

FOI #13589

GORAYEB & ASSOCIATES, P.C.

COUNSELORS AT LAW

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November 15, 2012

Port Authority of NY & NJ
225 Park Avenue South
New York, New York 10003
Attention: FOIL Search

11-25-12 P12:42 RCVD

Re: **STANLEY DRUST**
Date of Accident: 9/8/11
Our File No.: 8600 - LL

Dear Sir/Madam:

Request is hereby made, under Article 6 of the Public Officers Law (Freedom of Information) for the following information:

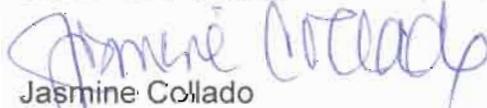
Copies of contracts, agreements and/or purchase orders in effect for construction, demolition and/or renovation work performed at World Trade Center – Hub Area, New York, New York, during the period of September 2011.

Copies of any and all accident reports and/or investigation report concerning **STANLEY DRUST** prepared in connection with the accident of September 8, 2011 at World Trade Center – Hub Area, New York, New York.

Please be advised that **STANLEY DRUST** was an employee of DCM Erectors, Inc. Thank you for your courtesies and cooperation in this matter.

Very truly yours,

GORAYEB & ASSOCIATES, P.C.



Jasmine Collado
Paralegal

THE PORT AUTHORITY OF NY & NJ

Daniel D. Duffy
FOI Administrator

December 21, 2012

Ms. Jasmine Collado
Gorayeb & Associates, P.C.
100 William Street, 12th Floor
New York, NY 10038

Re: Freedom of Information Reference No. 13589

Dear Ms. Collado:

This is a response to your November 15, 2012 request, which has been processed under the Port Authority's Freedom of Information Code (the "Code") for copies of contracts, agreements and/or purchase orders in effect for construction, demolition and/or renovation work performed at the WTC - Hub Area, NY, NY on 9/11 and copies of accident reports related to Stanley Drust's accident on 9/8/11 at the WTC - Hub Area.

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/13589-WTC.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.

The Code provides for the copying or inspection of Port Authority records when such request contains sufficient information to identify the particular record(s) sought. As presently written, your request for contracts and other documents related to construction and other work performed in the WTC - Hub area is overly broad and cannot be processed under the Code. You may wish to resubmit your request to clearly define the specific records requested.

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

WTC Safety Management System Tracking Tool

Logged in as Lots
Logout Change

S.M.S.T.2 Daily Narratives

My Summary Dashboard Observations Incident Reports Experience Reports Reports

Edit Incident Report #2673 - Closed

Created by John Cost
Last Modified by John Cost

Injured Person Information Injury Details Medical Info Vehicle Information Corrective Actions

(4) Osha 301 (1) NY C-2

First Name *

Stanley
93 character left

Last Name *

Drust
95 character left

Date Of Birth

Start Date

-- Select Start Date --

Gender

Male

Address - Line 2

200 character left

Address - Line 1

City

State

Pennsylvania

Zip

Supervisor

Richard Schuler
85 character left

Foreman

Stanley Drust
87 character left

Location of Incident

Wierderel mazz to rib deck ladder
166 character left

Was this their normal location?

Shift

1st - 7:30am

Days Working at this Location

Craft

Ironworker

Job Title

Ironworker
790 character left

Job Description

Ironworker
3990 character left

Contractor *

DCM

SubContractor

-- Select SubContractor --

Package

PKG 20

Save Incident Report Cancel

Design by: stylashout

WTC Safety Management System Tracking Tool

Logged in as Lois Josty
[Logout](#) [Change Password](#)

S.M.S.T.2 Daily Narratives

[My Summary](#) [Dashboard](#) [Observations](#) [Incident Reports](#) [Experience Reports](#) [Reports](#)

[Edit Incident Report #2673 - Closed](#)

Created by John Conzelmann on 09/29/2011
 Last Modified by John Conzelmann on 09/03/2011

[Injured Person Information](#) [Injury Details](#) [Medical Info](#) [Vehicle Information](#) [Corrective Actions](#)

09/03/2011 07:00 AM

Event Date
09/03/2011

Event Time
2:30 PM

What was the person doing before the incident?

Changing ladder

3985 character left

Description of the Incident

Worker's right foot slipped off & thru the ladder rung due to both being wet & his radio getting caught on a scaffold frame located behind him

3058 character left

Object Involved

Ladder

1994 character left

Immediate Actions Taken

Continued to work

3983 character left

Was the incident witnessed?

