal C, Gate #44, Laguardia Airport, Queens, New York.

MANNER: The accident occurred when Claimant was assaulted and battered by another individual while retrieving his luggage, due to the carelessness, negligence and recklessness of, THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY and LAGUARDIA AIRPORT, in their control, maintenance, management, operation and ownership of the aforementioned location, and more specifically, in causing/permitting Claimant to be injured due to a chaotic, overcrowded, unorganized and unsystematic "make-shift" baggage claim area. Further, THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY and LAGUARDIA AIRPORT, were careless, negligent and reckless in hiring and training their agents, servants and employees; in providing negligent supervision and/or security; in failing to provide adequate supervision and/or security; in failing to provide a safe place for Claimant to collect his luggage; in failing to provide a safe place for Claimant to exit with his luggage; in failing to provide the proper safety devices/measures to safeguard Claimant from harm; in creating and/or permitting a foreseeably dangerous condition/environment to exist; in failing to prevent the subject incident; in violating applicable Federal Aviation Administration rules and/or regulations. (See incident report attached)

2013 JAN 18 10:59
LAW DEPARTMENT
PORT AUTHORITY OF NEW YORK AND NEW JERSEY

4. *The items of damage or injuries claimed are:*
Claimant, CONWAY LACKMAN, sustained

future

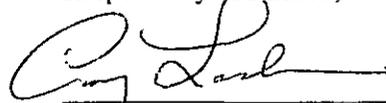
diminution of income, compensatory damages and punitive damages.

TOTAL AMOUNT CLAIMED: Five Million Dollars (\$5,000,000.00)

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

Dated: New York, New York
January 17, 2013

Respectfully submitted,



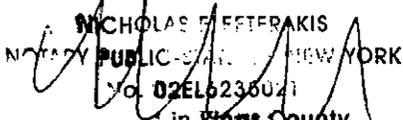
CONWAY LACKMAN.

Elefterakis & Elefterakis, P.C.
Attorneys for Claimant
112 Madison Avenue
New York, New York 10016
(212) 532-1116

INDIVIDUAL VERIFICATION
State of New York
County of New York

Being duly sworn, deposes and says that deponent is the Claimant in the within action; he has read the foregoing Notice of Claim and knows the contents thereof; that the same is true to deponents own knowledge, except as to those matter therein stated to be alleged on information and belief, and that as to those matter deponent believes them to be true.



CONWAY LACKMAN

NICHOLAS ELEFTERAKIS
NOTARY PUBLIC-STATE OF NEW YORK
No. 02EL6235021
in Kings County
s. January 31, 2015

NICHOLAS ELEFTERAKIS
NOTARY PUBLIC-STATE OF NEW YORK
No. 02EL6235021
Qualified in Kings County
My Commission Expires January 31, 2016

LAW DEPARTMENT
POST 201
NY CLAMS
2013 JAN 18 A 10:55

Our File No.: 236457

RE: Teresa. Casagrande vs. Port Authority of NY and NJ

**NOTICE OF CLAIM
Pursuant to Title 59:1-1**

1. Name of Claimant(s): **Teresa Casagrande**
2. Date of Claim: **January 15, 2013**
3. Address of Claimant:
4. D/Accident: **12/5/2012 at 1:35 a.m.**
5. State exact location, giving address, where bodily injury or property damage loss was sustained; and furnish a detailed description of how the accident happened.

Client was a passenger in vehicle that traveling on the Lincoln Tunnel when it was rear ended by defendant.

6. Send notices to: **GINARTE, O'DWYER & WINOGRAD, LLP 400 Market Street, Newark, New Jersey 07105. Attn: Roger Guarda, Claims Mgr.**
7. Furnish the name & address of the public entity and/or employee causing bodily injury or property damage.

The Port Authority of NY/NJ, 241 Erie St., Jersey City, NJ 07310

8. Give general description of the injury, damages, or loss incurred:
9. The amount claimed (i.e. demand):
 - a) Injury- \$1,000,000.00
 - b) Property damage- To Be Determined
 - c) Lost wages- To Be Determined
 - d) Medical expenses- To Be Determined

I certify that all of the facts furnished above to support my claim against the Port Authority of NY and NJ are true to the best of my information, knowledge and belief.

JOSEPH A. GINARTE, ESQ.


Signature of Claimant or Attorney

LAW DEPARTMENT
PORT AUTHORITY
CLAIMS
2013 JAN 22 AM 9:05

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

Ronni Reiner 60

1. Claimant's Name: Age: Address:

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.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS

3. Date of Accident: Time:
Jan 16 2013 about 7:15 am

4. Place of Accident. (Identify with sufficient particularity to distinguish from similar places.)
POT HOLE ON APPROACH TO PAY TOLL LINCOLN TUNNEL
(E 21st St)

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 driving in the center lane to the right of E2PASS Lane and there was a pot hole that I couldn't see until I went into it + blew my tire out.



2013 JAN 31 4 24
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

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

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	<u> </u>
(b)	For loss of earnings	\$	<u> </u>
(c)	For property damages	\$	<u>267.34</u>

Total: \$ 267.34

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.

NONE

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

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

NONE

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

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

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

No

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.

My car was about 1 month old - needed to get another tire in the amount \$267.34

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

AW DEPARTMENT
PORT AUTHORITY CLAIMS
29

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 - I believe the port authority was responsible for not taking care of pot hole or at least marking it so we wouldn't travel in that lane. There was no way to avoid it

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 was traveling the lane + there was no way to see pot hole until I was in it - & even if you can see it you had no heads up to try and switch lanes -

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

Receipt from Trio Tire Service
Mercedes Benz Roadside

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

Dated: Jan 28, 2013

Signed: [Signature]
Claimant

LAW DEPARTMENT
PORT AUTHORITY CLAIM

AFFIDAVIT

STATE OF New Jersey :
 :
COUNTY OF Camden :

Being duly sworn deposes ⁹ 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

28th day of January, 2013

[Signature]
Notary Public

[Signature]
Claimant



2013 JAN 31 9 24
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

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: Jan Barnett Age: Address:

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.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 FEB -5 A 8:57

3. Date of Accident: 11-8-12 Time: 1130

4. Place of Accident. (Identify with sufficient particularity to distinguish from similar places.)
Parking lot, Bldg 208, JFK Airport, Queens, 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.
While legally parked a snow plow slid on a slushy pavement and hit my parked vehicle.

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

None

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	N/A
(b)	For loss of earnings	\$	N/A
(c)	For property damages	\$	2,386. ⁸²
Total:		\$	2,386. ⁸²

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.

N/A

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

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

N/A

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

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

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

N/A

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.

see attached estimate

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

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 FEB 15 A 8:57

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.

Negligence on the part of the Port Authority
NY NJ snow Plow operation Robert J. Singer
who hit my parked 2003 BMW

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.

No negligence on me as my vehicle was
parked. Please see the enclosed
Police Report

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: 1/29, 2013

Signed: [Signature]
Claimant

AFFIDAVIT

STATE OF New York

COUNTY OF Queens

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

29th day of January, 2013

[Signature]
Claimant

[Signature]
Notary Public

GENEIVE PANTON
NOTARY PUBLIC, State of New York
No. 01PA505387
Qualified in Queens County
Commission Expires Feb. 5, 2014

IN THE MATTER OF CLAIM OF

IRVA GILBERT-FIAMMA

-AGAINST-

PORT AUTHORITY OF NEW YORK & NEW JERSEY

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

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 FEB -5 A 8:5

PLEASE TAKE NOTICE that the undersigned claimant(s) hereby make(s) claim and demand against the Port Authority of New York & New Jersey as follows:

1. The Name and Post Office Address of Each Claimant and Claimant's Attorney is:

Claimant: Irva Gilbert-Fiamma,

Claimant's Attorney: Kaston & Aberle LLP, 259 Mineola Blvd, Mineola, NY 11501, (516) 873-3040

2. The Nature of the Claim:

To recover money damages for property damage and expenses sustained by Irva Gilbert-Fiamma as a result of the negligence and carelessness of the Port Authority of New York & New Jersey in the ownership, operation, management, control, and maintenance of a metal plate & walkway within a parking garage at LaGuardia Airport.

3. The Time When, the Place Where, and the Manner in Which the Claim Arose:

On January 10, 2013 at approximately 1:45 p.m. while traversing within the B Terminal parking garage of LaGuardia Airport, Flushing, New York, the claimant was caused to fall due to an irregular, uneven, depressed, raised, defective, and/or damaged surface within a parking lot next to a metal plate or access door in the walkway. The area contains a metal plate in the walkway which is depressed and creates a tripping hazard. More specifically, the defect in question is located on street level within the parking garage between stairwell #2 and stairwell #4 across from the automatic signal lighting 1A; defect is located approximately 41 feet south from the stairwell known as stairwell 2; defect is located approximately 127 feet north from stairwell known as stairwell 6. Enclosed please find photographs of the defect and area in question.

4. The Items of Damage or Injuries Claimed Are:

(\$10,000,000.00).

The undersigned claimant(s) therefore present this claim for adjustment. 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) intend(s) to commence an action of this claim.

DAMAGES CLAIMED FOR PERSONAL INJURIES FOR CLAIMANT

The undersigned claimant(s) therefore present this claim for adjustment and payment.

PLEASE TAKE FURTHER NOTICE, that by reason of the, or in default of the

to pay to the claimant in the sum of TEN MILLION (\$10,000,000.00) DOLLARS, within the time set forth for compliance with this Demand by the statutes in such cases made and provided, claimant intends to commence an action against the said

to recover said sum of TEN MILLION (\$10,000,000.00) DOLLARS with costs, attorney's fees and disbursements.

Dated: February 1, 2013
Mineola, New York

X Irva Gilbert Fiamma

STATE OF NEW YORK:

COUNTY OF NOSSAW ss.:

Irva Gilbert Fiamma, client, 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.

X Irva Gilbert Fiamma

Sworn to before me this 01
day of FEBRUARY, 2013

[Signature]
NOTARY PUBLIC

STATE OF NEW YORK
NOTARY PUBLIC
COMMISSION EXPIRES SEPTEMBER 2013

2013 FEB -5 A 8:58
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

**In the Matter of the Claim of
PAUL KELLY
against
PORT AUTHORITY OF NEW YORK AND NEW JERSEY**

2013 FEB -11 P 3 00
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

TO: PORT AUTHORITY OF NEW YORK AND NEW JERSEY
225 Park Avenue South
New York, New York 10010

PLEASE TAKE NOTICE, that the undersigned claimant(s) hereby make(s) claim and demand against the PORT AUTHORITY OF NEW YORK AND NEW JERSEY, as follows: [Office of the Comptroller requests the following additional information: in Section 2, specific defect (e.g. pothole) if applicable; in Section 3, street address wherever possible.]

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

SACKS AND SACKS, LLP
150 Broadway, 4th Floor
New York, New York 10038

PAUL KELLY

2. The nature of the claim: sustained by claimant, PAUL KELLY as a result of injuries sustained by him on January 24, 2013.

3. The time when, the place where and the manner in which the claim arose: The claim arose on the 24th day of January, 2013 at approximately 11:50 a.m. at premises under construction at World Trade Center Tower 3 in the Borough of Manhattan, City and State of New York. At all times herein mentioned, the PORT AUTHORITY OF NEW YORK AND NEW JERSEY owned, operated, managed and controlled the aforesaid premises and further retained numerous contractors including Tishman Construction and Falcon Steel to perform work, labor and services thereat. While claimant was lawfully upon the aforesaid premises as an employee of Falcon he was caused to sustain

The occurrence as aforesaid was caused solely and wholly by the reason of negligence, carelessness and recklessness of the PORT AUTHORITY OF NEW YORK AND NEW JERSEY and its contractors, agents and employees who were negligent in the ownership, operation, management and control of the aforesaid premises. The PORT AUTHORITY OF NEW YORK AND NEW JERSEY, its contractors, agents and employees failed to ensure that stairwells were properly constructed, placed, operated and maintained; further, failed to ensure the proper securing and installation of stairwells, handrails, guardrails and safety rails thereat, causing claimant to fall, sustaining

further, failed to provide proper illumination thereat; further, failed to properly nail, brace and secure handrails to prevent displacement or dislodgement of same; further, failed to ensure thoroughfares, passageways and work areas were free of conditions that would cause tripping and slipping thereat; further, violated Sections 200, 240 and 241(6) of the Labor Law of the State of New York, Rule 23 of the Industrial Code of the State of New York, specifically, but not limited to: 23-1.5, 23-1.7, 23-2.1, 23-1.30, 23-2.7, Article 1926 of O.S.H.A. and was otherwise negligent careless and reckless, causing claimant to sustain

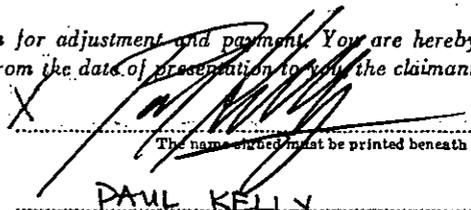
Claimant was free from comparative fault.

4. The items of special damage or injuries claimed are: Claimant PAUL KELLY sustained

but claimant will permit a physical by the PORT AUTHORITY OF NEW YORK AND NEW JERSEY, and the item of damages exceed the jurisdictional limitations of the lower Court.

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) intend(s) to commence an action on this claim.

Dated: FEB. 4, 2013


The name signed must be printed beneath

PAUL KELLY
The name signed must be printed beneath



Attorney(s) for Claimant(s)
Office and Post Office Address, Telephone Number
SACKS & SACKS, LLP
150 Broadway 4F
New York, NY 10038
212.964.5570

CORPORATE VERIFICATION

State of New York, County of

ss.:

being duly sworn, deposes and says that deponent is the of

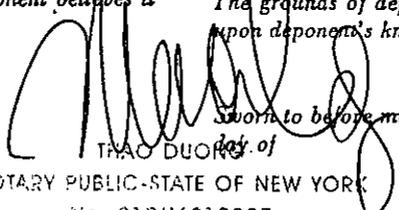
corporate claimant named in the within action; that deponent has read the foregoing Notice of Claim and knows the contents thereof, and that the same is true to deponent's own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters deponent believes it to be true.

This verification is made by deponent because said claimant is a corporation, and deponent an officer thereof, to wit its The grounds of deponent's belief as to all matters not stated upon deponent's knowledge are as follows:

INDIVIDUAL VERIFICATION

State of New York, County of NEW YORK ss.:

PAUL KELLY being duly sworn, deposes and says that deponent is the 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 the matters therein stated to be alleged on information and belief, and that as to those matters deponent believes it to be true.


THAO DUONG
of

Sworn to before me, this 4th day of FEBRUARY, 2013

Sworn to before me, this day of

NOTARY PUBLIC-STATE OF NEW YORK

No. 01DU6210927

Qualified in Queens County

My Commission Expires September 08, 2013

In the Matter of the Claim of

PAUL KELLY

Notice of Claim Against
PORT AUTHORITY OF NEW
YORK + NEW JERSEY

SACKS & SACKS, LLP
Attorney(s) for Claimant(s)
Office and Post Office Address

150 Broadway 4F
New York, NY 10038
212.964.5570

LAW OFFICES OF
DAVIS, SAPERSTEIN & SALOMON, P.C.

375 CEDAR LANE
TEANECK, NJ 07666-3433

FACSIMILE: (201) 692-0444

Email: lawinfo@dsslaw.com

(201) 907-5000

January 29, 2013

800 INMAN AVENUE
COLONIA, NJ 07067
(732) 510-1000

39 BROADWAY, SUITE 520
NEW YORK, NY 10006
(212) 608-1917

CERTIFIED CIVIL TRIAL ATTY †
PENNSYLVANIA BAR ■
NEW JERSEY BAR ●
NEW YORK BAR ○
GEORGIA BAR □
D.C. BAR ◊
OF COUNSEL

RACHAEL NASS ●●
KEVIN DECIE ●
BENNETT J. WASSERMAN ●●†

SAMUEL L. DAVIS ●†
MARC C. SAPERSTEIN ●●
GARRY R. SALOMON ●†
STEVEN BENVENISTI ●†
PAUL A. GARFIELD ●●†

LUIS L. HAQUIA ●●†
TERRENCE SMITH ●●
STEVEN H. COHEN ●●
PATRICIA Z. BOGUSLAWSKI ●†
ADAM LEDERMAN ●●
RAYMOND S. CARROLL ●●
ANGELA CERVELLI BENNETT ●
RENEE C. RIVAS ●

Via: Certified Mail, RRR

Port Authority of NY & NJ
225 Park Ave., South
New York, NY 10003

REPLY TO TEANECK

Re: Major, Phillip, Jr. -v-
Our Client: Mr. Phillip Major Jr.
File No.: 26389
Date of Accident: 01/09/2013

Dear Sir or Madam:

Pursuant to Title 59 of the New Jersey Statutes, please be advised of the following claim:

The name and address of the claimant is Phillip Major, Jr.,

Notices are to be sent to Davis, Saperstein & Salomon P.C. at the above address.

The injuries occurred on January 9, 2013. Claimant stepped off of the bus into a hole left by a light pole that was previously removed on the corner of Center and South Clinton in East Orange, NJ.

Claimant suffered

2013 FEB - 5 A 8:58
LAW DEPARTMENT
PORT AUTHORITY OF ADHS

Davis, Saperstein & Salomon P.C.

Page 2

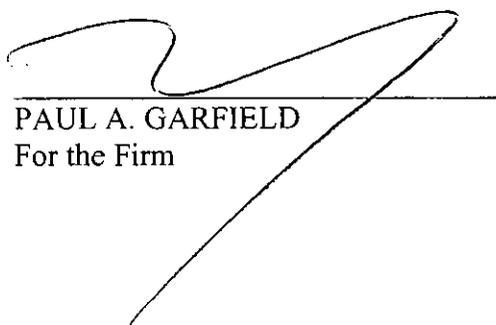
Entities involved are New Jersey Transit, City of Orange, County of Essex, State of New Jersey, Port Authority of NY & NJ Property Owner, John Does 1-30, John Roe, ABC Corp. 1-30 (said names being fictitious and unknown) and , any others who may be found through discovery and to whom notice will be given.

The amount of the claim cannot presently be determined.

Please contact me upon receipt of this letter.

Very truly yours,

DAVIS, SAPERSTEIN & SALOMON P.C.



PAUL A. GARFIELD
For the Firm

PAG/sj

7010 2780 0003 2547 1997

CLAIM AGAINST THE PORT OF NEW YORK AUTHORITY
a/k/a and d/b/a THE PORT AUTHORITY OF NEW YORK AND NEW
JERSEY
PERSONAL INJURY

To the Port of New York Authority; 25 Park Avenue South – 15th Floor; New York
10003; I herewith present my claim against the Port Authority for personal injury.

INJURED PARTY: Falik, Eugene –

ADDRESS OF INJURED PARTY:

Date Damage Occurred: October 30, 2012 beginning at approximately 6:00 A.M.

EXACT LOCATION WHERE DAMAGE OCCURRED: JetBlue Airways terminal at John F. Kennedy
International Airport, a Federal Aviation Administration
recognized landing area located in Queens County, in
the borough of Queens and the city of New York. It is
owned by the city of New York and leased to the Port of
New York Authority a/k/a/ and d/b/a the Port Authority
of New York and New Jersey.

DESCRIBE EXACTLY HOW DAMAGE OCCURRED: Jetblue Airways Corp d/b/a JetBlue Airways subleases
space at the airport and, as a common carrier, operates
scheduled aircraft flights to various destinations from
their leased space known as the Jet Blue Terminal

LAW DEPARTMENT
PORT AUTHORITY CLAIMS

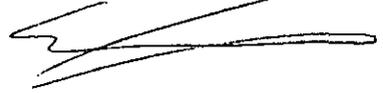
2013 FEB -1 A 9:28

On October 30, 2012 I was a ticketed passenger on
JetBlue flight #49 scheduled to depart at 6:00 am for
West Palm Beach Florida to attend a one hundredth
birthday celebration for my father when a Jet Blue
employee asked me to leave the aircraft. He refused to
supply any reason and I refused. He returned with
several Port Authority police officers who proceeded to
assault me while insisting that I was not under arrest.
They forcibly removed me from the aircraft and
arranged to have me transported to the
causing me to miss my flight.

DESCRIPTION AND COST OF DAMAGE OR LOSS:

Total Amount of Damage Claimed \$1,000,000,000.00

Certification:



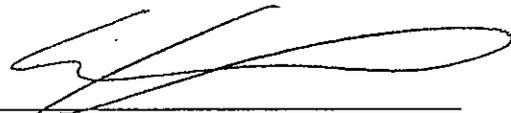
DATE: January 23, 2013

SIGNATURE OF CLAIMANT: Eugene Falik

State of New York
County of Nassau SS:

Eugene Falik being duly sworn does depose and say that I have read the foregoing Notice of Claim and know the contents thereof; that the same is true to the best of my knowledge, except as to matters therein stated to be alleged upon information and belief, and as to those matters, I believe them to be true.

ELANA ROSE
Notary Public, State of New York
Qualified in Nassau County
Reg. No. 01RO6229405
My Commission Expires 10-12-2014


Eugene Falik

Sworn to before me this twenty-third day of
January, 2013.

Elana Rose 1/23/13

NYC-C-038 Doc
LAW DEPARTMENT
POST AUTHORITY CLAIMS
2013 FEB -1 A 9:28

-----X

In the Matter of the Claim of

TERRY CARTER,

NOTICE OF CLAIM

Claimant(s),

-against-

THE CITY OF NEW YORK, NEW YORK CITY POLICE DEPARTMENT and PORT AUTHORITY OF NEW YORK and NEW JERSEY,

Respondents.

-----X

PORT AUTHORITY OF NEW YORK AND NEW JERSEY
OFFICE OF THE SECRETARY
225 PARK AVENUE SOUTH, 18TH FLOOR
NEW YORK, NY 10003
MB JUN 20 PM 3:02

TO: **THE CITY OF NEW YORK**
The Comptroller of the City of New York
1 Centre Street, Room 1225
New York, New York 10007

NEW YORK CITY POLICE DEPARTMENT
The Comptroller of the City of New York
1 Centre Street, Room 1225
New York, New York 10007

PORT AUTHORITY OF NEW YORK AND NEW JERSEY
Office of the Secretary
225 Park Avenue South, 18th Floor
New York, New York 10003

PLEASE TAKE NOTICE that the undersigned claimant hereby makes claim and demand against, THE CITY OF NEW YORK and PORT AUTHORITY OF NEW YORK AND NEW JERSEY as follows:

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

Claimants: TERRY CARTER

Claimant's Attorney: Abraham and Abraham Attorneys and Counselors at Law, LLC-130-22 Rockaway Blvd., South Ozone Park, New York 11420.

2. The nature of the claim: 1. TERRY CARTER sustained as a result of his false arrest and impounding of his motor vehicle, as a result of the negligence, carelessness, and lack of supervision of THE CITY OF NEW YORK and PORT AUTHORITY OF NEW YORK AND NEW JERSEY, their agents, servants and/or employees.

3. The time when, the place where and the manner in which the claim arose: 1. On or about November 3, 2012 at approximately 12:00 p.m. at JFK International Airport, Rprt Building 138, in the County of Queens, the City and State of New York; Claimant, TERRY CARTER was in his motor vehicle lawfully waiting in line to refuel said motor vehicle at the aforementioned location when he was told to vacate the line by a police officer, resulting in his false imprisonment and the impounding of said motor vehicle. Claimant sustained _____ due to the negligence of the Respondents, THE CITY OF NEW YORK and PORT AUTHORITY OF NEW YORK AND NEW JERSEY their agents, servants, and/or employees in the management, control, and lack of supervision of the aforementioned gas station, without any contributory negligence on the part of the Claimant, TERRY CARTER.

4. The items of damage or injuries claimed: 1. That upon information and belief, as a result of such negligence Claimant, TERRY CARTER sustained _____
Upon information and belief the above injuries are permanent in nature.

PORT AUTHORITY OF NEW YORK AND NEW JERSEY
OFFICE OF THE CLAIMS MANAGER
2013 FEB -11 5:38 25

STATEMENT OF CLAIMANT

**PORT AUTHORITY OF NEW YORK AND NEW JERSEY
For Damages Due to An Accident**

1. Claimant's name. Age Address:
Keith Johnson 46 yrs old

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.

Claimant makes this claim on his own behalf.

3. Date of accident: December 13, 2012 Time: approximately 4:45 pm.

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

At the time of the accident, claimant was working as a dockbuilder in the employ of Coastal Environmental Group, Inc. at the Brooklyn-Port Authority Marine Terminal - Piers (9A, 9B and Wharf B Priority Marine Rehabilitation project in Red Hook, NY. Specifically, claimant was injured when he fell from a whaler on the edge of Pier 9A, down onto a floating work platform (float stage) that was adjacent to the Pier.

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.

Claimant was injured on December 13, 2012 when he working as a dockbuilder assisting with pulling up a concrete hose from under Pier 9A. At the time of the incident claimant was standing on a whaler at the edge of Pier 9A assisting with the pulling of a concrete hose from under the Pier. While the hose was being pulled a section of it became caught on the edge of the whaler, the whaler shifted and the hose jumped, causing claimant to fall a distance of approximately 15 feet to a floating work platform (float stage) below. As a result, claimant was injured.

2013 FEB -11 5:38 25
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

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

At the time of his accident the following people were present:

To the best of claimant's recollection the following people were present at the time of the accident: Eric Gundersen - foreman for Coastal Environmental and the following dockbuilders in the employ of Coastal Environmental: Matthew Mintz, Cody Mooney, Kenneth McManus, John Jackubucy and Will Jackubucy. Also, the following Coastal Environmental divers were on site: Al Figueror, Fred McManus, Kevin Ward and Richie Prohnel. Finally, two Port Authority inspectors had been in the area prior to the incident.

Give any other information which will be of aid in locating the witnesses,

Coastal Environmental has the names and addresses of all witnesses.

-
7. The amounts of loss claimed are as follows:
- | | | |
|-----|--|-----------------------|
| (a) | For medical and hospital expenses * | \$3,606.00 |
| (b) | For loss of earnings - From 12/13/12 - present | \$20,000 & continuing |
| (c) | For property damage - None | |

* (a) Medical and hospital expenses are being paid by Coastal Environmental's workers compensation carrier. The current amount of workers compensation lien attributable to medical expenses is \$3,606.00.

-
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.

As a result of the aforementioned accident, claimant is

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

A physician's affidavit is not attached because McKinney's § 7108 does not require claimant to provide a physician's affidavit. Notwithstanding, attached are copies of relevant medical records.

-
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.

Coastal Environmental Group
250 Executive Drive, Suite K
Edgewood, NY 11717-8354

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

Not applicable.

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

Claimant

-
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.

To date, Claimant's medical bills for causally related medical treatment were paid by his employer's workers compensation carrier, To date, the amount of the workers compensation lien attributable to medical bills is \$3,606.00, and growing.

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

Plaintiff does not make a claim for property damage.

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

Lost wages and benefits, to date, in excess of \$20,000 and continuing, medical bills in excess of \$3,606.00 and continuing, pain and suffering in an amount that is reasonable and compensation for in an amount that is reasonable.

-
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.

Claimant does believe that the accident was due to the fault of the Port Authority, the full extent of which claimant will provide as discovery is underway in this case. The Port Authority and its agents, as property owner and/or contractors failed to provide claimant with a safe place to work. The Port Authority failed to provide proper devices to protect claimant from the hazards of working at an elevation. The Port Authority failed to provide fall protection and as a result claimant fell and was

-
14. State whether or not the accident was in any way due to your fault and if not, state in detail the reason for your conclusion.

