



FILED  
Superior Court of California  
County of Los Angeles

MAR 05 2015

Sherri R. Carter, Executive Officer/Clerk  
By Alfredo Morales deputy  
ALFREDO MORALES

SUPERIOR COURT OF THE STATE OF CALIFORNIA  
FOR THE COUNTY OF LOS ANGELES – CENTRAL CIVIL WEST

Coordinated Proceeding  
Special Title (Rule 3.550)

LAOSD ASBESTOS CASES

CASE NO. JCCP 4674

*Assigned for All Purposes to the Honorable  
Emilie H. Elias in Department 324*

NOTICE OF INTENT TO ISSUE “CASE  
MANAGEMENT ORDER REQUIRING  
DISCLOSURE OF BANKRUPTCY TRUST  
CLAIMS, CLAIMS-RELATED  
MATERIALS, AND ASBESTOS EXPOSURE  
FACTS” AND INVITATION FOR  
COMMENT

NOTICE IS HEREBY GIVEN that the Court intends to issue the attached “Case Management Order Requiring Disclosure of Bankruptcy Trust Claims, Claims-Related Materials, and Asbestos Exposure Facts” (“Bankruptcy CMO”).

The Court wishes to hear from counsel if there is any modification that needs to be made to the proposed Bankruptcy CMO. Any counsel requesting a modification or elimination of all or a portion of the proposed Bankruptcy CMO should submit comments and proposals by March 20, 2015. The Court will review them, and if needed, hold a hearing. The parties will then be notified if any changes are going to be made.

All filings must be served on File and Serve under the “FOR POSTS BY  
COUNSEL/PARTIES/OTHER NON-JUDICIAL In Re: LAOSD Asbestos Litigation.”

IT IS SO ORDERED.

Dated: March 5, 2015



Honorable Emilie H. Elias  
Judge, Los Angeles Superior Court

SUPERIOR COURT OF THE STATE OF CALIFORNIA  
FOR THE COUNTY OF LOS ANGELES – CENTRAL CIVIL WEST

Coordinated Proceeding  
Special Title (Rule 3.550)

LAOSD ASBESTOS CASES

CASE NO. JCCP 4674

*Assigned for All Purposes to the Honorable  
Emilie H. Elias in Department 324*

[PROPOSED]

CASE MANAGEMENT ORDER  
REQUIRING DISCLOSURE OF  
BANKRUPTCY TRUST CLAIMS, CLAIMS-  
RELATED MATERIALS, AND ASBESTOS  
EXPOSURE FACTS

The Court, Honorable Emilie H. Elias presiding, conducted a hearing on June 20, 2014 regarding the Defense Discovery Committee's Motion Proposing Disclosure Requirements For Personal Injury Claims Pursuant to 11 U.S.C.A. §524(G).

After considering the moving and opposing papers and the arguments of counsel for defendants and for plaintiffs, and good cause appearing, the Court hereby makes this ruling, and orders that all plaintiffs and their counsel appearing in LAOSD Asbestos Cases comply with the disclosure requirements set forth herein.

1. BANKRUPTCY TRUST RELATED INTERROGATORIES.

The Court hereby incorporates into the August 11, 2014 Case Management Standing Order Re: Discovery In All Coordinated LAOSD Cases the following: (a) the additional interrogatories attached hereto as Exhibit 1, and (b) the LAOSD Standard Interrogatories to

*Attachment*

Plaintiffs attached hereto as Exhibit 2 which contains a revision to interrogatory 68. In addition, the Court hereby orders that plaintiffs supplement and update their responses to Defendant's additional interrogatories (Exhibit 1) and interrogatories 68 to 72 of the LAOSD Standard Interrogatories to Plaintiffs (Exhibit 2), no later than 5 days before trial.

The Court finds that facts relating to a plaintiff's and/or decedent's alleged exposures to asbestos are not privileged and are discoverable. Plaintiffs are required to disclose all facts relating to all of their alleged exposures to asbestos, whether to the products or premises attributable to named defendants, or to bankrupt or other entities, and regardless of whether those facts have been, or ever will be, included in a claim to a third party for the purpose of obtaining compensation for an asbestos-related injury. Plaintiffs may not object or refuse to produce information relating to exposure facts in response to appropriate discovery requests from defendants for the reason that no claims have been or will be made based on such facts or because such facts may also appear in otherwise privileged documents such as signed affidavits or unsubmitted bankruptcy trust claim forms. No waiver of attorney-client or work product privileges will result from the disclosures required herein.

2. BANKRUPTCY TRUST AUTHORIZATIONS.

Plaintiffs shall execute and provide a Bankruptcy Trust Authorization in the form attached hereto as Exhibit 3 at the same time and in the same manner as the other authorizations pursuant to this Court's Order regarding Plaintiffs' Authorizations.

3. PRODUCTION OF BANKRUPTCY TRUST RELATED DOCUMENTS.

Plaintiffs shall produce all documents sent to, received from, shown to, exchanged with, or otherwise disclosed to any established or pending asbestos trust funds (including but not limited to their administrators and/or agents, supervising courts and their agents, claims processing facilities and their agents), for any purpose including, but not limited to, supporting a

claim for an asbestos-related injury, or providing notice of, or reserving a place for, a future claim for compensation for an asbestos-related injury. This production shall include, but is not limited to, ballots, questionnaires, submitted or filed forms, summaries, claims, "placeholder" claims, requests for extensions, requests for deferrals, all supporting documentation, all related communications, and all documents filed, lodged and/or submitted on or after January 1, 2015 pursuant to Rule 2019 of the Federal Rules of Bankruptcy Procedure. These communications are not privileged and must be produced pursuant to this order in each case.

In addition, declarations and/or affidavits that have been circulated to someone other than Plaintiff and Plaintiff's counsel (including his/her law firm) and set forth facts regarding a plaintiff's and/or decedent's exposure to asbestos or an asbestos-related injury, are not privileged and must be produced pursuant to this order in each case.

This production shall be made pursuant to this Order in each case at the same time that Plaintiffs serve responses to Defendants' Standard Interrogatories. In addition, the Court hereby orders that Plaintiffs shall supplement this production of bankruptcy claim related documents and declarations no later than 5 days before trial.

4. EFFECTIVE DATE OF ORDER.

This Order applies to all LAOSD Asbestos Cases where the initial complaint, or any amendment to a complaint to assert wrongful death and/or survival claims, is filed on or after February 1, 2015, for a six month trial period. This Order shall remain in effect after the

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conclusion of the six month trial period unless amended, vacated or otherwise superseded by further order of the Court.

IT IS SO ORDERED.

Dated: March \_\_, 2015

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Honorable Emilie H. Elias  
Judge, Los Angeles Superior Court

**SUPERIOR COURT OF THE STATE OF CALIFORNIA  
FOR THE COUNTY OF LOS ANGELES**

In re Los Angeles Asbestos Litigation – General  
Orders Coordinated Proceeding Special Title  
(Rule 3.550)

CASE NO. JCCP 4674

*Assigned for All Purposes to the Honorable  
Emilie H. Elias in Department 324*

LAOSD ASBESTOS CASES

LAOSD STANDARD BANKRUPTCY  
INTERROGATORIES TO PLAINTIFFS

**INTRODUCTION**

Each plaintiff in the above-captioned asbestos litigation is required to respond to the following Standard Bankruptcy Interrogatories separately and fully in writing, under oath, pursuant to *Code of Civil Procedure* §§2030.010, *et seq.* In responding these interrogatories, the plaintiff is required to furnish all information that is available to the plaintiff and anyone acting or purporting to act on his/her behalf, including, but not limited to, the plaintiff's counsel, agents, representatives, and employees. If the plaintiff cannot answer an interrogatory completely, he/she shall answer to the fullest extent possible and specify the reason(s) for his/her inability to respond fully.

