



**FILED**  
Superior Court of California  
County of Los Angeles

**APR 07 2015**

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

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

Coordinated Proceeding  
Special Title (Rule 3.550)

CASE NO. JCCP 4674

LAOSD ASBESTOS CASES

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 Plaintiffs' attached

1 hereto as Exhibit 2 which contains a revision to Interrogatory 68. In addition, the Court hereby  
2 orders that plaintiff s supplement and update their response s to Defendant's additional  
3 interrogatories (Exhibit 1) and interrogatories 68 to 72 of the LAOSD Standard Interrogatories to  
4 Plaintiffs (Exhibit 2), no later than 5 days before trial, if new witnesses or documents have been  
5 discovered.

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

17  
18 2. BANKRUPTCY TRUST AUTHORIZATIONS.

19 Plaintiffs shall execute and provide a Bankruptcy Trust Authorization in the form  
20 attached hereto as Exhibit 3 at the same time and in the same manner as the other authorizations  
21 pursuant to this Court' s Order regarding Plaintiffs' Authorization s.  
22

23 3. PRODUCTION OF BANKRUPTCY TRUST RELATED DOCUMENTS.

24 Plaintiffs shall produce all documents sent to, received from , shown to, exchanged with ,  
25 or otherwise disclosed to any established or pending asbestos trust funds (including but not limited  
26 to their administrators and/or agents, supervising courts and their agents, claims processing  
27 facilities and their agents), for any purpose including, but not limited to, supporting a claim for an  
28 asbestos-related injury, or providing notice of, or reserving a place for, a future claim for

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

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

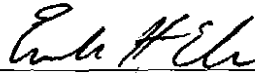
11 This production shall be made pursuant to this Order in each case at the same time that  
12 Plaintiffs serve responses to Defendants ' Standard Interrogatories. In addition, the Court hereby  
13 orders that Plaintiffs shall supplement this production of bankruptcy claim related documents and  
14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

15  
16 4. EFFECTIVE DATE OF ORDER.

17 This Order applies to all LAOSD Asbestos Cases where the initial complaint, or any  
18 amendment to a complaint to assert wrongful death and/or survival claims, is filed on or after  
19 February 1, 2015, for a six month trial period. This Order shall remain in effect after the  
20 conclusion of the six month trial period unless amended , vacated or otherwise superseded by  
21 further order of the Court.

22  
23 IT IS SO ORDERED.

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25 DATED: 4/7, 2015

26   
27 \_\_\_\_\_  
28 Honorable Emilie H. Elias  
Los Angeles Superior Court Judge

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**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

) LAOSD STANDARD BANKRUPTCY  
INTERROGATORIES TO PLAINTIFFS

LAOSD ASBESTOS CASES

) [EXHIBIT 1]

**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.

1 DOCUMENT(S) shall mean "writing" as defined in *Evidence Code* § 250 including, but  
2 not limited to, any and all physical articles of admissible or inadmissible evidence, exemplars,  
3 packaging, invoices, contracts, agreements, purchase orders, memoranda, notes, instructions,  
4 catalogues, specifications, plans, formulas, bills of lading, receipts, work orders, customer cards,  
5 depositions, electronic mail, declarations, affidavits, written discovery DOCUMENTS ,  
6 photographs, videotapes, audiotapes, scanned DOCUMENTS, microfiche, databases of records,  
7 Adobe Acrobat.pdf files, jpg files, electronic images, digital images, digital files, hard drives,  
8 CD-ROMs, and DVD-ROM s. DOCUMENTS also include DOCUMENTS in the memory of  
9 computer systems, on diskettes, CD-ROMs, or on other computer memory storage devices.

10 IDENTIFY and IDENTITY shall mean to describe in sufficient detail to satisfy the  
11 requirements of a request for production of DOCUMENTS under *Code of Civil Procedure*  
12 §§ 2031.010 *et seq.*, including but not limited to the title, date, author and publisher of the  
13 DOCUMENT, and /or stating the name and address and telephone number of each PERSON  
14 indicated.

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

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

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

## 22 INTERROGATORIES

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

1           74. For each claim identified in response to Interrogatory No. 68, identify all  
2 PERSONS who have knowledge of facts about each asbestos-containing product, material  
3 and/or compound with which PLAINTIFF/DECEDENT worked, worked around, or to which  
4 PLAINTIFF/DECEDENT was otherwise exposed, which support the claim.