Claimant does not claim or believe that the accident was his fault in any way.

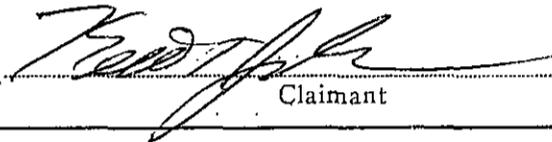
15. List any certificates, affidavits or statements of others which are furnished with this statement.

None in claimant's possession.

16. State any other facts or circumstances which may have a bearing upon your claim.

To be supplied as obtained.

Dated: January 31, 2013


Claimant

AFFIDAVIT

STATE OF New York }
COUNTY OF New York } : ss:

KEITH JOHNSON

being duly sworn deposes

and says:

- 1. That he resides at
- 2. That he is the person who signed the foregoing statement of claimant.

3. That said statement of claimant was signed and this affidavit is made by deponent for the purpose of inducing The Port Authority of New York and New Jersey 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 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.

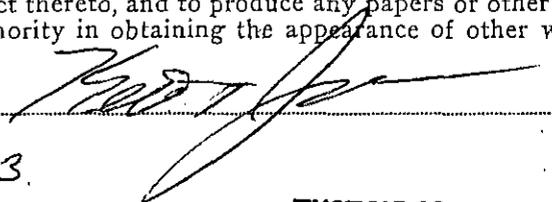
6. That your deponent knows of no witnesses to said accident except as indicated in said statement, that in all cases where deponent knows the names or addresses of witnesses, they are set forth in said statement, and that in cases where names and addresses are not given, said statement contains all information known to deponent which would be of aid in locating such witnesses.

7. That deponent (or the person on whose behalf he is acting) has not suffered any damages on account of said accident except as set forth in said statement.

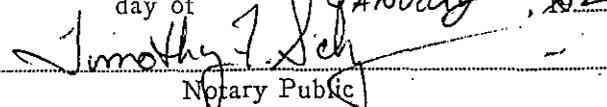
8. That if any affidavits, statements or certificates of other persons are annexed to or furnished with said statement, deponent believes that such other persons are trustworthy and that the statements made or opinions given by them are true and correct.

9. That your deponent believes his claim is just, and is willing to appear before the representatives of the Port Authority for examination 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.

PORT AUTHORITY CLAIMS DEPARTMENT
LAW DEPARTMENT



Sworn to before me this 31st day of January, 2013.


Notary Public

TIMOTHY F. SCHWEITZER
Notary Public, State of New York
No. 0080003885
Qualified in Suffolk County
Commission Expires January 22, 2015

CZARNECKI & PIFKO

ATTORNEYS AT LAW
291 HERBERTSVILLE ROAD
BRICK, NEW JERSEY 08724

JOSEPH G. CZARNECKI, Esq.
MICHAEL J. PIFKO, Esq.
Email: mjpfko.esq@comcast.net

PHONE: 732-840-0500
FAX: 732-840-0110

January 22, 2013

Port Authority of NY & NJ
Attn: Claims
225 Park Avenue South
15th Floor
NY, NY 10003

Re: Lillie Moore
D/O/A- 03/21/2012

Dear Sir/Madam:

Please be advised this office has been retained by Lillie Moore with respect to injuries suffered by her as she was attempting to board Southwest Airlines flight 2257 on March 21, 2012. This letter constitutes the Notice of Claim as required under New Jersey Statutes.

NOTICE OF CLAIM

CLAIMANT: Lillie Moore (D/O/B-)

D/O/A: March 21, 2012

LOCATION: On-ramp (jet bridge) at Newark Liberty International Airport while attempting to board Southwest Flight 2257. While pushing boarding gate, wheelchair went at greater than expected speed due to

INJURIES: Claimant suffered injuries

Kindly acknowledge receipt and advise if any additional information is required. Thank you.

Very truly yours,

MICHAEL J. PIFKO

MJP:omi

2013 JAN 22 P 4:40
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

RECEIVED
PORT AUTHORITY CLAIMS
JAN 22 2013 10:35

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

JOHN J. HELLER 67

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.

CLAIM IS MADE ON MY OWN BEHALF

3. Date of accident Time

7-2-2012

APPROX. 2³⁰ PM

4. Place of accident. (Identify with sufficient particularity to distinguish from similar places.)

GEORGE WASHINGTON BRIDGE NY INBOUND
UPPER LEVEL, LEFT LANE

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 DRIVING IN THE LEFT LANE ON THE
UPPER LEVEL, INBOUND TO NY AND THERE WAS
DEBRIS ON THE ROAD WHICH BLEW OUT TIRES.
I EXITED SLOWLY AND SAW THERE WERE
SEVERAL OTHER PEOPLE STRANDED WITH
THE SAME PROBLEM.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 JAN 24 A 9 230 PM

6. State number of other witnesses to the accident. State the names and addresses of any known to you.
SEVERAL BUT
NONE KNOWN

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	_____
(b)	For loss of earnings	\$	_____
(c)	For property damage	\$	<u>738.65</u>
	680.00 TIRES		
	+ 58.65 TAX		
	<u>\$ 738.65</u>		
	Total	\$	<u>738.65</u>

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.

THANKFULLY NO INJURIES

Furnish affidavit of physician or state why such affidavit is not furnished.

9. If claim is made as a result of personal injuries to yourself or any other person, and injured person was employed, give name and address of employer.

THANKFULLY NO INJURIES

If injured person was in business for self, state nature and give address.

State whether the injured person is employed or in business at the present time. If so give name and address.

10. If claim is made for medical and hospital expenses, itemize such expenses and for those already incurred, give names of persons to whom paid or owing.

NONE

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.

REPLACE 4 TIRES - COST \$ 738.65

12. Give full particulars with respect to any items of damage or amounts claimed not given above.

13. State whether or not you believe that the accident was due to any fault on the part of the Port Authority, and if so, give your reasons in full, setting forth any specific acts or omissions which you claim constituted negligence on its part.

DEBRIS THAT CAUSED DAMAGE IS THE NEGLIGENCE OF THE PORT AUTHORITY

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 DRIVE THIS ROUTE EVERYDAY AND THIS WAS NOT MY FAULT. DEBRIS WAS ON THE ROAD.

15. List any certificates, affidavits or statements of others which are furnished with the statement.

NONE

16. State any other facts or circumstances which may have a bearing upon your claim.

ON JULY 2, 2012 AT APPROXIMATELY 2:30PM I WAS TRAVELING INBOUND ^{MY} ON THE UPPER LEVEL ON THE GEORGE WASHINGTON BRIDGE IN THE LEFT LANE WHEN DEBRIS IN THE ROAD DAMAGED MY TIRES ON MY HONDA CRV. THERE WERE SEVERAL OTHER VEHICLES THAT EXPERIENCED THIS PROBLEM THAT DAY. I HAD TO REPLACE FOUR TIRES FOR A TOTAL COST OF \$738.65. INVOICE ATTACHED.

Dated: 1-10, 2013

THIS WAS DUE TO LACK OF SAFETY ON THE G.W. BRIDGE.

J. Heller
Claimant

AFFIDAVIT

STATE OF

COUNTY OF

ss:

Being duly sworn deposes and says:

1. That he/she resides at JOHN J. HELLER
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 10 day of Jan, 2013

Cecilia Margiotta
Notary Public

J. Heller
Claimant

MARGIOTTA, CECILIA
NOTARY PUBLIC-STATE OF NEW YORK
No. 01MA6209002
Qualified in Nassau County
My Commission Expires July 13, 2013

Pazer, Epstein & Jaffe, P.C.

ATTORNEYS AT LAW
20 VESEY STREET
NEW YORK, NEW YORK 10007
(212) 227-1212

PERRY PAZER
MARK J. EPSTEIN
MICHAEL JAFFE
MATTHEW J. FEIN
EUGENE GOZENPUT

Of Counsel
GARY TOMEI
GERARD WALTERS

FACSIMILE (212) 374-1778
SUFFOLK OFFICE
1776 E. JERICHO TURNPIKE
HUNTINGTON, N.Y. 11743
(631) 864-2429

January 7, 2013

Port Authority NY/NJ
225 Park Avenue South, 18th Floor
New York, New York 10003

Re: Injured Party: Ernest Gozenput
Date of Accident: 12/13/2012

Dear Sir/Madam:

Please be advised that this office has been retained to pursue the claim of the above-named for injuries arising out of and as a result of an automobile accident which occurred on the above date, through negligence in the manner of the maintenance, operation and control of your vehicle. The location of this accident was in the suburban bus level unloading platform in Port Authority, New York.

Upon receipt of this letter, to insure that you are covered for this claim, please be good enough to take the following steps:

1. Refer this letter immediately to your automobile insurance carrier for its prompt consideration and further attention;
2. Refer this letter immediately to your umbrella insurance carrier for its prompt consideration and further attention;
3. If you were driving a leased vehicle, refer this letter immediately to the leasing company from whom you have leased your vehicle;
4. If you were driving in the course of your employment, refer this letter to your employer and your employer's insurance carrier immediately.

Please return the enclosed post-card, setting forth the insurance companies covering you, your policy numbers and the policy limits. With this information, it will not be necessary to contact you again, and all further communications will be had directly with your insurance carrier. Thank you for your cooperation.

Very truly yours,

PAZER, EPSTEIN & JAFFE, P.C.

BY: PERRY PAZER

EG:dr
Enclosure
Regular Mail
Certified Mail RRR

2013 JAN 22 A 9:06
LAW DEPARTMENT
PORT AUTHORITY CLAIM

-----X
**In the Matter of the Claim of
MADONNA MOHAMMED,**

Claimant,

-against-

NOTICE OF CLAIM

**THE PORT AUTHORITY OF NEW YORK
AND NEW JERSEY,**

Respondent.
-----X

TO: THE PORT AUTHORITY OF NEW YORK
AND NEW JERSEY
225 Park Avenue South
New York, NY 10003

CLAIMANT: MADONNA MOHAMMED

CLAIMANT'S
ATTORNEYS: MORGAN LEVINE, P.C.
11 Broadway, Suite 615
New York, New York 10004
(212) 785-5115

NATURE OF CLAIM: To recover damages for
of claimant, MADONNA
MOHAMMED as a result of the negligence, carelessness and
recklessness of defendants THE PORT AUTHORITY OF NEW
YORK AND NEW JERSEY, their agents, servants and/or
employees, in failing to exercise the degree of skill, care and safety
generally exercised in and about THE PORT AUTHORITY OF
NEW YORK AND NEW JERSEY; in failing to exercise proper
ownership, maintenance, repair, design, construction, control and
operation of the hereinafter mentioned location; in failing to protect
the public in general and claimant in particular from defects,
hazards, debris, slippery conditions and obstructions on their
property; in failing to institute appropriate repair and safety
measures at or about the site of the occurrence; in causing, creating
and permitting a dangerous, hazardous and defective slippery
condition to exist and remain at the hereinafter described location
for an unreasonable length of time; in failing to barricade the area;
and in otherwise being careless and negligent under the
circumstances; in violating Section 205(e) of the General
Municipal Law and in otherwise being careless and negligent under
the circumstances.

2013 JAN 23 A 8 14

LAW DEPARTMENT
PORT AUTHORITY CLAIMS

RECEIVED
JAN 23 2013
PORT AUTHORITY CLAIMS

VERIFICATION

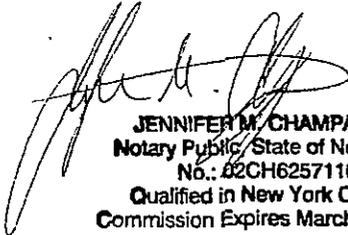
STATE OF NEW YORK)
) ss.:
COUNTY OF NEW YORK)

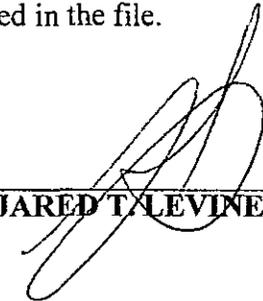
JARED T. LEVINE, ESQ., being duly sworn, deposes and says:

I am a member of the firm **MORGAN LEVINE, P.C.**, attorneys for the Claimant herein.

I have read the foregoing Notice of Claim and know the contents thereof, and upon information and belief your affirmant believes the matters therein alleged to be true.

The source of your affirmant's information and the grounds of his belief are communications, papers, reports and investigations contained in the file.


JENNIFER M. CHAMPAGNE
Notary Public, State of New York
No.: 02CH6257110
Qualified in New York County
Commission Expires March 5, 2016



JARED T. LEVINE, ESQ.

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: SALMAWA BAH Age: 37 Address:

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: 1/4/13 Time: 9. Am

4. Place of Accident. (Identify with sufficient particularity to distinguish from similar places.) on the Bayonne Bridge heading to New Jersey

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 driving on the The Bayonne Bridge towards New Jersey on Friday 1/4/13 when a cone and some metal piece flew from the construction site into the roadway and struck my truck on the passenger side on the front bumper lower side.

2013 JAN 30 A 3:55
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

6. State number of other witnesses to the accident. State the names and addresses of any known to you.

N/A

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	_____
(b)	For loss of earnings	\$	_____
(c)	For property damages	\$	1,200.00

Total: \$ 1,200.00

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.

N/A.

~~Furnish affidavit of physician or state why such affidavit is not furnished.~~

N/A.

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.

N/A

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.

my vehicle front Bumber Cover was damaged. Estimated repair cost was \$1,200.00/100.

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.

They were having work done on the Bayonne Bridge and some of their equipments was not secured, causing it to street my truck,

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.

It wasn't my fault, I was only driving home with normal speed & safety measures, I couldn't control equipment flying onto roadway.

15. List any certificates, affidavits or statement of others which are furnished with the statement.

N/A

16. State any other facts or circumstances which may have a bearing upon your claim/

Dated: January 23, 2013

Signed: Salman Bat
Claimant

AFFIDAVIT

STATE OF NEW JERSEY :
:
COUNTY OF Hudson :

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

23rd day of January, 2013

[Signature]

Notary Public

Salman Bat
Claimant

JONATHAN O ALUA
 Notary Public
 State of New Jersey
 My Commission Expires Oct 18, 2014

2013 JAN 30 A 8:57
 PORT AUTHORITY CLAIMS

NOTICE OF CLAIM

In the Matter of the Claim of
CARL HECHT
against
PORT AUTHORITY OF NEW YORK AND NEW JERSEY

TO:

PLEASE TAKE NOTICE that the undersigned claimant(s) hereby make(s) claim and demand against you as follows:

1. The name and post-office address of each claimant and claimant's attorney is:

CARL HECHT

MALLILO & GROSSMAN
163-09 Northern Blvd.
Flushing, NY 11358

2. The nature of the claim: Personal injuries

3. The time when, the place where, and the manner in which the claim arose:

On October 26, 2012, at approximately 6:00 a.m., while claimant was lawfully and properly at John F. Kennedy Airport, Terminal 4, attempting to board TACA Airlines Flight 7661, claimant was in a wheelchair provided by agents, servants and employees of John F. Kennedy Airport and/or the Port Authority of New York and New Jersey. As claimant was being brought to said airline by an agent, servant or employee of the Port Authority of New York and New Jersey and/or John F. Kennedy Airport in a wheelchair provided by said facilities, the claimant was caused to sustain when the attendant, "John Doe" lost control of said wheelchair causing claimant to fall from said wheelchair approximately two feet from the entry to TACA Airlines, Terminal 4, Flight 7661 causing him to sustain "John Doe", agent, servant, employee, was negligent, careless and reckless in the way in which he maintained, and operated the wheelchair. Said incident has caused claimant to sustain due to your negligence in the County of Queens, City and State of New York.

4. The items of damage or injuries claimed are (do not state dollar amount)
Personal Injuries

TOTAL AMOUNT CLAIMED

(\$2,000,000.00)

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 JAN 28 A 11:00

In the matter of the Claim of

MICHAEL RADICE
against
THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY

TO: THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY
225 Park Avenue South
New York, NY 10003

RECEIVED
PORT AUTHORITY OF NEW YORK AND NEW JERSEY
MAY 21 1992

PLEASE TAKE NOTICE that the undersigned claimant(s) hereby make(s) claim against you as follows:

1. The name and post-office address of each claimant and claimant's attorney is:

MICHAEL RADICE

FELD & KORMAN P.C.
150 Broadway, Suite 1703
New York, NY 10038
212-964-4100

2. The nature of the claim:

This is a claim for _____ sustained by MICHAEL RADICE, including _____

3. The time when, the place where and the manner in which the claim arose:

See attached Rider

4. The items of damage or injuries claimed are (do not state dollar amounts):

MICHAEL RADICE sustained

40

LAW DEPARTMENT
PORT AUTHORITY CLAIMS

Rider to the Notice of Claim

3. The time when, the place where and the manner in which the claim arose:

The accident occurred on December 13, 2012 at approximately 3:00 AM. The accident took place on a construction and renovation project at LaGuardia Airport, Delta Air Lines, Inc. Terminal C in Queens, New York and specifically in the space between the finished ceiling and the structural ceiling of the Terminal. The claimant was employed and working at this project as a member of I.B.E.W. Local Union #3 by an electrical contractor at this project, Kanta Electric Corp. The accident occurred while the claimant, as part of this construction project, was required to work upon an elevation device/scaffold/elevated platform. As he was performing his elevated work, the elevation device/scaffold/elevated platform gave way, collapsed and/or fell, causing the claimant to fall and suffer injuries. The elevation device/scaffold/elevated platform was in a dangerous, hazardous, defective and unlawful condition. The premises and the construction and renovation project were also in a dangerous, hazardous, defective and unlawful condition. The elevation device/scaffold/elevated platform and the premises and the construction and renovation project were not in conformity with specific and applicable statutes, codes, rules, regulations and industry standards, including, but not limited to, the Labor Law of the State of New York, including Labor Law §§240 (1), 241(6) and 200, the New York State Industrial Code Rules, including Industrial Code Rule No. 23, ANSI, OSHA, and the common law. The elevation device/scaffold/elevated platform that the claimant was required to use was dangerous and defective insofar as it was inadequate in light of the elevated work he was performing and it failed while he was working upon it. The claimant was not provided with a safe, adequate and stable elevation device/scaffold/elevated platform or other proper elevation device under the conditions that he was working at the time of his accident. The claimant also was not provided with appropriate and adequate safety devices to prevent his falling and he was not provided with appropriate and adequate supervision and other safety protections. Please see the attached accident reports which are specifically incorporated into this Notice of Claim and further detail the claim.

The Law Offices of Norberto A. Garcia, L.L.C.

551 Summit Avenue
Jersey City, New Jersey 07306
e-mail: norberto@garcialawnj.com

Tel: (201) 876-8930
Fax: (201) 876-8931

January 30, 2013

The Port Authority of NY & NJ
2 Montgomery Street, 4th Floor
Jersey City, NJ 07302

NOTICE OF CLAIM

TO: The Port Authority of NY & NJ

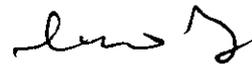
Pursuant to the providers of N.J.S.A. 59:1-1 et seq., and more particularly to those of N.J.S.A. 59:1-1, the undersigned does hereby make claim on behalf of:

1. Name of Claimant:
Tiffany Pagan
2. Post Office Address:

3. Name and address of Claimant's Representative:
The Law Offices of Norberto A. Garcia, 551 Summit Avenue, Jersey City, NJ 07306
4. Time and Date of Occurrence:
On or about 3:20am on January 11, 2013
5. Weather Conditions at time of Occurrence:
Fine
6. Location of Occurrence:
Newark Airport, Terminal A Parking Lot, Newark, NJ
7. Circumstances giving rise to Occurrence:
Fell due to broken step on the Parking Spot Haynes Shuttle Bus while going to work as TSA agent
8. Describe injury sustained, or damage or loss incurred:
9. Name of Public Employees causing the loss of damage, if known to you:
The Port Authority of NY & NJ
10. Amount of damages claimed with basis of computation of the amount claimed:
To be supplied

Thank you for your attention in this matter.

Very truly yours,



NORBERTO A. GARCIA

VIA CERTIFIED MAIL (7011 3500 0000 5489 2287)

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 FEB 13 P 1:56

POST OFFICE BOX 1100
NEW YORK, NY 10003

In the matter of the Claim of

MAIL FEB 19 P 3 13

JOHN BURT
against
THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY

TO: THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY
225 Park Avenue South
New York, NY 10003

PLEASE TAKE NOTICE that the undersigned claimant(s) hereby make(s) claim against you as follows:

1. The name and post-office address of each claimant and claimant's attorney is:

JOHN BURT

FELD & KORMAN P.C.
150 Broadway, Suite 1703 /
New York, NY 10038
212-964-4100

RECEIVED
FEB 19 1983
PORT AUTHORITY OF NEW YORK AND NEW JERSEY

2. The nature of the claim:

This is a claim for sustained by JOHN BURT, including

3. The time when, the place where and the manner in which the claim arose:

See attached Rider

4. The items of damage or injuries claimed are (do not state dollar amounts):

JOHN BURT sustained

Rider to the Notice of Claim

3. The time when, the place where and the manner in which the claim arose:

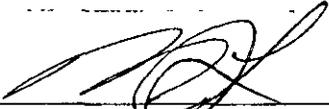
The accident occurred on May 4, 2012 at approximately 8:30 AM. The accident took place on a construction and renovation project at World Trade Center 4, New York, NY and specifically in a passageway/staircase located at that site. The claimant was employed and working at this project as a member of I.B.E.W. Local Union #3 by an electrical contractor at this project, Corporate Electric. The accident occurred while the claimant, as part of his work at this construction project, was working in a passageway and work area staircase and was caused to trip, slip and fall on scattered construction dirt, dust, and debris, and wet and slippery substances and

The premises, passageway and work area were in a dangerous, hazardous, defective, dim and unlawful condition. The premises, passageway and work area that he had to use to perform his work was dangerous and defective and inadequate in light of the work the claimant was performing. The premises, passageway and work area was dangerous and unsafe and in violation of the Labor Law of the State of New York as well as the Industrial Code Rules, including Labor Law §§241(6) and 200 and 12 N.Y.C.R.R. 23. The premises, passageway and work area had slipping, tripping and other hazards, slippery conditions, obstructions and conditions which could and did cause tripping, accumulations of dirt and debris and scattered tools and materials and sharp projections inconsistent with the work being performed. The claimant was not provided with a safe, adequate, properly illuminated and stable passageway/staircase and work area under the conditions that he was working at the time of his accident. The claimant was not provided with appropriate and adequate safety devices, warnings and protections to prevent his accident and he was not provided with appropriate and adequate supervision and safety protections. Please see attached accident reports which are specifically incorporated into this notice of claim.

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) intend(s) to commence an action on this claim.

Dated: New York, NY

~~September~~, 2013
February 19



MICHAEL J. LYNCH
THE FELD LAW FIRM P.C.
Attorneys for the Claimant(s)
150 BROADWAY, SUITE 1703
NEW YORK, NY 10038
(212) 964-4100



JOHN BURT

Verification

State of New York

ss.:

County of New York

JOHN BURT, being duly sworn, depose and say that deponents are the claimants in the within action; that he has read the foregoing Notice of Claim and know the contents thereof; that the same is true to deponents' own knowledge, except as to matters therein stated to be alleged on information and belief, and that as to those matters deponents believe it to be true.



JOHN BURT

Sworn to before me this

19th day of ~~September~~, 2013
February



Notary Public

MICHAEL J LYNCH
NOTARY PUBLIC, State of New York
No. 02LY6165900
Qualified in Nassau County
Commission Expires May 14, 2015

**In the Matter of the Claim of
MATTHEW MEAHAN
against
PORT AUTHORITY OF NEW YORK AND NEW JERSEY**

PORT AUTHORITY OF NEW YORK AND NEW JERSEY
DEPT. OF TRANSPORTATION
2013 FEB 20 10 35 AM '13

TO: PORT AUTHORITY OF NEW YORK AND NEW JERSEY
225 Park Avenue South
New York, New York 10010

PLEASE TAKE NOTICE, that the undersigned claimant(s) hereby make(s) claim and demand against the PORT AUTHORITY OF NEW YORK AND NEW JERSEY, as follows: [Office of the Comptroller requests the following additional information: in Section 2, specific defect (e.g. pothole) if applicable; in Section 3, street address wherever possible.]

1. The name and post-office address of each claimant and claimant's attorney is:

SACKS AND SACKS, LLP
150 Broadway, 4th Floor
New York, New York 10038

MATTHEW MEAHAN

2. The nature of the claim: sustained by claimant, MATTHEW MEAHAN as a result of injuries sustained by him on December 28, 2012.

3. The time when, the place where and the manner in which the claim arose: The claim arose on the 28th day of December, 2012 at approximately 9:00 a.m. at premises under construction at World Trade Center Tower 4, 66th Floor, in the Borough of Manhattan, City and State of New York. At all times herein mentioned, the PORT AUTHORITY OF NEW YORK AND NEW JERSEY owned, operated, managed and controlled the aforesaid premises and further retained numerous contractors including Tishman Construction to perform work, labor and services thereat. While claimant was lawfully upon the aforesaid premises as an employee of DCM Erectors he was caused to slip, trip and fall on accumulated ice on the deck where he was working. sustaining The occurrence as aforesaid was caused solely and wholly by the reason of negligence, carelessness and recklessness of the PORT AUTHORITY OF NEW YORK AND NEW JERSEY and its contractors, agents and employees who were negligent in the ownership, operation, management and control of the aforesaid premises. The PORT AUTHORITY OF NEW YORK AND NEW JERSEY, its contractors, agents and employees failed to ensure that the passageways, work areas and thoroughfares were free of slipping and tripping hazards; further, failed to properly sand, cover and/or remove dangerous, hazardous slipping hazards in passageways, work areas, and thoroughfares; further, failed to properly use de-icers and other devices to ensure that icy and slippery conditions were removed, sanded, covered, or otherwise secured; further, failed to clear the snow and ice; further, failed to maintain safe premises, despite actual and constructive notices of the dangerous condition; further, failed to provide proper timely removal of ice and snow within a reasonable time period as required, causing dangerous and hazardous tripping and slipping hazards thereat; further, failed to have proper handrails, guard rails or safety rails thereat; further, said work area was not properly illuminated, causing plaintiff to trip and fall, sustaining further, failed to close off dangerous and hazardous areas thereat; further, violated Sections 200, 240 and 241(6) of the Labor Law of the State of New York, Rule 23 of the Industrial Code of the State of New York, specifically, but not limited to: 23-1.5, 23-1.7, 23-2.1, 23-1.30, Article 1926 of O.S.H.A. and was otherwise negligent careless and reckless, causing claimant to sustain

Claimant was free from comparative fault.

4. The items of special damage or injuries claimed are: Claimant MATTHEW MEAHAN sustained

but claimant will permit a physical by the PORT AUTHORITY OF NEW YORK AND NEW JERSEY, and the item of damages exceed the jurisdictional limitations of the lower Court.

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) intend(s) to commence an action on this claim.

Dated: FEBRUARY 15, 2013

Attorney(s) for Claimant(s)
Office and Post Office Address, Telephone Number
SACKS & SACKS, LLP
150 Broadway 4F
New York, NY 10038
212.964.5570

MATTHEW MEAHAN

The name signed must be printed beneath
The name signed must be printed beneath

INDIVIDUAL VERIFICATION

State of New York, County of NEW YORK ss.:
MATTHEW MEAHAN
being duly sworn, deposes and says that deponent is the 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 the matters therein stated to be alleged on information and belief, and that as to those matters deponent believes it to be true.