**DEFINITIONS**

The following definitions apply to the terms used in these interrogatories:

ASBESTOS BANKRUPT ENTITY shall include all entities, trusts, and agents of all PERSONS who filed for bankruptcy due to asbestos liabilities including, but not limited to, those listed on Attachment A hereto.

DOCUMENT(S) shall mean "writing" as defined in *Evidence Code* § 250 including, but not limited to, any and all physical articles of admissible or inadmissible evidence, exemplars,

*Exhibit A*

packaging, invoices, contracts, agreements, purchase orders, memoranda, notes, instructions, catalogues, specifications, plans, formulas, bills of lading, receipts, work orders, customer cards, depositions, electronic mail, declarations, affidavits, written discovery DOCUMENTS, photographs, videotapes, audio tapes, scanned DOCUMENTS, microfiche, databases of records, Adobe Acrobat .pdf files, .tif files, .jpg files, .gif files, electronic images, digital images, digital files, hard drives, CD-ROMs, and DVD-ROMs. DOCUMENTS also include DOCUMENTS in the memory of computer systems, on diskettes, CD-ROMs, or on other computer memory storage devices.

IDENTIFY and IDENTITY shall mean to describe in sufficient detail to satisfy the requirements of a request for production of DOCUMENTS under *Code of Civil Procedure* §§ 2031.010 *et seq.*, including but not limited to the title, date, author and publisher of the DOCUMENT, and /or stating the name and address and telephone number of each PERSON indicated.

PLAINTIFF/DECEDENT shall mean the person whose alleged exposure to asbestos gives rise to the current lawsuit.

PERSON(S) shall mean any individual person, business, entity, or organization.

YOU and YOUR or any derivative thereof shall mean PLAINTIFF/DECEDENT as well as anyone acting or purporting to act on his/her behalf, including, but not limited to, plaintiff's and or decedent's agents, representatives, counsel, and employees.

### **INTERROGATORIES**

73. For each claim identified in response to Interrogatory No. 68, state all facts supporting the claim including, but not limited to, the brand name, manufacturer and supplier of each asbestos-containing product, material and/or compound with which PLAINTIFF/DECEDENT worked, worked around, or to which PLAINTIFF/DECEDENT was otherwise exposed, when the exposure occurred, and how the exposure occurred.

74. For each claim identified in response to Interrogatory No. 68, identify all PERSONS who have knowledge of facts about each asbestos-containing product, material



and/or compound with which PLAINTIFF/DECEDENT worked, worked around, or to which PLAINTIFF/DECEDENT was otherwise exposed, which support the claim.

75. For each ASBESTOS BANKRUPT ENTITY, state all facts in YOUR care, custody or control that PLAINTIFF/DECEDENT was exposed to any asbestos from an asbestos-containing product, material and/or compound related to that ASBESTOS BANKRUPT ENTITY, including, but not limited to, identification of the brand name, manufacturer and supplier of each asbestos-containing product, material and/or compound, when the exposure occurred, and how the exposure occurred.

76. For each ASBESTOS BANKRUPT ENTITY referenced in response to Interrogatory No. 75, IDENTIFY all PERSONS who have knowledge of facts about the exposure including, but not limited to, identification of the brand name, manufacturer and supplier of each asbestos-containing product, material and/or compound, when the exposure occurred, and how the exposure occurred.

77. For each ASBESTOS BANKRUPT ENTITY referenced in response to Interrogatory No. 75, IDENTIFY all DOCUMENTS that relate to the exposure including, but not limited to, identification of the brand name, manufacturer and supplier of each asbestos-containing product, material and/or compound, when the exposure occurred, how the exposure occurred, and witnesses to the exposure.

78. IDENTIFY all DOCUMENTS not previously identified in response to Interrogatory Nos. 68 and 77 that relate to any existing claim by PLAINTIFF/DECEDENT against every ASBESTOS BANKRUPT ENTITY including, but not limited to, ballots, declarations, claims, all documents filed, lodged and/or submitted on or after January 1, 2015 pursuant to Rule 2019 of the Federal Rules of Bankruptcy Procedure, claims or submissions, proofs of claim, and amendments or supplements thereto.

## Asbestos Bankruptcy Trusts

Trust Name
A&I Corporation Asbestos Bodily Injury Trust
A-Best Asbestos Settlement Trust
AC&S Asbestos Settlement Trust
Amatex Asbestos Disease Trust Fund
APG Asbestos Trust
API, Inc. Asbestos Settlement Trust
Armstrong World Industries Asbestos Personal Injury Settlement Trust
ARTRA 524(g) Asbestos Trust
ASARCO LLC Asbestos Personal Injury Settlement Trust
Babcock & Wilcox Company Asbestos Personal Injury Settlement Trust
Bartells Asbestos Settlement Trust
Specialty Products Holding Corp. (Bondex) Asbestos Settlement Trust
Brauer 524(g) Asbestos Trust
Burns and Roe Asbestos Personal Injury Settlement Trust
C. E. Thurston & Sons Asbestos Trust
Celotex Asbestos Settlement Trust
Christy Refractories Asbestos Personal Injury Trust
Combustion Engineering 524(g) Asbestos PI Trust
Congoleum Plan Trust
DII Industries, LLC Asbestos PI Trust
Durabla Manufacturing Company Asbestos Trust
Eagle-Picher Industries Personal Injury Settlement Trust
Federal Mogul U.S. Asbestos Personal Injury Trust
Flintkote Company and Flintkote Mines Limited Asbestos Personal Injury

Trust

Fuller-Austin Asbestos Settlement Trust

G-I Asbestos Settlement Trust

H.K. Porter Asbestos Trust

Hercules Chemical Company, Inc. Asbestos Trust

J.T. Thorpe Settlement Trust

JT Thorpe Company Successor Trust

Kaiser Asbestos Personal Injury Trust

Keene Creditors Trust

Leslie Controls, Inc. Asbestos Personal Injury Trust

Lummus 524(g) Asbestos PI Trust

Manville Personal Injury Settlement Trust

Metex Asbestos PI Trust

M.H. Detrick Company Asbestos Trust

Motors Liquidation Company Asbestos Personal Injury Trust

NGC Bodily Injury Trust

North American Refractories Company Asbestos Personal Injury Settlement Trust

Owens Corning Fibreboard Asbestos Personal Injury Trust

Pacor Settlement Trust

Pittsburgh Corning Corporation Asbestos PI Trust

Plant Insulation Company Asbestos Settlement Trust

Plibrico Asbestos Trust

Porter Hayden Bodily Injury Trust

Quigley Company, Inc. Asbestos PI Trust

Raytech Corporation Asbestos Personal Injury Settlement Trust

Rock Wool Mfg Company Asbestos Trust

Rutland Fire Clay Company Asbestos Trust

Shook & Fletcher Asbestos Settlement Trust

Stone and Webster Asbestos Trust

Swan Asbestos and Silica Settlement Trust

T H Agriculture & Nutrition, LLC Industries Asbestos Personal Injury Trust

Thorpe Insulation Company Asbestos Personal Injury Settlement Trust

United States Gypsum Asbestos Personal Injury Settlement Trust

United States Mineral Products Company Asbestos Personal Injury Settlement Trust

UNR Asbestos-Disease Claims Trust

Utex Industries, Inc. Successor Trust

Wallace & Gale Company Asbestos Settlement Trust

Western MacArthur-Western Asbestos Trust

WR Grace Asbestos PI Trust

**SUPERIOR COURT OF THE STATE OF CALIFORNIA  
FOR THE COUNTY OF LOS ANGELES**

In re Los Angeles Asbestos Litigation – General  
Orders Coordinated Proceeding Special Title  
(Rule 3.550)

LAOSD ASBESTOS CASES

CASE NO. JCCP 4674

*Assigned for All Purposes to the Honorable  
Emilie H. Elias in Department 324*

LAOSD STANDARD INTERROGATORIES  
TO PLAINTIFFS

(Revised March \_\_, 2015)

**INTRODUCTION**

Each plaintiff in the above-captioned asbestos litigation is required to respond to the following general order interrogatories separately and fully in writing, under oath, pursuant to *Code of Civil Procedure* §§2030.010, *et seq.* In responding these interrogatories, the plaintiff is required to furnish all information that is available to the plaintiff and anyone acting or purporting to act on his/her behalf, including, but not limited to, the plaintiff's counsel, agents, representatives, and employees. If the plaintiff cannot answer an interrogatory completely, he/she shall answer to the fullest extent possible and specify the reason(s) for his/her inability to respond fully.