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

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

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

21           78. IDENTIFY all DOCUMENTS not previously identified in response to  
22 Interrogatory Nos. 68 and 77 that relate to any existing claim by PLAINTIFF/DECEDENT  
23 against every ASBESTOS BANKRUPT ENTITY including, but not limited to, ballots,  
24 declarations, claims, all documents filed, lodged and/or submitted on or after January 1, 2015  
25 pursuant to Rule 2019 of the Federal Rules of Bankruptcy Procedure, claims or submissions,  
26 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-1 Asbestos Settlement Trust

1        **Trust Name** – Cont'd.

2

3        H.K. Porter Asbestos Trust

4        Hercules Chemical Company, Inc. Asbestos Trust

5        J.T. Thorpe Settlement Trust

6        JT Thorpe Company Successor Trust

7        Kaiser Asbestos Personal Injury Trust

8        Keene Creditors Trust

9        Leslie Controls, Inc. Asbestos Personal Injury Trust

10       Lummus 524(g) Asbestos PI Trust

11       Manville Personal Injury Settlement Trust

12       Metex Asbestos PI Trust

13       M.H. Detrick Company Asbestos Trust

14       Motors Liquidation Company Asbestos Personal Injury Trust

15       NGC Bodily Injury Trust

16       North American Refractories Company Asbestos Personal Injury Settlement Trust

17       Owens Corning Fibreboard Asbestos Personal Injury Trust

18       Pacor Settlement Trust

19       Pittsburgh Corning Corporation Asbestos PI Trust

20       Plant Insulation Company Asbestos Settlement Trust

21       Plibrico Asbestos Trust

22       Porter Hayden Bodily Injury Trust

23       Quigley Company, Inc. Asbestos PI Trust

24       Raytech Corporation Asbestos Personal Injury Settlement Trust

25       Rock Wool Mfg. Company Asbestos Trust

26       Rutland Fire Clay Company Asbestos Trust

27       Shook & Fletcher Asbestos Settlement Trust

28       Stone and Webster Asbestos Trust



1        **Trust Name** – Cont'd.

2  
3        Swan Asbestos and Silica Settlement Trust

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

5        Thorpe Insulation Company Asbestos Personal Injury Settlement Trust

6        United States Gypsum Asbestos Personal Injury Settlement Trust

7        United States Mineral Products Company Asbestos Personal Injury Settlement Trust

8        UNR Asbestos-Disease Claims Trust

9        Utex Industries, Inc. Successor Trust

10       Wallace & Gale Company Asbestos Settlement Trust

11       Western MacArthur-Western Asbestos Trust

12       WR Grace Asbestos PI Trust

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

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

) CASE NO. JCCP 4674

) LAOSD STANDARD INTERROGATORIES  
TO PLAINTIFFS

11 LAOSD ASBESTOS CASES

) [EXHIBIT 2]  
12  
13

14 **INTRODUCTION**

15 Each plaintiff in the above-captioned asbestos litigation is required to respond to the  
16 following general order interrogatories separately and fully in writing, under oath, pursuant to  
17 *Code of Civil Procedure* §§2030.010, *et seq.* In responding these interrogatories, the plaintiff is  
18 required to furnish all information that is available to the plaintiff and anyone acting or purporting  
19 to act on his/her behalf, including, but not limited to, the plaintiff's counsel, agents,  
20 representatives, and employees. If the plaintiff cannot answer an interrogatory completely, he/she  
21 shall answer to the fullest extent possible and specify the reason(s) for his/her inability to respond  
22 fully.  
23

24 **DEFINITIONS**

25 As used in these interrogatories, the term "YOU" and "YOUR" or any derivative thereof  
26 means plaintiff and/or decedent, as well as anyone acting or purporting to act on his/her behalf,  
27 including, but not limited to, plaintiff's agents, representatives, counsel, and employees.  
28

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

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

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

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

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

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

26 "IDENTIFY" in regards to DOCUMENTS means to describe the DOCUMENT(S) with  
27 sufficient particularity to issue a subpoena, request for production and/or notice to produce,  
28

1 including the title, date, author, addressee or other recipient(s) , and the name, address or other  
2 contact information for the custodian(s) of each DOCUMENT.

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

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

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

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

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

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

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

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

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

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

## 10 11 INTERROGATORIES

### 12 I. BACKGROUND

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

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

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

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

- 25 a. The name and address of his/her employer;
  - 26 b. Whether he/she is employed on full or part time basis; and
  - 27 c. The amount of his/her average weekly or monthly salary.
- 28

1           5.       State the names of any previous spouses, the dates and places of those marriages,  
2 and the dates those marriages were dissolved or terminated. If the marriage was terminated by a  
3 divorce, state the county and state in which the divorce papers were filed.