Sworn to before me, this 15th
day of FEBRUARY, 2013

CORPORATE VERIFICATION

State of New York, County of ss.:

being duly sworn, deposes and says that deponent is the of corporate claimant named in the within action; that deponent has read the foregoing Notice of Claim and knows the contents thereof, and that the same is true to deponent's own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters deponent believes it to be true.

This verification is made by deponent because said claimant is a corporation, and deponent an officer thereof, to wit us. The grounds of deponent's belief as to all matters not stated upon deponent's knowledge are as follows:

THAO DUONG
Sworn to before me, this
NOTARY PUBLIC, STATE OF NEW YORK
No. 01DU6210927
Qualified in Queens County
My Commission Expires September 08, 2013

In the Matter of the Claim of

MATTHEW MEAHAN

Notice of Claim Against
RAI AUTHORITY OF NEW YORK + NEW JERSEY

SACKS & SACKS, LLP
Attorney(s) for Claimant(s)
Office and Post Office Address
150 Broadway 4F
New York, NY 10038
212.964.5570

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

Stephen Hutter

1. Claimant's Name: Stephen Hutter Age: 45 Address:

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.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 FEB 20 A 10:52

3. Date of Accident: 1-28-13 Time: 10:20 pm

4. Place of Accident. (Identify with sufficient particularity to distinguish from similar places.)

In front of hanger 11 at LaGuardia Airport.

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.

Police accident report attached. My car was parked unoccupied in the parking lot at work a P.A. Police car was making a U-turn and slid on some ice hitting my car.

6. State number of other witnesses to the accident. State the names and addresses of any known to you.

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	<u> </u>
(b)	For loss of earnings	\$	<u> </u>
(c)	For property damages	\$	<u>1414.33</u>

Total: \$ 1414.33

8. If claim is made as a result of personal injuries to yourself or any other person, state nature and extent of such injuries, indicating which are temporary and which are permanent.

Furnish affidavit of physician or state why such affidavit is not furnished.

9. If claim is made as a result of personal injuries to yourself or any other person, and injured person was employed, give name and address of employer.

If injured person was in business for self, state nature and give address.

State whether the injured person is employed or in business at the present time. If so give name and address.

10. If claim is made for medical and hospital expenses; itemize such expenses and for those already incurred, give names of persons to whom paid or owing.

11. If claim is made for injuries to property, list the items of damaged property and state nature and amount of damage of each item. If such property can be repaired, state cost of repair and obtain and annex estimate of cost of repair.

Estimate enclosed

12. Give full particulars with respect to any items of damage or amounts claimed not given above.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 FEB 20 A 10:52

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.

My car was parked in a parking space at work unoccupied. A port Authority Police officer came into our ~~shop~~ shop admitting he hit my car.

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.

My car was parked in a parking space, unoccupied and was hit by a Port Authority Police car.

15. List any certificates, affidavits or statement of others which are furnished with the statement.

Port Authority Police accident Report attached.

16. State any other facts or circumstances which may have a bearing upon your claim/

Dated: 2-11-13, 2013

Signed: [Signature]
Claimant

AFFIDAVIT

STATE OF _____ :

COUNTY OF _____ :

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

14 day of Feb, 2013

[Signature]
Notary Public

[Signature]
Claimant

RENEE SMITH
NOTARY PUBLIC, STATE OF N.Y.
NO. 4793511
QUALIFIED IN NASSAU COUNTY
COMMISSION EXPIRES 7/31/13

In the matter of the claim of

LIDIA STASISHYN,

-against-

NOTICE OF CLAIM

PORT AUTHORITY, PORT AUTHORITY TRANS-HUDSON CORPORATION and NEW YORK AND NEW JERSEY RAILROAD CORPORATION.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 FEB 13 P 1:56

TO: PORT AUTHORITY, PORT AUTHORITY TRANS-HUDSON CORPORATION and NEW YORK AND NEW JERSEY RAILROAD CORPORATION.

SIR:

Please take notice that the claimant herein hereby make claim and demand against the PORT AUTHORITY, PORT AUTHORITY TRANS-HUDSON CORPORATION and NEW YORK AND NEW JERSEY RAILROAD CORPORATION as follows:

1. The name and post office address of each claimant and his attorney is:

Claimants: Lidia Stasishyn,

Attorney: Serhiy Hoshovsky, Esq. 33W 19th Street, Ste. 307, New York, NY 10011 (646) 619-1123

2. The nature of claim:

The claim is for _____ to claimant Lidia Stasishyn and against the PORT AUTHORITY, PORT AUTHORITY TRANS-HUDSON CORPORATION and NEW YORK AND NEW JERSEY RAILROAD CORPORATION their agents, officers, employees and servants due to negligence.

3. The time when, the place where, and the manner in which the claim arose.

The claim arose on or about January 15, 2013, at approximately 09:00 a.m. The accident took place at Path Exchange Place Station, Jersey City, NJ.

The accident occurred when plaintiff was caused to trip and fall in the elevator, causing her to sustain severe injuries.

4. The items of damage or injuries claimed are:

Claimant sustained
all to his damage in the sum of \$1,000,000 dollars.

That said claim is hereby presented for adjustment and payment.

PLEASE TAKE FURTHER NOTICE that by reason of the premises, in default of the PORT AUTHORITY, PORT AUTHORITY TRANS-HUDSON CORPORATION and NEW YORK AND NEW JERSEY RAILROAD CORPORATION to pay to the claimant the said sum of one million dollars within the time limited for compliance with the demand by the said claimants by the statutes in such cases made and provided, claimant intends to commence an action against the PORT AUTHORITY, PORT AUTHORITY TRANS-HUDSON CORPORATION and NEW YORK AND NEW JERSEY RAILROAD CORPORATION, to recover said sum of one million dollars (\$1,000,000.00) with interests and costs.

Dated : *February 11, 2013*

Respectfully yours

L. Stasishyn

Lidia Stasishyn

Serhiy Hoshovsky, Esq.
Attorney for the Plaintiff
33 West 19th Street, Suite 307
New York, New York 10011
(646) 619-1123

INDIVIDUAL VERIFICATION

STATE OF NEW YORK:)
) SS
COUNTY OF NEW YORK)

LIDIA STASISHYN, being duly sworn, deposes and says; that she is the Claimant herein; that he has read the foregoing notice of claim against the PORT AUTHORITY, PORT AUTHORITY TRANS-HUDSON CORPORATION and NEW YORK AND NEW JERSEY RAILROAD CORPORATION and knows the contents thereof; that the same is true to his own knowledge, except as to matters therein stated to be alleged on information and belief, and as to those matters that he believes them to be true.

L. Stasishyn
Lidia Stasishyn

Sworn To Before Me This
11 day of February, 2013

[Signature]
NOTARY PUBLIC
SERHIY HOSHOVSKYY
Notary Public, State of New York
No. 02HC6078404
Qualified in New York County
Commission Expires 09 / 18 / 2014

PORT AUTHORITY
Notices of Claim
225 Park Avenue South, 15th Floor
New York, New York 10003

PORT AUTHORITY TRANS-HUDSON CORPORATION
Notices of Claim
225 Park Avenue South, 15th Floor
New York, New York 10003

NEW YORK AND NEW JERSEY RAILROAD CORPORATION
Notices of Claim
225 Park Avenue South, 15th Floor
New York, New York 10003

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 FEB 13 PM 1:57

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

Marybeth Nash 47

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

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 FEB 14 A 8:44

3. Date of accident Time

ON OR ABOUT 11/29/12

4. Place of accident. (Identify with sufficient particularity to distinguish from similar places.)

PORT AUTHORITY TECHNICAL CENTER, JERSEY CITY, NJ

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.

PIPE IN THE CEILING LEAKED OIL OR SOME OTHER SUBSTANCE THAT DAMAGED MY VEHICLE

LABORERS' DEPARTMENT
FORT SMITH PROPERTY CLAIMS
2013 FEB 14 A 8 44

6. State number of other witnesses to the accident. State the names and addresses of any known to you.

LIEUTENANT THOMAS MARTEN

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	<u> </u>
(b)	For loss of earnings	\$	<u> </u>
(c)	For property damage	\$	<u>3,094.24</u>

Total \$ 3,094.24

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.

N/A

Furnish affidavit of physician or state why such affidavit is not furnished.

N/A

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.

N/A

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.

2012 Toyota Camry
(SEE ATTACHED ESTIMATE)

12. Give full particulars with respect to any items of damage or amounts claimed not given above

SEE ABOVE

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 FEB 14 A 8:44

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 PORT AUTHORITY KNEW OR SHOULD
OF KNOWN ABOUT HAZARDOUS CONDITION
AND CORRECTED THE CONDITION.

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.

VEHICLE WAS PARKED IN A DESIGNATED AREA,
AS SUCH I WAS NOT IN ANYWAY NEGLIGENT.

15. List any certificates, affidavits or statements of others which are furnished with the statement.

16. State any other facts or circumstances which may have a bearing upon your claim.

I WAS ASSIGNED A DIFFERENT PARKING SPACE WHILE THE HAZARDOUS CONDITION WAS CORRECTED

Dated: February 12, 2013

Marybeth Nash
Claimant

2013 FEB 14 A 8:44
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

STATE OF New Jersey
COUNTY OF Hudson

AFFIDAVIT

:
:
ss:
:

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

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

Attached of the
Personal Injury
Claim Form
Requesting an
accident report

Evangelia CARAN

1. Claimant's Name:

Age:

Address:

Evangelia Caran

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.

on my behalf

Evangelia Caran

3. Date of Accident:

Time:

11/17/2013

Documented in the
accident report

4. Place of Accident. (Identify with sufficient particularity to distinguish from similar places.)

Port Authority of New York & New Jersey
Marin Lobby

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.

up at the main lobby of Port Authority
Marin Lobby - New York - far from the rest rooms & before
the rest rooms, an area was full of crates - human
debris which caused me to slip & fall backwards
sustaining

6. State number of other witnesses to the accident. State the names and addresses of any known to you.

Police of Pat Authority

Name - POBAM PAT N. 2857 - Under
Sergeant MAGETH MAM LOBBT

7. The amounts of loss claimed are as follows:

- (a) For medical and hospital expenses
- (b) For loss of earnings
- (c) For property damages

\$ To Be Determined
 \$ _____
 \$ _____

To Be Determined 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.

9. Furnish affidavit of physician or state why such affidavit is not furnished

9. If claim is made as a result of personal injuries to yourself or any other person, and injured person was employed, give name and address of employer.

X

If injured person was in business for self, state nature and give address.

X

State whether the injured person is employed or in business at the present time. If so give name and address.

X

10. If claim is made for medical and hospital expenses; itemize such expenses and for those already incurred, give names of persons to whom paid or owing.

11. If claim is made for injuries to property, list the items of damaged property and state nature and amount of damage of each item. If such property can be repaired, state cost of repair and obtain and annex estimate of cost of repair.

f

12. Give full particulars with respect to any items of damage or amounts claimed not given above.

13. State whether or not you believe that the accident was due to any fault on the part of the Port Authority, and if so, give your reasons in full, setting forth any specific acts or omissions which you claim constituted negligence on its part.

*In part faulted by 2 NY 420
Mun. Lobby area of Court a Queen Vanix
by the Court of Spitz Fall
injuring*

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.

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: 2/15/2013

Signed: _____
Claimant

AFFIDAVIT

STATE OF _____ :
 :
COUNTY OF _____ :

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

_____ day of _____, 20____

Claimant

Notary Public

-----X

In the Matter of the Claim of
DAISY SAUNDERS,

PORT AUTHORITY OF NEW YORK
AND NEW JERSEY

2013 FEB 19 A 11:52

NOTICE OF CLAIM

Claimant, :

- against - :

THE PORT AUTHORITY OF NEW YORK
AND NEW JERSEY, :

Respondent. :

-----X

TO: THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY
Legal Department
225 Park Avenue South, 15th Floor
New York, NY 1003

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 FEB 19 P 12:24

CLAIMANT: Daisy Saunders (age 89)

CLAIMANT'S ATTORNEYS: RISCASSI & DAVIS, P.C.
Attention: David W. Cooney, Esq.
131 Oak Street
P.O. Box 261557
Hartford, Connecticut 06126-1557

NATURE OF CLAIM: To recover damages for

sustained by claimant Daisy Saunders as a result of the negligence, carelessness, recklessness, reckless disregard for the safety of others, and lack of due regard for the safety of other persons by THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY, its agents, servants and/or employees in the ownership, operation, management, maintenance, and control of its premises at Penn Station, Madison Square Park, 8th Ave 31st Street / 8th Ave 33rd Street, New York, New York, and in particular the escalator near Track 12; in negligently, recklessly and carelessly failing to maintain the aforementioned premises in a reasonably safe manner and without due regard for the rights and safety of pedestrians in general and in particular of the claimant Daisy Saunders in such a manner that would constitute negligence, inter alia, in failing to properly repair, inspect, and/or maintain the escalator in a reasonably safe condition for lawful users of the escalator; in failing to properly repair, inspect and/or maintain the escalator in a reasonably safe condition for lawful users of the same; in failing to place warnings of any kind in view of pedestrians

walking on the escalator; in failing to give adequate notice or warning in such a manner that would constitute negligence; in failing to operate, maintain and control the aforementioned premises and the location of claimant's accident in particular in a reasonably safe manner; and otherwise owning, operating and maintaining the aforementioned premises and the location of claimant Daisy Saunders' accident in such a manner that would constitute negligence, carelessness and recklessness relative to the safety of others including but not limited to claimant Daisy Saunders; in failing to follow the rules, regulations, statutes and ordinances of THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY and in failing to follow its own standards and procedures in respect of the ownership, operation, management, maintenance and control of the aforementioned premises owned by THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY as well as other laws, rules, regulations and procedures, including, but not limited to, those mentioned herein which the Court will take judicial notice of at the time of trial. Claimant reserves the right to supplement this response prior to trial.

TIME CLAIM AROSE: November 19, 2012 at approximately 1:50 P.M.

PLACE CLAIM AROSE: In Penn Station, Madison Square Park, 8th Ave 31st Street / 8th Ave 33rd Street, New York, New York, at the bottom of the escalator near Track 12 in New York County in the City and State of New York.

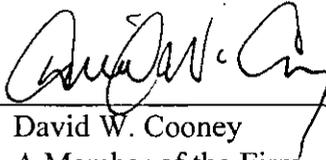
MANNER IN WHICH CLAIM AROSE: Upon information and belief, claimant Daisy Saunders was ascending an escalator inside Penn Station, on her way to the Amtrak train platform for which she had a ticket. While ascending said escalator, the wheel of the suitcase Ms. Saunders was pulling got caught in the escalator triggering the emergency stop function on the escalator, suddenly and without warning causing the claimant to fall due to the sudden stoppage of the escalator; and/or the wheel of the suitcase the claimant was pulling got caught in the escalator the claimant was ascending, thereby causing her to fall and the escalator to stop. _____ by Daisy Saunders were as a result of the failure of THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY, its agents, servants and/or employees, to properly repair, inspect, and/or maintain the escalator in a reasonably safe condition for lawful users of the escalator. _____ by Daisy Saunders were as a result of the failure of THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY, its agents, servants and/or employees, to repair, inspect and/or maintain the escalator in a reasonably safe condition for lawful users of the same.

STATE WHETHER THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY WAS NEGLIGENT: Yes. THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY, its agents, servants and/or employees were negligent in failing to properly repair, inspect and/or maintain the escalator in a reasonably safe manner THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY, its agents, servants and/or employees were negligent in failing to repair, inspect and/or maintain the escalator in a reasonably safe condition for lawful users of the same.

STATE WHETHER THE ACCIDENT WAS IN ANY WAY DUE TO YOUR FAULT: No. Claimant Daisy Saunders was watching where she was walking before and at the

RISCASSI & DAVIS, P.C.
131 Oak Street
P.O. Box 261557
Hartford, Connecticut 06126-1557
(860) 522-1196

By: _____



David W. Cooney
A Member of the Firm
On Behalf of Claimant
Daisy Saunders

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 FEB 19 P 12:24

time of the accident. The escalator that claimant was ascending suddenly and without warning stopped causing the claimant to fall, and/or the claimant was caused to fall due the wheel of the suitcase she was pulling becoming caught in the escalator she was ascending. Claimant did not in any way cause the accident.

ITEMS OF INJURY AND DAMAGE: Upon information and belief, as a result of the foregoing, claimant Daisy Saunders sustained and suffered

As a further result of this incident, Daisy Saunders has

Damages are claimed on behalf of claimant Daisy Saunders in the sum of TWO HUNDRED FIFTY THOUSAND DOLLARS (\$250,000.00).

NAME AND ADDRESS OF EMPLOYER: Claimant Daisy Saunders was not employed at the time of the accident and is not employed at the present time.

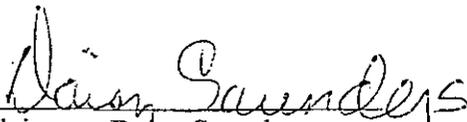
WITNESSES TO THE ACCIDENT: John Singletary,

MEDICAL AND HOSPITAL EXPENSES:

Once this information becomes available, claimants will provide this information to THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY.

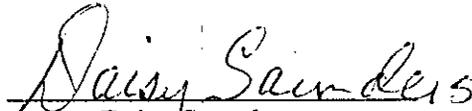
Said claim is hereby presented for adjustment and payment, and, in the event of default of THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY in paying the sum of TWO HUNDRED FIFTY THOUSAND DOLLARS (\$250,000.00) within the time limited for compliance with this demand, claimants intend to commence an action against THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY to recover the aforesaid sum of TWO HUNDRED FIFTY THOUSAND DOLLARS (\$250,000.00).

DATED: Hartford, Connecticut
February 14, 2013

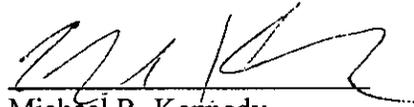

Claimant: Daisy Saunders

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 FEB 19 PM 12:24

9. That your deponent believes her claim is just and is willing to appear before the representatives of THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY for examinations under oath with respect thereto, and to produce any papers or other evidence within her control and to cooperate with THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY in obtaining the appearance of other witnesses.


Daisy Saunders

Sworn to before me this 14th
day of February, 2013



Michael R. Kennedy
Commissioner of The Superior Court

Law Offices
ELAN WURTZEL, P.C.

527 OLD COUNTRY ROAD

PLAINVIEW, NY 11803

Tel: (516) 822-7866

Fax: (516) 822-7889

E-Mail: wurtzellaw@aol.com

Web Site: www.WurtzelLaw.com

ELAN WURTZEL
ADMITTED NY & NJ Bar

OF COUNSEL

IRA D. GERZOG

STEVEN M. GOLDFARB

MAIL RECEIVED

FEB 13 2013

February 4, 2013

Law Offices of
ELAN WURTZEL, P.C.

BY UPS DELIVERY

BY UNITED POSTAL SERVICE DELIVERY-REGISTERED MAIL, RRR

The Port Authority of NY & NJ

225 Park Avenue South

New York, NY 10003

Att: **Secretary Office**

Claims Dept./Law Dept.

Re: Claim of Jaclynn M. Sinto

To Whom it May Concern:

Please be advised that the undersigned, on behalf of our client **Jaclynn M. Sinto**, hereby makes claim and demand against the Port Authority of NY & NJ as follows:

1. **Claimant's name** is:

Jaclynn M. Sinto.

Jaclynn M. Sinto is represented by **Elan Wurtzel, Esq.**, 527 Old Country Rd., Plainview, NY 11803.

2. **The nature** of Jaclynn M. Sinto's claim is negligence, resulting in

3. **The claim arose as follows:**

On December 5, 2012, at approximately 11:00 am claimant was caused to when a school bus that she was traveling in crashed into a steel barrier located at the checkpoint to Hangar 19, JFK Airport, Jamaica, NY. Upon information and belief, the Port Authority, its agents, servants and employees controlled and directed all vehicular traffic into and out of Hangar 19. At said time an event known as "Operation Santa" was being held in said Hangar. The Port Authority, its agents, servants and employees controlled access into Hangar 19, including controlling a checkpoint that was secured by a Building/Toll Booth and a steel barrier controlled by said Port Authority. Upon information and belief, said steel barrier, was to be deactivated for the event and was not to be used to control access to Hangar 19. Upon

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 FEB 19 A 9:29

information and belief, the Port Authority, its agents, servants and employees directed traffic by employing security personnel/offices. Upon information and belief, at the time that the bus in which claimant was traveling as a passenger was directed through the checkpoint, the aforesaid steel barrier was activated and the operator of the aforesaid bus crashed into said steel barrier, causing claimant to be Upon information and belief, the Port Authority, its agents, servants and employees controlled the use, operation and maintenance of the aforesaid steel barrier. Upon information and belief, the Port Authority, its agents, servants and employees negligently operated, maintained, repaired, controlled and used such steel barrier such that it created an obstacle in the roadway into which the aforesaid bus crashed. At the time of the incident, claimant was in the course of her employment as a paraprofessional working with handicapped children and was a passenger in the aforesaid bus.

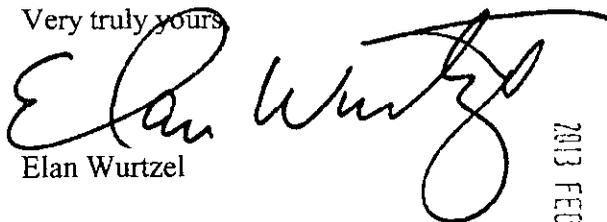
Upon information and belief, copies of photographs of the accident area are annexed herein.

4 *As a result of the foregoing.* claimant was caused to

Claimant claims Five Million (\$5,000,000.00) as damages.

The undersigned, on behalf of claimant, presents this claim for adjustment and payment. You are hereby notified that unless it is adjusted and pain within the time provided by law from the date of presentation to you, the claimant intends to commence an action on this claim.

Very truly yours



Elan Wurtzel

EW/alo
Encls.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 FEB 19 A 9:29

VERIFICATION

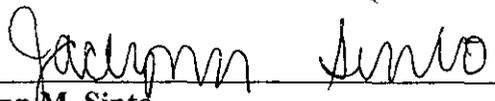
State of New York

~~County of Nassau~~

I, **Jaclynn M. Sinto**

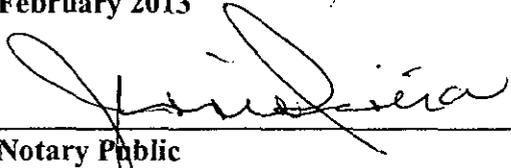
being duly sworn, depose and say:

I am (one of) the claimants in the within proceeding; I have read the foregoing and know the contents thereof; the same is true to my own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters I believe it to be true. The grounds of my belief as to all matters not stated upon my own knowledge are as follows: a review of the file maintained by this office, books, records and investigation.



Jaclynn M. Sinto

Sworn to before me this 11 day of
February 2013



Notary Public

JENNIE RIVERA
Notary Public, State Of New York
No. 30-4643811
Qualified in Nassau County
Commission Expires Sept. 30, 2013

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 FEB 19 A 9:29

-----X
In the Matter of the Claim of
MARIA A. LEANZA and JOSEPH V. LEANZA ,

Claimants,

NOTICE OF CLAIM

-against-

PORT AUTHORITY and THE CITY OF NEW YORK,

Respondents.
-----X

TO: PORT AUTHORITY
2777 Goethals Road North
Staten Island, New York 10303
Att: Mr. Scott H. Rechler, Vice Chairman

THE CITY OF NEW YORK
c/o THE CITY OF NEW YORK
OFFICE OF THE COMPTROLLER
1 Centre Street, Room 530
New York, New York 10007
Attention: John Liu, Comptroller

THE CITY OF NEW YORK
c/o-Corporation-Counsel
100 Church Street
New York, New York 10007-2601
Attention: Michael A. Cardozo, Esq.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 FEB 13 A 10:36

MADAMES/SIRS: PLEASE TAKE NOTICE that the Claimants herein make
claim and demand against Respondents as follows:

1. The name and post-office address of each claimant and of their attorney
is:

Claimants: MARIA A. LEANZA
JOSEPH V. LEANZA

Attorney: PIRROTTI LAW FIRM LLC
2 Overhill Road, Suite 200
Scarsdale, New York 10583

LAW DEPARTMENT
PORT AUTHORITY
2012 FEB 13 A

2. The Nature of the Claim:

Claimants' property located at _____ was severely damaged by a large machine (see driver and machine in photograph attached hereto). Claimants sustained property damage by the Respondent's employees including, but not limited to: the pavers on the premises of the home; driveway; landscaping; brick veneer of house and siding; concrete property lines; dislocated steel deck; mailbox made of brick; backyard; front yard; and fireplace chimney. The full extent of the claimant's damages are unknown as of the time service of this Notice of Claim and shall be supplemented upon knowledge of the information. Claimants' Insurance company advising Claimants that it will not pay for damage caused by large machine, which had a Port Authority sticker on the side of it.

3. The time when, the place where and the manner in which the claim arose:

On or about October 30, 2012, between approximately 10:00 A.M. and 2:30 P.M., at

Respondents were negligent in, among other things, maintaining, owning, controlling and/or operating a large machine in a dangerous, negligent and/or reckless manner; in failing to exercise reasonable and/or proper degree of care in the operation of a the large machine; in failing to keep and maintain the large machine under reasonable and proper control; in failing to maintain proper and/or adequate control of the large machine; in failing to operate the large machine in a manner consistent with the custom and practice established in the industry, so as to not cause further damage; in failing to seek Claimants' permission to operate said machine on Claimant(s)' property; in failing to properly

train it's employee/driver of the large machine; in operating the large machine in a manner that was not commensurate with the repair work considered; in failing to use the proper degree of care and caution in performing its' work/repair/clean-up; in failing to see what there was to be seen; in failing to prevent contact with other personal property; in failing to protect personal property adjacent to the work area in which the repair work was being performed, such as claimants; in failing to perform work in a reasonable and prudent manner; in failing to listen to Claimants and/or Claimants' representative to stop; in failing to take precaution so as to avoid the happening of the damage; and in otherwise being careless and negligent.

4. The items of damage and/or injuries claimed are:

Claimants sustained property damage by the Respondent's employees including, but not limited to: the pavers on the premises of the home; driveway; landscaping; brick veneer of house and siding; concrete property lines; dislocated steel deck; mailbox made of brick; backyard; front yard; and fireplace chimney. The full extent of the claimant's damages are unknown as of the time service of this Notice of Claim and shall be supplemented upon knowledge of the information.

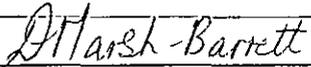
The undersigned therefore presents this claim and demands monetary damages for adjustment and payment, including interest, costs and disbursements, and notifies you that unless the same is adjusted and paid within the time provided by law from the date of its presentation to you, it is the intention of the undersigned to commence an action thereon. In the event that you desire a specific monetary demand the Claimants are seeking, please advise the undersigned law firm, and a response will be made.