**DEFINITIONS**

As used in these interrogatories, the term "YOU" and "YOUR" or any derivative thereof means plaintiff and/or decedent, as well as anyone acting or purporting to act on his/her behalf, including, but not limited to, plaintiff's agents, representatives, counsel, and employees.

*Exhibit 2*

As used in these Interrogatories, the term "PERSON(S)" includes a natural PERSON, firm, association, organization, partnership, business, trust, corporation, or public entity.

As used in these Interrogatories, the term "DOCUMENT(S)" means a writing as defined in *Evidence Code* § 250, and includes the original or a copy of any handwriting, printing, Photostatting, photographing, and every other means of recording upon any tangible thing in form of communication or representation, including letters, words, pictures, sounds, or symbols, or combinations of them. The term "DOCUMENT(S)" specifically includes, but is not limited to, any and all JOB files, contracts, invoices, work orders, JOB logs, specifications, blueprints, maps, purchase orders, and permits.

As used in these Interrogatories, the term "DESCRIBE" as it relates to equipment, product or material means provide a complete description of the equipment, product or material including but not limited to the name, manufacturer, supplier, distributor, color, texture, consistency, shape, size and any markings; a description of the container and/or packaging including size, color and all writing on the container and or packaging and a description of how the equipment, product or material was used.

As used in these interrogatories, "ASBESTOS-CONTAINING PRODUCT(S)" means any and all products that contain any amount of asbestos dust or fiber.

As used in these interrogatories, "RESPIRATORY PROTECTION EQUIPMENT" means any device or item of apparel used to prevent or reduce the inhalation of asbestos, or other dusts or fibers such as, but not limited to, kerchiefs, dust masks, respirators, hoods, and respirator filters, cartridges and canisters.

"IDENTIFY" in regards to WORKSITES means to state the name, street address (including city, state and zip code), property owner, building number, floor number, cross-street(s), parcel number, or other identifying characteristics of each WORKSITE alleged to be at issue.

“IDENTIFY” in regards to DOCUMENTS means to describe the DOCUMENT(S) with sufficient particularity to issue a subpoena, request for production and/or notice to produce, including the title, date, author, addressee or other recipient(s), and the name, address or other contact information for the custodian(s) of each DOCUMENT.

“IDENTIFY” in regards to PERSONS means to state the full name, JOB title, last known address (including city, state and zip code), telephone number and/or other contact information for each PERSON, if known to the Plaintiff answering these Interrogatories and/or his/her attorneys.

“IDENTIFY” in regards to ASBESTOS-CONTAINING PRODUCTS means to state the trade name, brand name and/or manufacturer of the product(s), and any other markings, writings or logos associated with the product.

As used in these interrogatories, the term “CONTRACTOR DEFENDANT(S)” means any Defendant who allegedly exposed YOU to asbestos as a result of their work involving the installation, use, handling, abatement, removal or disturbance of ASBESTOS or ASBESTOS-CONTAINING PRODUCTS.

As used in these interrogatories, the term “WORKSITE” means each premise, LOCATION or area where YOU contend YOU were exposed to asbestos, including but not limited to commercial buildings, tract housing, refinery facilities, shipyards, and vessels/ships.

“LOCATION” or “LOCATIONS” means the city, state, country, street address, intersection or shipyard. For work aboard ship, please IDENTIFY the ship and where it was located during the time YOU worked on board.

“OCCASION” refers to a day, any part of a day, or a series of day(s), week(s), month(s) or year(s) during which YOU worked continuously at a WORKSITE.

“SAFETY PRECAUTION” means respirators, masks, fans, air blowers, tarps, wet down procedures, isolation and any other equipment and/or methods used to limit or prevent exposure to dust.

When the word "AUTOMOBILE" or "AUTOMOTIVE" is used herein, It refers to any motor vehicle or mobile equipment and their systems or parts including, but not limited to, a car, truck, tractor, trailer, bus or heavy motorized equipment, upon which plaintiff claims he performed any repairs or work that resulted in an exposure to asbestos.

The term "FRICTION MATERIAL DEFENDANTS" means those defendants whom plaintiff(s) has/have named in the complaint and who plaintiff(s) allege(s) are in the business of selling, manufacturing or distributing "BRAKE LININGS" or "ASBESTOS-CONTAINING FRICTION PRODUCTS" and/or any other AUTOMOTIVE parts which plaintiff(s) allege(s) contain asbestos.

The term "ASBESTOS-CONTAINING FRICTION PRODUCTS" means "BRAKE LININGS" as defined above and AUTOMOBILE transmission parts such as clutches, clutch plates, clutch discs, clutch facings and linings, or any other AUTOMOBILE parts which contain or have parts made from asbestos, such as gaskets.

## **INTERROGATORIES**

### **I. BACKGROUND**

1. State YOUR full name, present address, date and place of birth, social security number, height, and weight, and, if YOU have a driver's license, the state of issuance and the number of that driver's license.

2. State any other name or names by which YOU have been known, including nickname(s), and the inclusive dates of use of that name or names.

3. State all YOUR former residence addresses, including street address, city, state, and zip code, that YOU have lived at during YOUR lifetime, giving the dates during which YOU lived at each address and the names of each PERSON and relationship to YOU who lived with YOU at each address.

4. If YOU are married, state the name of YOUR spouse, her/his age and present address (if different from YOUR address), and the date and place of YOUR marriage. If YOUR spouse is currently employed, state:



- a. The name and address of his/her employer;
  - b. Whether he/she is employed on full or part time basis; and
  - c. The amount of his/her average weekly or monthly salary.
5. State the names of any previous spouses, the dates and places of those marriages, and the dates those marriages were dissolved or terminated. If the marriage was terminated by a divorce, state the county and state in which the divorce papers were filed.
6. State the names, ages and present addresses of each of YOUR children.
7. State the names, ages and present addresses of each of YOUR parents. If they are deceased, indicate their age at death and cause of death.
8. State all schools including vocational programs YOU have attended since elementary/grade school up to the highest grade level YOU have completed, together with the date completed, name and LOCATION of the school YOU attended, and any degree or certificate YOU received from each school.
9. If YOU have been or are licensed by any agency, governmental or nongovernmental, to perform any profession, trade or occupation, state the following:
  - a. The date the license was issued;
  - b. The name and address of the agency issuing the license;
  - c. The profession, trade or occupation for which the license was issued;
  - d. Whether the license was revoked or suspended; and if so, the date and reason for each revocation and suspension; and
  - e. The amount of time YOU engage in the profession, trade or occupation, as authorized by the license.
10. If YOU have been convicted of a felony, state the date, place (city, county, and state) and nature of each felony conviction and court case number. If YOU served time in prison, state the dates and LOCATION of time served.

