

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

FILED
SUPERIOR COURT OF CALIFORNIA
COUNTY OF LOS ANGELES

AUG 11 2014

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

LAOSD ASBESTOS CASES

Judicial Council Coordination
Proceeding No. 4674

**CASE MANAGEMENT STANDING
ORDER RE: DISCOVERY IN ALL
COORDINATED LAOSD CASES**

CCW Dept. 324

Judge: Hon. Emilie H. Elias

DISCOVERY CASE MANAGEMENT ORDER

The following is a Discovery Case Management Order (hereinafter "Discovery CMO") for all coordinated LAOSD personal injury or wrongful death asbestos matters filed in, or transferred to, Los Angeles, Orange and San Diego counties on and after August 11, 2014.

I. AUTHORITY AND APPLICATION OF ORDER.

Judicial Council Coordinated Proceedings Case No. 4674 (hereinafter referred to as "ASBESTOS LITIGATION" or "JCCP 4674") is deemed complex litigation within the meaning of the California Standards of Judicial Administration for Complex Litigation Section 19 and California *Rules of Court*, Rule 3.400 *et seq.* As such, ASBESTOS LITIGATION requires specialized, efficient management to minimize burdens on the Court and the litigants and to keep costs reasonable.

The law in California empowers the Court with broad authority to manage its cases and to ensure the administration of due process. To that end, Los Angeles County Local Rule 2.7(b)(1)(A) expressly states that “[t]he Los Angeles Asbestos Litigation has been determined to be complex litigation.”

The Court hereby finds that entry of this Discovery CMO regarding discovery in ASBESTOS LITIGATION will benefit the Court, counsel and litigants, and will further the orderly conduct and management of ASBESTOS LITIGATION in this jurisdiction. The Court further finds that adoption of this Discovery CMO will not cause undue hardship or significant prejudice to any party. This Discovery CMO shall apply to all cases filed in or transferred into the JCCP 4674 after on and after August 11, 2014.

This Discovery CMO may be amended or modified in a specific case by one of the following procedures: (1) a Court-approved stipulation of all parties, (2) a motion by any party, upon hearing and good cause shown, or (3) by the Court, on its own motion. Except for amendments in a specific case as described above, this Discovery CMO shall remain in effect and be binding on all parties until amended or modified and may be amended or modified only by one of the following procedures: (1) a Court-approved stipulation of all parties related to a specific case or case(s); (2) a motion by any party, upon hearing and good cause shown, after having sought leave of court via application filed in JCCP 4674 and served on all parties in that case; or (3) by the Court, on its own motion.

II. PRELIMINARY FACT SHEET.

Each plaintiff who files an action in Judicial Council Coordinated Proceedings Case No. 4674 must complete, and file and serve, a Personal Injury or Wrongful Death Preliminary Fact Sheet, attached hereto **Exhibit “1”**, whichever one is applicable, along with the filing of each initial Complaint in a new matter. In completing this Preliminary Fact Sheet, plaintiff shall fully respond to each question and provide all of the information available to plaintiff that is sought by

each question. The questions should be read broadly. If Plaintiff does not know the answer to any question, plaintiff should state that to be the case. If any question is not applicable to Plaintiff and Plaintiff's case, plaintiff should provide whatever information is available to Plaintiff and, as to any information sought by the question which Plaintiff does not know, plaintiff should identify what part of the question plaintiff cannot answer. Plaintiff may consult with his/her attorney if Plaintiff has any questions regarding the completion of these forms. Plaintiff may attach as many sheets of paper as necessary to answer these questions.

The information sought in the applicable Preliminary Fact Sheet is directed to the individual who is claiming or is claimed to have been exposed to asbestos. If Plaintiff is completing the Preliminary Fact Sheet for someone who was allegedly exposed to asbestos who has died or cannot complete them him/herself, please answer as completely as you can for that person. Objections to any question in the Preliminary Fact Sheet shall be set forth in a separate document attached to the Preliminary Fact Sheet.

The preliminary fact sheet does not need to contain a verification by the Plaintiff(s). The preliminary fact sheet is to be used solely for informational purposes.