4           6.       State the names, ages and present addresses of each of YOUR children.

5           7.       State the names, ages and present addresses of each of YOUR parents. If they are  
6 deceased, indicate their age at death and cause of death.

7           8.       State all schools including vocational programs YOU have attended since  
8 elementary/grade school up to the highest grade level YOU have completed , together with the  
9 date completed, name and LOCATION of the school YOU attended, and any degree or certificate  
10 YOU received from each school.

11          9.       If YOU have been or are licensed by any agency, governmental or  
12 nongovernmental, to perform any profession, trade or occupation, state the following:

- 13           a.       The date the license was issued;
- 14           b.       The name and address of the agency issuing the license;
- 15           c.       The profession, trade or occupation for which the license was issued;
- 16           d.       Whether the license was revoked or suspended; and if so, the date and  
17               reason for each revocation and suspension; and
- 18           e.       The amount of time YOU engage in the profession, trade or occupation, as  
19               authorized by the license.

20          10.      If YOU have been convicted of a felony, state the date, place (city, county, and  
21 state) and nature of each felony conviction and court case number. If YOU served time in prison,  
22 state the dates and LOCATION of time served.

23  
24 **II.    MILITARY SERVICE**

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

- 27           a.       The Country in which YOU served in the Armed Forces;

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

15  
16 **III.   EMPLOYMENT HISTORY**

17       12.    If YOU are presently employed, state:

- 18           a.    The name and address of YOUR present employer;  
19           b.    The name and address of YOUR immediate supervisor  
20           c.    The nature of the work YOU do and YOUR JOB title;  
21           d.    The number of hours, per week, YOU normally work;  
22           e.    The date YOUR employment began and ended;  
23           f.    All of YOUR JOB positions from the beginning of YOUR employment and  
24                     dates for each position;  
25           g.    YOUR present rate of pay or salary; and

26       13.    If YOU are not presently employed, describe the reason why. If retired, state the  
27   date and specific reason(s) for YOUR retirement.  
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1           14. List all OCCASIONS during the last twenty years of YOUR life on which YOU  
2 have lost time from work for over ten consecutive days as a result of any of the following, and for  
3 each such loss, indicate the amount of time lost and the reason for the lost time:

- 4           a. Illness;
- 5           b. Injury.

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

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

- 11           a. The name, address and telephone number of the union, the union local or  
12 chapter number of each union, and YOUR membership number, if any;
- 13           b. The dates and time periods during which YOU maintained membership in  
14 each such union.

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

- 17           a. The employer 's name, address and telephone number, and the dates of  
18 YOUR employment;
- 19           b. YOUR JOB title and a description of YOUR duties;
- 20           c. If YOU claim, or have reason to believe, YOU were exposed to asbestos,  
21 the manner of exposure, the duration and time period of exposure and the  
22 type of product (e.g., insulation, cement, etc.) to which YOU were exposed;
- 23           d. The LOCATION of each JOB site, including the name of each facility,  
24 shipyard, or ship, and the state and city where located, along with the  
25 beginning and ending dates of each such JOB;
- 26           e. For each such JOB, state the name, approximate age, their JOB title at the  
27 place of employment , and last known address and phone number of all  
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1 PERSONS with whom YOU worked , including but not limited to YOUR  
2 supervisor, on such JOB;

- 3 f. The reason for each termination; and
- 4 g. The rate of pay at each place of employment.

5  
6 **IV. EXPOSURE TO ASBESTOS- PRODUCTS/EQUIPMENT**

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

- 12 a. Describe each product as specifically as possible, including its trade name,  
13 product type, ASBESTOS content, color, packaging, and manufacturer ,  
14 together with a detailed description of when and how YOU became aware  
15 of this information;
- 16 b. If not already identified in response to number 17(c) above, state the  
17 date(s) on which and places where YOU were exposed or YOUR best  
18 estimate thereof, together with the circumstances surrounding such  
19 exposure (i.e., whether YOU worked with it or were simply near an area  
20 where it was being used) to the product ;
- 21 c. Describe all instructions, recommendations or warnings of any kind that  
22 accompanied the product, together with the LOCATION(s) where this  
23 information appeared (e.g., printed on tag, tag covering, instruction sheet  
24 accompanying product, etc.);
- 25 d. State the purpose for which YOU used the product;
- 26 e. IDENTIFY all SAFETY PRECAUTIONS in place during YOUR use of the  
27 product;