## **II. MILITARY SERVICE**

11. If YOU have ever been a member of the Armed Forces of the United States, or any other Country, state:

- a. The Country in which YOU served in the Armed Forces;
- b. The branch of service,
- c. YOUR serial number, and the highest rank or grade YOU held;
- d. The dates YOU began and ended YOUR military service;
- e. The type of discharge YOU received;
- f. At what LOCATIONS YOU served, if any, and the dates of such service;
- g. If YOU served aboard ship, identify the ship by name and/or hull number and the dates of such service;
- h. The specific nature of YOUR duties at each of the above LOCATIONS or ships;
- i. Any claimed exposure to asbestos products, and the nature and extent of any such exposure;
- j. YOUR veteran's administration number; and,
- k. If YOU received technical or vocational training as a member of the Armed Forces the type of training YOU received and dates of the training period.

## **III. EMPLOYMENT HISTORY**

12. If YOU are presently employed, state:

- a. The name and address of YOUR present employer;
- b. The name and address of YOUR immediate supervisor
- c. The nature of the work YOU do and YOUR JOB title;
- d. The number of hours, per week, YOU normally work;
- e. The date YOUR employment began and ended;

f. All of YOUR JOB positions from the beginning of YOUR employment and dates for each position;

g. YOUR present rate of pay or salary; and

13. If YOU are not presently employed, describe the reason why. If retired, state the date and specific reason(s) for YOUR retirement.

14. List all OCCASIONS during the last twenty years of YOUR life on which YOU have lost time from work for over ten consecutive days as a result of any of the following, and for each such loss, indicate the amount of time lost and the reason for the lost time:

a. Illness;

b. Injury.

15. If YOU have ever been discharged or voluntarily left a position due to health problems, state in detail the dates, names of employers, places of employment and circumstances surrounding each discharge or voluntary termination.

16. If YOU are or have ever been a member of any labor union, state for each union membership:

a. The name, address and telephone number of the union, the union local or chapter number of each union, and YOUR membership number, if any;

b. The dates and time periods during which YOU maintained membership in each such union.

17. List all of YOUR employment or JOBS that YOU have ever had in YOUR lifetime, including self-employment, and for each employment, state:

a. The employer's name, address and telephone number, and the dates of YOUR employment;

b. YOUR JOB title and a description of YOUR duties;

c. If YOU claim, or have reason to believe, YOU were exposed to asbestos, the manner of exposure, the duration and time period of exposure and the

type of product (e.g., insulation, cement, etc.) to which YOU were exposed;

- d. The LOCATION of each JOB site, including the name of each facility, shipyard, or ship, and the state and city where located, along with the beginning and ending dates of each such JOB;
- e. For each such JOB, state the name, approximate age, their JOB title at the place of employment, and last known address and phone number of all PERSONS with whom YOU worked, including but not limited to YOUR supervisor, on such JOB;
- f. The reason for each termination; and
- g. The rate of pay at each place of employment.

**IV. EXPOSURE TO ASBESTOS - PRODUCTS/EQUIPMENT**

18. For each product, material, compound or equipment (collectively referred to as “product”) which YOU contend contains ASBESTOS allegedly manufactured, produced, prepared, distributed or sold by any defendant named in this action or by its predecessors, subsidiaries, subdivisions or affiliates, and which YOU worked with or around or otherwise claim to have been exposed to at any time:

- a. Describe each product as specifically as possible, including its trade name, product type, ASBESTOS content, color, packaging, and manufacturer, together with a detailed description of when and how YOU became aware of this information;
- b. If not already identified in response to number 17(c) above, state the date(s) on which and places where YOU were exposed or YOUR best estimate thereof, together with the circumstances surrounding such exposure (i.e., whether YOU worked with it or were simply near an area where it was being used) to the product;

- c. Describe all instructions, recommendations or warnings of any kind that accompanied the product, together with the LOCATION(s) where this information appeared (e.g., printed on tag, tag covering, instruction sheet accompanying product, etc.);
- d. State the purpose for which YOU used the product;
- e. IDENTIFY all SAFETY PRECAUTIONS in place during YOUR use of the product;
- f. IDENTIFY (including name, address and telephone number) of YOUR supervisors and co-workers at the WORKSITE;
- g. IDENTIFY all PERSONS with knowledge of facts supporting YOUR response to this interrogatory and its subparts, not already identified in these responses; and
- h. IDENTIFY all DOCUMENTS which support YOUR response to this interrogatory and its subparts.

**V. USE OF RESPIRATORY PROTECTION EQUIPMENT**

19. IDENTIFY all RESPIRATORY PROTECTION EQUIPMENT that YOU contend YOU used at any time. For each item of RESPIRATORY PROTECTION EQUIPMENT identified, provide the following information:

- a. the name of the manufacturer of the RESPIRATORY PROTECTION EQUIPMENT;
- b. the name, model number, and type of the RESPIRATORY PROTECTION EQUIPMENT; and
- c. the name of YOUR employer and the name and address of the jobsite at the time YOU allegedly used the RESPIRATORY PROTECTION EQUIPMENT.

**VI. EXPOSURE TO ASBESTOS - PREMISES**

20. For each WORKSITE identified in YOUR Response to Interrogatory No. 18 above for which you are making a claim against a premises defendant for asbestos exposure at that WORKSITE, please state:

- a. IDENTIFY each PERSON who YOU contend owned the WORKSITE during the dates(s) or time period(s) when YOU worked there;
- b. IDENTIFY each PERSON who YOU contend operated the WORKSITE during the dates(s) or time period(s) when YOU worked there;
- c. IDENTIFY each PERSON who YOU contend controlled the WORKSITE during the dates(s) or time period(s) when YOU worked there;
- d. IDENTIFY each PREMISES OWNER who YOU contend exposed YOU to asbestos at the WORKSITE during the date(s) or time period(s) when YOU worked there;
- e. describe the nature or manner in which YOU contend YOU were exposed to asbestos at the WORKSITE as a result of work performed by each PREMISES OWNER;
- f. the identity (including name, address and telephone number) of YOUR employer(s);
- g. YOUR JOB title(s), if not described above;
- h. YOUR JOB duties, if not described above;
- i. the identity (including name, address and telephone number) of YOUR supervisors and co-workers at the WORKSITE, if not identified above;
- j. the identity of all PERSONS with knowledge of facts supporting YOUR response to this interrogatory and its subparts, not already identified in these responses; and
- k. IDENTIFY all DOCUMENTS which support YOUR response to this interrogatory and its subparts.

## **VII. EXPOSURE TO ASBESTOS - CONTRACTORS**

21. For each WORKSITE identified in YOUR Response to Interrogatory No. 18 above for which you are making a claim against contractor defendant for asbestos exposure at that WORKSITE, please state:

- a. IDENTIFY each PERSON who YOU contend owned the WORKSITE during the dates(s) or time period(s) when YOU worked there;
- b. IDENTIFY each PERSON who YOU contend operated the WORKSITE during the dates(s) or time period(s) when YOU worked there;
- c. IDENTIFY each PERSON who YOU contend controlled the WORKSITE during the dates(s) or time period(s) when YOU worked there;
- d. IDENTIFY each CONTRACTOR DEFENDANT who YOU contend exposed YOU to asbestos at the WORKSITE during the date(s) or time period(s) when YOU worked there;
- e. describe the nature or manner in which YOU contend YOU were exposed to asbestos at the WORKSITE as a result of work performed by each CONTRACTOR DEFENDANT.
- f. IDENTIFY (including name, address and telephone number) YOUR employer(s);
- g. YOUR JOB title(s), if not described above;
- h. YOUR JOB duties, if not described above;
- i. IDENTIFY (including name, address and telephone number) YOUR supervisors and co-workers at the WORKSITE, if not identified above;
- j. IDENTIFY all PERSONS with knowledge of facts supporting YOUR response to this interrogatory and its subparts, not already identified in these responses; and
- k. IDENTIFY all DOCUMENTS which support YOUR response to this interrogatory and its subparts.