III. STANDARD INTERROGATORIES.

A. Service of Standard Interrogatories.

Defendants' Standard Interrogatories to Plaintiffs are attached hereto as **Exhibit "2"**. These Standard Interrogatories shall be deemed served as set forth below. Plaintiffs' Standard Interrogatories to Defendants are attached hereto as **Exhibit "3"**. Defendants' responses to Plaintiffs' Standard Interrogatories shall be served sixty (60) days after service or sixty (60) days after plaintiff has served his/her verified responses to defendants' Standard Interrogatories, whichever is later. No party shall be required to answer a particular interrogatory more than once. If any party has previously answered a

particular interrogatory, it shall be sufficient to answer by reference to such prior answer and to provide a copy thereof.

B. Preference Cases.

If Plaintiff has indicated in the Preliminary Fact Sheet that he/she will be seeking a preferential trial date, Defendants' Standard Interrogatories shall be deemed served on Plaintiff at the time the Complaint is filed and Plaintiff must serve responses with verification thereto within thirty (30) calendar days of the filing the initial Complaint. If Plaintiff files a motion for preferential trial setting, plaintiff's responses with verifications to Defendants' Standard Interrogatories shall be served with and attached to the motion for preferential trial setting. If the motion for preference is granted, Defendants' responses to Plaintiffs' Standard Interrogatories shall be due within 30 days of the Court's Order, assuming that Plaintiffs' responses to Defendants' Standard Interrogatories were served with the motion for preference.

Service of Plaintiff's responses to Standard Interrogatories may be accomplished by posting the responses on the approved electronic service provider's online file in that case. Plaintiffs are not required to individually serve any Defendant. Any Defendant who enters the lawsuit after Plaintiff has already posted the Standard Interrogatory responses shall obtain a copy of the responses through the approved electronic service provider.

C. Non-Preference Cases.

If Plaintiff does not indicate in the Preliminary Fact Sheet that he/she will be seeking a preferential trial date, Defendants' Standard Interrogatories shall be deemed served on Plaintiff thirty (30) days after the filing of the Complaint and Plaintiff must serve responses with verifications thereto within sixty (60) calendar days of the filing of the initial Complaint.

IV. SPECIAL INTERROGATORIES, REQUESTS FOR ADMISSIONS, FORM INTERROGATORIES, SUPPLEMENTAL INTERROGATORIES AND REQUESTS FOR PRODUCTION.

Absent agreement by the parties or subsequent Order of the Court, procedures relating to service of and responses to Requests for Admission, Form Interrogatory No. 17.1, Supplemental Interrogatories and Requests for Production shall be governed by the applicable sections of the *Code of Civil Procedure*.

Each party may propound special interrogatories, which shall contain no more than ten (10) questions, without subparts. Said special interrogatories may be served at any time after Plaintiff or Defendant has answered standard interrogatories. Plaintiff and Defendant shall respond to the special interrogatories within the time period and in the manner prescribed by the applicable sections of *Code of Civil Procedure* Sections 2030.010, *et seq.* Any party may seek leave of Court for additional special interrogatories, upon a showing of good cause by bringing a regularly noticed motion.

V. PLAINTIFF AND/OR ALLEGED PRODUCT IDENTIFICATION WITNESS DEPOSITIONS.

A. Unless stipulated otherwise by all parties or ordered by the Court upon a showing of good cause, no depositions of Plaintiff or product identification witness may proceed until and unless:

- (1) Plaintiff has provided to Pike Photocopy Service all properly executed authorization forms in compliance with this Court's Order Regarding Plaintiffs' Authorizations;
- (2) Plaintiff has served on Defendants copies of all social security, military, medical, and other records pertaining to the plaintiff in his or her possession; and
- (3) Plaintiff has served on Defendants verified Responses to Standard Interrogatories.

B. Unless stipulated otherwise by all parties or ordered by the Court upon a showing of good cause, Defendants' deposition examination of plaintiff shall be limited in duration to 20 hours of testimony on the record. If a party believes additional time is necessary to complete the deposition, all parties shall jointly contact the Court before adjourning the deposition and before any attorney or the deponent leave the deposition site. The discovery conference with the Court may be recorded by the court reporter at the deposition upon the request of a party; however, the parties must notify the Court in advance if it is being recorded.