Dated: Scarsdale, New York
December 28, 2012



ANTHONY PIRROTTI, JR.
PIRROTTI LAW FIRM LLC
Attorneys for Claimants
2 Overhill Road
Scarsdale, New York 10583
(914) 723-4333

Sworn to before me this
28th day of December, 2012



NOTARY PUBLIC

M:\ALEANZA\2847-04G\NOTICE.02.wpd

DIANA MARSH BARRETT
Notary Public, State of New York
No. 01MA6096321
Qualified in Bronx County
Commission Expires July 28, 2015

LAW DEPARTMENT
PONTA AUTHORITY CLAIMS
2012 FEB 13 A 10:36

VERIFICATION

STATE OF NEW YORK)
) ss:
COUNTY OF WESTCHESTER)

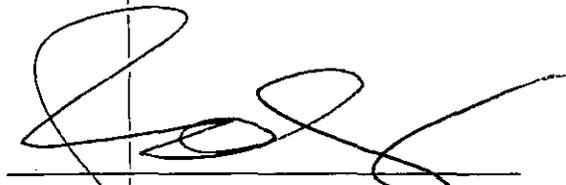
ANTHONY PIRROTTI, JR., an attorney at law duly admitted to practice before the Courts of the State of New York, hereby affirms the following to be true under the penalties of perjury:

I am the principal of the law firm of PIRROTTI LAW FIRM LLC, attorneys for the **Claimants**. I have read the annexed **NOTICE OF CLAIM** and know the contents thereof and the same are true to my knowledge, except those matters therein which are stated to be alleged on information and belief, and as to those matters, I believe them to be true. My belief, as to those matters therein not stated upon knowledge, is based on conversations with the **Claimants** and information contained in my file.

The reason I make this Affirmation instead of **Claimants** is that **Claimants** do not presently reside in the County where deponent maintains his office.

The grounds of Affirmant's belief as to all matters not stated to be upon Affirmant's knowledge are the photographs, records and files maintained in the offices of the above-mentioned law firm.

Dated: Scarsdale, New York
December 28, 2012



ANTHONY PIRROTTI, JR.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 FEB 23 A 10:3

I request your help in filing a police report against the incident that took place last night. Below are the details I believe you will need.

Thank you
Tom Benton

Date of Incident: 1/28 – 1/30 2013

Location of Incident: JFK Airport American Airlines Terminal – 2nd floor of second row from terminal door entrance in short term parking

Vehicle Damaged: 2013 Audi A4 with 2,100 miles at time of incident
Audi: A4
Year: 2013
Color: Silver
Plate #:
VIN #:

Met Life Claim #: Claim #: WFF39472

The Situation:

On 1/28 Parked at JFK – American Terminal 2nd floor short term parking

On 1/30 Arrived back into JFK at 11:45pm ET only to learn as I was pulling out of my space that the car was not performing right. It sounded as though the tires were loosely fitted to the car or the breaks were loose as there was a loud clunking sound and vibration in the steering wheel. I pulled over in the parking garage just as I pulled out of the stall to ensure I did not have a flat tire. I then proceeded to the exit of the parking garage, but pulled over 2 more times to see if there was something stuck under the car. As it was late and very windy, I got back in the car and proceeded to check out and attempt to drive to a more lit area and with protection from the weather to see what was going on. I inched my way to Terminal 1 where I then parked in the arrivals pick up spot and at 12:13pm ET I called Audi road side assistance. I was still unaware of what was the issue, but know it was not safe to be driven.

As the car was at JFK, Audi informed me that I had to call the Airport parking authority in order to get the car towed within the airport to one of the approved pick up locations. As the main number provided to me by Audi was going to VM, I call JFK police. They then connected me with JFK towing services (Mikes Tow services). At 1:01am ET, I conference in Audi with Mikes Tow services so they can arrange the details for how to get the car to an approved tow pick up location. At 1:18 am ET, Mike's Heavy Duty Towing Co arrived. I asked if they needed to see the manual to determine how best to tow the car and the drive indicated that was not needed. I settled up with the tow company on the \$136.08 charge and handed the tow company with my keys.

Around 9am on 1/31, the Audi tow company picked up the car and brought it to the Greenwich Audi dealership. At 11am I received a call from Audi Service department of Greenwich informing me that the car had been vandalized as the rims (18") & tires look to have been stolen and replaced with smaller damaged rims (17") with bald tires. Additionally, there was damage done to the car in the way they jacked it up an unprofessionally removed the rims/tires from the car. Below are the contacts and pictures I asked the Audi dealership to take.

Contacts:

- Met Life: Joy Marino 1-800-854-6011 x5133 Claim #: WFF39472
- Audi Service: Michael 203-661-1800 x1299
- JFK ABM Parking: Orlando Rodriguez 1-718-244-4161

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: *DIANE VIGNOLA* Age: *64* Address:

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.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 FEB -6 A 9:07

3. Date of Accident: *8/15/12* Time: *6:30 AM*

4. Place of Accident. (Identify with sufficient particularity to distinguish from similar places.)
JFK Airport, American Airlines Terminal

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.

*Walking to gate, slipped & fell & sustained
See attached report
from hospital.*

6. State number of other witnesses to the accident. State the names and addresses of any known to you.

Witnesses were employees of American Airlines + Port Authority. Do not have their names.

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses (DENTAL)	\$	5700
(b)	For loss of earnings	\$	
(c)	For property damages	\$	
Total:		\$	5700

8. If claim is made as a result of personal injuries to yourself or any other person, state nature and extent of such injuries, indicating which are temporary and which are permanent.

~~Furnish affidavit of physician or state why such affidavit is not furnished.~~

9. If claim is made as a result of personal injuries to yourself or any other person, and injured person was employed, give name and address of employer.

Brownstone Agency Inc.
32 Old Slip, NY, NY 10005

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.

Employed in above Company

10. If claim is made for medical and hospital expenses, itemize such expenses and for those already incurred, give names of persons to whom paid or owing.

11. If claim is made for injuries to property, list the items of damaged property and state nature and amount of damage of each item. If such property can be repaired, state cost of repair and obtain and annex estimate of cost of repair.

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.

Slipped & 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.

Slipped & Fall

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/

Dated: 2/4/13, 2013

Signed: *Miriam Toppol*
Claimant

2013 FEB - 4. A 9:07
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

AFFIDAVIT

STATE OF New York :

COUNTY OF SUFFOLK :

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

4TH day of FEBRUARY, 2013

Michael J. Danseglio
Notary Public

Miriam Toppol
Claimant

MICHAEL J. DANSEGLIO
Notary Public, State of New York
No. 01DA4661319
Qualified in Suffolk County
Commission Expires October 31, 2013

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

Glenda Santiago 46

1. Claimant's Name: Age: Address:

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.

12/27

6:30 pm

3. Date of Accident: Time:

Lefferts Blvd. - Aqueduct Rd.

4. Place of Accident. (Identify with sufficient particularity to distinguish from similar places.)

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.

Improperly attached overhead street sign and brackets, fell from above, causing damage to my car (under carriage and front bumper. (Aqueduct Rd sign).

2013 JAN 23
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

6. State number of other witnesses to the accident. State the names and addresses of any known to you.

Port Authority Police Department Accident report
Case No 26392

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	_____
(b)	For loss of earnings	\$	_____
(c)	For property damages	\$	2,081

Total: \$ 2,081

8. If claim is made as a result of personal injuries to yourself or any other person, state nature and extent of such injuries, indicating which are temporary and which are permanent.

Furnish affidavit of physician or state why such affidavit is not furnished.

N/A

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.

N/A

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. See attachment.

Seeking reimbursement for insurance deductible.
(\$1000.00 net thousand dollars)

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 I believe the Port Authority is at fault, and is responsible for the Maintenance and to be sure that Port Authority Street Signs are properly secure.

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.

N/A

15. List any certificates, affidavits or statement of others which are furnished with the statement.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 JAN 23 A 9:47

See photos attachment

16. State any other facts or circumstances which may have a bearing upon your claim/

Dated: 1/15, 20 13

Signed: Colenda Santiago
Claimant

STATE OF New York

COUNTY OF New York

AFFIDAVIT

:
:
:

2013 JAN 23 AM 11:47
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

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

15 day of January, 20 13

[Signature]

Notary Public

Colenda Santiago

Claimant

KATHLEEN MILORA
Notary Public, State of New York
No. 01MI4907666
Qualified in Richmond County
Commission Expires October 13, 2015

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

Phillip Russo 52

1. Claimant's Name: Age: Address:

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.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 FEB - 5 A 8:58

3. Date of Accident: Dec 7, 2012 Time: 13:15

4. Place of Accident. (Identify with sufficient particularity to distinguish from similar places.)
5WB Upper level, westbound, left lane,

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.

Hit a pothole that was unavoidable due to traffic on my right and barrier at left.

6. State number of other witnesses to the accident. State the names and addresses of any known to you.

NONE

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	_____
(b)	For loss of earnings	\$	_____
(c)	For property damages	\$	_____ 995.40
	Total:	\$	_____ 995.40

8. If claim is made as a result of personal injuries to yourself or any other person, state nature and extent of such injuries, indicating which are temporary and which are permanent.

Furnish affidavit of physician or state why such affidavit is not furnished.

9. If claim is made as a result of personal injuries to yourself or any other person, and injured person was employed, give name and address of employer.

If injured person was in business for self, state nature and give address.

State whether the injured person is employed or in business at the present time. If so give name and address.

10. If claim is made for medical and hospital expenses; itemize such expenses and for those already incurred, give names of persons to whom paid or owing.

11. If claim is made for injuries to property, list the items of damaged property and state nature and amount of damage of each item. If such property can be repaired, state cost of repair and obtain and annex estimate of cost of repair.

2 Blown Tires
2 Damaged wheels
Wheel Alignment

Cost to Replace &
Repair \$995.60
Paid Invoice Attached

12. Give full particulars with respect to any items of damage or amounts claimed not given above.

13. State whether or not you believe that the accident was due to any fault on the part of the Port Authority, and if so, give your reasons in full, setting forth any specific acts or omissions which you claim constituted negligence on its part.

Pothole was enormous & unavoidable. Could have lead to a deadly accident. A patrol would have discovered it.

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.

It was unavoidable and not my fault.

15. List any certificates, affidavits or statement of others which are furnished with the statement.

Port Authority Police Report of 12/10/2012

16. State any other facts or circumstances which may have a bearing upon your claim/

Dated: Jan 31, 2013

Signed: [Signature]
Claimant

STATE OF New York

AFFIDAVIT

COUNTY OF New York

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
1st day of February, 2013

[Signature]
Notary Public
NORMA CREIGHTNEY
NOTARY PUBLIC, STATE OF NEW YORK
QUALIFIED IN QUEENS COUNTY
REG. #01CR6081992
MY COMM. EXP. OCT. 21, 2014

[Signature]
Claimant

2013 FEB - 5 A 8:58
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

NOTICE OF CLAIM PURSUANT TO NEW JERSEY STATUTE 59:8-1, ET SEQ.

A. CLAIMANT: Rodney Powell

B. NOTICES TO BE SENT:

C/O JAVERBAUM WURGAFT HICKS KAHN
WIKSTROM & SININS
201 Washington Street /
Newark, New Jersey 07102

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 FEB 14 A 9:36

C. CIRCUMSTANCES:

On February 9, 2013, Claimant was a passenger on a New Jersey Transit bus in Newark, New Jersey.

On the aforementioned time and place the Port Authority of New York and New Jersey was the owner of said bus which was being operated in a careless, reckless and negligent manner by their agent, servant and/or employee causing same to collide with a vehicle also being operated in a careless, reckless and negligent manner. As a direct and proximate result thereof, claimant was caused to sustain

D. INJURIES:

E. PUBLIC ENTITY: Port Authority of New York and New Jersey.

F. AMOUNT CLAIMED:

JAVERBAUM WURGAFT HICKS
KAHN WIKSTROM & SININS



BY: SCOTT M. SININS

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: AZAM KHAN Age: 47 Address:

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: JAN 23rd 2013 Time: 12:40 AM

4. Place of Accident. (Identify with sufficient particularity to distinguish from similar places.)
TERMINAL 7 JFK AIRPORT

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 FEB 28 10 2:13

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. On Jan 23 I was at JFK Ter. 7 to pick up a friend. I was parked at the passenger pick up area and a PAPD officer approached me and gave me a ticket parking which I admit I was guilty of. He continued to question me of my purpose of being there I told him I was waiting for a friend. He bluntly stated that I was flying and gave me no summons for using my vehicle as a taxi. I guess he just looked at my appearance which is of east indian and made his decision. Anyway my car an INFINITI FX35 was towed and I was stranded causing inconvenience and embarrassment. The two summons were dismissed at the JFK court because I was innocent. Now I would like to be reimbursed with all the expense. @ Tow and impound fee 350.00 and my lawyer fee 250.00. I don't want to take this matter to court or now. Hoping to resolve out of court.

6. State number of other witnesses to the accident. State the names and addresses of any known to you.

7. The amounts of loss claimed are as follows:

- | | | | |
|-----|-----------------------------------|----|-------|
| (a) | For medical and hospital expenses | \$ | _____ |
| (b) | For loss of earnings | \$ | _____ |
| (c) | For property damages | \$ | _____ |

TOW & IMPOUND FEE
LAWYER FEE

Total:	\$	357.24 250.00 602.24
--------	----	----------------------------

8. If claim is made as a result of personal injuries to yourself or any other person, state nature and extent of such injuries, indicating which are temporary and which are permanent.

Furnish affidavit of physician or state why such affidavit is not furnished.

9. ~~If claim is made as a result of personal injuries to yourself or any other person, and injured person was employed, give name and address of employer.~~

If injured person was in business for self, state nature and give address.

State whether the injured person is employed or in business at the present time. If so give name and address.

10. If claim is made for medical and hospital expenses, itemize such expenses and for those already incurred, give names of persons to whom paid or owing.

11. If claim is made for injuries to property, list the items of damaged property and state nature and amount of damage of each item. If such property can be repaired, state cost of repair and obtain and annex estimate of cost of repair.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 FEB 28 P 2:13

12. Give full particulars with respect to any items of damage or amounts claimed not given above.

13. State whether or not you believe that the accident was due to any fault on the part of the Port Authority, and if so, give your reasons in full, setting forth any specific acts or omissions which you claim constituted negligence on its part.

It is a clear case of misjudgment on the officer's decision.

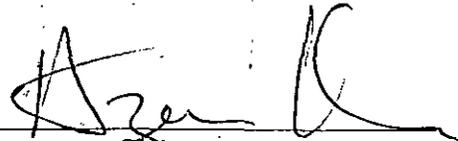
14. State whether or not the accident was in any way due to your fault, and if not, state in detail the reasons for your conclusions.

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: 02-21, 2013

Signed:


Claimant

AFFIDAVIT

STATE OF _____

:

:

COUNTY OF _____

:

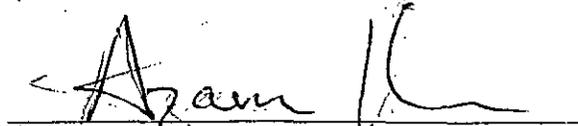
Being duly sworn deposes and says:

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

21st day of February, 2013

Notary Public


Claimant

SIMON BATUROV
NOTARY PUBLIC STATE OF NEW YORK
No. 01BA6227210
Qualified in Queens County
My Commission Expires August 23, 2014

LAW OFFICES OF
DAVIS, SAPERSTEIN & SALOMON, P.C.

375 CEDAR LANE
TEANECK, NJ 07666-3433

FACSIMILE: (201) 692-0444

Email: lawinfo@dsslaw.com

(201) 907-5000

800 INMAN AVENUE
COLONIA, NJ 07067
(732) 510-1000

39 BROADWAY, SUITE 520
NEW YORK, NY 10006
(212) 608-1917

CORPORATE CIVIL TRIAL ARBITRATION
PENNSYLVANIA BAR ■
NEW JERSEY BAR ■
NEW YORK BAR ■
GEORGIA BAR ■
D.C. BAR ■
OF COUNSEL

RACHAEL NASS ■
KEVIN DECH ■
BENNETT J. WASSERMAN ■ ■ ■

SAMUEL L. DAVIS ■ ■ ■
MARC C. SAPERSTEIN ■ ■ ■
GARRY R. SALOMON ■ ■ ■
STEVEN BENVENISTE ■ ■ ■
PAUL A. GARFIELD ■ ■ ■

LUIS L. HAQUIA ■ ■ ■
TERRENCE SMITH ■ ■ ■
STEVEN H. COHEN ■ ■ ■
PATRICIA Z. BOGUSLAWSKI ■ ■ ■
ADAM LEDERMAN ■ ■ ■
RAYMOND S. CARROLL ■ ■ ■
ANGELA CERVELLI BENNETT ■ ■ ■
RENEE C. RIVAS ■ ■ ■

February 25, 2013

VIA: Certified Mail, R.R.R.

Port Authority of NY & NJ
225 Park Avenue South
New York, NY 10003

REPLY TO TEANECK

RE: Stewart, Reginald -v- AirServe
D/A: 01/20/2013
Our File No.: 26402

Dear Sir/Madam:

Pursuant to Title 59 of the New Jersey Statutes, please be advised of the following claim:

The name and address of the claimant is Reginald Stewart,

Notices are to be sent to Davis, Saperstein & Salomon P.C. at the above address.

The injuries occurred on January 20, 2013. Claimant, who is employed by United Airlines, as a baggage handler, became pinned between a pole and a cargo baggage cart, which had been struck by a food catering truck.

Claimant

2013 FEB 28 2:14 PM
LAW DEPARTMENT
PORT AUTHORITY OF NY & NJ

Davis, Saperstein & Salomon P.C.

February 25, 2013

Page 2

Entities involved are the Port Authority of NY and NJ, John Does 1-30, John Roe, ABC Corp. 1-30 (said names being fictitious and unknown) and , any others who may be found through discovery and to whom notice will be given.

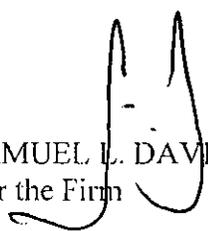
The amount of the claim cannot presently be determined.

Please contact me upon receipt of this letter.

Very truly yours,

DAVIS, SAPERSTEIN & SALOMON P.C.

BY: SAMUEL L. DAVIS, ESQ.
For the Firm



SLD/jlt

7012 0470 0001 7878 8389

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 FEB 28 P 2:13

JONATHAN H. ROSENBLUTH ✓

COUNSELLOR AT LAW
76 SOUTH ORANGE AVENUE
SUITE 105
SOUTH ORANGE, NEW JERSEY 07079
973-761-5333

TELECOPIER:
973-761-0456

February 21, 2013

ATTN: CLAIMS
New Jersey Transit Corp.
One Penn Plaza
Newark, NJ 07105

The Port Authority of New York and New Jersey
225 Park Avenue South
15th Floor
New York, New York 10003

(ECMRAA & Reg Mail)

First Transit, Inc.
133 East Atlantic Avenue
Lawnside, NJ 08045

2013 MAR -5 A 8:40
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

RE: Diane West
D/A: December 20, 2012
File NO.:

Dear Sir/Madam:

This office represents Diane West relative to a claim for injuries and damages pursuant to the provisions of N.J.S.A. 59 et seq. Please accept the following as Notice of Claim consistent with the New Jersey Tort Claim Act.

1. Claimant: Diane West

Address:

2. Notices and correspondence in connection with this claim are to be sent to Jonathan H. ROSENBLUTH, Esq., 76 South Orange Avenue, Suite 105, South Orange New Jersey, Attorney for claimant.

3. a. The incident giving rise to this claim occurred on December 20, 2012. Police Report to be provided.

b. The location of the incident was at or about **Lyons Avenue, Newark, NJ.**

c. The incident occurred because of: Automobile accident.

d. Any public employees claimed to be at fault will be supplied as information is obtained.

e. It is alleged upon advice of counsel, that the parties involved was negligent and/or careless in operating their vehicles, creating or allowing a palpably unreasonable dangerous condition to exist, in failing to properly supervise, control and/or in created hazardous environment and/or unreasonably dangerous condition.

Upon advise of counsel, claimant reserves the right to supplement as additional information becomes available.

f. Witness: To be provided.

4. Damages:

5. Hospitals and Doctors:

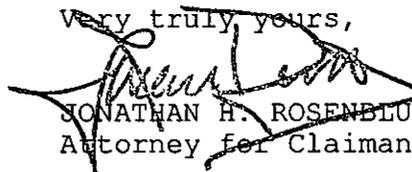
6. Wage losses: To be provided.

7. Amount of claim for injuries and damages is unliquidated. Additional information to be supplied.

8. Claims may be made against other parties. Any additional information to be supplied.

Copies of medical bills, report and wage loss verification to be supplied as such become available and/or obtained.

Very truly yours,


JONATHAN H. ROSENBLUTH
Attorney for Claimant

JHR:pbr
Via Lawyers Service

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 MAR -5 A 8:40

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

FARHANA RAHMAN 36

1. Claimant's Name: Age: Address:

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.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 FEB 22 A 10:14

3. Date of Accident: Time: ± 9:00 a.m.
1/7/13

4. Place of Accident (Identify with sufficient particularity to distinguish from similar places.)
Exchange Place PATH Station, Jersey City, NJ

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.
Claimant was on an escalator that suddenly started to operate in the opposite direction at an accelerated pace.

6. State number of other witnesses to the accident. State the names and addresses of any known to you.

There were many witnesses. I am not in possession of their identifications.

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	TBD
(b)	For loss of earnings	\$	TBS
(c)	For property damages	\$	N/A

Total: \$ _____

8. If claim is made as a result of personal injuries to yourself or any other person, state nature and extent of such injuries, indicating which are temporary and which are permanent.

~~Furnish affidavit of physician or state why such affidavit is not furnished.~~

9. If claim is made as a result of personal injuries to yourself or any other person, and injured person was employed, give name and address of employer.

Bank of Tokyo
34 Exchange Place
Jersey City, NJ 07304

If injured person was in business for self, state nature and give address.

State whether the injured person is employed or in business at the present time. If so give name and address.

10. If claim is made for medical and hospital expenses, itemize such expenses and for those already incurred, give names of persons to whom paid or owing.

11. If claim is made for injuries to property, list the items of damaged property and state nature and amount of damage of each item. If such property can be repaired, state cost of repair and obtain and annex estimate of cost of repair.

N/A.

12. Give full particulars with respect to any items of damage or amounts claimed not given above

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 FEB 22
A-10-14

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.

Failure to maintain and/or operate the escalators in a responsible manner thereby causing a dangerous condition.

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 accident was in no way my fault as I did not have control of the operation of the escalator.

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: 1/29/13, 2013

Signed: _____
Claimant

2013 FEB 22 A 10: 14
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

AFFIDAVIT

STATE OF NJ

COUNTY OF Hudson

Being duly sworn deposes and says:

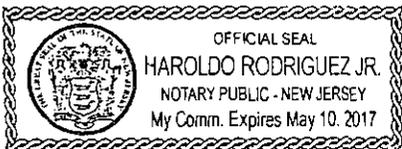
1. That he/she resides at
2. That he/she is the person who signed the foregoing statement of claimant.
3. That said statement of claimant was signed and this Affidavit is made by the deponent for the purpose of inducing The Port Authority of NY & NJ to pay deponent's claim, and that your deponent is 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

29th day of January, 2013

[Signature]
Notary Public

[Signature]
Claimant



NOTICE OF CLAIM

PORT AUTHORITY CLAIMS

In the Matter of the Claim of
RAMON RODRIGUEZ,

2013 FEB 12 A 10:20

-against-

PORT AUTHORITY OF
NEW YORK AND NEW JERSEY

PLEASE TAKE NOTICE that the undersigned claimant hereby makes claim and demand as follows:

1. The name, post-office address and telephone number of the claimant is as follows:

2. The name, post-office address and telephone number of the claimant's attorney is

as follows:

Alexander M. Dudelson, Esq.
26 Court Street - Suite 2306
Brooklyn, New York 11242
(718) 855-5100

3. Agency Involved: Port Authority Police Department

4. Nature of the Claim: On or about January 12, 2013 at approximately 3:50 P.M., at

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 FEB 12 P 12:20

Laguardia Airport the Police Officers of the Port Authority Police Department, wrongfully and with excessive force arrested the Claimant, wrongfully imprisoned the Claimant at Laguardia Airport, Central Booking and the Vernon C. Bain Center ("the Boat") for a period of six days, maliciously prosecuted the Claimant, and abused process against the Claimant. Said conduct was without justification and caused

As a

result of the conduct the Claimant suffered

5. Total Amount Claimed: \$500,000.00.

WHEREFORE, 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: Brooklyn, New York
February 7, 2013



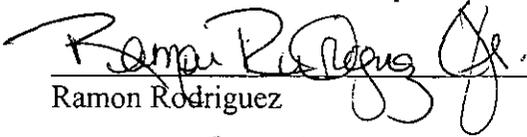
ALEXANDER M. DUDELSON, ESQ.
Attorney for Claimant
26 Court Street - Suite 2306
Brooklyn, New York 11242
(718) 855-5100

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 FEB 12 P 12:24

INDIVIDUAL VERIFICATION

STATE OF NEW YORK)
)ss.:
COUNTY OF KINGS)

Ramon Rodriguez, being duly sworn, deposes and says that deponent is the 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 the matters therein stated to be alleged on information and belief, and that as to those matters deponent believes them to be true.



Ramon Rodriguez

Sworn to before me on
February 8, 2013 
To:
Port Authority of New York and New Jersey
225 Park Avenue South - 15th Floor
New York, New York 10003

ALEXANDER DUDELSON
Notary Public, State of New York
No. 02DU6107380
Qualified in New York County
Commission Expires 03/29/20 **13**

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: Chanel Orkopoulos Age: Address:

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.

T.L. Thompson & Assoc. A/S/O State Farm Insurance
ans Chanel Orkopoulos.

3. Date of Accident: 10/19/12 Time: 12:00pm

4. Place of Accident. (Identify with sufficient particularity to distinguish from similar places.)

20th Ave, North of Hasen St, in East Elmhurst 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.

Ms. Orkopoulos was waiting at a red light & the city truck
in front of her backed into our Insured's vehicle.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2012 FEB 28 P 1:11

6. State number of other witnesses to the accident. State the names and addresses of any known to you.

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	_____
(b)	For loss of earnings	\$	_____
(c)	For property damages & Rental	\$	5,366.08

Total: \$ 5,366.08

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.

N/A

Furnish affidavit of physician or state why such affidavit is not furnished.

N/A

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 FEB 26 P 1:41

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.

N/A

-
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.

Front End total repair \$5,366.08
(Repair estimate enclosed)

-
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. The 2005 Ford F350 owned by the Port Authority backed into our Insured's 2012 Volkswagon GLT Autobahn. ~~The insured was unable to back up as the truck gave no warning before backing up.~~

-
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. NONE

-
15. List any certificates, affidavits or statement of others which are furnished with the statement.

N/A

16. State any other facts or circumstances which may have a bearing upon your claim/

Dated: 2-19, 20 13

Signed: [Signature]
Claimant

*T.L. Thompson & Assoc, Inc, Agent For
State Farm Ins Co, Also Chavel
Orkopoulos, David Coff, Vice-Pres*

STATE OF Texas
COUNTY OF Dallas

AFFIDAVIT

:
:
:

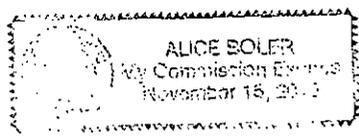
Being duly sworn deposes and says:

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
19th day of February, 20 13

[Signature]
Notary Public

Claimant



In the Matter of the Claim of

ARLENE BURACZYNSKI

against

THE PORT AUTHORITY OF NY & NJ

TO: **THE PORT AUTHORITY OF NY & NJ**
225 Park Avenue South
New York, N.Y. 10003

PLEASE TAKE NOTICE that the undersigned claimant(s) hereby make(s) claim and demand against The Port Authority of NY & NJ:

1. *The name and post-office address of each claimant and claimant's attorney is:*

~~ARLENE BURACZYNSKI~~

~~DONALD H. HAZELTON, P.C.~~

245 Hillside Avenue

Williston Park, New York 11596

2. *The nature of the claim:* is to recover money damages for personal injuries due to negligence.

