TOI #1548

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October 30, 2014

11-13-14P12:50 RCVD

The Port Authority of New York & New Jersey
Corporate Offices
225 Park Avenue South
New York, New York 10003

RE: Estate of Steven Benevento
Date of Loss: 9/2/14

Dear Sir/Madam:

This office represents Laura Benevento with regard to the estate of her late husband, Steven Benevento who was killed in an accident in the Lincoln Tunnel. Please send me a copy of the Investigation Report and Police Reports with regard to the above matter so that we can proceed. Enclosed is an authorization form signed by Laura Benevento allowing the release of this information to us.

Thank you for your anticipated cooperation.

Very truly yours,

CAROL L. FORTE

CLF/ds
Enclosure
VIA CERTIFIED MAIL RRR# 7014 0510 0000 7167 9000

Authorization for Release of information

1. I (the undersigned) authorize The Port Authority of New York & New Jersey
(Provider/Facility Name)

225 Park Avenue South New York, NY 10003
(City/State) (Zip Code) (Phone Number)

To release information from the records(s) of: BENEVENTO STEVEN MICHAEL
(Patient Last Name) (First Name) (Middle)

DOB 02/18/1965 SSN 095-62-9811

Covering the period(s) of treatment

Investigation Report & Police report from 9/2/14

2. Information to be released:

☑ ALL RECORDS as listed below OR ☐ SELECTED RECORDS as listed below (Check all that apply)

1. Patient data cover sheet
2. Nurses' admitting notes
3. History and physical
4. Doctors' order sheets
5. Doctors' progress notes
6. Outpatient clinic records
7. Office notes
8. Visiting nurses' records
9. Ambulance records
10. Nurses' medication records
11. Vital signs charts
12. Code Blue Sheet/CPR Method
13. Nurses' notes
14. All incident reports
15. Pre-op check list
16. Surgical consent forms
17. Operative reports
18. Personal property lists
19. Paramedic reports
20. Pathology/independent pathology reports
21. Autopsy reports
22. Medical Examiner's reports
23. All Lab Reports: (a) White count, differential, hemoglobin, SED rate; (b) Bacteriology, epidemiology, anaerobic, aerobic, acid test, funge; (c) Spinal fluid, blood gasses;(d) Bleeding and clotting time, (e) Blood reactions testing/type and cross match; (f) EMG, EEG, EKG Echo-ultrasound, doppler testing; (g) Blood volume, electrolytes; (h) Fluid input and output; (i) Skin allergy testing; (j) Invasive/non-invasive CVP, PWP, annole line pressure; (k) Respiratory function studies/spirometry; (l) Fetal monitor tracings; (m) Other
24. Blood transfusion slips
25. Anesthesia record
26. X-ray reports
27. Consultation reports: (a) Neurology; (b) Psychiatry; (c) Internal Medicine; (d) Orthopaedic; (e) Surgical; (f) Obstetric; (g) Pediatric; (h) Neurosurgical; (i) Neonatologist; (j) Other
28. Myelogram
29. Risk Manager's Patient Safety Report
30. Scans, CAT, CT, ultrasound
31. Artenograms, venograms, angiograms
32. Recovery room records
33. Discharge summaries
34. Discharge or transfer instructions or data
35. Nurses' OR record
36. Post-op instrument count record, sponge count record
37. Photographs
38. ER records
39. Labor and Delivery Room records
40. Pharmacy reports/Unit Dose Control Sheet
41. Physical therapy sheet notes
42. Respiratory therapy sheet notes
43. Hospital bills, insurance forms, records of payment.
44. X-ray films, including any and all radiographic studies
45. Record of operative procedure
46. Any other records, reports, memoranda, documents, correspondence, etc
47. Other

3. Information is to be released to:

☑ Plaintiff Attorney ☐ Defense Attorney ☐ Insurance

Company: Blume Donnelly Fried Forte Zerres & Molinari

Name: Carol L. Forte, Esq.

Address: 1 Main Street

City, State, Zip: Chatham, New Jersey 07928

4. Purpose of disclosure: Litigation

5. I understand this consent may be revoked in wrting at any time. With the exception to the extent that disclosure of information has already occured prior to the receipt of revocation by the above named provider. If written revocation is not received, authorization will be considered valid for a period of time not to exceed 90 days from the date of signing. To initiate revocation of this authorization direct all coreespondence to the "Specific Requestor" above.

6. I understand that this consent is to include disclosure of: (PLEASE INITIAL):

☐ Alcohol and/or drug abuse records ☐ Psychiatric records ☐ Sexually transmitted disease information ☐ HIV/AIDS information

7. A photocopy of this authorization is to be considered as valid as the original.

8. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law.

SIGNATURE X Laura Benevento Date: 10/30/14

Patient or personal/legal representative (Next-of-kin or legal guardian to sign only if patient is a minor, legally incompetent, or deceased)

PRINT NAME LAURA BENEVENTO

Relationship to patient of personal/legal representative signing for patient: SPOUSE & EXECUTOR FOR THE ESTATE

THE PORT AUTHORITY OF NY & NJ

FOI Administrator

November 17, 2014

Ms. Carol L. Forte
Blume Donnelly Fried Forte Zerres & Molinari
One Main Street
Chatham, NJ 07928-0924

Re: Freedom of Information Reference No. 15480

Dear Ms. Forte:

This is a response to your October 30, 2014 request, which has been processed under the Port Authority's Freedom of Information Code, copy enclosed, for a copy of the investigation report and police reports with regard to Steven Benevento's accident on September 2, 2014 at the Lincoln Tunnel.

At this time, the material responsive to your request is exempt from disclosure pursuant to exemption (3) of the Code. You may wish to resubmit your request later date.

Sincerely,

Daniel D. Duffy
FOI Administrator

Enclosure

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