

Duffy, Daniel

From: Thomas Foti [tf@garritygraham.com]
Sent: Thursday, June 14, 2012 3:14 PM
To: Duffy, Daniel
Subject: FOIA-Sealink

Dear Mr. Duffy:

We represent Mediterranean Shipping Co. in a property damage subrogation claim involving Bestway Trucking (USA) and MSC chassis MSCZ140361.

We are endeavoring to locate the trucker that gated-in to PNCT with the damaged MSC chassis on January 5, 2011.

The trucker's name is Gil Plata and his ID is 126154.

If possible, could you inform us if Mr. Plata is active and registered with another trucking company at the present time?

If so, please provide to us the new Sealink ID number and the name of the trucking company to whom Mr. Plata is registered.

Thank you.



Thomas D. Foti, Esq.
Garrity Graham Murphy Garofalo & Flinn
72 Eagle Rock Avenue - Suite 350
PO Box 438
East Hanover, NJ 07936
T. 973.509.7500 ext. 2241
F. 973.509.0414
C. 551.580.1839
www.garritygraham.com

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THE PORT AUTHORITY OF NY & NJ

Daniel D. Duffy
FOI Administrator

August 14, 2012

Thomas Foti, Esq.
Garrity Graham Murphy Garofalo & Finn
72 Eagle Rock Avenue, Suite 350
East Hanover, NJ 07936

Re: Freedom of Information Reference No. 13256

Dear Mr. Foti:

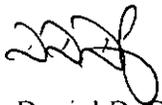
This is a response to your June 14, 2012 request, which has been processed under the Port Authority's Freedom of Information Code (the "Code") for copies of records indicating the name of the trucking company that employs truck driver Gil Plata and his Sealink ID number.

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/13256-O.pdf>. Paper copies of the available records are available upon request.

Certain material responsive to your request is exempt from disclosure pursuant to Exemption (1) of the Code.

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

Very truly yours,



Daniel D. Duffy
FOI Administrator

225 Park Avenue South
New York, NY 10003
T: 212 435 3642 F: 212 435 7555

SEA LINK

260 KELLOGG STREET
PORT NEWARK, NJ 07114
PHONE (973) 578-2128
FAX (973) 589-5018

FOR OFFICE USE ONLY	
DATE REC'D	10/01/10 BY J.M
APP.	OF
CHECK #	4605 \$ 2500
PICK UP / MAIL (Circle one)	
<input type="checkbox"/> NEW	<input type="checkbox"/> SPECIAL
<input checked="" type="checkbox"/> ADD ON	<input type="checkbox"/> REACTIVATE
<input type="checkbox"/> REMAKE	<input type="checkbox"/> NO CHARGE

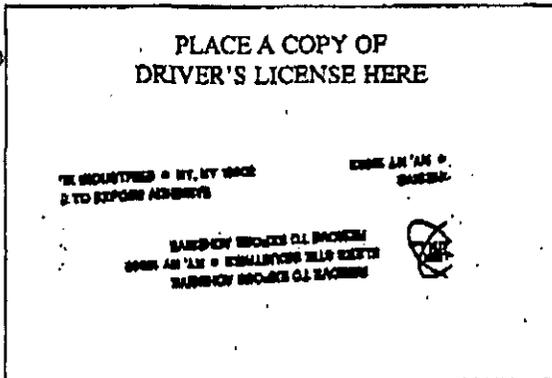
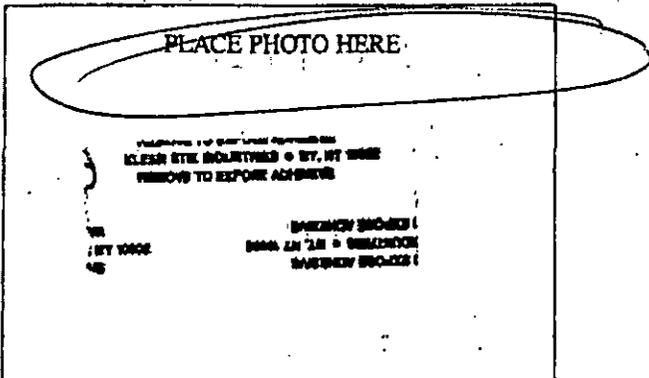
DRIVER ID APPLICATION