- 1 f. IDENTIFY (including name, address and telephone number) of YOUR  
2 supervisors and co-workers at the WORKSITE;
- 3 g. IDENTIFY all PERSONS with knowledge of facts supporting YOUR  
4 response to this interrogatory and its subparts, not already identified  
5 in these responses; and
- 6 h. IDENTIFY all DOCUMENTS which support YOUR response to this  
7 interrogatory and its subparts.  
8

9 **V. USE OF RESPIRATORY PROTECTION EQUIPMENT**

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

- 13 a. The name of the manufacturer of the RESPIRATORY PROTECTION  
14 EQUIPMENT;
- 15 b. The name, model number, and type of the RESPIRATORY PROTECTION  
16 EQUIPMENT; and
- 17 c. The name of YOUR employer and the name and address of the jobsite at  
18 the time YOU allegedly used the RESPIRATORY PROTECTION  
19 EQUIPMENT .  
20

21 **VI. EXPOSURE TO ASBESTOS - PREMISES**

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

- 25 a. IDENTIFY each PERSON who YOU contend owned the WORK.SITE  
26 during the dates(s) or time period(s) when YOU worked there;
- 27 b. IDENTIFY each PERSON who YOU contend operated the WORKSITE  
28 during the dates(s) or time period(s) when YOU worked there;

- 1 c. IDENTIFY each PERSON who YOU contend controlled the WORKSITE  
2 during the dates(s) or time period(s) when YOU worked there;
- 3 d. IDENTIFY each PREMISES OWNER who YOU contend exposed YOU to  
4 asbestos at the WORKSITE during the date(s) or time period(s) when YOU  
5 worked there;
- 6 e. Describe the nature or manner in which YOU contend YOU were exposed  
7 to asbestos at the WORKSITE as a result of work performed by each  
8 PREMISES OWNER;
- 9 f. the identity (including name, address and telephone number) of YOUR  
10 employer(s);
- 11 g. YOUR JOB title(s), if not described above;
- 12 h. YOUR JOB duties, if not described above;
- 13 i. The identity (including name, address and telephone number) of YOUR  
14 supervisors and co-workers at the WORKSITE , if not identified above;
- 15 j. The identity of all PERSONS with knowledge of facts supporting YOUR  
16 response to this interrogatory and its subparts, not already identified in these  
17 responses; and response to this interrogatory and its subparts, not already  
18 identified in
- 19 k. IDENTIFY all DOCUMENTS which support YOUR response to this  
20 interrogatory and its subparts.

21

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

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

- 26 a. IDENTIFY each PERSON who YOU contend owned the WORKSITE  
27 during the dates(s) or time period(s) when YOU worked there;
- 28

- 1 b. IDENTIFY each PERSON who YOU contend operated the WORKSITE  
2 during the dates(s) or time period(s) when YOU worked there;
- 3 c. IDENTIFY each PERSON who YOU contend controlled the WORKSITE  
4 during the dates(s) or time period(s) when YOU worked there;
- 5 d. IDENTIFY each CONTRACTOR DEFENDANT who YOU contend  
6 exposed YOU to asbestos at the WORKSITE during the date(s) or time  
7 period(s) when YOU worked there;
- 8 e. Describe the nature or manner in which YOU contend YOU were exposed  
9 to asbestos at the WORKSITE as a result of work performed by each  
10 CONTRACTOR DEFENDANT.
- 11 f. IDENTIFY (including name, address and telephone number) YOUR  
12 employer(s);
- 13 g. YOUR JOB title(s), if not described above;
- 14 h. YOUR JOB duties, if not described above;
- 15 i. IDENTIFY (including name, address and telephone number) YOUR  
16 supervisors and co-workers at the WORKSITE, if not identified above;
- 17 j. IDENTIFY all PERSONS with knowledge of facts supporting YOUR  
18

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

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

- 23 a. The names and addresses of all places of employment where YOU  
24 contend such an exposure took place;
- 25 b. The dates at each place of employment;
- 26 c. YOUR JOB title at each place of employment;
- 27 d. YOUR JOB responsibilities at each place of employment;
- 28