C. Defendants shall make good faith efforts to coordinate and conduct an efficient deposition, particularly of Plaintiff in an action where a preferential trial date has been granted. Defendants shall be permitted to allocate the total available time amongst themselves.

D. Counsel for the parties (and the witnesses) shall make legal objections only. Speaking objections or coaching of the witness during the examination is improper.

E. Depositions shall be noticed pursuant to the provisions of *Code of Civil Procedure* Sections 2025.210, *et seq.* Unless stipulated otherwise by all parties or ordered by the Court upon a showing of good cause, if Plaintiff's attorney conducts the deposition examination first (direct examination), Defendants may elect to commence their examination either immediately after the conclusion of Plaintiff's direct examination or within 5 Court days after the conclusion of Plaintiff's direct examination.

F. Unless stipulated otherwise by all parties or ordered by the Court upon a showing of good cause, no percipient witness deposition shall be conducted before 8:00 a.m. or after 6:00 p.m., or on weekends or holidays.

G. Within five (5) Court days after service of a notice of deposition of a Plaintiff, or of a product identification or exposure witness who is represented by Plaintiff's counsel

or who will be represented by Plaintiff's counsel at the deposition, Plaintiff shall: (1) confirm whether the witness is available on the date noticed, and (2) if the witness is not available, provide at least two (2) dates when the witness will be available to be deposed.

H. The parties shall make every effort to meet and confer to informally resolve deposition related issues. If the parties, after making good faith efforts, are unable to reach an informal resolution, the parties shall contact the Court to schedule a conference call. The attorneys who attended the deposition shall participate in the conference call with the Court.

VI. PMQ AND COR DEPOSITIONS.

A. Plaintiff shall first serve responses to Defendant's Standard Interrogatory that set forth the alleged products and locations before the deposition of the PMQ and/or their Custodian of Records is noticed. Then, within five (5) Court days after service of a notice of deposition for a Person Most Qualified pursuant to *Code of Civil Procedure* Sections 2025.220 *et seq.* or a Custodian of Records pursuant to *Code of Civil Procedure* Sections 2020.510, the Defendant whose deposition is noticed shall: (1) provide two (2) dates when the deposition may be taken, or (2) provide notice to Plaintiff that the Defendant will object to the notice.

B. If Defendant provides notice that it will object to the notice of deposition, the objection shall be served in accordance with *Code of Civil Procedure* Section 2025.410. If an objection is served, including a dispute over the scope of the deposition, the parties are to meet and confer in good faith in an attempt to resolve the objection. Each party will designate an individual with authority to handle the meet and confer process. The parties shall meet and confer either by telephone or in person within five (5) court days after Defendant has served objections

C. If Defendant's objections cannot be resolved in the meet and confer, each party shall submit a short five (5) page memorandum setting forth their respective positions and the Court will conduct a telephonic hearing for the purpose of a preliminary ruling on the objections to the deposition notice. This procedure shall not preclude any party from filing a motion for protective order or a motion to compel in accordance with the *Code of Civil Procedure* once the party has completed this abbreviated procedure. If the Court enters an order resolving the objections to the deposition notice and ordering Defendant to produce a witness, within five (5) Court days after that order is issued by the Court, Defendant shall provide two (2) dates when it will present a witness (or witnesses) in response to the notice of deposition.

D. Depositions shall neither be noticed nor taken for the purpose of causing unwarranted annoyance, embarrassment, oppression, or undue burden and expense. *Code of Civil Procedure* Sections 2023.010, *et seq.* Nor should any party be subject to multiple depositions on the same topics. *Id.* If a defendant wishes to use prior testimony in lieu of a new deposition, that Defendant and Plaintiff(s) may stipulate to the authenticity of any such prior transcript.

E. The deposition of Defendant, including, but not limited to a Person Most Qualified pursuant to *Code of Civil Procedure* Sections 2025.220, *et seq.* and a Custodian of Records, may be noticed, at Plaintiff's option, either in person or telephonically. This election shall be set forth in the deposition notice.

