Torres Rojas, Genara FOI #13788

From: jwtorre@sekaslaw.com
Sent: Tuesday, February 26, 2013 9:14 AM
To: Duffy, Daniel
Cc: Torres Rojas, Genara; Van Duyne, Sheree
Subject: Freedom of Information Online Request Form

Information:

First Name: Joseph
Last Name: Torre
Company: Sekas & Abrahamsen, LLC
Mailing Address 1: 530 Sylvan Ave
Mailing Address 2:
City: Englewood Cliffs
State: NJ
Zip Code: 07632
Email Address: jwtorre@sekaslaw.com
Phone: 201-816-1333
Required copies of the records: No

List of specific record(s):
A Notice of Claim form to comply with N.J.S.A. 32:1-163.

THE PORT AUTHORITY OF NY & NJ

FOI Administrator

March 1, 2013

Mr. Joseph Torre
Sekas & Abrahamsen, LLC
530 Sylvan Avenue
Englewood Cliffs, NJ 07632

Re: Freedom of Information Reference No. 13788

Dear Mr. Torre:

This is a response to your February 26, 2013 request, which has been processed under the Port Authority's Freedom of Information Code (the "Code", copy attached) for a copy of a Notice of Claim form to comply with N.J.S.A. 32:1-163.

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/13788-O.pdf. Paper copies of the available records are available upon request.

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

Very truly yours,

Daniel D. Duffy
FOI Administrator

Attachment

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

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

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.

_____

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	$ _____
	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.

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 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: _____, 20_____

_____
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
_____ day of _____, 20___

_____
Claimant

_____
Notary Public