3. *The time when, the place where and the manner in which the claim arose:* The occurrence took place on Sunday, December 30, 2012, at approximately 2:30 p.m., at the interior entrance door at the entrance to British Airways, Terminal 7 departures, JFK Airport, Queens, New York. The defect was a mat/rug that was protruding, raised, and not properly secured. Claimant, Arlene Buraczynski was caused to trip, slip and fall on said defect at the aforementioned Terminal causing her to sustain _____ due to the negligence of The Port Authority of NY & NJ, its agents, servants and/or employees in their ownership, operation, control, maintenance and management of the aforesaid premises and mats/rugs. (Port Authority Case #26561)

4. *The items of damage or injuries claimed are (include dollar amounts)*

2013 FEB 26 P 3:37
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

2013 FEB 26 P 2:58

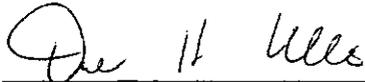
PORT AUTHORITY CLAIMS

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) intend(s) to commence an action on this claim.

Dated: Williston Park, New York
February 25, 2013


ARLENE BURACZYNSKI

ARLENE BURACZYNSKI
The named signed must be printed beneath



DONALD H. HAZELTON, P.C.
Attorneys for Claimant
Office and Post Office Address, Telephone number
245 Hillside Avenue
Williston Park, N.Y. 11596
(516) 742-7200

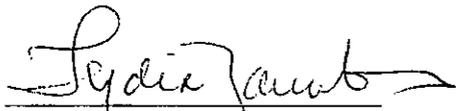
Individual Verification

STATE OF NEW YORK)
) ss.:
COUNTY OF NASSAU)

ARLENE BURACZYNSKI, being duly sworn, deposes and says that deponent is the claimant in the within action; that she has read the foregoing Notice of Claim and knows the contents thereof; and that the same is true to deponent's own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters deponent believes it to be true.


ARLENE BURACZYNSKI

Sworn to before me this 25th
day of February, 2013.



Notary Public

LYDIA ZAMBRANO
Notary Public, State of New York
No. 4748362
Qualified in Queens County
Commission Expires Dec 31, 2013

In the Matter of the Claim of

ARLENE BURACZYNSKI

- against -

THE PORT AUTHORITY OF NY & NJ

NOTICE OF CLAIM

DONALD H. HAZELTON, P.C.

Attorney for Claimant
Office & P.O. Address
245 Hillside Avenue
Williston Park, NY 11596
Telephone No. (516) 742-7200
Fax No. (516) 742-4080

The Port Authority of NY & NJ
225 PARK AVENUE SOUTH, 13TH FLOOR, LAW DEPARTMENT
NEW YORK, NY 10003

POP OFF
2013 FEB 25 12:47

STATEMENT OF CLAIMANT

For Damages Due To An Accident

BERNARD DESPOT

1. Claimant's Name: Age: Address:

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.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 FEB 25 PM 12:47

3. Date of Accident: Time:
Feb. FEBRUARY 2013 6:15am

4. Place of Accident. (Identify with sufficient particularity to distinguish from similar places.)
HILTON JFK NEW YORK. IN PARKING LOT WITH MARKED PARKING SPACES AND DEPRESSIVE CURB. NOT ON ANY PUBLIC OR PRIVATE ROADWAY.

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.
At about 6:20am on Sat 9th Feb 2013 Hilton Shuttle driver MR STEVE McLAUGHLIN came to the hotel lobby and indicated to me that a Port Authority Vehicle while illegally exiting the Hilton Parking lot came into contact with a green Honda Accord vehicle which is owned by me. Since the Port Authority vehicle was leaving through a non-exit area the vehicle seemed to have squeezed through and tried crossing over the curb when it slid onto the passenger side of my car.

6. State number of other witnesses to the accident. State the names and addresses of any known to you.

- ① MR MATT DE FIORE: Chief Engineer at Hilton ny.
- ② MR STEVE Mc LAUGHLIN: Shuttle Driver Hilton ny.

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	_____
(b)	For loss of earnings	\$	_____
✓ (c)	For property damages	\$	1,790.99
Total:		\$	1,790.99

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.

N/A

Furnish affidavit of physician or state why such affidavit is not furnished.

N/A

LAW DEPARTMENT
 PORT AUTHORITY CLAIMS
 2013 FEB 25 P 12:47

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.

N/A

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.

See Submitted Repair Estimate.

12. Give full particulars with respect to any items of damage or amounts claimed not given above.

Loss of use to repair vehicle \$120.00
2 Days to and from work and repair garage.

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.

See attached Statement.

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.

My vehicle was safely parked in a marked parking space and not occupied at any point in time by myself when the accident occurred.

15. List any certificates, affidavits or statement of others which are furnished with the statement.

① STATEMENT OF MATT DEFIORÉ CHIEF ENGINEER HALTON ny.
② STATEMENT OF STEVE MCLANGILIN SQUAD LEADER HALTON ny.

16. State any other facts or circumstances which may have a bearing upon your claim/

Driver admitted that he was at fault.

Dated: 12th February, 2013

Signed: *Bernard Despot*
Claimant

AFFIDAVIT

STATE OF New York

COUNTY OF Queens

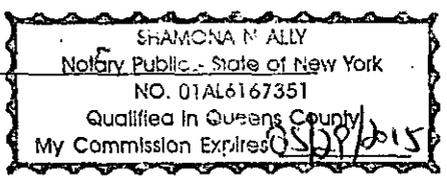
LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 FEB 25 12:47

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 25 day of February, 2013

Shamona Mally
Notary Public



Bernard Despot
Claimant

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:
DEBORAH TOMPKINS 49

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: 11/25/12 Time: 10:45 AM

4. Place of Accident. (Identify with sufficient particularity to distinguish from similar places.)
LEFT LANE ON THE GWB (UPPER LEVEL) ON THE FORT LEE APPROACH, WEST BOUND.

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 DRIVING IN THE LEFT LANE AND HIT AN UN-AVOIDABLE POT HOLE.

2013 FEB - 1
LAW DEPARTMENT
PORT AUTHORITY CLAIMS
A 9:29

6. State number of other witnesses to the accident. State the names and addresses of any known to you.

TOMMY CASTRO — PASSENGER IN MY CAR.

WILLIAM POGUE — PERSON WHO USED THE SAME LAWE AND ACKNOWLEDGED POT HOLE.

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	_____
(b)	For loss of earnings	\$	_____
(c)	For property damages	\$	1506.65 (see copies of proof)

Total: \$ 1506.65

8. If claim is made as a result of personal injuries to yourself or any other person, state nature and extent of such injuries, indicating which are temporary and which are permanent.

Furnish affidavit of physician or state why such affidavit is not furnished.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 FEB - 1
A 9: 29

9. If claim is made as a result of personal injuries to yourself or any other person, and injured person was employed, give name and address of employer.

If injured person was in business for self, state nature and give address.

State whether the injured person is employed or in business at the present time. If so give name and address.

-
10. If claim is made for medical and hospital expenses, itemize such expenses and for those already incurred, give names of persons to whom paid or owing.

-
11. If claim is made for injuries to property, list the items of damaged property and state nature and amount of damage of each item. If such property can be repaired, state cost of repair and obtain and annex estimate of cost of repair.

RT/FRONT RIM & TIRE
RT/REAR RIM & TIRE

-
12. Give full particulars with respect to any items of damage or amounts claimed not given above.

\$60 - two tire mounting (see copy of receipt)
@ GWB Towing

-
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.

There were other people who got flat tires and Port Authority should've closed the lane down to fix it. Port Authority Police Officer observed me talking with one other fixing their flat when I called in my accident from it.

-
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.

It was a huge unavoidable pot hole. I couldn't switch lanes there was too much volume of traffic.

-
15. List any certificates, affidavits or statement of others which are furnished with the statement.
-

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) intend(s) to commence an action on this claim.

Dated: 9/11/12

Veronica Rich
The name signed must be printed beneath

VERONICA RICH

The name signed must be printed beneath

Brian R. Davey

Attorney(s) for Claimant(s)

Office and Post Office Address, Telephone Number
Mulholland Minion Duffy Davey
McNiff & Beyrer

CORPORATE VERIFICATION

State of New York, County of NASSAU ss.:

being duly sworn, deposes and says that deponent is the of corporate claimant named in the within action; that deponent has read the foregoing Notice of Claim and knows the contents thereof, and that the same is true to deponent's own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters deponent believes it to be true.

This verification is made by deponent because said claimant is a corporation, and deponent an officer thereof, to wit: The grounds of deponent's belief as to all matters not stated upon deponent's knowledge are as follows:

INDIVIDUAL VERIFICATION

State of New York, County of Nassau ss.:

VERONICA RICH being duly sworn, deposes and says that deponent is the claimant in the within action; that she 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 the matters therein stated to be alleged on information and belief, and that as to those matters deponent believes it to be true.

Sworn to before me, this 11th day of September

Sworn to before me, this 19 day of

Brian R. Davey
2012
BRIAN R. DAVEY
Notary Public, State of New York
No. 02DA4943484
Qualified in Suffolk County
Commission Expires October 24, 2014

In the Matter of the Claim of

VERONICA RICH

-against-

PORT AUTHORITY OF NEW YORK AND NEW JERSEY

Notice of Claim Against

PORT AUTHORITY OF NEW YORK AND NEW JERSEY

MULHOLLAND MINION DUFFY DAVEY
MCNIFF & BEYRER

Attorney(s) for Claimant(s)
Office and Post Office Address

374 Hillside Avenue
Williston Park, New York 11596
(516) 248-1200



METHFESSEL & WERBEL
A Professional Corporation

JOEL N. WERBEL>
JOHN METHFESSEL, JR.>
EDWARD L. THORNTON>
FREDRIC PAUL GALLIN**>
MARK M. BRIDGE^
STEPHEN R. KATZMAN#
WILLIAM S. BLOOM>*
ERIC L. HARRISON**>
MATTHEW A. WERBEL>

Of Counsel
JOHN METHFESSEL, SR.>
DONALD L. CROWLEY**>

Counsel

LORI BROWN STERNBACK**>
MARC DEMBLING**>
PAUL J. ENDLER JR.>
GERALD KAPLAN+
JARED P. KINGSLEY**>
JOHN R. KNODEL**>
CHARLES T. MCCOOK, JR. >
MARTIN R. MCGOWAN, JR.>

Associates

CHRISTIAN R. BAILLIE+
JACQUELINE C. CUOZZO+
EDWARD D. DEMBLING>
MICHAEL R. EATROFF>
JAMES FOXEN^
JENNIFER M. HERRMANN**>
MAURICE JEFFERSON>
JASON JUDOVIN+
MARISSA KEDDIS+
FRANK J. KEENAN**>
LESLIE A. KOCH+
ALLISON M. KOENKE>
VIVIAN LEKKAS+
DANIELLE M. LOZITO+
CATLIN LUNDQUIST>
RICHARD A. NELKE-
RAINA M. PITTS^
MICHAEL POREDA+
CAROLINE PYRZ^
MATTHEW L. RACHMIEL>
WILLIAM J. RADA+
AMANDA J. SAWYER^
BORIS SHAPIRO>
GINA M. STANZIALE>
KYLE E. VELLUTATO^
ADAM S. WEISS<

January 23, 2013

Via Regular & Certified Mail, RRR

Port Authority of New York and New Jersey
225 Park Avenue South, 15th Floor
New York, New York 10003

RE: **QUINCY MUTUAL A/S/O VASSILIOU VS. PORT AUTHORITY** Please reply to New York
Our File No. : 77089A FPG

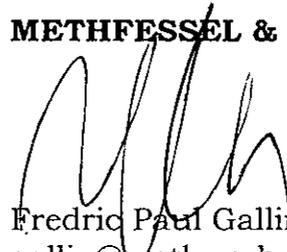
Dear Sir/Madam:

Please be advised that this office represents Quincy Mutual Fire Insurance Company a/s/o Lambrose Vassiliou and Cami Farina in connection with the above matter.

Attached hereto please find a Notice of Claim being submitted for your review. Kindly advise if a claim number has been assigned to this matter.

Very truly yours,

METHFESSEL & WERBEL, ESQS.


Fredric Paul Gallin
gallin@methwerb.com
Ext. 162

2013 JAN 30 A 8:58
PORT AUTHORITY CLAIMS
LAW DEPARTMENT

FPG:las.
Encl. Notice of Claim

STATE OF NEW YORK
COUNTY OF RICHMOND

IN THE MATTER OF THE CLAIM OF:

QUINCY MUTUAL FIRE INSURANCE
COMPANY A/S/O LAMBROSE
VASSILIOU

NOTICE OF CLAIM

-AGAINST-

PORT AUTHORITY OF NEW YORK
AND NEW JERSEY

2013 JAN 30 A 8:58

LAW DEPARTMENT
PORT AUTHORITY CLAIMS

TO: 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 makes claim and demands against you as follows:

1. The name and post office address of the claimant is Quincy Mutual Fire Insurance Company, 57 Washington Street, Quincy, MA 02169. Claimant's attorney is Fredric Paul Gallin, Esq., Methfessel & Werbel, 450 Seventh Avenue, Suite 1400, New York, NY 10123.

2. The Nature of the Claim: A yellow tractor owned by the Port Authority of New York and New Jersey and being operated by a police officer who works for the Port Authority was removing debris from various homes in the area of Quincy's insured, Lambrose Vassiliou and Cami Farina, when it came into contact with various exterior areas of Quincy's insured's home including but not limited to: 1) front mailbox near the curb and damaged the herringbone pattern brickwork; 2) large brick rectangular planter in front of the house; 3) light fixture and limestone capping on the two brick retaining walls; 4) metal railing on the front steps; 5) door to a storage shed in the front right corner of the fire floor of the home; 6) right rear corner of the house where there is a cement cornerstone that was damaged; and 7) walkway and rear cement patio.

The armature of the tractor was manufactured by "Case." It showed the numbers "821E".

3. The Time When, the Place Where, and the Manner in Which the Claim Arose: Shortly after Superstorm Sandy a yellow tractor owned by the Port Authority made contact with several areas of the area of Quincy's insured's home located at

4. The Items of Damage or Injuries Claimed Are: Various areas of the outside of Quincy's insured's home were damaged as detailed in number 2 above. The claim with our insured is still being adjusted and the total damages are not yet calculated.

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: NEW YORK, NEW YORK
January 22, 2013

Anne Rose for Quincy Mutual
Signature of Claimant

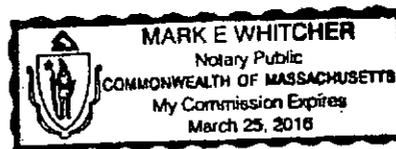
Anne Rose
Print Name of Claimant

TO BE COMPLETED BY NOTARY PUBLIC

STATE OF Massachusetts
COUNTY OF Norfolk : ss.:

On the 23 day of January, 2013 before me came and appeared Anne Rose to me known and known to me to be the person who executed this **Notice of Claim** and who acknowledged to me that he/she executed the same.

Mark E. Whitcher
Notary Public



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

Takeisha Shelton 30

1. Claimant's Name: Age: Address:

Takeisha Shelton 30

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.

SELF

3. Date of Accident: Time:

10/23/2012

1:30 pm

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 FEB - 1 A 9:28

4. Place of Accident. (Identify with sufficient particularity to distinguish from similar places.)

LaGuardia Airport Port Authority impound my vehicle

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.

my 2000 mitsubitsi Eclipse was impound by Port Authority

6. State number of other witnesses to the accident. State the names and addresses of any known to you.

self: TAKEISHA Shelton

7. The amounts of loss claimed are as follows:

- (a) For medical and hospital expenses \$ _____
- (b) For loss of earnings \$ _____
- (c) For property damages \$ CAR VALUE

Total: \$ 2,500

Mitsubishi Eclipse 2000

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.

my vehicle was damage on by hurricane sandy cause by flood (water damage)

Furnish affidavit of physician or state why such affidavit is not furnished.

9. If claim is made as a result of personal injuries to yourself or any other person, and injured person was employed, give name and address of employer.

I was not injured my car was JTS impaired and got damage on Port Authority impaired property
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.

US Airways
Laguardia Airport
Terminal "C"

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.

n/a

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.

2000 Mitsubishi Eclipse was damaged due to water flood, it started to mold cost value of car is \$2500 the mechanic is charging more than value with I cannot afford.

12. Give full particulars with respect to any items of damage or amounts claimed not given above.

It's not running, my TOMS Gps, iPad Touch, Digital camera, and a few tennis shoes in. My trunk was also damaged.

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.

My car was towed 10/23/12 @ approx 1:30 it was too late for pickup. Locked on wheels, and Monday 10/26/12 the state was under emergency so nothing was open due to Hurricane Sandy my car was neglected near the river in parking lot "A" on Port Authority property.

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.

My car was neglected during Hurricane Sandy.

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: 1/4, 2013

Signed: *Takesha Shelton*
Claimant

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 FEB - 1 A 9: 28

AFFIDAVIT

STATE OF New York :
 :
COUNTY OF Queens :

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

23 day of January, 2013

Takesha Shelton
Claimant

[Signature]
Notary Public

ADIL PALWALA
NOTARY PUBLIC-STATE OF NEW YORK
No. 01PA6216743
Qualified in Queens County
My Commission Expires January 25, 2014

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. RACHEL BOYLL 26
Claimant's Name: Age: Address:

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.

LAW DEPARTMENT
AUTHORITY CLAIMS
FEB 19 A 9:29

3. 01/27/2013 Approx 4:00 pm
Date of Accident: Time:

4. SOUTHBOUND GWB/EAST BOUND GWB AT VERY END OF UPPER LEVEL
Place of Accident. (Identify with sufficient particularity to distinguish from similar places.)
AS BRIDGE EXITS INTO TUNNEL, FAR LEFT LANE

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.

AS I EXITED BRIDGE UPPER LEVEL HEADED INTO MANHATTAN,
HIGHWAY PASSES UNDER TUNNEL. ABOUT 100-150 FT INTO TUNNEL
CAR HIT POT HOLE. LOUD POP OCCURRED. COULD NOT PULL
OFF HIGHWAY UNTIL AFTER ENTERED 87/MAJ DEEGAN
EXPRESSWAY & EXITED BRONX TO INSPECT DAMAGE ROADSIDE
ASSISTANCE WAS CALLED TO CHANGE TIRE. PICTURES OF
TIRE AND PROOF OF ROADSIDE ASSISTANCE ENCLOSED.

6. State number of other witnesses to the accident. State the names and addresses of any known to you.

NONE

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	_____
(b)	For loss of earnings	\$	_____
(c)	For property damages	\$	_____

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.

N/A

Furnish affidavit of physician or state why such affidavit is not furnished.

9. If claim is made as a result of personal injuries to yourself or any other person, and injured person was employed, give name and address of employer.

N/A

If injured person was in business for self, state nature and give address.

State whether the injured person is employed or in business at the present time. If so give name and address.

10. If claim is made for medical and hospital expenses, itemize such expenses and for those already incurred, give names of persons to whom paid or owing.

N/A

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.

1 DAMAGED TIRE 149⁰⁰
ALIGNMENT THROWN OFF

(RIM CHECKED)
NO DAMAGE

ESTIMATE OF REPAIRS ATTACHED:
1 TIRE = 147.99 (2 TIRES = 295.98)
ALIGNMENT = 79.99
LABOR = 105.97
WHEEL BALANCE = 12.99 ea

12. Give full particulars with respect to any items of damage or amounts claimed not given above.

TOTAL COST FOR 2 TIRES W/
LABOR & COSTS = 501.79
~~TOTAL COST FOR 2 TIRES~~

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.

PORT AUTHORITY IS RESPONSIBLE FOR MAINTENANCE OF ROADS. POT HOLE WAS LARGE ENOUGH TO CAUSE BLOWN TIRE & POSSIBLY AN ACCIDENT. THE POT HOLE IS CONCEALED IN THE DARKNESS AT THE END OF THE BRIDGE.

~~POTHOLES ARE A PART OF DRIVING BUT THIS ONE COULD CAUSE A SERIOUS ACCIDENT & SHOULD NOT HAVE BEEN ALLOWED TO DECAY SO FAR.~~

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.

CAR HAD JUST HAD TIRES CHECKED & THOUGH NOT BRAND NEW, WERE INTACT & SAFE TO DRIVE ON. DAYTIME RUNNING LIGHTS WERE ON & POT HOLE WAS STILL NOT IMMEDIATELY VISIBLE. NO AVAILABLE STOPPING POINTS BETWEEN ACCIDENT & 87/MAJ DEEGAN, WAS FORCED TO DRIVE ON RIM.

15. List any certificates, affidavits or statement of others which are furnished with the statement.

Attached: PROOF OF COST OF ORIGINAL TIRES
PHOTOS OF DAMAGE & PROOF OF TIRE BRAND
ESTIMATE OF COST TO REPAIR
COPY OF ROADSIDE ASSISTANCE INFO

16. State any other facts or circumstances which may have a bearing upon your claim/
WHEN REPLACING TIRES, TWO MUST BE REPLACED TO MAINTAIN BALANCE
IN WEAR.

Dated: FEBRUARY 11, 20 13

Signed: [Signature]
Claimant

AFFIDAVIT

STATE OF New York :

COUNTY OF Queens :

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

11th day of February, 20 13

[Signature]
Notary Public

[Signature]
Claimant

THOMAS R. MAZZOLA
Notary Public State of New York
Registration # 01MA6077278
Qualified in Queens County
My Commission Expires May 5, 20 15

-----x
In the Matter of the Claim of
RICHARD KERN,

-against-

Claimant,

NOTICE OF CLAIM

THE PORT AUTHORITY OF NEW YORK
AND NEW JERSEY,

Respondent.
-----x

TO: THE PORT AUTHORITY OF NEW YORK
AND NEW JERSEY
225 Park Avenue South
New York, NY 10003

CLAIMANT: RICHARD KERN

CLAIMANT'S
ATTORNEYS: MORGAN LEVINE, P.C.
11 Broadway, Suite 615
New York, New York 10004
(212) 785-5115

NATURE OF CLAIM: To recover damages for
of claimant, RICHARD
KERN as a result of the negligence, carelessness and recklessness
of defendants THE PORT AUTHORITY OF NEW YORK AND
NEW JERSEY, their agents, servants and/or employees, in failing
to exercise the degree of skill, care and safety generally exercised
in and about THE CITY OF NEW YORK; in failing to provide
claimant with proper equipment so as to enable him to safely
perform his duties; in failing to provide claimant with proper and
safe devices as to protect him against gravity related risks; in failing
to inspect the work area in which claimant was working; in failing
to see that the work area in which claimant was working was
properly operated, protected, furnished, fixed, secured and/or
maintained, so as to provide claimant with proper gravity related
protection; in failing to furnish, provide, erect, or caused to be
furnished, provided or erected, for claimant's labor, adequate, safe
and proper ladders, scaffolding, hoists, stays, slings, hangers,
blocks, pullies, braces, irons, ropes, safety devices, barricades,
railings and such other devices which should have been erected,
maintained, operated and placed as to provide proper protection to
claimant; in failing to protect the claimant from the defects and
hazards in the tools, equipment and ladders provided; in failing to

2013 MAR -1 P 2:05
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

ensure that the construction area was in compliance with the Industrial Code; in failing to protect the claimant from the risk of harm due to the effects of gravity upon his body; in failing to provide safety nets or other safety devices to claimant; in failing to provide any devices whatsoever to shield claimant from the effects of gravity upon his person and injury that would occur thereby while performing the construction, renovation and/or repair work at the defendant's premises; in failing to properly barricade a dangerous opening in the floor of the construction/demolition site; in failing to provide claimant with a safe place to work; in failing to supervise, inspect and/or see to it that the ongoing construction work was conducted in a reasonably safe manner; in failing to exercise proper ownership, maintenance, supervision, construction, control and operation of the aforementioned location; in failing to take proper precaution to prevent the happening of this occurrence; in failing to take proper precaution although defendant knew or should have known of the dangers existing thereat, and in otherwise being negligent, careless and reckless under the circumstances then and there existing; in violating the provisions of Sections 200, 240(1), and 241(6) of the New York State Labor Law; in violating the rules and regulations of the Board of Standards and Appeals and the Industrial Code; in violating the rules of the Occupational Safety and Health Administration as they pertain to construction; and in causing, creating and permitting dangerous and hazardous conditions to exist and remain at the construction accident site for an unreasonable length of time.

TIME CLAIM AROSE: On or about May 9, 2012 at approximately 12:30 a.m.

PLACE CLAIM AROSE: In the Holland Tunnel, specifically the Mid River Pump Room. The accident occurred when the petitioner was performing demolition on some pipe work when he was caused to fall approximately 3 to 4 feet in an uncovered and unguarded hole without proper barricades. A photo of the hole is annexed hereto. If respondent is unable to locate the accident site and conduct a reasonable investigation, please notify the undersigned, whereupon we will provide you with additional information to enable you to locate the accident site.

MANNER IN WHICH CLAIM AROSE:

At the above time and place, claimant, RICHARD KERN was caused to fall 3 to 4 feet through the aforementioned hole in the floor of the construction/demolition site and become injured due to the negligence, carelessness and recklessness of THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY, their agents, servants and/or employees; in causing, permitting and allowing the aforementioned hole in the floor to become and remain uncovered and unguarded hole without proper barricades, dangerous, hazardous, unsafe, defective, and improperly maintained; in violating its own Rules and Regulations regarding maintenance, repair and construction; by permitting a hazardous, unsafe and dangerous condition to exist at the aforementioned location; and in otherwise being negligent and careless under the circumstances.

ITEMS OF INJURY
AND DAMAGE:

Claimant, RICHARD KERN

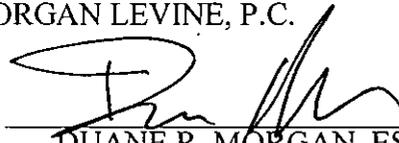
Damages are claimed on behalf of claimant, RICHARD KERN in the amount of TEN MILLION (\$10,000,000.00) DOLLARS.

Said claim is hereby presented for adjustment and payment, and in the event of a default of THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY to adjust and pay the sum of TEN MILLION (\$10,000,000.00) DOLLARS to the claimant within the time limited for compliance with this demand, claimant intends to commence an action against the respondent to recover said sums, with interest, costs and disbursements.

DATED: New York, New York
February 19, 2013

MORGAN LEVINE, P.C.

By



DUANE R. MORGAN, ESQ.
Attorneys for Claimant
11 Broadway, Suite 615
New York, NY 10004
(212) 785-5115

2013 MAR -1 P 2:05
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

VERIFICATION

STATE OF NEW YORK)
) ss.:
COUNTY OF NEW YORK)

DUANE R. MORGAN, ESQ., being duly sworn, deposes and says:

I am a member of the firm **MORGAN LEVINE, P.C.**, attorneys for the Claimant herein.

I have read the foregoing Notice of Claim and know the contents thereof, and upon information and belief your affirmant believes the matters therein alleged to be true.

The source of your affirmant's information and the grounds of his belief are communications, papers, reports and investigations contained in the file.



DUANE R. MORGAN, ESQ.

In the Matter of the Claim of
RICHARD KERN,

Claimant,

-against-

THE PORT AUTHORITY OF NEW YORK
AND NEW JERSEY,

Respondent.

NOTICE OF CLAIM

MORGAN LEVINE, P.C.

Attorneys for Claimant

11 Broadway, Suite 615

New York, New York 10004

(212) 785-5115

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
FOUAD ELAYYAN	23	

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	Time
1/24/2013	Around 1:30 PM.