DRIVER NAME: Plata Gil
LAST FIRST MI

DRIVER SOCIAL SECURITY #: EX. 1

DRIVER LICENSE #: _____ STATE: _____ EXP. DATE: _____

DRIVER SIGNATURE: [Signature] DATE: 10/1/10
The above signature authorizes issuance of Social Security Number.



COMPANY NAME: Bestway Trucking SCAC: BYKS

Signature: _____ Date: 10/1/10

IF USING AGENT: (Must be Pre-Registered in Sea Link)

COMPLETED

AGENCY: _____

REPRESENTATIVE: _____
ID mailed to Representative (Please print name) TITLE

Signature: _____ Date: _____

TELEPHONE NUMBER: () _____ FAX NUMBER: () _____

- This card is the property of The Port Authority of NY & NJ who reserves the right of retrieval at any time for any reason.
- The trucking company is responsible to notify The Port Authority of NY & NJ when a driver is terminated or an ID card is to be voided.
- This card is the drivers responsibility.
- The Port Authority is not responsible for:
 - Errors in information furnished by the trucking company.
 - Failure to furnish or update information by the trucking company.
 - Errors or omissions on the part of the New York Shipping Association.
 - Forgeries or misuse of the trucker ID card.
 - Failure of Terminal Operators' Equipment or Personnel.
 - Failure of the A.C.E.S. System.

**THE PORT AUTHORITY OF NY & NJ
SEA LINK® OFFICE**

1160 McLester Street
Elizabeth, NJ 07201
(908) 354-4048
fax: (908) 355-0108

COMPANY CONFIRMATION FORM
To be attached to Driver Application Form

Eleanor Wang from
Authorized Representative's Name

Bestway Trucking Byks
Trucking Company Name SCAC

was contacted by telephone and confirms that

Jul Plata
Applicant's Name

is currently an employee/agent/representative for the above mentioned company and is authorized to receive a SEA LINK card or other SEA LINK activation/reactivation services on their company's behalf.

Call Time 1st 359, 2nd _____, 3rd _____, 4th _____

P.A. PERSONNEL/AGENT Julia Marsh DATE 10/01/10

SEA LINK®

ExpressPort Plaza
Building 1160, Unit 3
Elizabeth, NJ 07201



OFFICE HOURS:
MONDAY - FRIDAY
7:30 AM - 5:00 PM

PHONE: (908) 354-4044
FAX: (908) 355-0108

NEW	SPECIAL	SEA LINK® Use Only	
<u>ADD ON</u>	REACTIVATE	09-22-10 POP:19 501	
REMAKE	NO-CHARGE		
RECEIVED <u>9/22/10</u>	BY <u>JM</u>	APP. _____	OF _____
CHECK # _____	<u>7953</u>	\$ <u>20</u>	PICK/MAIL (CIRCLE ONE)

DRIVER ID APPLICATION

DRIVER NAME: PLATA Gil
LAST FIRST MI

DRIVER SOCIAL SECURITY #: _____ EX. 1

DRIVER LICENSE #: _____ STATE: _____ EXP DATE _____

DRIVER SIGNATURE: [Signature]
(Signature required. Please print form, sign and fax or mail.)

PLACE PHOTO HERE

COMPLETED

PLACE A COPY OF DRIVER'S LICENSE HERE

COMPANY NAME: A.C. FLEET INC SCAC: ACFE

SIGNATURE: [Signature] DATE: 9/22/10

**THE PORT AUTHORITY OF NY & NJ
SEA LINK® OFFICE**

1160 McLester Street
Elizabeth, NJ 07201
(908) 354-4048
fax: (908) 355-0108

COMPANY CONFIRMATION FORM
To be attached to Driver Application Form

Virvan Rivera from
Authorized Representative's Name

Ac fleet inc ACFE
Trucking Company Name SCAC

was contacted by telephone and confirms that

Mil Plata
Applicant's Name

is currently an employee/agent/representative for the above mentioned company and is authorized to receive a SEA LINK card or other SEA LINK activation/reactivation services on their company's behalf.