- 1 e. A complete description of any work performed by YOU which YOU  
2 contend caused an asbestos exposure to you;
- 3 f. A complete description of any work performed by others which YOU  
4 contend caused an asbestos exposure to you;
- 5 g. List the specific parts or components YOU worked with which YOU  
6 contend are or were ASBESTOS-CONTAINING FRICTION PRODUCTS;
- 7 h. State the frequency of YOUR exposure to each specific  
8 ASBESTOS-CONTAINING FRICTION PRODUCTS;
- 9 i. IDENTIFY YOUR immediate supervisor(s) for each place of employment;
- 10 j. IDENTIFY all of YOUR co-workers at each place of employment;
- 11 k. IDENTIFY any other PERSON with knowledge of YOUR alleged exposure  
12 to ASBESTOS-CONTAINING FRICTION PRODUCTS at each place of  
13 employment;
- 14 l. Whether any safety equipment or protective devices, including but not  
15 limited to engineering controls or respiratory protective equipment, with  
16 respect to asbestos were provided to YOU or YOUR co-workers and, if so,  
17 a description of the equipment/devices;
- 18 m. Whether any safety equipment or protective devices, including but not  
19 limited to engineering controls or respiratory protective equipment, with  
20 respect to asbestos were required to be used by YOU or YOUR co-workers  
21 and, if so, a description of the equipment/devices and the date on which  
22 they were first required; and
- 23 n. Whether any safety equipment or protective devices, including but not  
24 limited to engineering controls or respiratory protective equipment, with  
25 respect to asbestos were used by YOU or YOUR co-workers and, if so a  
26 description of the equipment/devices and when they were first used.  
27  
28

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

- 4           a. The LOCATION(s) where YOU contend that each such exposure took  
5 place;
- 6           b. The dates at each exposure;
- 7           c. For each exposure, IDENTIFY the owner of the VEHICLE on which YOU  
8 performed work with ASBESTOS-CONTAINING FRICTION  
9 PRODUCTS if known to you;
- 10          d. For each such exposure, IDENTIFY any PERSON known to you to have  
11 observed YOU working with ASBESTOS-CONTAINING FRICTION  
12 PRODUCTS;
- 13          e. For each such exposure, IDENTIFY any other PERSON known to you to  
14 have knowledge of YOUR alleged exposure to ASBESTOS-CONTAINING  
15 FRICTION PRODUCTS;
- 16          f. A complete description of any work performed by YOU which YOU  
17 contend caused an asbestos exposure to you;
- 18          g. A complete description of any work performed by others which YOU  
19 contend caused an asbestos exposure to you;
- 20          h. List the specific parts or components YOU worked with which YOU  
21 contend are or were ASBESTOS-CONTAINING FRICTION  
22 PRODUCTS;
- 23          i. Whether any safety equipment or protective devices, including but not  
24 limited to engineering controls or respiratory protective equipment, with  
25 respect to asbestos were used by YOU or others during this work and, if so,  
26 a description of the equipment/devices;
- 27          j. Whether any safety equipment or protective devices, including but not  
28 limited to engineering controls or respiratory protective equipment , with

1 respect to asbestos were used by YOU or others during this work and, if so  
2 a description of the equipment/devices and on which projects they were  
3 used.

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

- 6 a. Where YOU received such training;  
7 b. When YOU received such training;  
8 c. By whom the training was given, noting corporate identity as well as name  
9 and address of individuals;  
10 d. The subject or topics involved;  
11 e. The systems or parts of the AUTOMOBILE involved;  
12 f. Whether any safety equipment or protective devices, including but not  
13 limited to engineering controls or respiratory protective equipment,  
14 with respect to asbestos were discussed and/or advised , and if so, describe  
15 the equipment/devices, and  
16 g. Whether the subject of asbestos (asbestos parts, asbestos health hazards,  
17 etc.) was discussed and if so, what was said.

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

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

26 26. Are YOU contending that any defect or defective condition exists with respect  
27 to ASBESTOS-CONTAINING FRICTION PRODUCTS other than failure to warn? If so:  
28

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

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

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

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

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

26 29. Were you/are YOU licensed or certified by any local, state or federal authority  
27 to perform work upon AUTOMOBILES? If so, please state:  
28



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

12 30. Did YOU ever complain to your superiors or coworkers about working conditions,

13 specifically any potential hazards of working with ASBESTOS-CONTAINING FRICTION

14 PRODUCTS? If so, please state:

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

24 31. To YOUR knowledge, were any air samplings for asbestos levels taken at any of

25 the LOCATIONS at which YOU worked? If so, please state:

- 26 a. The work LOCATION or place of employment where this occurred ;
- 27 b. When the sampling(s) took place;
- 28 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

1 g. What, if anything, YOU did in response to the information contained in this  
2 publication (including complaints to employers).

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

- 7 a. The place where YOUR claim or action was filed;  
8 b. The date YOUR claim or action was filed;  
9 c. The parties involved in YOUR claim or action; and  
10 d. The case or claim number of YOUR action.