### **VIII. EXPOSURE TO ASBESTOS - FRICTION**

22. Do YOU contend that YOU were exposed to asbestos from any ASBESTOS-CONTAINING FRICTION PRODUCTS at any place of employment? If so, please answer the following:

- a. The names and addresses of all places of employment where YOU contend such an exposure took place;
- b. The dates at each place of employment;
- c. YOUR JOB title at each place of employment;
- d. YOUR JOB responsibilities at each place of employment;
- e. A complete description of any work performed by YOU which YOU contend caused an asbestos exposure to you;
- f. A complete description of any work performed by others which YOU contend caused an asbestos exposure to you;
- g. List the specific parts or components YOU worked with which YOU contend are or were ASBESTOS-CONTAINING FRICTION PRODUCTS;
- h. State the frequency of YOUR exposure to each specific ASBESTOS-CONTAINING FRICTION PRODUCTS;
- i. IDENTIFY YOUR immediate supervisor(s) for each place of employment;
- j. IDENTIFY all of YOUR co-workers at each place of employment;
- k. IDENTIFY any other PERSON with knowledge of YOUR alleged exposure to ASBESTOS-CONTAINING FRICTION PRODUCTS at each place of employment;
- l. Whether any safety equipment or protective devices, including but not limited to engineering controls or respiratory protective equipment, with



respect to asbestos were provided to YOU or YOUR co-workers and, if so, a description of the equipment/devices;

- m. Whether any safety equipment or protective devices, including but not limited to engineering controls or respiratory protective equipment, with respect to asbestos were required to be used by YOU or YOUR co-workers and, if so, a description of the equipment/devices and the date on which they were first required; and
- n. Whether any safety equipment or protective devices, including but not limited to engineering controls or respiratory protective equipment, with respect to asbestos were used by YOU or YOUR co-workers and, if so a description of the equipment/devices and when they were first used.

23. Do YOU contend that YOU were exposed to asbestos from any ASBESTOS-CONTAINING FRICTION PRODUCTS anywhere other than a place of employment (i.e. during home auto repair)? If so, please answer the following:

- a. The LOCATION(s) where YOU contend that each such exposure took place;
- b. The dates at each exposure;
- c. For each exposure, IDENTIFY the owner of the VEHICLE on which YOU performed work with ASBESTOS-CONTAINING FRICTION PRODUCTS if known to you;
- d. For each such exposure, IDENTIFY any PERSON known to you to have observed YOU working with ASBESTOS-CONTAINING FRICTION PRODUCTS;
- e. For each such exposure, IDENTIFY any other PERSON known to you to have knowledge of YOUR alleged exposure to ASBESTOS-CONTAINING FRICTION PRODUCTS;

- f. A complete description of any work performed by YOU which YOU contend caused an asbestos exposure to you;
- g. A complete description of any work performed by others which YOU contend caused an asbestos exposure to you;
- h. List the specific parts or components YOU worked with which YOU contend are or were ASBESTOS-CONTAINING FRICTION PRODUCTS;
- i. Whether any safety equipment or protective devices, including but not limited to engineering controls or respiratory protective equipment, with respect to asbestos were used by YOU or others during this work and, if so, a description of the equipment/devices;
- j. Whether any safety equipment or protective devices, including but not limited to engineering controls or respiratory protective equipment, with respect to asbestos were used by YOU or others during this work and, if so a description of the equipment/devices and on which projects they were used.

24. Have YOU ever received any instruction or training in AUTOMOTIVE inspection, repair, maintenance or mechanics? If so, please state:

- a. Where YOU received such training;
- b. When YOU received such training;
- c. By whom the training was given, noting corporate identity as well as name and address of individuals;
- d. The subject or topics involved;
- e. The systems or parts of the AUTOMOBILE involved;
- f. Whether any safety equipment or protective devices, including but not limited to engineering controls or respiratory protective equipment,

with respect to asbestos were discussed and/or advised, and if so, describe the equipment/devices, and

- g. Whether the subject of asbestos (asbestos parts, asbestos health hazards, etc.) was discussed and if so, what was said.

25. Were technical or shop manuals ever made available to YOU at any places of employment where YOU performed AUTOMOTIVE repairs? If so, please state:

- a. How the manuals were made available;
- b. Where the manuals were made available;
- c. The time periods during which the manuals were made available;
- d. The identity of the manual (i.e., Chilton, etc.)
- e. What systems or components were covered in the manuals; and
- f. YOUR use of the manual (including frequency of use, reasons for use, etc.).

26. Are YOU contending that any defect or defective condition exists with respect to ASBESTOS-CONTAINING FRICTION PRODUCTS other than failure to warn? If so:

- a. Set forth YOUR contention with respect to the alleged defect or defective condition;
- b. State all facts upon which YOU base YOUR contention that a defect or defective condition (other than a failure to warn) exists with respect to ASBESTOS-CONTAINING FRICTION PRODUCTS;
  - c. Identify all DOCUMENT and/or writings upon which YOU rely in so contending; and
  - d. Identify all witnesses who have knowledge of the facts upon which YOU rely in so contending.

27. Are YOU contending that any warnings regarding ASBESTOS-CONTAINING FRICTION PRODUCTS given were inadequate or insufficient? If so, please state:

- a. YOUR contention as to each manufacturer or supplier of ASBESTOS-CONTAINING FRICTION PRODUCTS to which YOU contend were exposed;
- b. YOUR contention as to how each warning was insufficient;
- c. YOUR contention as to what a proper warning should have been; and
- d. Identify the witnesses who have PERSONAL knowledge of the facts YOU rely upon to support any of the contentions set forth above.

28. Do YOU contend that any misrepresentations were made to YOU by the manufacturer of supplier of ASBESTOS-CONTAINING FRICTION PRODUCTS? If so, please state:

- a. The nature or substance of the misrepresentation;
- b. By whom it was made;
- c. To whom it was made; and
- d. When it was made.

29. Were you/are YOU licensed or certified by any local, state or federal authority to perform work upon AUTOMOBILES? If so, please state:

- a. By whom YOU are licensed or certified;
- b. When YOU were licensed or certified;
- c. What the requirements are/were to become licensed or certified;
- d. Whether YOU had to pass any written examinations to become licensed or certified;
- e. Whether YOU had to pass any proficiency examinations to become licensed or certified;
- f. Whether YOU were ever retested or recertified and, if so, the dates of the retesting or recertification; and
- g. Whether YOUR license or certificate was revoked or suspended, and if so, when and why.

30. Did YOU ever complain to your superiors or coworkers about working conditions, specifically any potential hazards of working with ASBESTOS-CONTAINING FRICTION PRODUCTS? If so, please state:

- a. To whom did YOU complain;
- b. When did YOU complain;
- c. The nature of YOUR specific complain;
- d. What action, if any, was taken to rectify the situation;
- e. When such action was taken;
- f. Whether YOU repeated the complaints, if no action was taken;
- g. Whether YOUR co-workers joined in YOUR complaints;
- h. Identify anyone who may have heard YOU make YOUR complaints; and
- i. Whether YOUR complaints were made orally or in writing.

31. To YOUR knowledge, were any air samplings for asbestos levels taken at any of the LOCATIONS at which YOU worked? If so, please state:

- a. The work LOCATION or place of employment where this occurred;
- b. When the sampling(s) took place;
- c. By whom the sampling was performed;
- d. By what method the sampling was performed; and
- e. The results of the sampling.