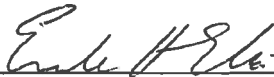
VII. OUT OF STATE COMMISSION.

Pursuant to *Code of Civil Procedure* Sections 2026.010, *et seq.*, any commission necessary for the depositions of witnesses and/or production of documents or things, including but not limited to documents sought by the authorizations previously ordered by the Court in another state or nation are hereby issued, in advance, under the seal of this Court, directed to any

person who is authorized to administer oaths or to produce documents by the laws of the United States, or by the laws of the jurisdiction in which the deposition is taken or any documents pursuant to an out of state subpoena is sought.

IT IS SO ORDERED.

Dated: 8/11/14



The Honorable Emilie H. Elias
Judge of the Superior Court of California

**PRELIMINARY FACT SHEET
(PERSONAL INJURY COMPLAINT)**

I. BACKGROUND INFORMATION

Name: _____

Address: _____ City: _____ State: _____

Number of years at present address: _____ Number of years living in current state: _____

Date of Birth: _____

Based on the current facts, do plaintiff(s) intend on filing a motion for preference?

_____ Yes _____ No _____ Do Not Know

Have you received, or have you applied for, Medicare benefits or Social Security Disability benefits?

_____ Yes _____ No

Have you ever resided in California? _____ Yes _____ No. If YES, provide cities in California where you resided and the dates you resided in each city.

City _____ Dates _____

II. EXPOSURE

Date of First Claimed Asbestos Exposure: _____ Date of Last Claimed Asbestos Exposure _____

For each asbestos-containing product to which you claim you were exposed, please provide the following information (fill in the chart):

Defendant	Product at Issue	Date(s) of Exposure	Employer	Location of Exposure	Type of Exposure (Direct Occupational, Para-Occupational or Non-Occupational)

Exhibit 1

Have you ever served in the military? _____ Yes _____ No

If yes:

(a) Identify the branch of service: _____

(b) Identify the dates of service: _____

(c) Identify the rank and title: _____

III. MEDICAL HISTORY

1. Which of the following diseases have you been diagnosed with? Check all that apply:

- _____ Mesothelioma (pleural)
- _____ Mesothelioma (peritoneal)
- _____ Lung Cancer – Squamous Cell/Adenocarcinoma/Small Cell/Other (circle one)
- _____ Asbestosis
- _____ Pleural Disease
- _____ Other Specify: _____

2. Date of diagnosis and name of diagnosing doctor (per disease, if more than one): _____

3. Does any pathology material exist for the individual claiming an asbestos-related injury?
_____ Yes _____ No

If YES, please identify what material exists and where it is presently located: _____

4. Have you ever smoked? _____ Yes _____ No

If YES, state years and quantity smoked: _____

PRELIMINARY FACT SHEET
(WRONGFUL DEATH COMPLAINT)

I. BACKGROUND INFORMATION FOR DECEDENT

Please complete the following information as to Plaintiff's Decedent

Name: _____

Last Address: _____ City: _____ State: _____

Number of years at last address: _____

Date of Birth: _____

Date of Death: _____

Based on the current facts, do plaintiff(s) intend on filing a motion for preference?

_____ Yes _____ No _____ Do Not Know

Did Decedent receive or apply for Medicare benefits or Social Security Disability benefits?

_____ Yes _____ No

Did Decedent ever reside in California? _____ Yes _____ No. If YES, provide cities in California where Decedent resided and the dates he or she resided in each city.