11  
12 **IX. EXPOSURE TO ASBESTOS - OTHER**

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

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

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

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

- 26 a. The date(s) and place(s) of such exposure;  
27 b. The circumstances surrounding such exposure;

- 1 c. Nature of the ASBESTOS, the trade name of the ASBESTOS product; if  
2 any, and the name and address of their manufacturer;  
3 d. Describe precautions YOU took, if any, to avoid exposure.  
4

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

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

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

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

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

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

- 16 a. The identity of the employer;  
17 b. The nature and extent of examinations;  
18 c. The frequency of examinations;  
19 d. Whether they were required or optional;  
20 e. Whether an x-ray examination was made;  
21 f. The frequency and/or dates and times on which YOU submitted to the  
22 examinations;  
23 g. Whether YOU received the results of the examinations;  
24 h. Whether YOU are currently in position of any DOCUMENTS that  
25 record the results of the examinations;  
26 i. The identity, including the name, address and telephone number of the  
27 examining physician, nurse, technician or other medical provider;  
28

- 1 j. If YOU did not submit to the examination, provide YOUR detailed reasons  
2 for choosing or failing to submit to the examinations offered; and  
3 k. IDENTIFY all DOCUMENTs evidencing the information requested by this  
4 interrogatory and its subparts or otherwise describe with sufficient  
5 particularly the DOCUMENTs YOU have in YOUR possession that record  
6 the information set forth herein.

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

- 10 a. Its name, address and telephone number;  
11 b. The date, time and place when the suggestion or recommendation was  
12 made, together with the name, and employment position of the PERSON  
13 making the suggestion or recommendation;  
14 c. Description of the suggestion or recommendation;  
15 d. Whether the suggestion or recommendation was written or oral;  
16 e. The IDENTITY of each device referred to in each suggestion or  
17 recommendation;  
18 f. The nature of any action, if any, taken by YOU in response to the  
19 suggestions.  
20

21 **XI. MEDICAL HISTORY/INFORMATION**

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

- 24 a. Infectious disease (e.g., tuberculosis, pneumonia, typhoid fever, hepatitis);  
25 b. Cardiac disease;  
26 c. Gastrointestinal disease;  
27 d. Genitourinary disease or infection;  
28 e. Skin disease;

- 1 f. Blood disease;
- 2 g. Neurological disease (including fainting spells, emotional upset, epilepsy,
- 3 etc.);
- 4 h. Kidney disease;
- 5 i. Liver disease or dysfunction;
- 6 J. Cerebrovascular accident;
- 7 k. Personality disturbances or diseases;
- 8 l. Metabolic disease;
- 9 m. Allergy;
- 10 n. Peripheral-vascular disease or circulatory disturbances;
- 11 o. Glandular disease;
- 12 p. An abnormal physical condition symptomatic of diseases such as edema of
- 13 the extremities, chest pains, prolonged subnormal or elevated temperature,
- 14 recurring headaches ,jaundice , excessive hunger or thirst, etc.;
- 15 q. Pulmonary or other respiratory condition or disease;
- 16 r. Rib injuries;
- 17 s. Obesity;
- 18 t. Parasitic disease;
- 19 u. Cancer.

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

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

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

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

- 7           a. The nature of that respiratory impairment (e.g., bronchitis, asthma,  
8 pneumonia);
- 9           b. When that respiratory impairment first developed;
- 10          c. Whether that respiratory impairment is or has been treated by any  
11 physician and, if so, the name and address of that physician; and
- 12          d. The determined cause of the respiratory impairment if known.

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

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

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

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

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

- 1 a. The date, or if unknown, YOUR best approximation of the date on  
2 which YOU first began exhibiting each symptom;  
3 b. The progression, if any, of each symptom;  
4 c. The date each symptom ceased to affect you;  
5 d. The name, address and telephone number of each physician to whom each  
6 symptom was reported, together with the date each symptom was reported;  
7 e. What each physician told YOU was the cause of each symptom, together  
8 with the date YOU were told this;  
9 f. The names, addresses and telephone numbers of each physician who treated  
10 YOU for the symptom;  
11 g. The names, addresses, and phone numbers of each physician subsequently  
12 affirming or contradicting any diagnosis as to the cause of each symptom;  
13 h. Whether YOU have ever lost any time from work as a result of any such  
14 symptom;  
15 i. Whether any such symptom ever precluded or hindered YOU from  
16 performing YOUR regular occupation or JOB duties.

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

- 21 a. The names, addresses and telephone numbers of any physicians or health  
22 care providers who indicated that other factors or reasons could be  
23 involved;  
24 b. What you were told by that person, and  
25 c. The dates that person told YOU that he/she believed or suspected  
26 that other factors or reasons might be involved.  
27  
28



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

- 4           a. The author of said report and, if applicable, the address of the medical  
5 office or institution on behalf of whom the report was prepared;  
6           b. The date of said report;  
7           c. The subject matter of said report;  
8           d. The name, JOB title, address and present whereabouts of the PERSON who  
9 has present custody or control thereof.