32. To YOUR knowledge, did any governmental agency, whether federal or state, conduct any inspection of any of YOUR work LOCATIONS/places or employment? If so, please state:

- a. Name and address of each work place;
- b. Date(s) of inspection;
- c. Purpose of inspection;
- d. Findings of the inspection; and

e. Whether any changes (of the facilities, and equipment or in procedures) were instituted in the work environment within three month of the inspection.

33. At any time, were YOU aware of or did YOU read an bulletins, newsletters or similar publications regarding ASBESTOS-CONTAINING FRICTION PRODUCTS or asbestos-related health hazards issued by any manufacturer, distributor or seller of ASBESTOS-CONTAINING FRICTION PRODUCTS, governmental agency, dealership association, by any union or by any organization of AUTOMOTIVE mechanics? If so please state:

- a. The title of the publication;
- b. The date of the publication;
- c. The identity of the group publishing the DOCUMENT;
- d. Where YOU saw the DOCUMENT (at the place of employment or mailed to YOUR home);
- e. When YOU saw the DOCUMENT (received regularly or on an intermittent basis and the time frame of receipt);
- f. The specifics or details of the information concerning asbestos health hazards allegedly arising from ASBESTOS-CONTAINING FRICTION PRODUCTS; and
- g. What, if anything, YOU did in response to the information contained in this publication (including complaints to employers).

34. Other than the subject action, have YOU made or filed any claim, including a workers' compensation action, wherein YOU asserted a clam for injury and/or disability as a result of exposure to asbestos from BRAKE LININGS or ASBESTOS-CONTAINING FRICTION PRODUCTS? If so, please state the following:

- a. The place where YOUR claim or action was filed;
- b. The date YOUR claim or action was filed;
- c. The parties involved in YOUR claim or action; and

- d. The case or claim number of YOUR action.

**IX. EXPOSURE TO ASBESTOS - OTHER**

35. If YOU have ever worked with or around any product containing ASBESTOS manufactured, produced, prepared, distributed or sold by any other entity not named as a defendant in this lawsuit, identify each such entity and each such product.

36. If YOU believe YOU were ever exposed to ASBESTOS other than at the times or LOCATIONS identified in YOUR responses to prior interrogatories in this set, state:

- a. The date(s) and place(s) of such exposure;
- b. The circumstances surrounding such exposure;
- c. The nature of the ASBESTOS, the trade name of the ASBESTOS product; if any, and the name and address of their manufacturer;
- d. Describe what precautions YOU took, if any, to avoid exposure.

37. Did YOUR parents or any of YOUR siblings with whom YOU resided ever work with or have an exposure to any asbestos or ASBESTOS-CONTAINING PRODUCTS? If so, please state to the best of your knowledge (if any):

- a. The date(s) and place(s) of such exposure;
- b. The circumstances surrounding such exposure;
- c. nature of the ASBESTOS, the trade name of the ASBESTOS product; if any, and the name and address of their manufacturer;
- d. describe precautions YOU took, if any, to avoid exposure

**X. KNOWLEDGE OF THE HAZARDS OF ASBESTOS**

38. When did YOU first learn that exposure to asbestos was a potential health hazard?

39. Describe how YOU first became aware that exposure to asbestos was a potential health hazard.

40. When did YOU first observe anyone use any type of SAFETY PRECAUTION while working with and/or around asbestos or asbestos-containing products?

41. When, where and at whose direction did YOU first use any type of SAFETY PRECAUTION, including but not limited to engineering controls or respiratory protective equipment, while working with or around asbestos or asbestos-containing materials?

42. If any of YOUR employers have either required and/or made available physical examinations for their employees, state for each of those employers:

- a. the identity of the employer;
- b. the nature and extent of examinations;
- c. the frequency of examinations;
- d. whether they were required or optional;
- e. whether an x-ray examination was made;
- f. the frequency and/or dates and times on which YOU submitted to the examinations;
- g. whether YOU received the results of the examinations;
- h. whether YOU are currently in position of any DOCUMENTs that record the results of the examinations;
- i. the identity, including the name, address and telephone number of the examining physician, nurse, technician or other medical provider;
- j. if YOU did not submit to the examination, provide YOUR detailed reasons for choosing or failing to submit to the examinations offered; and
- k. IDENTIFY all DOCUMENTs evidencing the information requested by this interrogatory and its subparts or otherwise describe with sufficient particularity the DOCUMENTs YOU have in YOUR possession that record the information set forth herein.

43. If any of YOUR employers ever suggested or recommended that YOU should use any device to reduce YOUR possible exposure to, or inhalation of, ASBESTOS, state for each and every such employer:

- a. Its name, address and telephone number;



- b. The date, time and place when the suggestion or recommendation was made, together with the name, and employment position of the PERSON making the suggestion or recommendation;
- c. Description of the suggestion or recommendation;
- d. Whether the suggestion or recommendation was written or oral;
- e. The IDENTITY of each device referred to in each suggestion or recommendation;
- f. The nature of any action, if any, taken by YOU in response to the suggestions.

**XI. MEDICAL HISTORY/INFORMATION**

44. State whether you have ever been diagnosed as suffering from any of the following illnesses, diseases or abnormal physical conditions:

- a. Infectious disease (e.g., tuberculosis, pneumonia, typhoid fever, hepatitis);
- b. Cardiac disease;
- c. Gastrointestinal disease;
- d. Genitourinary disease or infection;
- e. Skin disease;
- f. Blood disease;
- g. Neurological disease (including fainting spells, emotional upset, epilepsy, etc.);
- h. Kidney disease;
- i. Liver disease or dysfunction;
- j. Cerebrovascular accident;
- k. Personality disturbances or diseases;
- l. Metabolic disease;
- m. Allergy;
- n. Peripheral-vascular disease or circulatory disturbances;

- o. Glandular disease;
- p. An abnormal physical condition symptomatic of diseases such as edema of the extremities, chest pains, prolonged subnormal or elevated temperature, recurring headaches, jaundice, excessive hunger or thirst, etc.;
- q. Pulmonary or other respiratory condition or disease;
- r. Rib injuries;
- s. Obesity;
- t. Parasitic disease;
- u. Cancer.

45. State the following for each illness, disease or physical condition identified in response to the previous interrogatory;

- a. The date on which YOU were diagnosed with or became aware of same;
- b. The names and addresses of all physicians or other health care practitioners who treated YOU for same;
- c. The name and addresses of all hospitals or other institutions where YOU were confined for same;
- d. As to each illness, disease or physical condition, whether it has resolved or continues at the present time.

46. If YOU were diagnosed with any pulmonary disease(s) and contend it is related in any way to YOUR alleged exposure to ASBESTOS, state all facts upon which this contention is based.

47. If any of the members of YOUR immediate family (i.e., parents, siblings, children and grandchildren) have ever been diagnosed with any respiratory impairment, illness or condition, identify each such PERSON, specifying:

- a. The nature of that respiratory impairment (e.g., bronchitis, asthma, pneumonia);
- b. When that respiratory impairment first developed;

- c. Whether that respiratory impairment is or has been treated by any physician and, if so, the name and address of that physician; and
- d. The determined cause of the respiratory impairment if known.

48. If any members of YOUR immediate family (i.e., parents, siblings, children, and grandchildren) have been diagnosed with any form of cancer, identify each such PERSON, specifying:

- a. The nature and site of that cancer;
- b. When that cancer first developed and/or was diagnosed; and
- c. Whether it was determined that asbestos caused or contributed to the cancer.

49. If any member of YOUR immediate family (i.e., parents, siblings, children and grandchildren) died because of cancer or a pulmonary condition or has ever been diagnosed with cancer or a pulmonary disease, state the following for each such PERSON:

- a. The nature of his/her illness and/or diagnosis if known to "You.";
- b. His/her name and relationship to you;
- c. His/her age at the time of death and the cause of death, if from said illness.