City _____ Dates _____

II. EXPOSURE

Date of First Claimed Asbestos Exposure: _____ Date of Last Claimed Asbestos Exposure _____

For each asbestos-containing product to which you claim Decedent was exposed, please provide the following information (fill in the chart):

Exhibit 1

Defendant	Product at Issue	Date(s) of Exposure	Employer	Location of Exposure	Type of Exposure (Direct Occupational, Para-Occupational or Non-Occupational)

Did Decedent ever serve in the military? _____ Yes _____ No

If yes:

- (a) Identify the branch of service: _____
- (b) Identify the dates of service: _____
- (c) Identify the rank and title: _____

III. MEDICAL HISTORY

1. What was the cause of Decedent's death? _____

2. Which of the following diseases was Decedent diagnosed with? Check all that apply:

- _____ Mesothelioma (pleural)
- _____ Mesothelioma (peritoneal)
- _____ Lung Cancer – Squamous Cell/Adenocarcinoma/Small Cell/Other (circle one)
- _____ Asbestosis
- _____ Pleural Disease
- _____ Other Specify: _____

3. Date of diagnosis and name of diagnosing doctor (per disease, if more than one): _____

4. Does any pathology material exist for Decedent? _____ Yes _____ No
 If YES, please identify what material exists and where it is presently located: _____

5. Did Decedent ever smoke? _____ Yes _____ No
 If YES, state years and quantity smoked: _____

**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

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 Section §§2030.010, et seq.* In responding to these interrogatories, YOU are required to furnish all information that is currently known or available to YOU or YOUR attorney(s). If YOU cannot answer an interrogatory completely, answer to the fullest extent possible and specify the reason(s) for YOUR 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.

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

Exhibit 2

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. 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.

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. Identity of YOUR immediate supervisor(s) for each place of employment;
- j. The identity of 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 claim 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 possession 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 as made or filed, and the date the claim as 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 including, but not limited to, proof of claim forms, 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, and any other forms or documents that list, detail, evidence, reflect, embody, or

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 CLAIMS 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 SETTLEMENT 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.

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

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 INTERROGATORIES
TO DEFENDANTS

INTERROGATORIES

INTERROGATORY NO. 1: State whether or not YOU have a DOCUMENT retention policy, and if so, the last effective date of the latest version of that policy.

The terms "YOU," "YOUR," and/or "YOURS" shall mean Responding Party and all of Responding Party's predecessors-in-interest and successors-in-interest, subsidiaries, divisions, directors, owners, officers and managers.

The term "DOCUMENT(S)" shall mean "writing" as defined in California Evidence Code §250 including, but not limited to, any and all physical articles of evidence, exemplars, 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.

INTERROGATORY NO. 2: State whether YOU have a DOCUMENT REPOSITORY. If so, then state:

- A. The address of the REPOSITORY;
- B. The approximate quantity of items and/or DOCUMENTS maintained therein;
- C. Whether or not DOCUMENTS in the repository are wholly or partially maintained in an electronic format;
- D. Whether or not YOU have an index or an electronically searchable means of retrieving information regarding DOCUMENTS or items at said REPOSITORY;
- E. A brief description of the DOCUMENTS or items kept at said REPOSITORY.

The term "REPOSITORY" shall mean any place, room, file, or container which is utilized for deposit, holding, or storage of YOUR non-privileged DOCUMENTS or other items and materials relevant to or concerning ASBESTOS or the claims and/or defenses asserted in this action.

The term "ASBESTOS" shall mean any amount of the mineral ASBESTOS, including but not limited to, any and all raw and/or processed ASBESTOS fibers, including but not limited to, vermiculite, amosite, tremolite, chrysotile, and crocidolite.

The terms "IDENTIFY" or "IDENTITY" shall mean 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 stating the type of title, date, author and publisher of the DOCUMENT, and /or stating the name and address and telephone number of each PERSON

indicated. As used in this definition and the remaining interrogatories herein, the term "PERSON(S)" shall mean any individual person, business, entity, or organization.

INTERROGATORY NO. 3: IDENTIFY all PERSONS with information regarding YOUR responses to Interrogatory Nos. 1-2.

INTERROGATORY NO. 4: IDENTIFY all DOCUMENTS responsive to or referred to regarding YOUR responses to Interrogatory Nos. 1-2 sufficient to support a DOCUMENT request.