Category

- | | | |
|--|---|--|
| <input type="checkbox"/> Blasting | <input type="checkbox"/> Chemical Storage/Containment | <input type="checkbox"/> Concrete / Re-Bar |
| <input type="checkbox"/> Confined Space | <input type="checkbox"/> Cranes | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Emergency Preparedness | <input type="checkbox"/> EPCs | <input type="checkbox"/> Equipment/Vehicles |
| <input type="checkbox"/> Excavation | <input type="checkbox"/> Fall Protection (Controlled Access Zone) | <input type="checkbox"/> Fall Protection (Fall Prevention) |
| <input type="checkbox"/> Fall Protection (Falling Objects) | <input type="checkbox"/> Fall Protection (Guardrails) | <input type="checkbox"/> Fall Protection (PFA) |
| <input type="checkbox"/> Fall Protection (Warning Lines) | <input type="checkbox"/> Fire Prevention | <input type="checkbox"/> Housekeeping |
| <input type="checkbox"/> Illumination Noise & Ventilation | <input type="checkbox"/> Ladder | <input type="checkbox"/> Material Handling |
| <input type="checkbox"/> PPE | <input type="checkbox"/> Public Safety & Security | <input type="checkbox"/> Railroad Operation |
| <input type="checkbox"/> Rigging | <input type="checkbox"/> Safety Plan & Prqms | <input type="checkbox"/> Scaffolds (Aerial Lifts) |
| <input type="checkbox"/> Scaffolds (Mobile) | <input type="checkbox"/> Scaffolds (Scissor Lifts) | <input type="checkbox"/> Scaffolds (Support) |
| <input type="checkbox"/> Scaffolds (Suspension) | <input type="checkbox"/> Stairs | <input type="checkbox"/> Tools - Hand and Power |
| <input type="checkbox"/> Traffic Safety | <input type="checkbox"/> Walking / Working Surfaces | <input type="checkbox"/> Welding & Cutting - CGC |

Subcategory

- 3-Feet Above Landing
- Access
- Inspection
- Locking Device
- Placement
- Rung / Step / Side Rail
- Selection
- Tie-Off
- Use

[Save Incident Report](#) [Cancel](#)

Design by: 21st-Century



WTC Safety Management System Tracking Tool

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S.M.S.T.2 Daily Narratives

[My Summary](#) [Dashboard](#) [Observations](#) [Incident Reports](#) [Experience Reports](#) [Reports](#)

Edit Incident Report #2673 - Closed

Created by John Cost
Last Modified by John Cost

[Injured Person Information](#) [Injury Details](#) [Medical Info](#) [Vehicle Information](#) [Corrective Actions](#)

OSHA 301 ID: 11702

Lost Work Days

0

Loss Type

First Aid

Treatment Description

None

Notes / Follow-up

Part of Body Injured (check all that apply)

- | | | | |
|---------------------------------------|--------------------------------|--|---|
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Ankle | <input type="checkbox"/> Arm | <input type="checkbox"/> Back |
| <input type="checkbox"/> Buttock | <input type="checkbox"/> Chest | <input type="checkbox"/> Circulatory Sys. | <input type="checkbox"/> Digestive Sys. |
| <input type="checkbox"/> Ears | <input type="checkbox"/> Elbow | <input type="checkbox"/> Eyes | <input type="checkbox"/> Face |
| <input type="checkbox"/> Fingers | <input type="checkbox"/> Foot | <input type="checkbox"/> Groin | <input type="checkbox"/> Hand |
| <input type="checkbox"/> Head | <input type="checkbox"/> Hip | <input type="checkbox"/> Internal Organs | <input checked="" type="checkbox"/> Knee |
| <input type="checkbox"/> Leg | <input type="checkbox"/> Mouth | <input type="checkbox"/> Multiple Parts | <input type="checkbox"/> Neck |
| <input type="checkbox"/> Nervous Sys. | <input type="checkbox"/> Nose | <input type="checkbox"/> Reproductive Sys. | <input type="checkbox"/> Respiratory Sys. |
| <input type="checkbox"/> Shoulders | <input type="checkbox"/> Spine | <input type="checkbox"/> Teeth | <input type="checkbox"/> Throat |
| <input type="checkbox"/> Toes | <input type="checkbox"/> Torso | <input type="checkbox"/> Wrist | |

Incident Type

Fall (slip)

Was the Employee Fatally Injured?

[Save Incident Report](#) [Cancel](#)

Restricted Duty Days

0

Injury Type

Sprain/Strain

Level Of Treatment

First Aid

Injured Side

Right

Design by: stylediart