50. If YOU contend that YOU have incurred any injuries as a result of exposure to ASBESTOS, describe separately and in complete detail each and every complaint, symptom, adverse reaction or other injury (hereinafter collectively referred to as "symptom") which YOU contend resulted from exposure. Include in YOUR answer:

- a. The date, or if unknown, YOUR best approximation of the date on which YOU first began exhibiting each symptom;
- b. The progression, if any, of each symptom;
- c. The date each symptom ceased to affect you;
- d. The name, address and telephone number of each physician to whom each symptom was reported, together with the date each symptom was reported;

- e. What each physician told YOU was the cause of each symptom, together with the date YOU were told this;
- f. The names, addresses and telephone numbers of each physician who treated YOU for the symptom;
- g. The names, addresses, and phone numbers of each physician subsequently affirming or contradicting any diagnosis as to the cause of each symptom;
- h. Whether YOU have ever lost any time from work as a result of any such symptom;
- i. Whether any such symptom ever precluded or hindered YOU from performing YOUR regular occupation or JOB duties.

51. If YOU have ever been told by a physician or other health care provider that YOUR complaints, symptoms, adverse reactions or injuries described in the preceding Interrogatory may have been caused by factors other than exposure to ASBESTOS (including, but not limited to, smoking), state:

- a. The names, addresses and telephone numbers of any physicians or health care providers who indicated that other factors or reasons could be involved;
- b. What you were told by that person, and
- c. The dates that person told YOU that he/she believed or suspected that other factors or reasons might be involved.

52. If YOU or YOUR attorney have any medical reports from any PERSONS, hospitals, doctors or medical practitioners or institutions that have ever treated or examined YOU at any time and said records have not been produced to Defendant(s), please state:

- a. The author of said report and, if applicable, the address of the medical office or institution on behalf of whom the report was prepared;
- b. The date of said report;
- c. The subject matter of said report;

- d. The name, JOB title, address and present whereabouts of the PERSON who has present custody or control thereof.

## **XII. SMOKING HISTORY**

- 53. If YOU have ever used tobacco products of any type, state fully and in detail:
  - a. The type of tobacco product YOU have used;
  - b. The daily frequency with which YOU smoke or have smoked;
  - c. The dates and time periods during which YOU have smoked;
  - d. For any time period during which YOU ceased using tobacco products, YOUR reasons for stopping;
  - e. For any time period that YOU commenced using tobacco products after a period of having stopped, YOUR reasons for beginning again;
  - f. If YOU have smoked cigarettes, state the brand name and the average number of packs smoked per day for each year YOU have smoked, whether they were filtered or unfiltered, together with the inclusive dates YOU have smoked cigarettes (e.g., Lucky Strikes; one pack per day between 1930 and 1931, two packs per day between 1931 and 1960; 1930-1960);
  - g. If YOU have ever been advised by any physician to stop smoking or to stop using other tobacco products and, if so, the date and the name and address of each physician who gave any such advice, and whether YOU followed such advice;
  - h. If YOU have ever been advised by any physician that YOU developed any illness, disease or physical condition as a result of smoking or the use of other tobacco products, state the date; the illness, disease or condition; and the name and address of each physician who gave such advice.

54. Are YOU aware of the United States Surgeon General's warning placed on all cigarette packages and advertisements?

- a. If so, please state when YOU became aware of the warning and whether or not YOU have ever read said warning;
- b. Subsequent to becoming aware of, or reading said warning have YOU ever smoked;
- c. Cigarettes; or
- d. Other tobacco products.

### **XIII. DAMAGES**

55. State the total medical expenses, including hospital expenses, which YOU have incurred, or which has been incurred on YOUR behalf, to date, as a result of the injuries, complaints, etc., which YOU attribute to YOUR alleged exposure to ASBESTOS, itemizing each such charge.

56. If any PERSON has contributed any money, goods, services or benefits of any kind, during the previous ten years for the support of either yourself or YOUR spouse, identify each such PERSON, and, in addition, state:

- a. Their relationship to you;
- b. The nature and amount of any money, goods, services or benefits contributed to the support of yourself or YOUR spouse, together with dates on which or during which such support was received.

57. If any insurance company, union, or other PERSON, firm or corporation has paid for or reimbursed YOU or anyone on YOUR behalf for, or has become obligated to pay for or reimburse YOU or anyone on YOUR behalf for, any medical or hospital expense incurred by the alleged exposure to ASBESTOS, or any disability or other benefits, loss of earnings, property damage or any other item, list such expenses, itemizing the dates incurred, the nature of such expense, and the name and address of the insurance company, union PERSON, firm or

corporation who or which has paid or is obligated for the payment for, or reimbursement for, said expenses.

58. If YOU claim YOU have lost wages or earnings as a result of YOUR alleged exposure to ASBESTOS, state:

- a. The amount of time lost from work or employment, together with the date(s) involved and the name and address of the employer;
- b. The gross amount of salary or earnings which YOU received from each payday, stating the intervals of such paydays;
- c. The gross amount of salary or earnings actually lost;
- d. Of the total sum stated in response to subpart c of this interrogatory, the amount that would be YOUR net take-home pay after deduction of taxes and all other authorized deductions;
- e. If self-employed, state the total time lost from business, listing the dates involved and the gross financial loss to you, stating the nature of such loss and how incurred; and
- f. Of the total sum stated in response to subpart e of this interrogatory, the amount that would be YOUR net loss after deduction of taxes.

59. If YOU claim any damages for pain and suffering, state:

- a. The amount of damages so claimed;
- b. The extent, duration, intensity and nature of the pain and suffering;
- c. The specific cause of such pain and suffering;
- d. The treatment, if any, prescribed for relief of such pain and suffering and the name and address of each PERSON prescribing such treatment;

- e. All drugs used for the relief of pain or other symptoms of the diseases alleged, specifically identifying the precise name of the drug, precise quantity prescribed for each dose and the number of doses or applications of all such drugs;

60. If YOU are receiving any form of disability pension, state from whom it is received, the amount received on a weekly, monthly, or yearly basis, and the length of time during which YOU will continue to receive this pension.

61. If YOU claim that injuries YOU have sustained from ASBESTOS exposure have limited or adversely affected YOUR occupation or non-occupational lifestyle and activities, state the nature of the limitation or change, when it began, and how it has progressed.

62. If any children, relatives or other PERSONS are financially dependent upon you, and you are claiming emotional damages because of concern for surviving dependents, then state with respect to each such PERSON:

- a. His/her full name and present residence address;
- b. His/her relationship to YOU and degree of financial dependency upon you;
- c. The amounts contributed from all sources to his/her support during the five years preceding YOUR responses to these interrogatories; and
- d. The last year when you provided any type of support to him/her.

#### **XIV. PRIOR AND SUBSEQUENT CLAIMS AND LITIGATION**

63. If YOU have ever made a claim for personal injury or filed an action or proceeding in any court or other forum related to personal injury, other than in the present matter, please state:

- a. The nature of such injury or injuries;
- b. The date when such injury or injuries were sustained in each instance, the place of occurrence and the nature of the incident or accident causing the injury;



- c. The court in which the claim or action was filed and case number;
- d. The names and addresses of all PERSONS and companies to whom said claims were made;
- e. The present status of such claims (pending, settled, dismissed, etc.).

64. If YOU have ever filed a claim in order to receive benefits from either F.E.L.A., F.E.C.A., L.H.W.C.A. or the State of California (or any other state) Workers' Compensation Fund for an occupational injury, including, but not limited to, one arising out of exposure to ASBESTOS, for each claim state:

- a. The date the claim was filed;
- b. The basis for the claim;
- c. The county or state in which the claim was filed and claim number;
- d. The organization to whom the claim was presented;
- e. The present status of the claim;
- f. The amount of any benefit received; and
- g. The date YOU first received such benefits.