4. Place of accident. (Identify with sufficient particularity to distinguish from similar places.)

on the George Washington Bridge.

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 driving on the George Washington Bridge, and as I was nearing the end of it, I suddenly hit a pot hole. The pot hole ruptured my tire (Front-Right) and caused rim damage.

2013 MAR 13 PM 4:33
LAW DEPARTMENT
PORT AUTHORITY OF NY & NJ
CLAIMS

6. State number of other witnesses to the accident. State the names and addresses to any known to you.

MUNZER ELAYYAN -

7. The amounts of loss claimed are as follows:

(a) For medical and hospital expenses

\$ _____

(b) For loss of earnings

\$ _____

(c) For property damage

\$ \$1,257.01

Total

\$ \$1,257.01

8. If claim is made as a result of personal injuries to yourself or any other person, state nature and extent of such injuries, indicating which are temporary and which are permanent.

Furnish affidavit of physician or state why such affidavit is not furnished.

9. If claim is made as a result of personal injuries to yourself or any other person, and injured person was employed, give name and address of employer.

If injured person was in business for self, state nature and give address.

State whether the injured is employed or in business at the present time. If so, give name and address.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 MAR 13 P 2:43

10. If claim is made for medical and hospital expenses, itemize such expenses and for those already incurred, give names of persons to whom paid or owing.

11. If claim is made for injuries to property, list the items of damaged property and state nature and amount of damage of each time. If such property can be repaired, state cost of repair and obtain and annex estimate of cost of repair.

See attached Estimate.

12. Give full particulars with respect to any items of damage or amounts claimed not given above.

13. State whether or not you believe that the accident was due to any fault on the part of the Port Authority, and if so, give your reasons in full, setting forth any specific acts or omissions which you claim constituted negligence on its part.

The Port Authority has a duty to maintain any Bridges and Tunnels under its Authority. They failed to regularly inspect the Gow Bridge for any road defects that may cause vehicle damage. Such failure and breach of its duty was the proximate cause of the damage suffered because there was no sign or warning of such defect. Therefore, I suffered harm.

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.

It is not my fault because I do not owe myself the duty to maintain roads. I owe society a duty by driving in a legally reasonable manner. Such does not require the 24/7 constant lookout for pot holes as you already know the roads in NYC are filled with. To constantly dodge potholes every second would cause me to continuously ~~go~~ go in and out of lanes which will increase chances of an accident.

SEKAS & ABRAHAMSEN, L.L.C.

ATTORNEYS AT LAW

Nicholas G. Sekas*
Richard J. Abrahamson°
Julia H. Kim°
John J. McKenna°
Joseph W. Torre°
Philip M. Taylor°

530 Sylvan Avenue—Suite201
Englewood Cliffs, NJ 07632
201.816.1333
Facsimile 201.816.1522

515 Madison Avenue, 6th Fl.
New York, NY 10022
212.695.7577
Facsimile 212.695.0152

2750 Whitney Avenue
Hamden, CT 06518
203.281.1717
Facsimile 203.281.7887

Of Counsel:

Dae-Ki Min°
Saverio Cereste°
Jon D. Biller□

www.sekaslaw.com

Members are admitted to:

* NJ, NY, & CT Bars
° NJ & NY Bars
□ NY & CT Bars

March 8, 2013

Via Certified Mail and Regular Mail

Port Authority of New York and New Jersey
225 Park Avenue South, 15th Floor
New York, New York, 10003

Re: Claimant: James Carrero
D/A: August 10, 2012
DOB: 12/18/1960
File No.: 13-10636

2013 MAR 14 A 9:13
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

Dear Sir/Madam:

Please take notice that pursuant to N.J.S.A. 32:1-163, a claim is hereby made against the Port Authority of New York and New Jersey located at 225 Park Avenue, 15th Floor, New York, New York.

1. CLAIMANT: James Carrero,
2. NOTICES: To be sent to Nicholas G. Sekas, Esq., SEKAS & ABRAHAMSEN, L.L.C., at 530 Sylvan Avenue, Englewood Cliffs, New Jersey 07632.
3. ACCIDENT: While working at Newark Liberty International, Claimant after falling off a ladder due to dangerous conditions on the premises, including but not limited to negligent maintenance, grease on the floors and walls, a slippery surface, negligent inspection, and other careless/negligent acts of the Port Authority.

4. **INJURIES:**

5. **CULPABLE PARTIES:** Port Authority of New York and New Jersey and its agents and/or employees.

6. **ESTIMATED DAMAGES:** Claimant's damages cannot be estimated at this time.

Please forward to this office any specific claim forms which require filing. Your prompt attention to this matter is greatly appreciated.

Very truly yours,

SEKAS & ABRAHAMSEN, LLC

NICHOLAS G. SEKAS

Cc: James Carrero (via regular mail)

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 MAR 14 A 9:13

THE PORT AUTHORITY OF NY & NJ
225 Park Avenue South, 15th Floor, New York, NY 10003

STATEMENT OF CLAIM

For Damages Due to An Accident

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 MAR 13 PM 2:42

1.	Claimant's name.	Age.	Address
	Robert Giordano	71	

2. If this case 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.

Not applicable.

3. Date of Accident: December 4, 2012 Time: 1:45 p.m.

4. Place of accident. (Identify with sufficient particularity to distinguish from similar places.)

Outside Hanger 19, JFK Airport, Jamaica, New York, at or near the security checkpoint. See attached photographs of area where claimant, Robert Giordano, fell and Incident Report filed with JFK Airport PAPD.

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.

Claimant, Robert Giordano, was exiting Hanger 19 at JFK Airport when he tripped and fell over an uneven, raised broken section of asphalt near the security checkpoint.

6. State the number of other witnesses to the accident. State the names and addresses of any known to you.

John Desederio.

Give any other information which will be of aid in locating the witnesses.

7. The amounts of loss claimed are as follows:

(a) For medical and hospital expenses	\$ <u>to be supplied</u>
(b) For loss of earnings	\$ <u>to be supplied</u>
(c) For property damages	\$ <u>0.00</u>
Total	\$ <u>to be supplied</u>

8. If the 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 and which are permanent.

Claimant has

t

Furnish affidavit of physician or state why such affidavit is not furnished.

Claimant has just

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.

Not applicable.

If injured person was in business for self, state nature and give address.

Not applicable.

State whether the injured person is employed or in business at the present time. If so, give name and address.

Not applicable.

10. Give names of persons to whom paid or owing.

Medicare will pay for medical and/or hospital expenses and may have a lien against any settlement.

11. If claim is made for injuries to property, list the items of damaged property and state nature of amount of damage to each item. If such property can be repaired, state cost of repair and obtain and annex estimate of cost of repair.

Not applicable.

12. Give full particulars with respect to any items or damage or amounts claimed not given above.

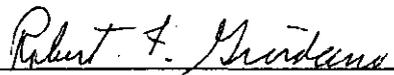
The claimant reserves the right to

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.

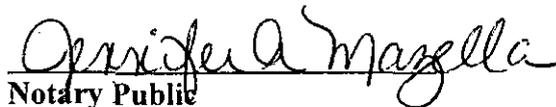
The Port Authority was negligent, reckless and careless in the ownership, operation, maintenance, management and control of the area in front of Hanger 19 of JFK Airport in allowing an uneven, raised broken section of asphalt to remain in said area for an unreasonable length of time; in creating said condition; in failing to put warnings or barricades around said area. The Port Authority had actual written notice of the defective condition as required by the applicable statute.

RECEIVED
MAR 13 2:42
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

4. That all of the facts stated in said statement of claim are known by deponent to be true to his 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 such 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 persons on whose behalf 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 other 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 examination 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.


Deponent **ROBERT GIORDANO**

Sworn to before me on this
12th day of MARCH, 2013


Notary Public

JENNIFER A. MAZELLA
A Notary Public, State of New York
No. 01MA5019765
Qualified in Richmond County
Commission Expires 11-01-2013

2013 MAR 13 P 2:42
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

In the Matter of Notice of Claim

RACHARD LINDO .

-against-

THE PORT AUTHORITY OF NEW YORK and
NEW JERSEY, THE CITY OF NEW YORK and
BOAT MASTER "JOHNDOE"

TO: COMPTROLLER : NEW YORK CITY

PLEASE TAKE NOTICE that the undersigned claimant(s) hereby make(s) claim and demand against you as follows:

1. The name and post-office address of each claimant and claimant's attorney is:

CLAIMANT: RACHARD LINDO

CLAIMANT'S ATTORNEY: HARMON, LINDER AND ROGOWSKY, ESQS
42 BROADWAY, SUITE 1227 NEW YORK, NY 10004 (212)732-3665

2. The nature of the claim: Action for

lost earnings other related expenses caused to Claimant(S), RACHARD LINDO from a Seastreak Ferry accident, all resulting in monetary damages due to the sole carelessness and negligence of the respondents in the ownership, operation, management, maintenance and control of a public Ferry. At the time of the occurrence The Claimant(s), RACHARD LINDO was lawfully a passenger of a Seastreak Ferry operating from Highland New Jersey to New York, New York Pier 11 in Manhattan.

3. The time when, the place where and the manner in which the claim arose: This claim arose on January 9th 2013 at approximately 8:30 A.M. This claim arose as a result of a Ferry Boat accident that happened at Pier 11 in Manhattan, New York. At the time of the accident Claimant was lawfully the passenger in the aforementioned Ferry operated by Seastreak providing commuter services from between New Jersey and New York. At the time of the occurrence the aforementioned Ferry was coming to dock at pier 11, when it experienced mechanical failure, including but not limited to thrust control failures, causing the aforementioned ferry to crash into the dock. It is claimed that "John Doe" was the boat master of the aforementioned ferry and was operating the same with the express and or implied permission of the respondents herein. It is further claimed that the aforementioned accident resulted in causing claimant

and that the subject accident and injuries were caused solely due to the negligence, carelessness, recklessness, reckless disregard and deliberate indifference of the respondents

herein, in their ownership, operation, maintenance and control of the aforementioned ferry. It is further claimed that the respondents were careless and or negligent in their acts and or omissions, in their failure to and or in the manner in which they repaired, maintained and or inspected the aforementioned ferry, and in their failure to ensure that the same was sea worthy. It is further claimed that the respondents knew or should have known that the ferry was unseaworthy. Respondents were further negligent in the hiring, screening, training and supervision of their employees including "John Doe". They were further careless and or negligent in the speed that the aforementioned ferry was being operated and in the failure to warn the passenger of the impending collision. It is claimed that the theory of res judicata and Jones Act applies as the respondents at the time of the subject occurrence were operating as a common carrier.

4. The items of damage or injuries claimed are (include dollar amounts) Monetary damage sustained by Claimant as a result of

expenses, property damage, lost earnings, property damage and other related expenses as a result of this occurrence on behalf of Claimant.

In the Matter of the Claim of

RACHARD LINDO

-against-

**THE PORT AUTHORITY OF NEW YORK and
NEW JERSEY, THE CITY OF NEW YORK and
BOAT MASTER "JOHNDOE"**

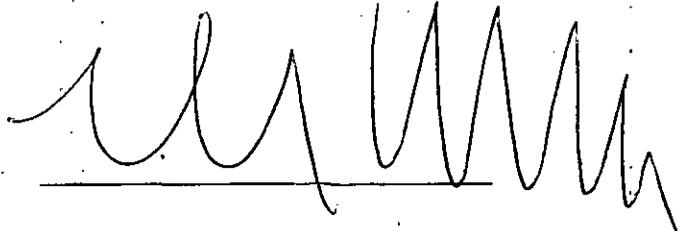
LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 MAR 14 P 4:20

NOTICE OF CLAIM

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) intend (s) to commence an action on this claim.

State of New York, County of NEW YORK ss.:

Being duly sworn, deposes and says that deponent is the 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 the matters therein stated to be alleged on information and belief, and that as to those matters deponent believes is to be true.



Sworn to before me, this
14th Day of MARCH 2013

S. Imanovskaya

Notary public

Nadia Simanovskaya
Notary Public, State of New York
No. 01SI6142360
Qualified In Kings County
Commission expires March 20, 2014

MAR 14 2013
KINGS COUNTY
NOTARY PUBLIC

PERMANENTLY DELETE THIS E-MAIL (ALONG WITH ANY ATTACHMENTS), AND DESTROY ANY
PRINTOUTS.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS

2013 MAR 13 A 10:00

Hello claims Dept,

Can you please find two invoices enclosed which ~~are~~^{are} the result of
damage caused to my car while travelling the George Washington Bridge
on Jan 29, 2013. Would you please also consider reimbursing me for the toll
as I did not receive the safe passage I believe should be implied in
such a fee.

Many thanks,

Michael Connallon

I can be reached at
information

for any questions or if you require additional

INITIAL NOTICE OF CLAIM FOR DAMAGES AGAINST THE STATE OF NEW JERSEY

FORWARD TO: TORT AND CONTRACT UNIT
 DEPARTMENT OF THE TREASURY, BUREAU OF RISK MGMT.
 PO BOX 620
 TRENTON, NEW JERSEY 08625
 PHONE: (609) 292-4347

FORM MUST BE FILED WITHIN 90 DAYS OF THE ACCIDENT OR YOU MAY FORFEIT YOUR RIGHT

1. CLAIMANT:

Ortiz	Guadalupe	
LAST NAME	FIRST	MIDDLE
ADDRESS	MAILING ADDRESS IF OTHER THAN ADDRESS	
Telephone	DATE OF BIRTH	SOCIAL SECURITY NUMBER

2. IF NOTICES AND CORRESPONDENCE IN CONNECTION WITH THIS CLAIM ARE TO BE SENT TO A PERSON OTHER THAN CLAIMANT, COMPLETE ITEM #2.

Joseph M. Ghabour, Esq.	432 Route 34, Suite 2A Matawan, New Jersey 07747
NAME	MAILING ADDRESS
432 Route 34, Suite 2A Matawan, New Jersey 07747	732-967-9110
ADDRESS	TELEPHONE

RELATIONSHIP TO CLAIMANT: ATTORNEY AT LAW OR

EXPLAIN RELATIONSHIP

3. CIRCUMSTANCES REGARDING THE OCCURRENCE OR ACCIDENT :

01/15/2013		Path Train Station at Journal Square 138 Magnolia Avenue, Jersey City, NJ 07306
DATE	TIME	EXACT LOCATION OF THE OCCURRENCE

4. DESCRIBE THE ACCIDENT OR OCCURENCE.

Ms. Ortiz was traveling back from New York City via the Path Train to Jersey City. She arrived at the Path Train Station located at the Journal Square Plaza (138 Magnolia Avenue, Jersey City, NJ 07306) and disembarked from the Path Train at the Station. As she then made her way through the terminal on her way to the outside of the station, she tripped over a makeshift ramp where construction was ongoing. The ramp was uneven causing her to slip and fall and thereby sustaining injuries. No warning signs or roped off areas advised of the ongoing construction. In fact, the ramp was uneven creating a dangerous condition.

LAW DEPARTMENT
 TORT AND CONTRACT CLAIMS
 2013 MAR 15 4 11 PM

5. STATE THE NAME AND ADDRESS OF ALL WITNESSES TO THE ABOVE ACCIDENT OR OCCURRENCE.

Guadalupe Orti:

Any police officer(s), rescue personnel, and eye witnesses named in any police reports which our office is in the process of acquiring.

6. STATE THE NAMES AND ADDRESSES OF EACH STATE AGENCY OR AGENCIES AND EACH STATE EMPLOYEE WHOM YOU CLAIM CAUSED YOUR DAMAGES OR INJURIES.

New York/New Jersey Port Authority, New Jersey offices of the Law Department of The Port Authority of New York and New Jersey at the Journal Square Transportation Center, 1 PATH Plaza, Seventh Floor, Jersey City, New Jersey 07306.
New York/New Jersey Port Authority, 225 Park Avenue South, 15th Floor, New York, New York 10003.

7. STATE THE NAME AND ADDRESS OF ALL OTHER PERSONS, COMPANIES OR GOVERNMENTAL AGENCIES WHICH YOU CLAIM ARE RESPONSIBLE FOR YOUR INJURIES OR DAMAGES.

James S. Simpson, Commissioner, New Jersey Department of Transportation, P.O. Box 600, Trenton, New Jersey 08625
New Jersey Department of Transportation, P.O. Box 600, Trenton, New Jersey 08625
Mayor Jerramiah T. Healey, City of Jersey City, City Hall, 280 Grove Street, Jersey City, New Jersey
City of Jersey City, City Hall, 280 Grove Street, Jersey City, New Jersey

8. BRIEFLY DESCRIBE THE INJURIES, DAMAGES AND LOSSES INCURRED BY YOU.

9. THE AMOUNT OF THE CLAIM. \$2,000,000.00

GIVE THE BASIS FOR THE CALCULATION OF THE ABOVE DAMAGES:

Ms. Guadalupe Ortiz is a 58 year old woman who the amount of the claim is based on the _____ of our client, her age _____ and the negligent conduct of the New York/New Jersey Port Authority in failing to warn Ms. Ortiz of the dangerous conditions that existed at the Journal Square Path Train Station which lead to her injuries. The basis for

I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE. I AM AWARE THAT IF ANY STATEMENT MADE HEREIN IS WILLFULLY FALSE OR FRAUDULENT, THAT I AM SUBJECT TO PUNISHMENT PROVIDED BY LAW.

3/6/2013

DATE

CLAIMANT OR PERSON FILING ON BEHALF OF CLAIMANT

JOHN N. GIORGI, P.C.

ATTORNEYS AT LAW

1915 Morris Avenue, Second Floor

Union, New Jersey 07083

P: 908.688.1000

F: 908.688.1077

JGiorgi.jnglaw@gmail.com

PORT AUTHORITY OF NY & NJ
2013 MAR 12 P 2:24

2013 MAR 12 P 2:24

March 6, 2013

VIA CERTIFIED MAIL/R.R.R.

AND VIA UPS

Port Authority of NY/NJ

225 Park Avenue South, 15th Floor

New York, New York 10003

Attention: Administrator of Tort Claims

RE: My Client: Philip P. Spohn
Date of Accident: January 7, 2013

2013 MAR 12 P 2:34
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

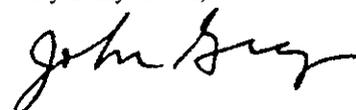
Dear Sir/Madam:

Please be advised that this office has been retained to represent Philip P. Spohn for sustained as a result of an accident occurring on January 7, 2013. Pursuant to N.J.S.A. 59:8-4, please be advised as follows:

- (A) Name & Address of Client: Philip P. Spohn,
- (B) Name & Address of Attorney: John N. Giorgi, P.C., 1915 Morris Avenue, Second Floor, Union, New Jersey 07083.
- (C) Date of Accident & Location: January 7, 2013 at 68 Christopher Columbus Drive, Jersey City, New Jersey.
- (D) Description of Injuries:
- (E) Responsible Parties: Agent, servants and/or employees of the Port Authority NY/NJ and NJ Transit including, but not limited to the staff and personnel who maintained the escalator.
- (F) Amount of Damages Claimed: \$ UNKNOWN;

If you have any questions regarding this matter, please feel free to call upon me..

Very Truly Yours,



JOHN N. GIORGI, ESQ.

JNG/rmc

Cc: Philip P. Spohn

FAUGNO & ASSOCIATES, L.L.C.

ATTORNEYS AT LAW

PAUL FAUGNO
OF COUNSEL
MICHAEL A. QUERQUES±
CYRULI SHANKS and ZIZMOR LLP~

120 STATE STREET
HACKENSACK, NEW JERSEY 07601
TEL: (201) 342-1969
FAX: (201) 342-2010
E-MAIL: Legal@FaugnoLawFirm.com
WEB: www.faugnoassociates.com

- MEMBER N.J. AND FEDERAL BAR OF N.J. AND D.C.
- ± MEMBER N.J. AND D.C. BAR
- MEMBER OF N.J. BAR AND FEDERAL BAR OF N.J. AND U.S. Tax Court
- MEMBER OF N.J. AND N.Y. and C.T. BAR

NOTICE OF CLAIM

2012 MAR 11 A 8:19
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

In accord with *N.J.S.A.* 32:1-163, 164 please accept this as formal notice of the intent of the undersigned to make claims against the Port Authority of New York and New Jersey, and its agents, servants, and/or employees.

In accord with the statutory requirements please be advised of the following.

1. The claimant's name is Dana Tamily who resides at

She is represented by Paul Faugno, Esq. of Faugno & Associates, 120 State Street, Hackensack, New Jersey 07601.

2. The claim arises out of a false arrest of Ms. Tamily without probable cause and without appropriate investigation, resulting in the unlawful incarceration in the

Hudson County Jail, and was thereafter compelled to defend criminal proceedings in the Hudson County Superior Court. These actions violated her civil rights, specifically in contravention of 42 USC 1983 in addition to various state causes of action, including false imprisonment, abuse of process, malicious prosecution, and related causes of action.

In particular, Dana Tamily was employed by a company known as Crown Transportation, Inc.. She was solely an employee. However, when Crown Transportation was named as a defendant in the criminal action, a warrant was issued for her arrest predicated upon false information provided by the Port Authority through its agents, servants, and/or employees. In particular, they advised that Dana Tamily was a “duly authorized agent” when she in fact was not and a simple review of corporate documents would have established such. She was consequently arrested as a result of such and incarcerated for seven (7) days and caused to defend herself in a criminal action.

3. The claimant was arrested in Hudson County on June 25, 2012 and as a consequence of the arrest was put in the Hudson County Jail without bail where she remained for a period of seven (7) days.

4. The claimant suffered damages in the form of the loss of her liberties due to her false imprisonment

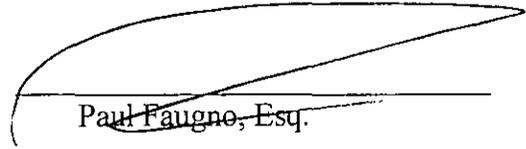
resulting from the incarceration, financial damages in the form of legal defense costs in defending herself in a criminal action.

2012 MAR 11 AM 8:00
LAW DEPARTMENT
PORT AUTHORITY SLA

Very truly yours,

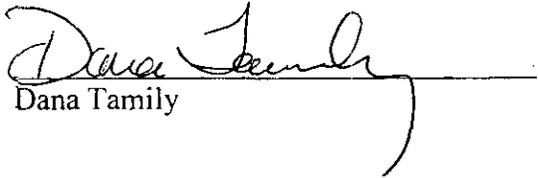
FAUGNO & ASSOCIATES, L.L.C.

Dated: March 6, 2013



Paul Faugno, Esq.

I, Dana Family have read the Notice of Claim contained herein, and swear to the accuracy of its content under the penalty of law.



Dana Family

Dated: March 6, 2013

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

MARTZ TRAILWAYS

1. Claimant's Name: Age: Address:

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.

JOHN RICE
SAFETY DIRECTOR
MARTZ TRAILWAYS

2013 MAR 11 A 8:18
LAW DEPARTMENT
PORT AUTHORITY
CLAIMS

3. Date of Accident: 1/29/2013 Time: 1:45 pm

4. Place of Accident. (Identify with sufficient particularity to distinguish from similar places.)
NEAR MOTOR COACH ENTRANCE

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.

SEE ATTACHED MARTZ INCIDENT FORM COMPLETED
BY THE DRIVER.

6. State number of other witnesses to the accident. State the names and addresses of any known to you.

NONE

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	_____
(b)	For loss of earnings	\$	_____
(c)	For property damages	\$	720.67
Total:		\$	720.67

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.

N/A

~~Furnish affidavit of physician or state why such affidavit is not furnished.~~

9. If claim is made as a result of personal injuries to yourself or any other person, and injured person was employed, give name and address of employer.

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.

N/A

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.

SEE ATTACHED MARTZ WORK ORDER

12. Give full particulars with respect to any items of damage or amounts claimed not given above.

2018 MAR 11 A 8:19
PORT AUTHORITY CLAIMS
LAW DEPARTMENT

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.

AN OVER HEAD CONDUIT PIPE CAME LOOSE AND WAS HANGING DOWN. THIS PIPE CAUGHT THE PEAK ROOF HATCH OF THE COACH.

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.

NO - MARTZ HAS NO CONTROL OVER MAINTENANCE ISSUES AT THE PORT.

15. List any certificates, affidavits or statement of others which are furnished with the statement.

N/A

16. State any other facts or circumstances which may have a bearing upon your claim/

Dated: 2/28/2013, 20 13

Signed: John G. Ricci
Claimant

AFFIDAVIT

STATE OF Pennsylvania :
 :
COUNTY OF Luzerne :

Being duly sworn deposes and says:

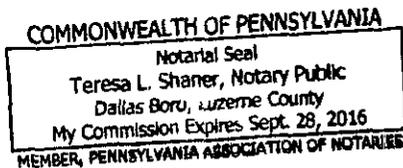
1. That he/she resides at
2. That he/she is the person who signed the foregoing statement of claimant.
3. That said statement of claimant was signed and this Affidavit is made by the deponent for the purpose of inducing The Port Authority of NY & NJ to pay deponent's claim, and that your deponent is 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

1 day of March, 20 13

[Signature]
Notary Public

John Ricci
Claimant



NOTICE OF CLAIM PURSUANT TO NEW JERSEY STATUTE 59:8-1, ET SEQ.

A. CLAIMANT: Ruben Gonzalez

B. NOTICES TO BE SENT:

C/O JAVERBAUM WURGAFT HICKS KAHN
WIKSTROM & SININS
201 Washington Street /
Newark, New Jersey 07102

C. CIRCUMSTANCES:

On February 13, 2013, Claimant was a passenger on New Jersey Transit bus line #1, Bus #1467, in Jersey City, New Jersey.

On the aforementioned time and place the Port Authority of New York and New Jersey was the owner of said bus which was being operated in a careless, reckless and negligent manner causing same to strike Claimant, and as a result the Claimant sustained injuries.

D. INJURIES:

E. PUBLIC ENTITY: Port Authority of New York and New Jersey.

F. AMOUNT CLAIMED:

2013 M/
LAW
PORT AU

JAVERBAUM WURGAFT HICKS
KAHN WIKSTROM & SININS



BY: SCOTT M. SININS

In the Matter of the Claim of:

MARY RICHARDSON

-against-

THE PORT AUTHORITY OF NEW YORK & NEW JERSEY ✓
AND THE METROPOLITAN TRANSPORTATION AUTHORITY

RECEIVED
2013 FEB 13 A 9 41

TO: THE PORT AUTHORITY OF NEW YORK & NEW JERSEY AND THE
METROPOLITAN TRANSPORTATION AUTHORITY

PLEASE TAKE NOTICE that the undersigned claimant hereby make claim and demand against the Port Authority of New York & New Jersey and The Metropolitan Transportation Authority, as follows:

1. The name and post-office address of each claimant is:

Mary Richardson

Robinson & Yablon, P.C.
232 Madison Avenue, Suite 1200
New York, New York 10016
(212) 725-8566

2. The nature of the claim:

due to the negligence of the Port Authority of New York & New Jersey and The Metropolitan Transportation Authority.