10  
11 **XII. SMOKING HISTORY**

12           53. If YOU have ever used tobacco products of any type, state fully and in detail:

- 13           a. The type of tobacco product YOU have used;  
14           b. The daily frequency with which YOU smoke or have smoked;  
15           c. The dates and time periods during which YOU have smoked;  
16           d. For any time period during which YOU ceased using tobacco  
17 products, YOUR reasons for stopping;  
18           e. For any time period that YOU commenced using tobacco products after  
19 a period of having stopped, YOUR reasons for beginning again;  
20           f. If YOU have smoked cigarettes, state the brand name and the average  
21 number of packs smoked per day for each year YOU have smoked, whether  
22 they were filtered or unfiltered , together with the inclusive dates YOU have  
23 smoked cigarettes (e.g., Luck y Strikes; one pack per day between 1930  
24 and 1931, two packs per day between 1931 and 1960;  
25 19301960);  
26           g. If YOU have ever been advised by any physician to stop smoking or to stop  
27 using other tobacco products and, if so, the date and the name and address  
28

1 of each physician who gave any such advice, and whether YOU followed  
2 such advice;

- 3 h. If YOU have ever been advised by any physician that YOU developed  
4 any illness, disease or physical condition as a result of smoking or the use of  
5 other tobacco products, state the date; the illness, disease or condition ; and  
6 the name and address of each physician who gave such advice.

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

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

15  
16 **XIII. DAMAGES**

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

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

- 24 a. Their relationship to you;  
25 b. The nature and amount of any money, goods, services or benefits  
26 contributed to the support of YOU or YOUR spouse, together with dates on  
27 which or during which such support was received.  
28

1           57. If any insurance company, union , or other PERSON, firm or corporation has paid  
2 for or reimbursed YOU or anyone on YOUR behalf for, or has become obligated to pay for or  
3 reimburse YOU or anyone on YOUR behalf for, any medical or hospital expense incurred by the  
4 alleged exposure to ASBESTOS , or any disability or other benefits, loss of earnings, property  
5 damage or any other item, list such expenses, itemizing the dates incurred , the nature of such  
6 expense, and the name and address of the insurance company, union PERSON , firm or  
7 corporation who or which has paid or is obligated for the payment for, or reimbursement for,  
8 said expenses.

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

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

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

- 25           a. The amount of damages so claimed;
- 26           b. The extent, duration, intensity and nature of the pain and suffering;
- 27           c. The specific cause of such pain and suffering;

- 1           d.     The treatment, if any, prescribed for relief of such pain and suffering  
2                     and the name and address of each PERSON prescribing such treatment;  
3           e.     All drugs used for the relief of pain or other symptoms of the diseases  
4                     alleged, specifically identifying the precise name of the drug, precise  
5                     quantity prescribed for each dose and the number of doses or applications of  
6                     all such drugs;

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

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

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

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

22  
23   **XIV. PRIOR AND SUBSEQUENT CLAIMS AND LITIGATION**

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

- 27                     a.     The nature of such injury or injuries;  
28                     b.     The date when such injury or injuries were sustained in each instance, the

1 place of occurrence and the nature of the incident or accident causing the  
2 injury;

3 c. The court in which the claim or action was filed and case number;

4 d. The names and addresses of all PERSONS and companies to whom said  
5 claims were made;

6 e. The present status of such claims (pending, settled, dismissed, etc.).

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

11 a. The date the claim was filed;

12 b. The basis for the claim;

13 c. The county or state in which the claim was filed and claim number;

14 d. The organization to whom the claim was presented;

15 e. The present status of the claim;

16 f. The amount of any benefit received; and

17 g. The date YOU first received such benefits.

18  
19 **XV. INSURANCE**

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

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

25 a. The circumstances under which YOU made the claim for benefits, awards  
26 or payments;

27 b. The illness, injury or injuries for which YOU made the claim for benefits,  
28 awards or payments;

- 1 c. The name and address of YOUR employer(s) at the time of the injury or  
2 illness for which YOU made the claim;
- 3 d. The name and address of the examining doctor(s) for each injury or illness;
- 4 e. The name and address of the superiors, officers, boards or tribunals  
5 before which or to whom the claim as made or filed, and the date the claim  
6 as made or filed;
- 7 f. The identity of the agencies or insurance companies from whom YOU  
8 received the awards, benefits or payments.