**XV. INSURANCE**

65. Identify all of YOUR health, accident and disability insurance policies and any other policies that provided coverage for health related conditions. As to each, state fully and in detail:

- a. The name and address of each insurance carrier and number;
- b. The amount of insurance coverage provided by the policy;
- c. The date of effective period of the policy;
- d. The name and address of the PERSON or entity having possession of the policy;
- e. The named insured of the insured policy;
- f. The type of policy.

66. If YOU have ever at any time made a claim for or received any health or accident insurance benefits, worker's compensation payment, disability benefits, pensions, accident compensation payments or veteran's disability compensation awards, state for each claim:

- a. The circumstances under which YOU made the claim for benefits, awards or payments;
- b. The illness, injury or injuries for which YOU made the claim for benefits, awards or payments;
- c. The name and address of YOUR employer(s) at the time of the injury or illness for which YOU made the claim;
- d. The name and address of the examining doctor(s) for each injury or illness;
- e. The name and address of the superiors, officers, boards or tribunals before which or to whom the claim was made or filed, and the date the claim was made or filed;
- f. The identity of the agencies or insurance companies from whom YOU received the awards, benefits or payments.

67. Are YOU now, or have you ever, received Medicare Benefits? If so, please state:

- a. Whether YOU are currently enrolled in Medicare;
- b. If YOU are not currently enrolled in Medicare, whether YOU have previously been enrolled;
- c. The dates on which YOUR current Medicare enrollment began;
- d. The dates on which any prior Medicare enrollment was in place;
- e. YOUR current and/or former Medicare number(s);

#### **XVI. BANKRUPTCY TRUST CLAIM**

68. Have YOU or YOUR representative filed any claim against any trust established or approved in accordance with the asbestos trust and channeling provisions of the U.S.

*Bankruptcy Code*, 11 U.S.C. § 524(g)-(h) (hereinafter “TRUST”)? If so, provide the following information:

- a. IDENTIFY each Trust, by name and address, to which a claim has been filed or submitted by YOU or for YOUR behalf;
- b. The date on which each claim was submitted;
- c. IDENTIFY all DOCUMENTS submitted to any TRUST or TRUSTEE including, but not limited to, proof of claim forms, ballots, all documents filed, lodged and/or submitted on or after January 1, 2015 pursuant to Rule 2019 of the Federal Rules of Bankruptcy Procedure, individual review claims, discounted cash payment claims, expedited review claims, diagnosing reports, work history reports/summaries, medical history reports/summaries, chest X-Rays, CT Scans, Pulmonary Function tests/reports, Pathology Reports, Dependent and Beneficiary summaries/forms, land exposure summaries/history, shipboard exposure summaries/history, litigation history forms, amendments and supplements to any such documents and any other forms or documents that list, detail, evidence, reflect, embody, or demonstrate the asbestos-containing products to which you were allegedly exposed or the disease or medical condition for which you submitted a claim;
- d. IDENTIFY all documents received from any TRUST, including but not limited to, release letters, deficiency letters, status letters, hold letters, denial letters, claims resolution procedure documents, trust distribution procedure documents, and any other correspondence from the trust, fund, or account; and
- e. IDENTIFY the person who prepared and/or submitted the claim;

69. Describe the status of all claim submitted by YOU or someone on your behalf, the status of all claims submitted to any Trust on YOUR behalf, including but not limited to whether the claim has been accepted, denied, or is currently pending.

70. If you have not received any payments from one or more of the TRUSTs to which YOU have submitted a claim, state whether the TRUST has agreed to pay YOU on some future date, or whether payment is contingent upon some future event.

71. For all payments any TRUST has agreed to make to YOU but that have not yet been made, state when YOU expect to receive each payment, describe the terms and conditions of each payment YOU expect to receive and IDENTIFY all documents constituting or relating to any agreements with the TRUST.

72. Please state whether payment of any settlement amounts to YOU from any TRUST have been deferred for any reason, including but not limited to, pending the outcome of any other litigation, and if so, state the circumstances of the deferral and IDENTIFY all documents relating to the deferred payment.

**EXHIBIT 1**

- Ceiling Tiles/Acoustical Applications

Defendants: \_\_\_\_\_  
\_\_\_\_\_

- Blankets/Cloth

Defendants: \_\_\_\_\_  
\_\_\_\_\_

- Automobile/Truck Repair (ie: brakes, clutches, mufflers)

Defendants: \_\_\_\_\_  
\_\_\_\_\_

- Non-automotive Friction Products

Defendants: \_\_\_\_\_  
\_\_\_\_\_

- Protective Equipment

Defendants: \_\_\_\_\_  
\_\_\_\_\_

- Paint

Defendants: \_\_\_\_\_  
\_\_\_\_\_

- Asbestos Fiber/Fiber Product

Defendants: \_\_\_\_\_  
\_\_\_\_\_

- Phenolic Resins

Defendants: \_\_\_\_\_  
\_\_\_\_\_

- Drywall/Joint&Taping Compounds

Defendants: \_\_\_\_\_  
\_\_\_\_\_

Fireproofing

Defendants: \_\_\_\_\_  
\_\_\_\_\_

Floor Tile/Flooring and Decking Materials

Defendants: \_\_\_\_\_  
\_\_\_\_\_

Wire/Cable/Electrical Products

Defendants: \_\_\_\_\_  
\_\_\_\_\_

Insulation/Insulating Materials

Defendants: \_\_\_\_\_  
\_\_\_\_\_

Construction – Commercial

Defendants: \_\_\_\_\_  
\_\_\_\_\_

Construction – Industrial

Defendants: \_\_\_\_\_  
\_\_\_\_\_

Construction – Residential

Defendants: \_\_\_\_\_  
\_\_\_\_\_

Packing/Gaskets/Rope

Defendants: \_\_\_\_\_  
\_\_\_\_\_

Mechanical Equipment (ie: pumps, valves, compressors, generators, boilers, turbines)

Defendants: \_\_\_\_\_  
\_\_\_\_\_

HVAC (ie: chillers, heaters, coolers, furnaces)

Defendants: \_\_\_\_\_

Refractory Materials

Defendants: \_\_\_\_\_

Sheetmetal/Duct Work

Defendants: \_\_\_\_\_

Roofing

Defendants: \_\_\_\_\_

Stucco/Plaster

Defendants: \_\_\_\_\_

Asbestos Cement Products (pipe, board, siding)

Defendants: \_\_\_\_\_

Longshoremen/Dock Workers

Defendants: \_\_\_\_\_

Carpentry/Millwork

Defendants: \_\_\_\_\_

Grinding and Tooling Machines

Defendants: \_\_\_\_\_

Mastic/Resin Exposure

Defendants: \_\_\_\_\_  
\_\_\_\_\_

Aircraft

Defendants: \_\_\_\_\_

Maritime

Defendants: \_\_\_\_\_  
\_\_\_\_\_

Paper

Defendants: \_\_\_\_\_  
\_\_\_\_\_

Plumbing/Pipefitting

Defendants: \_\_\_\_\_  
\_\_\_\_\_

Other

\_\_\_\_\_

Defendants: \_\_\_\_\_  
\_\_\_\_\_

Other

\_\_\_\_\_

Defendants: \_\_\_\_\_  
\_\_\_\_\_

Other

\_\_\_\_\_

Defendants: \_\_\_\_\_  
\_\_\_\_\_

Other

\_\_\_\_\_

Defendants: \_\_\_\_\_  
\_\_\_\_\_



Other

Defendants:

**EXHIBIT 2**

*[Plaintiff/Decedent Work History and/or other jobsites at issue]*