3. The time when, the place where and the manner in which the claim arose:

On Friday, January 11, 2013 at approximately 8:00 a.m., claimant, Mary Richardson, a social worker for the New York City Department of Social Services was caused to be injured on a dangerous and defective escalator at the Port Authority of New York & New Jersey and the Metropolitan Transportation Authority's commuter bus terminal station located at 4211 Broadway between 178th and 179th Streets a/k/a the George Washington Bridge Bus Station, in the County, City and State of New York. Specifically, claimant, Mary Richardson was thrown down and seriously injured while lawfully standing still on escalator # 17 inside the aforementioned commuter bus terminal station. The subject escalator, while claimant stood on one of its moving steps riding downward, suddenly and without warning stopped, jerked several times and then started suddenly again. The defective and dangerous escalator #17 was negligently and carelessly owned, operated, maintained, inspected, repaired and serviced by The Port Authority of New York & New Jersey and The Metropolitan Transportation Authority their agents, servants and employees. The defective and dangerous conditions as described herein were negligently and carelessly allowed to remain and exist with the subject escalator at said location by The Port Authority of New York & New Jersey and The Metropolitan Transportation Authority their agents, servants and employees for an unreasonably long length of time. Port Authority and Metropolitan Transportation Authority Police personnel came to claimant's aid. Three (3) color photographs of the subject location are attached herein.

4. The items of damage or injuries claimed are (including dollar amounts):

2013 FEB 13 A 9 15

CLAIMANT
LAW DEPARTMENT
METROPOLITAN TRANSPORTATION AUTHORITY

TOTAL AMOUNT CLAIMED: Three Million Dollars

(\$3,000,000.00)

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) intend(s) to commence an action on this claim.

Dated: 2/12/13

ROBINSON & YABLON, P.C.
232 MADISON AVENUE, SUITE 1200
NEW YORK, NEW YORK 10016
(212)725-8566

Mary Richardson
The name signed must be printed beneath

Mary Richardson
The name signed must be printed beneath

Attorney(s) for Claimant(s)
Office and Post Office Address, Telephone Number

CORPORATE VERIFICATION

State of New York, County of ss.:

being duly sworn, deposes and says that deponent is the of corporate claimant named in the within action; that deponent has read the foregoing Notice of Claim and knows the contents thereof, and that the same is true to deponent's own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters deponent believes it to be true.

This verification is made by deponent because said claimant is a corporation, and deponent an officer thereof, to wit: The grounds of deponent's belief as to all matters not stated upon deponent's knowledge are as follows:

INDIVIDUAL VERIFICATION

State of New York, County of New York ss.:

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 deponent's own knowledge, except as to the matters therein stated to be alleged on information and belief, and that as to those matters deponent believes it to be true.

Mary Richardson

LAWRENCE T. YABLON
Sworn to before me, this 12th day of February 2013 Notary Public, State of New York No. 02YA5056424 Sworn to before me, this 12th day of February 2013 Qualified in New York County Commission Expires March 4, 2014

19

In the Matter of the Claim of

Mary Richardson

Notice of Claim Agent

The Post Authority of NY + NJ
The Metropolitan Transportation Authority

Attorney(s) for Claimant(s)
Office and Post Office Address

ROBINSON & YABLON, P.C.
232 MADISON AVENUE, SUITE 1200
NEW YORK, NEW YORK 10016
(212)725-8566

RECEIVED
MAR 11 2013

HARDIN, KUNDLA, MCKEON & POLETTA

COUNSELLORS AT LAW

A PROFESSIONAL CORPORATION

673 MORRIS AVENUE

P.O. BOX 730

SPRINGFIELD, NEW JERSEY 07081-0730

(973) 912-5222

FAX (973) 912-9212

EMAIL: info@HKMPP.com

NEW YORK OFFICE
110 William Street
New York, New York 10038
(212) 571-0111
FAX (212) 571-1117

PENNSYLVANIA OFFICE
60 West Broad Street
Suite 102
Bethlehem, Pennsylvania 18018
(610) 433-8400
FAX (610) 433-0300

James L. Fant
jfant@hkmpp.com

February 28, 2013

VIA REGISTERED MAIL

Port Authority of New York and New Jersey
Executive Office
225 Park Avenue South, 15th Floor
New York, NY 10003

**RE: Mercier v. Port Authority of New York and New
Jersey et als
Date of Loss: January 30, 2013
Our File No.: 2399.41286**

~~**NOTICE OF CLAIM PURSUANT TO N.J.S.A. 32:1-164**~~

Pursuant to N.J.S.A. 32:1-164, claimant hereby provides notice to the Port Authority of New York and New Jersey of the following claim:

1. Name and Post Office Address of Claimant:

Kate A. Mercier

Represented by:

James L. Fant, Esq.
Hardin, Kundla, McKeon, & Poletto
673 Morris Avenue
Springfield, New Jersey 07081

2. Nature of Claim

2013 MAR - 11 PM 11
PORT AUTHORITY CLAIMS
LAW DEPARTMENT

3. The time when, the place where and the manner in which claim arose.

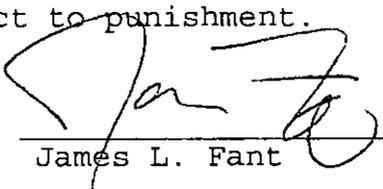
On January 30, 2013, claimant slipped and fell on stairs located on premises owned and operated by the Port Authority of New York and New Jersey,

In particular, claimant slipped and fell on the stairs leading into the 9th Street PATH station.

4. The items of damages or injuries claimed to have been sustained:

Claimant is seeking economic and non-economic damages resulting from her injuries. She is for said injuries and will provide additional information when it becomes available.

I hereby certify that the foregoing statements made by me are true. I am aware that if any of the statements made by me are willfully false, I am subject to punishment.


James L. Fant

DATED: February 28, 2013

JLF:jlf

Cc:

Kate Mercier

2013 MAR -4 P 11
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

February 27, 2013

Port Authority of NY & NJ
Attn: Legal Dept.
225 Park Avenue South, 15th Floor
New York, NY 10003

Re: Claimants: Luigi Aiello and Gina Aiello
Date of Accident: September 22, 2012

LAW OFFICES OF
PORT AUTHORITY OF NY & NJ
201-436-7771

Dear Sir/Madam:

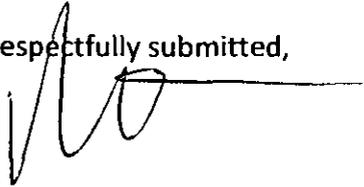
The within constitutes Notice of Claim to you in this matter. Please be advised of the following:

1. Claimants hereby make claim for personal injuries sustained on September 22, 2012 by Luigi Aiello, and his spouse Gina Aiello for her losses as the lawful spouse of Luigi Aiello; date of birth of Luigi Aiello is date of birth of Gina Aiello is
2. Claimants are represented by the undersigned and all notices and correspondence are to be sent to the address given in the letterhead.
3. The claim is based on an incident occurring on September 22, 2012 on premises for which the Port Authority of New York and New Jersey had authority, in particular located at the Global Terminal and Container Services facility, bearing an address of 302 Port Jersey Blvd., Jersey City, NJ. On that date, in the vicinity of approximately 5:55 A.M., the roadway on which Luigi Aiello was driving in the course of his employment was in an extremely hazardous condition, for which Luigi Aiello bears a right to make claim for responsibility against the Port Authority of New York and New Jersey. Specifically, a large, deep trench was dug and ran across the roadway surface whereupon on said date at said time and place Mr. Luigi Aiello in his vehicle encountered the ditch which violently threw his body about within the vehicle and he was
- 4.

5. Three million dollars for the losses to Luigi Aiello for compensatory damages, and one million dollars in compensatory damages for Gina Aiello's are claimed at this time.

The following documentation is enclosed herein: five color photographs taken in the vicinity of the accident close in time following the accident; two photographs of Luigi Aiello; eight pages from

Respectfully submitted,



Bruce S. Gates

BSG:ncr

Enclosures

VIA CERTIFIED MAIL/RRR7010 1670 0002 2123 6277

LAW FIRM
NOT AGENCY CLAIMS
2013 MAR -5 A 9:40

John Bono

February 22, 2013

To: Manager, Claims Department
The Port Authority of NY & NJ
225 Park Avenue South, 13th Floor
New York, NY 10003

2013 MAR -4 A 8:31
PORT AUTHORITY CLAIMS

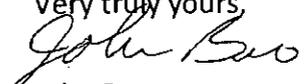
This is my claim for damages incurred to my vehicle while traveling on the Outerbridge Crossing.

On Sunday, February 17, 2013 at about 12:40 pm I hit a pothole on the Outerbridge Crossing while driving in the left lane near the Staten Island side while headed toward New Jersey. The pothole caused my tire to deflate. I proceeded to move to the right lane and drive slowly with my flashers on. If I had stopped on the bridge to save my tire I would have created a hazardous situation. Unfortunately, my tire was destroyed and my front fender was damaged from the tire.

Enclosed is a paid bill for \$145.38 for the tire replacement. Also enclosed is a \$1,434.37 estimate for the front fender damages.

My car is a 2012 Honda Accord SE which I acquired in May, 2012. It had about 7,100 miles on it at the time of the incident.

If you need to contact me, I can be reached at

Very truly yours,

John Bono

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

Kristina Frantz

1. Claimant's Name Age Address

na

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.

1/24/2013

8pm

3. Date of accident Time

upper level

George Washington Bridge (going towards NJ) lane 7

4. Place of accident. (Identify with sufficient particularity to distinguish from similar places.)

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 MAR 13 PM 2:43

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.

As I was driving back to NJ, there were large pieces of some sort of construction debris laying on the ~~road~~ lane I was driving in. I could not get around it because there were cars on each side so I hit it which damaged the left front of my car.

6. State number of other witnesses to the accident. State the names and addresses to any known to you.

0

7. The amounts of loss claimed are as follows:

(a) For medical and hospital expenses

\$ _____

(b) For loss of earnings

\$ _____

(c) For property damage

\$ 1,485.88

Total

\$ 1,485.88

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.

n/a

Furnish affidavit of physician or state why such affidavit is not furnished.

9. If claim is made as a result of personal injuries to yourself or any other person, and injured person was employed, give name and address of employer.

n/a

If injured person was in business for self, state nature and give address.

State whether the injured is employed or in business at the present time. If so, give name and address.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 MAR 13 P 2:43

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.

n/a

11. If claim if made for injuries to property, list the items of damaged property and state nature and amount of damage of each time. If such property can be repaired, state cost of repair and obtain and annex estimate of cost of repair.

Damages to front bumper cover and left fender panel & door
Cost of repair \$1,485.88 (see estimate/cost receipt attached)

12. Give full particulars with respect to any items of damage or amounts claimed not given above.

13. State whether or not you believe that the accident was due to any fault on the part of the Port Authority, and if so, give your reasons in full, setting forth any specific acts or omissions which you claim constituted negligence on its part.

The accident was due to negligence on behalf of construction company that was working on B/W Bridge that day and left construction debris on the road.

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.

n/a

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 MAR 13 P 2:43

15. List any certificates, affidavits or statements of others which are furnished with the statement.

- 1) copy of repair's receipt for the damages to the car
- 2) police statement of the accident

16. State any other facts or circumstances which may have a bearing upon your claims.

Dated: 03/11/2013, 20

K. Frey
Claimant

STATE OF: NEW JERSEY : AFFIDAVIT
COUNTY OF: BERGEN : ss:

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 the 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 is said statement or this Affidavit if 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 state 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, statement or certificates of other personal 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 on this 11th day of March, 2013

[Signature]
Notary Public

K. Frey
Claimant



2013 JAN 24 P 1:16

DEAN PRESTIA and MARGHERITA PRESTIA

-against-

THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY

TO:

PLEASE TAKE NOTICE that the undersigned claimants hereby makes(s) claim and demand against the Port Authority of New York and New Jersey, as follows:

1. The name and post-office address of each claimant and claimant's attorney is:

Claimants:

**DEAN PRESTIA and
MARGHERITA PRESTIA**

Attorneys:

LOUIS GRANDELLI, P.C.
Attorneys for Claimants
90 Broad Street - 15th Floor
New York, New York 10004
(212) 668-8400

2. The nature of the claim:

Negligence due to an improperly installed, secured and/or maintained bathroom sink. The claimant, **DEAN PRESTIA**, was injured when he slipped and fell as a result of a sink falling upon him due to the negligence of the Port Authority of New York and New Jersey (hereinafter "PA"), their agents, servants and/or employees. The claimant, **DEAN PRESTIA**, is seeking money damages for and related expenses and the claimant, **MARGHERITA PRESTIA**, of her husband, **DEAN PRESTIA**.

3. The time when, the place where, and the manner in which the claim arose:

The claim herein arose on October 3, 2012, at approximately 6:00 p.m., at John F. Kennedy Airport, in the bathroom at the General Aviation Terminal, General Aviation Way, Building 145, Jamaica, New York, when claimant, **DEAN PRESTIA**,

That the accident herein and the injuries to the claimant resulting therefrom were due to the negligence of the PA, their agents, servants and/or employees in failing to properly install, properly secure and/or maintain the bathroom sink, their failure to provide adequate supervision, their failure to provide proper equipment and their failure to properly maintain the premises. Copies of a P.A. Lost Time/IOD Investigation Report, Airport Operations Log and

LAW DEPARTMENT
PORT AUTHORITY CLAIMS

-----X
In the Matter of the Claim of

JAMES PROCTOR AND JOYCE PROCTOR
-against-

NOTICE OF CLAIM

713 1 19
THE PORT AUTHORITY OF NEW YORK &
NEW JERSEY

-----X
STATE OF NEW YORK)
CITY OF NEW YORK) ss:

To: Office of the Secretary of the Port Authority of New York
 and New Jersey

225 Park Avenue South
Thirteenth Floor
New York, NY 10010

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 FEB - 7 P 4: 51

PLEASE TAKE NOTICE, that the undersigned claimant hereby makes claim and demand against the Port Authority of New York and New Jersey as follows:

1. **The name and post-office address of each claimant and claimant's attorney is:**

Claimant(s): James Proctor and Joyce Proctor

Counsel: Brian Early, Esq.
 Early & Strauss, LLC
 360 Lexington Avenue, 20th Floor
 New York, NY 10017

2. **The nature of the claim:**

Action for sustained by claimant on January 24, 2013 and caused by reason of the negligence of the defendant, its agents, servants, and employees by reason if the facts set forth below.

3. **The time when, the place where and the manner in which the claim arose.**

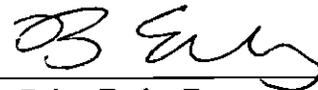
The Port Authority of New York and New Jersey was negligent in permitting and requiring Mr. Proctor to work under dangerous and unsafe conditions, in failing to warn the plaintiff of said dangerous conditions, in failing to provide a safe place to work, in failing to abide by the labor laws and industrial code of New York City and in other manners.

4. **The items of damage or injuries claimed are:**

TOTAL AMOUNT CLAIMED \$20,000,000.00

Dated: New York, NY
February 7, 2013

I, Brian Early, being duly sworn, deposes and says that the deponent is the attorney for the claimant for the within action, that deponent read the foregoing and knows the contents thereof, that the same is true to the best of the deponent's knowledge, except as to matters herein stated to be alleged upon information and belief, and that as to those matters deponent believes to be true. The source of my information and the grounds for my beliefs are communications and investigations.



By: Brian Early, Esq.
Early & Strauss, LLC
360 Lexington Avenue, 20th Floor
New York, NY 10017
(212) 986-2233

March 21, 2013

2013 MAR 27 A 9:34
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

Port Authority Trans-Hudson Corporation
225 Park Avenue South, 13th Floor
New York, New York 10003
Attention: Claims Department

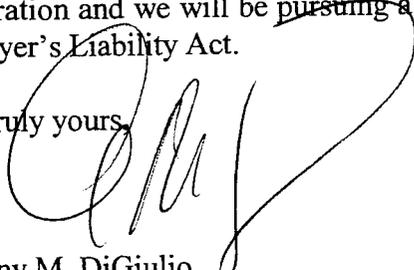
Re: Gilles Anglade v. Port Authority Trans-Hudson Corporation

Dear Sir or Madam:

Please be advised that this office represents the above-named individual in connection with a claim for he sustained on March 7, 2013.

Said injuries were due to the negligence of Port Authority Trans-Hudson Corporation and we will be pursuing a claim on behalf of Mr. Anglade under the Federal Employer's Liability Act.

Very truly yours,



Anthony M. DiGiulio
AMD/mn
Certified Mail
Return Receipt Requested

NOTICE OF CLAIM
for

PORT AUTHORITY CLAIMS

16 P 3:49

LAW DEPARTMENT
PORT AUTHORITY CLAIMS

2013 JAN 16 P 4:48

In the Matter of the Claim of

JOHN MURRAY and MARY MURRAY

versus

The Port Authority of New York and New Jersey

PLEASE TAKE NOTICE that the undersigned claimants hereby claim and demand against you as follows:

1. The name and address of the claimants and their attorneys are:

John and Mary Murray

Weitz & Luxenberg, P.C.
By Patti Burshtyn, Esq. /
700 Broadway
New York, N.Y. 10003

2. The nature of the claim is as follows:

JOHN MURRAY sustained

Port Authority of New York and New Jersey
John F. Kennedy International Airport
La Guardia Airport
World Trade Center.

His spouse, MARY MURRAY,

3. The time, place and manner in which the claim arose is:

LAW OFFICES
OF
WEITZ
&
LUXENBERG, P.C.
700 BROADWAY
NEW YORK, N.Y. 10003

Port Authority of New York and New Jersey
John F. Kennedy International Airport
La Guardia Airport
World Trade Center.

During the time that Mr. Murray worked at the afore mentioned locations, they were under construction, which construction was supervised by and done under the control of the Port Authority of New York and New Jersey.

4. The items of damages or injuries are:

Claimants

You are hereby notified that unless it is adjusted within the time period provided by law from the date of presentation to you, the claimants intend to commence an action on this claim.

Dated: New York, New York
January 16, 2013



WEITZ & LUXENBERG, P.C.

by Patti Burshtyn, Esq.,

on behalf of claimants

700 Broadway

New York, N.Y 10003

(212) 558-5500

2013 JAN 16 P 4:48
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

VERIFICATION

Patti Burshtyn, Esq., an attorney duly admitted to practice law before the Courts of the State of New York, hereby affirms under penalties of perjury and pursuant to CPLR Rule 2106, that the contents of the within Notice of Claim are true to the knowledge of the affirmant.


PATTI BURSHTYN, ESQ.

Dated: New York, N.Y.
January 16, 2013

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 JAN 16 P 4:48

LAW OFFICES
OF
WEITZ
&
LUXENBERG, P.C.
700 BROADWAY
NEW YORK, N.Y. 10003

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 GEICO A/S/O JULIANA ROSENBLAT Age
Address

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 12-20-12 Time 10:00 P.M.

4. Place of accident. (Identify with sufficient particularity to distinguish from similar places.) GEORGE WASHINGTON BRIDGE, NEW YORK, NY

5. State in full accident occurred. If any of the facts are not known to you from your personal knowledge, indicate the source of your information.

THE PORT AUTHORITY OF NY AND NJ VEHICLE REARENDED MS
ROSENBLAT'S VEHICLE

6. State number of other witnesses to the accident. State the names and addresses of any known to you.

7. The amounts of loss claimed are as follows:

APPROVED
PORT AUTHORITY OF NY & NJ
DEC 20 10 09 PM '12

a. For medical and hospital expenses	\$
b. For loss of earnings	\$
c. For property damage	\$12904.04
Total	\$12904.04

8. If claim is made as a result of personal injuries to yourself or any other person, state nature and extent of such injuries, indicating which are temporary and which are permanent.

Furnish affidavit of physician or state why such affidavit is not furnished.

9. If claim is made as a result of personal injuries to yourself or any other person, and insured person was employed, give name and address of employer.

If injured person was in business for self, state nature and give address.

10. If claim is made for medical and hospital expenses, itemize such expenses and for those already incurred, give names of persons to whom paid or owing.

11. If claim is made for injuries to property, list the items of damaged property and state nature and amount of damage of each item. If such property can be repaired, state cost repair and obtain and annex estimate of cost of repair.

12. Give full particulars with respect to any items of damage or amounts claimed not given above.

13. State whether or not you believe that the accident was due to any fault on the part of the Port Authority, and if so, give your reasons in full, setting forth any specific acts or omissions which you claim constituted negligence on its part.

YES, MS ROSENBLAT'S VEHICLE WAS STOPPED AT TIME OF ACCIDENT

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 conclusion.

n/a

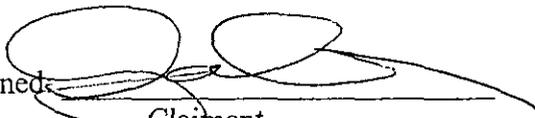
15. List any certificates, affidavits or statements of others which are furnished with the statement.

16. State any other facts or circumstances which may have a bearing upon your claim.

Dated:

3-11-13

Signed:


Claimant

Affidavit

STATE OF Virginia
COUNTY OF Stafford

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

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

LANNY BYERS

51

1. Claimant's Name: Age: Address:

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.

2/15/13 - 2/18/13

DURING TIME PERIOD

3. Date of Accident: Time:

LIME IRON STAINS ON CAR. SOMETHING DRIPPED ONTO CAR WHILE PARKED.

4. Place of Accident. (Identify with sufficient particularity to distinguish from similar places.)

LGA PARKING GARAGE - 4G - END OF ROW

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.

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 MAR 18 A 8:43

6. State number of other witnesses to the accident. State the names and addresses of any known to you.

—

7. The amounts of loss claimed are as follows:

- (a) For medical and hospital expenses \$ —
- (b) For loss of earnings \$ —
- (c) For property damages \$ ~~100~~ 2945.40

~~UNKNOWN DOLLAR CLAIM UNTIL~~
~~BODY REPAIR SHOP PROVIDES~~ Total: \$ ~~100~~ 2945.40
~~ESTIMATE AND ATTORNEY~~
~~TO REMOVE STAINS. * ESTIMATE ATTACHED~~

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.

0

Furnish affidavit of physician or state why such affidavit is not furnished.

—

LAW DEPARTMENT
 PORT AUTHORITY CLAIMS
 2013 MAR 18 A 8:43

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.

0

If injured person was in business for self, state nature and give address.

—

State whether the injured person is employed or in business at the present time. If so give name and address.

—

-
10. If claim is made for medical and hospital expenses, itemize such expenses and for those already incurred, give names of persons to whom paid or owing.

⑥

-
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. STAINS ON CAR—MULTIPLE LOCATIONS, DRIPS FROM GARAGE CEILING HIT CAR HOOD, ROOF, DRIVER DOOR, TRUNK. PLEASE SEE ATTACHED ESTIMATE FROM BODY SHOP.

-
12. Give full particulars with respect to any items of damage or amounts claimed not given above.

-
13. State whether or not you believe that the accident was due to any fault on the part of the Port Authority, and if so, give your reasons in full, setting forth any specific acts or omissions which you claim constituted negligence on its part. LGA GARAGE SHOULD BE RESPONSIBLE FOR CONDITION OF GARAGE, CEILING, LEAKS, ETC. STAINS WERE RESULT OF POOR CONDITION AND UP KEEP OF GARAGE AND RELATED INFRASTRUCTURE.

-
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.

NOT MY FAULT

-
15. List any certificates, affidavits or statement of others which are furnished with the statement.

— BODY SHOP ESTIMATE ATTACHED

NOTICE OF CLAIM PURSUANT TO NEW JERSEY STATUTE 59:8-1, ET SEQ.

A. CLAIMANT: Antawan Washington

B. NOTICES TO BE SENT:

C/O JAVERBAUM WURGAFT HICKS KAHN
WIKSTROM & SININS
201 Washington Street
Newark, New Jersey 07102

C. CIRCUMSTANCES:

On March 5, 2013, Claimant was a passenger on New Jersey Transit bus line #13, in Newark, New Jersey.

On the aforementioned time and place the Port Authority of New York and New Jersey was the owner of said bus which was being operated in a careless, reckless and negligent manner causing same to strike Claimant, and as a result the Claimant sustained injuries.

D. INJURIES:

E. PUBLIC ENTITY: Port Authority of New York and New Jersey.

F. AMOUNT CLAIMED:

**JAVERBAUM WURGAFT HICKS
KAHN WIKSTROM & SININS**



BY: SCOTT M. SININS

2013 MAR 19 A 10:05
JAVERBAUM WURGAFT HICKS KAHN WIKSTROM & SININS

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:

MARTHA SEERA 48 Y

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: Time:

01/18/2013

APPROX: 9 PM

4. Place of Accident. (Identify with sufficient particularity to distinguish from similar places.)

JFK Airport

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 at the airport, and I went to get a car for the suitcases, and my brother took the car when I was walking and I trip in the Borakoch in the parking lot with this Borakoch doesn't have any sign or light that you can see. It is not sufficient light, so I trip and fall in, I hit my knee, arm, hand, fingers, face. I still have a mark.

2013 MAR 19 A 10:03
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

6. State number of other witnesses to the accident. State the names and addresses of any known to you.

4
Richard Serra
William
Amfelica Costedio
ADRIANA

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	_____
(b)	For loss of earnings	\$	_____
(c)	For property damages	\$	_____
Total:		\$	_____

8. If claim is made as a result of personal injuries to yourself or any other person, state nature and extent of such injuries, indicating which are temporary and which are permanent.

Furnish affidavit of physician or state why such affidavit is not furnished.

LAW DEPARTMENT
PART AUTHORITY CLAIMS
2013 MAR 19 A 10:00

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.

Employed.

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.

Employed.

10. If claim is made for medical and hospital expenses, itemize such expenses and for those already incurred, give names of persons to whom paid or owing.

11. If claim is made for injuries to property, list the items of damaged property and state nature and amount of damage of each item. If such property can be repaired, state cost of repair and obtain and annex estimate of cost of repair.

- Paints
- Sinter

12. Give full particulars with respect to any items of damage or amounts claimed not given above.

13. State whether or not you believe that the accident was due to any fault on the part of the Port Authority, and if so, give your reasons in full, setting forth any specific acts or omissions which you claim constituted negligence on its part.

Yes it is the port authority Fault just because they don't have good illumination and don't have the electric tapes in the Borakade.

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 don't think so, because it was walking to get the car. And the Borakade doesn't have any light or good illumination.

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: 2/28, 2013

Signed: [Signature]
Claimant

AFFIDAVIT

STATE OF New York

COUNTY OF Queens

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
13th March
28 day of February, 2013

Amitha Balagopal
Notary Public

[Signature]
Claimant

PORT AUTHORITY CLAIMANT
2013/MR/19 A 10:00

AMITHA BALAGOPAL
Notary Public - State of New York
NO. 01BA6135520
Qualified in Queens County
My Commission Expires 10/12/13

TORT CLAIMS NOTICE

FORWARD TO:

**Attn: Law Department, Claims Division, 13th Floor
Port Authority of New York & New Jersey
225 Park Avenue South
New York, NY 10003**

1. CLAIMANT:

NAME: Marie Loch

ADDRESS:

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

2. NAME AND ADDRESS OF INDIVIDUAL TO WHOM NOTICES AND/OR CORRESPONDENCE IN CONNECTION WITH THIS CLAIM ARE TO BE SENT:

**Thomas E. Kunz, Esq.
CORONATO, BRADY & KUNZ
12 Madison Avenue
P.O. Box 4990
Toms River, New Jersey 08754-4990
(732) 240-4600**

RELATIONSHIP TO CLAIMANT: Attorney

3. ACCIDENT OR OCCURRENCE WHICH GAVE RISE TO THIS CLAIM:

A. DATE: 01/04/2013 TIME: Approx. 6:00 or 6:30 A.M.

B. DESCRIBE THE LOCATION OR PLACE OF THE ACCIDENT OR OCCURRENCE:

MUNICIPALITY

EXACT LOCATION OF THE OCCURRENCE

Newark

The down escalator at the United Express Terminal in the Newark International Airport

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LAW DEPARTMENT
PORT AUTHORITY CLAIMS

- C. DESCRIBE IN DETAIL HOW THE ACCIDENT OR OCCURRENCE HAPPENED.
The wheels on my carry-on got caught in the threshold at the bottom of the escalator, causing me to fall over the suitcase. A friend of mine was behind me and she fell on top of me and a stocky man behind me also fell directly on top of me.
- D. STATE THE NAME AND ADDRESS OF THE PARTY THAT YOU CLAIM CAUSED YOUR DAMAGE:
Newark International Airport; United Airlines; Escalator manufacturer; installer and/or maintenance and repair.
- E. STATE THE NAMES OF THE EMPLOYEES OF THE PARTY WHOM YOU CLAIM WERE AT FAULT INCLUDING ANY INFORMATION THAT WILL ASSIST IN IDENTIFYING AND LOCATING THEM.
Unknown
- F. STATE IN DETAIL EACH AND EVERY NEGLIGENT OR WRONGFUL ACT OF THE PARTY OR OF THEIR EMPLOYEES WHICH CAUSED YOUR DAMAGES:
Defendants were negligent in failing to operate and maintain the escalator in a safe condition.
- G. STATE THE NAME AND ADDRESS OF ALL WITNESSES TO THE ACCIDENT OR OCCURRENCE:
**Marie: Please provide contact information of your friend who also fell. and
 Second witness – unknown.**
- H. STATE THE NAMES OF ALL POLICE OFFICERS AND POLICE DEPARTMENTS WHO INVESTIGATED THE ACCIDENT:
Not known.