Call Time 1st 158, 2nd _____, 3rd _____, 4th _____

P.A. PERSONNEL/AGENT [Signature] DATE 9/22/10

126154
↑

SEA LINK®
ExpressPort Plaza
Building 1160, Unit 3
Elizabeth, NJ 07201

OFFICE HOURS:
MONDAY - FRIDAY
7:30 AM - 5:00 PM

PHONE: (908) 354-4044
FAX: (908) 355-0108

<u>NEW</u>	SPECIAL		SEA LINK® Use Only
ADD ON	REACTIVATE	09-22-10 P02:18 OUT	
REMAKE	NO CHARGE		
RECEIVED <u>9/22/10</u>	BY <u>J.M</u>	APP. _____	OF _____
CHECK # _____	<u>3269</u>	\$ <u>280</u>	PICK/MAIL (CIRCLE ONE)

DRIVER ID APPLICATION

DRIVER NAME: PLATA GIL
LAST FIRST MI

DRIVER SOCIAL SECURITY #: _____ EX. 1

DRIVER LICENSE #: _____ STATE: _____ EXP DATE _____

DRIVER SIGNATURE: [Signature]
(Signature required. Please print form, sign and fax or mail.)

COMPLETED

PLACE PHOTO HERE	PLACE A COPY OF DRIVER'S LICENSE HERE
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COMPANY NAME: LINDEN WORLD WIDE, LLC SCAC: LWLL

SIGNATURE: [Signature] DATE: 9/22/10

**THE PORT AUTHORITY OF NY & NJ
SEA LINK® OFFICE**

1160 McLester Street
Elizabeth, NJ 07201
(908) 354-4048
fax: (908) 355-0108

COMPANY CONFIRMATION FORM
To be attached to Driver Application Form

Vivan Rivera

from

Authorized Representative's Name

Linden Worldwide

Trucking Company Name

CWLL

SCAC

was contacted by telephone and confirms that

Al Plata

Applicant's Name

is currently an employee/agent/representative for the above mentioned company and is authorized to receive a SEA LINK card or other SEA LINK activation/reactivation services on their company's behalf.

Call Time 1st 158, 2nd _____, 3rd _____, 4th _____

P.A. PERSONNEL/AGENT

A

DATE

9/22/10

SEA LINK®

ExpressPort Plaza
Building 1160, Unit 3
Elizabeth, NJ 07201

OFFICE HOURS
MONDAY - FRIDAY
7:30 AM - 5:00 PM

PHONE: (908) 354-4044
FAX: (908) 355-1108

T

NEW	SPECIAL	SEA LINK® Use Only	
<u>ADD ON</u>	REACTIVATE		
REMAKE	NO CHARGE		
RECEIVED <u>8/19/2011</u>	By <u>J.M</u>	APP. _____	OF _____
CHECK # <u>3161</u>	\$ <u>2800</u>	PICK/MAIL (CIRCLE ONE)	

RIVER ID APPLICATION

08-19-11 P03:19 0111

RIVER NAME: Plata Gil
LAST FIRST MI

RIVER SOCIAL SECURITY #: _____ EX. 1

RIVER LICENSE #: _____ STATE: _____ EXP DATE: _____

RIVER SIGNATURE: [Signature]
(Signature required. Please print form, sign and fax or mail.)

PLACE PHOTO
HERE

PLACE A COPY OF
DRIVER'S LICENSE HERE

COMPANY NAME: FDR Transport LLC SCAC: FDRO

NATURE: [Signature] DATE: 8/19/11