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

- 10 a. Whether YOU are currently enrolled in Medicare:
- 11 b. If YOU are not currently enrolled in Medicare, whether YOU have  
12 previously been enrolled;
- 13 c. The dates on which YOUR current Medicare enrollment began;
- 14 d. The dates on which any prior Medicare enrollment was in place;
- 15 e. YOUR current and/or former Medicare number(s);
- 16

17 **XVI. BANKRUPTCY TRUST CLAIM**

18 68. Have YOU or YOUR representative filed any claim against any trust established or  
19 approved in accordance with the asbestos trust and channeling provisions of the *U.S. Bankruptcy*  
20 *Code*, 11 U.S.C. § 524(g)-(h) (hereinafter "TRUST")? If so, provide the following  
21 information:

- 22 a. IDENTIFY each Trust, by name and address, to which a claim has been  
23 filed or submitted by YOU or for YOUR behalf;
- 24 b. The date on which each claim was submitted;
- 25 c. IDENTIFY all DOCUMENTS submitted to any TRUST or TRUSTEE  
26 including, but not limited to, proof of claim forms, ballots, all documents  
27 filed, lodged and/or submitted on or after January 1, 2015 pursuant to Rule  
28 2019 of the Federal Rules of Bankruptcy Procedure , individual review

1 claims, discounted cash payment claims, expedited review claims,  
2 diagnosing reports, work history reports/summaries, medical history  
3 reports/summaries, chest X-Rays, CT Scans, Pulmonary Function  
4 tests/reports, Pathology Reports, Dependent and Beneficiary  
5 summaries/forms, land exposure summaries/history, shipboard exposure  
6 summaries/history, litigation history forms, amendments and supplements  
7 to any such documents and any other forms or documents that list, detail,  
8 evidence, reflect, embody, or demonstrate the asbestos-containing products  
9 to which you were allegedly exposed or the disease or medical condition for  
10 which you submitted a claim;

11 d. IDENTIFY all documents received from any TRUST, including but not  
12 limited to, release letters, deficiency letters, status letters, hold letters, denial  
13 letters, claims resolution procedure documents, trust distribution procedure  
14 documents, and any other correspondence from the trust, fund, or account ;  
15 and

16 e. IDENTIFY the person who prepared and/or submitted the claim;

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

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

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

27 72. Please state whether payment of any settlement amounts to YOU from any TRUST  
28 have been deferred for any reason , including but not limited to, pending the outcome of any other

1 litigation, and if so, state the circumstances of the deferral and IDENTIFY all documents relating  
2 to the deferred payment.

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**EXHIBIT 1**

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• Ceiling Tiles/Acoustical Applications

Defendants: \_\_\_\_\_  
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• Blankets/Cloth

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

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

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

• Non-automotive Friction Products

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

• Protective Equipment

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

1 • Paint

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

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6 • Asbestos Fiber/Fiber Product

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

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11 • Phenolic Resins

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

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16 • Drywall/Joint & Taping Compounds

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

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21 • Fireproofing

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

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• Floor Tile/Flooring and Decking Materials

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

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• Wire/Cable/Electrical Products

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

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• Insulation/Insulating Materials

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

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• Construction – Commercial

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

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• Construction – Industrial

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

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• Construction – Residential

Defendants: \_\_\_\_\_  
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• Packing/Gaskets/Rope

Defendants: \_\_\_\_\_  
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• Mechanical Equipment (i.e.: pumps, valves, compressors, generators, boilers, turbines)

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

• HVAC (i.e.: chillers, heaters, coolers, furnaces)

Defendants: \_\_\_\_\_  
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• Refractory Materials

Defendants: \_\_\_\_\_  
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• Sheetmetal/Duct Work

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

• Roofing

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

• Stucco/Plaster

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

• Asbestos Cement Products (pipe, board, siding)

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

• Longshoremen/Dock Workers

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

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• Carpentry/Millwork

Defendants: \_\_\_\_\_  
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• Grinding and Tooling Machines

Defendants: \_\_\_\_\_  
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• Mastic/Resin Exposure

Defendants: \_\_\_\_\_  
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• Aircraft

Defendants: \_\_\_\_\_  
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• Maritime

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

1 • Paper

2 Defendants:

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6 • Plumbing/Pipefitting

7 Defendants:

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10 • Other

11 Defendants:

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15 • Other

16 Defendants:

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20 • Other

21 Defendants:

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25 • Other

26 Defendants:

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• Other

Defendants:

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**EXHIBIT 2**

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

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