LAW DEPARTMENT
 PORT AUTHORITY CLAIMS
 2013 MAR 20 PM 2:20

4. CLAIM FOR DAMAGES

BODILY INJURY PROPERTY DAMAGE

OTHER EXPLAIN:

A. IF BODILY INJURED IS CLAIMED:

(1) DESCRIPTION OF INJURIES RESULTING FROM THIS ACCIDENT OR OCCURRENCE:

(2) IS PERMANENT DISABILITY CLAIMED AS A RESULT FROM THIS INJURY/INJURIES?

YES NO

IF YES, DESCRIBE THE INJURIES BELIEVED TO BE PERMANENT:

(3) FOR EACH HOSPITAL, DOCTOR, OR OTHER PRACTITIONER RENDERING TREATMENT, EXAMINATION, OR DIAGNOSTIC SERVICE, STATE:

- a. NAME OF HOSPITAL, DOCTOR OR OTHER FACILITY
- b. ADDRESS, CITY, STATE
- c. DATES OF TREATMENT OR SERVICES RECEIVED
- d. AMOUNT OF CHARGES TO DATE
- e. AMOUNT PAID OR PAYABLE BY INSURANCE

All the above to be supplied.

(4) IF A CLAIM OF LOSS OF WAGES OR INCOME HAS RESULTED FROM THE INJURY, STATE:

All the following to be determined.

EMPLOYER

ADDRESS OF EMPLOYER

OCCUPATION DATE EMPLOYED AT THIS JOB

RATE OF PAY DATES OF ABSENCE FROM WORK

TOTAL LOST WAGES TO DATE IF STILL OUT, EXPECTED
DATE OF RETURN

NOTE: If claimed loss of income arises from self-employment or other than wages, attach a calculation showing basis of calculation of lost income.

(5) SET FORTH ANY AND ALL OTHER LOSSES OR DAMAGES CLAIMED:

To be determined.

B. IF PROPERTY DAMAGE IS CLAIMED:

(1) DESCRIBE THE PROPERTY DAMAGED (IF AUTO, MAKE MODEL, YEAR, SERIAL AND PLATE NUMBER)

N/A

(2) THE PRESENT LOCATION AND TIME WHEN THE PROPERTY MAY BE INSPECTED

(3) DATE PROPERTY ACQUIRED _____
COST \$ _____
VALUE AT TIME OF ACCIDENT \$ _____

(4) DESCRIPTION OF DAMAGE:

(5) HAS DAMAGE BEEN REPAIRED? _____ IF SO, BY WHOM, WHEN AND COST OF REPAIRS:

(6) ATTACH EACH ESTIMATE OF REPAIR COSTS TO THIS FORM.

(7) SET FORTH IN DETAIL THE LOSS CLAIMED FOR THE PROPERTY DAMAGE:

2010 MAR 20 2 20
LAW OFFICE
CARTER
CLAIMS

C. SET FORTH IN DETAIL ALL OTHER ITEMS OF LOSS OR DAMAGES CLAIMED AND THE METHOD BY WHICH THE CALCULATION WAS MADE:

5. THE AMOUNT OF CLAIM \$ To be determined.

6. HAVE YOU MADE A CLAIM AGAINST ANYONE ELSE FOR ANY OF THE LOSSES OR EXPENSES CLAIMED IN THIS NOTICE? _____

IF YES, SET FORTH THE NAMES AND ADDRESSES OF ALL PERSONS AND INSURANCE COMPANIES AGAINST WHOM YOU HAVE MADE SUCH CLAIMS.

United Airlines Contractors to be determined.

7. HAVE YOU RECEIVED OR AGREED TO RECEIVE ANY MONEY FROM ANYONE FOR THE DAMAGES CLAIMED HEREIN? () YES (X) NO

IF YES, SET FORTH THE DETAILS OF SUCH AGREEMENT.

8. THE FOLLOWING ITEMS MUST BE SUBMITTED WITH THIS NOTICE:

A. Copies of itemized bills and estimates of property damage claimed by you.

B. Full copies of all appraisals and estimates of property damage claimed by you.

C. Copies of all written reports, including Police Reports of all expert witnesses and treating physicians.

No police report known. Expert witnesses and treating physician information to be supplied.

D. If claim for lost wages is made, Copies of Federal and State Income Tax Returns for the two years prior to the date of occurrence.

N/A. Claimant reserves the right to amend this answer.

- E. A letter from your employer verifying your lost wages. If self- employed, a notarized statement showing the calculation of your claimed lost income.
N/A. Claimant reserves the right to amend this answer.
- F. Copies of declaration pages of the appropriate insurance policies (i.e. homeowners, medical, auto, etc.)
Medical Insurance Declaration/Schedule of Insurance page to be submitted.

LAW FIRM
PORTLAND, OREGON

2013 MAR 20 PM 2:20 2013 MAR 20

I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE, THAT THE ATTACHED STATEMENTS, BILLS, REPORTS AND DOCUMENTS ARE THE ONLY ONES KNOWN TO ME TO BE IN EXISTENCE AT THIS TIME. I AM AWARE THAT IF ANY STATEMENT MADE HEREIN IS WILLFULLY FALSE OR FRAUDULENT, THAT I AM SUBJECT TO PUNISHMENT PROVIDED BY LAW.

DATED: 3/13/13



SIGNATURE OF CLAIMANT OR
AUTHORIZED REPRESENTATIVE

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. Tonya D. Smith 30
Claimant's Name: Age: Address:

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. 02/08/13 7:40 p.m.
Date of Accident: Time:

4. Newark Airport Wiley Post Rd + Earhardt Elizabeth, NJ
Place of Accident. (Identify with sufficient particularity to distinguish from similar places.)

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LAW DEPARTMENT
PORT AUTHORITY CLAIMS

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.

* See attachment P.R. *

6. State number of other witnesses to the accident. State the names and addresses of any known to you.

N/A

7. The amounts of loss claimed are as follows:

(a)	For medical and hospital expenses	\$	<u>0</u>
(b)	For loss of earnings	\$	<u>0</u>
(c)	For property damages	\$	<u>240.74</u>

Total: \$ 240.74

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.

N/A

Furnish affidavit of physician or state why such affidavit is not furnished.

N/A

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.

N/A

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.

Windshield Shattered
estimate total \$240.74
* see attached paperwork *

12. Give full particulars with respect to any items of damage or amounts claimed not given above.

N/A

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 MAR 13 P. 2:43

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.

Negligence on Behalf of Port Authority
Contracted driver.

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.

No it wasn't my fault due to driver should
of been aware of surroundings while plowing snow.
As well as being alert of passing vehicles.

15. List any certificates, affidavits or statement of others which are furnished with the statement.

See attached P.R.

OFFICE OF THE CLERK OF THE PORT AUTHORITY
100 WATER STREET
PORT AUTHORITY BUILDING
NEW YORK, N.Y. 10038

16. State any other facts or circumstances which may have a bearing upon your claim/ N/A

Dated: 03/11, 20 13

Signed: [Signature]
Claimant

AFFIDAVIT

STATE OF New Jersey :
 :
COUNTY OF ESSEX :

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
11th day of March, 20 13

[Signature]
Notary Public

[Signature]
Claimant

Romuald Antoine
Notary Public of New Jersey
Id. No.: 2169196
My Commission Expires on 08/20/2013

-----X
LIBERTY MUTUAL FIRE INSURANCE COMPANY,
a/s/o Daniel Hughes
CLAIM # 025859996

Plaintiff,

NOTICE OF
INTENTION
TO FILE CLAIM

- against-

STATE OF NEW YORK / Port Authority of New York and New
Jersey

Defendant,
-----X

TO: THE STATE OF NEW YORK
225 Park Avenue South 15th Floor
New York, New York 10003

LIBERTY MUTUAL FIRE
INSURANCE COMPANY
PORT AUTHORITY OF CLAIMS
2013 MAR 18 A 8:42

Please take Notice that Liberty Mutual Fire Insurance Company intends to file a claim against the State of New York, pursuant to Section 10 and 11 of the Court of Claims Act.

The Post-Office address of the claimant and its subrogor are as follows:

LIBERTY MUTUAL FIRE INS. CO
150 Motor Parkway
Suite 210
P.O. Box 18051
Hauppauge, New York 11788
(800) 445-0446

a/s/o Daniel Hughes

The time when and the place where such claim arose and the nature of the same are as follows:

The incident occurred on February 11, 2013 at approximately 1:30 pm . At the time of the incident, claimant's subrogor's vehicle a 2009 Audi A8 bearing license plate number) was being operated by Daniel Hughes on The George Washington Bridge, , New York. This vehicle was stopped due to a flat tire, and sustained damage by being towed by

The STATE OF NEW YORK vehicle is a 2013 Kenworth bearing New York license plate number 1, owned by Port Authority of NY & NJ, and was being operated by Robert Kaufman. ;claimant's subrogor in no way contributing thereto.

The items of damage or injuries claimed to have been sustained and the total sum claimed are as follows:

Claimant's subrogor's motor vehicle sustained property damages to its in the amount of \$ 2212.10 + 330.000rental = 2542.10. (See attached Appraisal)

Dated: Hauppauge, New York
March 13, 2013

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 MAR 18 A 9:42

STATE OF NEW YORK: COURT OF CLAIMS

LIBERTY MUTUAL FIRE INSURANCE COMPANY
a/s/o Daniel Hughes
Claim # 025859996

VERIFICATION

Plaintiff,

- against-

STATE OF NEW YORK, / NY NJ Port Authority

Defendant,

The undersigned therefore presents this claim and demand for adjustment and payment, and notifies you that unless the same is adjusted and paid within the time provided by law from the date of its presentation to you, it is the intention of the undersigned to commence an action thereon.

Dated: Hauppauge, New York
March 13, 2013

Gale E Hohwald

LIBERTY MUTUAL INS. CO.
BY: Gale Hohwald

2013 MAR 13 A. 8:41
LAW DEPARTMENT
PORT AUTHORITY CLAIMS

CORPORATE VERIFICATION

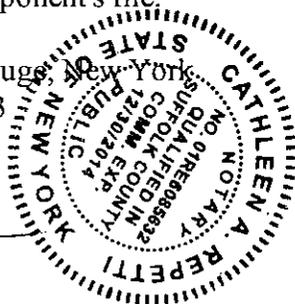
Gale E Hohwald, respectfully affirms the truth of the following statements under penalty of perjury and pursuant to 2106 of the CPLR. That he / she has read the foregoing Notice of Claim and that same is true on information and belief and as to those matters he believes it to be true.

That the reason why this verification is made by deponent is because the plaintiff is a foreign corporation with its principal office in Boston Massachusetts.

That the sources of deponent's information and the grounds of his belief as to all matters in the foregoing Notice of Claim are records, reports of investigation and correspondence contained in deponent's file.

Dated: Hauppauge, New York
March 13, 2013

Cathleen A. Repetti



BY:

Gale E Hohwald

Gale Hohwald

AFFIDAVIT OF SERVICE

STATE OF NEW YORK

SS

COUNTY OF SUFFOLK

Jamie Rathjen, being duly sworn, deposes and says, that she is not a party to this action; that she is over the age of 18 years and a clerk in the office of Liberty Mutual Insurance Company, for Plaintiff's, Liberty Mutual Fire Ins. Co. d/s/o Daniel Hughes herein; that on the 13 day of March, 2013, she served the annexed Notice of Claim upon the undersigned attorneys by mailing a true copy in a postpaid wrapper in a Post Office box maintained by the United States at Hauppauge, New York, directed to them at the addresses shown heretofore designated by them for that purpose.

NAME

ADDRESS

CERTIFIED MAIL RETURN RECEIPT REQUESTED

City of White Plains

225 Main Street, 2nd Floor

White Plains, NY 10601

Jamie Rathjen
Jamie Rathjen

Sworn to before me this

13 Day of March, 2013



In the Matter of the Claim of
TYRONE ROBINSON and ANDREA ROBINSON

2013 MAR 13 4 33 46

-against-

THE PORT AUTHORITY OF
NEW YORK AND NEW JERSEY

To: The Port Authority of New York and New Jersey
225 Park Avenue South, New York, New York 10003

LAW DEPARTMENT
PORT AUTHORITY CLAIMS
2013 MAR 18 P 2:05

1. The names and addresses of the claimants and claimants' attorneys:

Claimant

Tyrone Robinson
& Andrea Robinson

Attorneys

O'Dwyer & Bernstein, LLP
52 Duane Street
New York, New York 10007
(212) 571-7100

2. The nature of the claim:

The claim is for money damages for sustained by claimant TYRONE ROBINSON and a derivative claim on behalf of claimant ANDREA ROBINSON by reason of the negligence and statutory violations of THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY including, but not limited to, Sections 200, 240 and 241(6) of the Labor Law of the State of New York.

3. The time when, the place where and the manner in which the claim arose:

At approximately 2:00 p.m., on December 27, 2012, while claimant TYRONE ROBINSON was engaged in his employment as a laborer with Tishman Construction Corporation of New York, 100 Park Avenue, New York, NY 10017, he was caused to be injured in connection with the construction, reconstruction and/or renovation of the WTC 1/Freedom Tower building located at One World Trade Center, City and State of New York, more specifically, on the 90th Floor, adjacent to exit door B, Tower One, when he was caused to

trip and fall on a piece of 2x4 lumber that was caused to be left and remain on the floor thereat.

Negligence and violation of Sections 200, 240 and 241(6) of the Labor Law of the State of New York are claimed in that THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY their agents, licensees, servants, contractors and/or employees were negligent and in violation of the Labor Law of the State of New York; were careless, reckless and negligent in the ownership, operation, management, maintenance supervision, inspection and control of the aforesaid premises and/or workplace; in failing to provide claimant with a safe place to work; in causing and/or permitting unsafe conditions to exist at the aforesaid construction site which constituted a danger, hazard and menace to the safety of the claimant; in causing and/or permitting hazardous and dangerous conditions to exist in violation of law; in failing to take necessary steps and measures to protect the life of the claimant; in causing and/or permitting the claimant to work and be employed in a hazardous place under dangerous circumstances without the benefit of adequate and appropriate protection for claimant's safety and welfare; in causing and/or permitting the existence of a condition which was dangerous, hazardous and unsafe; in failing to construct, shore, equip, place, guard, arrange, operate, inspect, supervise and maintain the workplace at the aforementioned construction site so as to give proper protection to the claimant; in failing to take reasonable precautions to operate, control, supervise, inspect and otherwise assure that claimant could perform claimant's duties under safe working conditions, such that there was an undue risk of injury under the circumstances then and there existing; in causing a hazard to persons lawfully present on the aforesaid premises; in causing and/or permitting the aforementioned conditions to be existent for a considerable length of time prior to the accident, and THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY, their agents, servants and/or employees knew or should have known that such hazardous and dangerous condition would present a hazard and danger to persons present on the premises, including the claimant; in failing to correct or remedy such conditions all of which had actual and constructive notice; in failing to inspect the said premises; in failing to warn or apprise the claimant of the danger to claimant's person; in failing to properly correct, repair, barricade or safeguard said conditions; in allowing a dangerous condition to exist causing a hazard to the life and limb of claimant; in failing to use reasonable care, caution and forbearance that should have been exercised under the circumstances and the situation that prevailed and existed at the time

and place of the said occurrence; in violating the Labor Laws of the State of New York and the rules, regulations and ordinances of the City of New York in force and effect at the time of happening of this accident; all these conditions THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY, their agents, servants and/or employees had due notice of or by reasonable care and inspection could have avoided same.

4. The items of damages or injuries claimed are:

Claimant TYRONE ROBINSON sustained

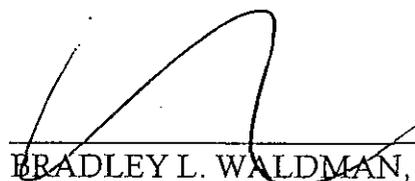
Claimant TYRONE ROBINSON has

in the sum of THREE MILLION DOLLARS (\$3,000,000.00).

Claimant ANDREA ROBINSON claims derivative damages in the sum of FIVE HUNDRED THOUSAND DOLLARS (\$500,000.00).

The undersigned, attorney for claimants TYRONE ROBINSON and ANDREA ROBINSON, therefore presents this claim for adjustment and payment. You are hereby notified that unless said claim is adjusted and paid within the time provided by law from the date of presentation to you, the claimants intends to commence an action on this claim.

Dated: New York, New York
March 14, 2013



BRADLEY L. WALDMAN, ESQ.
O'DWYER & BERNSTIEN, LLP
Attorneys for Claimants
52 Duane Street, 5th Floor
New York, New York 10007
(212) 571-7100

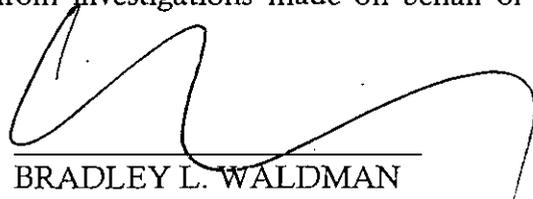
VERIFICATION

STATE OF NEW YORK: COUNTY OF NEW YORK: ss.:

BRADLEY L. WALDMAN, being duly sworn, deposes and says:

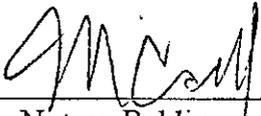
That he is an attorney associated with the attorneys for the claimants in the within action; that he has read the foregoing NOTICE OF CLAIM and knows the contents thereof; that the same is true to his own knowledge except as to matters therein stated to be alleged upon information and belief, and as to those matters he believes it to be true and the reason that this verification is not made by claimants is that the claimants are not presently in the county where the attorneys for the claimants have their office.

Deponent further says that the source of his information and the grounds of his belief, as to all matters not stated upon his knowledge are from investigations made on behalf of said claimants.



BRADLEY L. WALDMAN

Sworn to before me this
14th day of March, 2013



Notary Public
MICHAEL P. CARROLL
Notary Public, State of New York
No. 02CA6014172
Qualified in New York County
Commission Expires Jan. 19, 2015

LAW DEPARTMENT
PART AUTHORITY CLAIMS
2013 MAR 19 P 2:05

**In the Matter of the Claim of
ADAM BILLINGS
-against-
PORT AUTHORITY OF NEW YORK AND NEW JERSEY**

PORT AUTHORITY OF NEW YORK AND NEW JERSEY
OFFICE OF THE COMPTROLLER
MARCH 15 2013 10 30 42

**TO: PORT AUTHORITY OF NEW YORK AND NEW JERSEY
225 Park Avenue South
New York, New York 10010**

PLEASE TAKE NOTICE, that the undersigned claimant(s) hereby make(s) claim and demand against the PORT AUTHORITY OF NEW YORK AND NEW JERSEY, as follows: [Office of the Comptroller requests the following additional information: in Section 2, specific defect (e.g. pothole) if applicable; in Section 3, street address wherever possible.]

1. The name and post-office address of each claimant and claimant's attorney is:

SACKS AND SACKS, LLP / ADAM BILLINGS
150 Broadway, 4th Floor
New York, New York 10038

2. The nature of the claim: sustained by Adam Billings on the 11th day of March, 2013.

3. The time when, the place where and the manner in which the claim arose:

The claim arose on the 11th day of March, 2013 at approximately 11:30 a.m. at premises under construction in Tower One of the World Trade Center on the 93rd floor in the Borough of Manhattan, City and State of New York. At all times herein mentioned, the **PORT AUTHORITY OF NEW YORK AND NEW JERSEY** owned, operated and controlled the aforesaid premises and further, retained numerous contractors, including Tishman Construction, Component Assembly Systems, and DCM Erectors to perform work, labor and services thereat. While claimant was lawfully upon the aforesaid premises as an employee of DCM Erectors, he was caused to sustain _____ when he was struck by an unsecured steel door buck frame; an object that requiring securing for the purposes of its undertaking; **THE PORT AUTHORITY** and its contractors were negligent in failing to protect plaintiff from falling objects at the aforesaid premises; further **THE PORT AUTHORITY** and its contractors were negligent in failing to provide safety devices to prevent plaintiff from being struck by a falling object; further failed to make sure that objects were properly braced and secured; further failed to comply with §§ 200, 240, 241(6) of the Labor Law of the State of New York; Rule 23 of the Industrial Code of the State of New York, specifically, but not limited to: 23-1.15, 23-1.17, 23-2.1, 23-2.2, 23-2.5, 23-2.6, 23-5, 23-8, 23-9.1, 23-9.2, and further violated Article 1926 of O.S.H.A. and was otherwise negligent, careless and reckless, causing claimant to sustain serious and severe injuries.

Claimant was free from comparative fault.

4. The items of damage or injuries claimed are:

As a result of the aforesaid occurrence claimant was rendered with _____ but claimant will permit a physical by the **PORT AUTHORITY OF NEW YORK AND NEW JERSEY**. The item of damages sustained by plaintiff exceeds the jurisdictional limitations of the lower courts.

2013 MAR 15 P 14 35
PORT AUTHORITY CLAIMS
LAW DEPARTMENT

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) intend(s) to commence an action on this claim.

Dated: MARCH 14, 2013

Adam Billings

ADAM BILLINGS

The name signed must be printed beneath

The name signed must be printed beneath

DAVID H. MAYER, ESQ. Attorney(s) for Claimant(s)
Office and Post Office Address, Telephone Number
SACKS AND SACKS, LLP
150 Broadway
New York, New York 10038
(212) 964-5570

CORPORATE VERIFICATION

State of New York, County of ss.:

being duly sworn, deposes and says that deponent is the of corporate claimant named in the within action; that deponent has read the foregoing Notice of Claim and knows the contents thereof, and that the same is true to deponent's own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters deponent believes it to be true.

This verification is made by deponent because said claimant is a corporation, and deponent an officer thereof, to wit its The grounds of deponent's belief as to all matters not stated upon deponent's knowledge are as follows:

INDIVIDUAL VERIFICATION

State of New York, County of NEW YORK ss.:

ADAM BILLINGS being duly sworn, deposes and says that deponent is the 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 the matters therein stated to be alleged on information and belief, and that as to those matters deponent believes it to be true.

Syreea Benitez
SYREEA BENITEZ

NOTARY PUBLIC-STATE OF NEW YORK

No. 01BE6060759

Qualified in Kings County

My Commission Expires January 05, 2016

Sworn to before me, this 14 day of March, 2013

Sworn to before me, this

day of

19

In the Matter of the Claim of

ADAM BILLINGS,

-AGAINST-

PORT AUTHORITY OF NEW YORK AND AND NEW JERSEY,

against

Notice of Claim Against

PORT AUTHORITY OF NEW YORK AND NEW JERSEY

SACKS AND SACKS, LLP

Attorney(s) for Claimant(s)

Office and Post Office Address

150 Broadway

New York, New York 10038

(212) 964-5570

In the Matter of the Claim of
RAYMOND BOCHICCHIO and SUSAN BOCHICCHIO
against
PORT AUTHORITY OF NEW YORK AND NEW JERSEY

TO: PORT AUTHORITY OF NEW YORK AND NEW JERSEY
225 Park Avenue South
New York, New York 10010

PLEASE TAKE NOTICE, that the undersigned claimant(s) hereby make(s) claim and demand against the PORT AUTHORITY OF NEW YORK AND NEW JERSEY, as follows: [Office of the Comptroller requests the following additional information: in Section 2, specific defect (e.g. pothole) if applicable; in Section 3, street address wherever possible.]

1. The name and post-office address of each claimant and claimant's attorney is:

SACKS AND SACKS, LLP
150 Broadway, 4th Floor
New York, New York 10038

RAYMOND BOCHICCHIO and SUSAN
BOCHICCHIO

2. The nature of the claim: sustained by claimant, RAYMOND BOCHICCHIO as a result of injuries sustained by him on January 2, 2013 and January 3, 2013; and by co-claimant SUSAN BOCHICCHIO.

3. The time when, the place where and the manner in which the claim arose: The claims arose on the 2nd day of January, 2013 at approximately 8:30 a.m., and on the 3rd day of January, 2013 at 7:40 a.m. Both claims arose at the World Trade Center Memorial, 91st Floor, in the Borough of Manhattan, City and State of New York. At all times herein mentioned, the PORT AUTHORITY OF NEW YORK AND NEW JERSEY owned, operated, managed and controlled the aforesaid premises and further retained numerous contractors including Tishman Construction, CH Rental and other contractors, including Five Star Electric, to perform work, labor and services thereat. While claimant was lawfully upon the aforesaid premises on January 2, 2013, he was caused to trip on dirt, debris and uncovered, uncapped, dangerous conduit in an area that was improperly illuminated, causing him to sustain serious and severe injuries; and on January 3, 2013 he was caused to again trip over dirt, debris and conduit camouflaged by tarp, causing him to sustain serious and severe injuries. The aforesaid occurrences were caused solely and wholly by the reason of negligence, carelessness and recklessness of the PORT AUTHORITY OF NEW YORK AND NEW JERSEY and its contractors, agents and employees who were negligent in the ownership, operation, management and control of the aforesaid premises. The PORT AUTHORITY OF NEW YORK AND NEW JERSEY, its contractors, agents and employees failed to ensure the area was properly illuminated; further, failed to ensure that passageways, thoroughfares and work areas were free of conditions that lead to tripping; further, failed to properly paint, cover, cap or put cones over dangerous and hazardous tripping hazards; further, camouflaged dangerous and hazardous tripping hazards; further, violated Sections 200, 240 and 241(6) of the Labor Law of the State of New York, Rule 23 of the Industrial Code of the State of New York, specifically, but not limited to: 23-1.5, 23-1.7, 23-2.1, 23-1.30, Article 1926 of O.S.H.A. and was otherwise negligent, careless and reckless, causing claimant to sustain

Claimant was free from comparative fault.

4. The items of special damage or injuries claimed are: Claimant RAYMOND BOCHICCHIO sustained

the present one-half claimant will permit a physical by the PORT AUTHORITY OF NEW YORK AND NEW JERSEY, and the item of damages exceed the jurisdictional limitations of the lower Court. Co-claimant SUSAN BOCHICCHIO sues for