INTERROGATORY NO. 5: State whether YOU are a corporation. If so, then state:

- A. YOUR correct corporate name;
- B. YOUR state of incorporation;
- C. The date of YOUR incorporation;
- D. The address of YOUR principal place of business;
- E. Whether or not YOU have ever held a certificate of authority to do business in the State of California, and if so, the inclusive dates of any such certificate;
- F. If YOU are wholly owned or the majority interest of YOUR company is owned by another business entity, state the entity's name and principal place of business;
- G. Whether YOU have any business offices in California, and, if so, YOUR principal place of business in California; and
- H. Any other name under which YOU have done business in the State of California and the dates of operation under that business.

INTERROGATORY NO. 6: If YOU are not a corporation, then state:

- A. The type of YOUR business structure (partnership, joint venture, sole proprietorship, etc.);

- B. IDENTIFY all PERSONS with a majority ownership interest in YOU; and
- C. The name, job title, and current address of YOUR Custodian of Records.

INTERROGATORY NO. 7: IDENTIFY all PERSONS with information regarding YOUR responses to Interrogatory Nos. 5-6.

INTERROGATORY NO. 8: IDENTIFY all DOCUMENTS responsive to or referred to regarding YOUR responses to Interrogatory Nos. 5-6 sufficient to support a DOCUMENT request.

INTERROGATORY NO. 9: Have YOU ever provided testimony in deposition or at trial in any lawsuit in ASBESTOS-related litigation? If so, then state:

- A. The name of the case;
- B. The state and county of filing, and associated case number(s);
- C. The date(s) of deposition or trial testimony;
- D. The name and address of plaintiffs' counsel of record;
- E. The name and address of the court reporter.

INTERROGATORY NO. 10: Do YOU have insurance available to cover judgment(s) entered against YOU or settlements with YOU in ASBESTOS-related personal injury lawsuits? If so, then state:

- A. The kind of coverage;
- B. The applicable dates of coverage;
- C. The name and address of the insurance company;
- D. The name, address, and telephone number of each named insured;
- E. The policy number;
- F. The limits of coverage for each type of coverage contained in the policy;

G. Whether any reservation of right or controversy or coverage dispute exists between you and the insurance company; and

H. The name, address, and telephone number of the custodian of the policy.

INTERROGATORY NO. 11: IDENTIFY all PERSONS with information regarding YOUR responses to Interrogatory No. 10.

INTERROGATORY NO. 12: IDENTIFY all DOCUMENTS responsive to or referred to regarding YOUR responses to Interrogatory No. 10 sufficient to support a DOCUMENT request.

INTERROGATORY NO. 13: Have YOU ever engaged in any of the activities listed below with regard to an ASBESTOS-CONTAINING PRODUCT alleged to be at issue in this action?

If so, then state the inclusive dates of such activity:

- A. Manufacturing;
- B. Supply;
- C. Distribution;
- D. Marketing;
- E. Sale;
- F. Labeling or relabeling;
- G. Importing;
- H. Brokering;
- I. Fabricating.

As used in this and the remaining interrogatories herein, the term ASBESTOS-CONTAINING PRODUCT shall include any and all products generally associated with the designated "Exposure Types," "Trade," or "Other ASBESTOS Exposure Scenario" as set forth

on attached Exhibit 1 and which include any amount of raw or processed vermiculite, amosite, tremolite, chrysotile, and/or crocidolite ASBESTOS or ASBESTOS fiber.

INTERROGATORY NO. 14: If YOU answered Interrogatory No. 13 in the affirmative, then state:

- A. From where the mineral ASBESTOS, ASBESTOS fiber, or ASBESTOS materials were imported;
- B. For how long YOU have imported mineral ASBESTOS, ASBESTOS fiber, or ASBESTOS materials;
- C. Whether YOU have supplied mineral ASBESTOS, ASBESTOS fiber, or ASBESTOS to any of the other parties in this action since 1945:
 - a. Identify the time period during which such transactions took place;
 - b. Identify the place(s) or location(s) where such transactions took place;
- D. Identify the content of any warnings, cautions, caveats, or directions accompanying the mineral ASBESTOS, ASBESTOS fiber, or ASBESTOS materials imported by YOU.

INTERROGATORY NO. 15: If YOU answered any subpart of Interrogatory No. 13 regarding ASBESTOS-CONTAINING PRODUCTS in the affirmative, then state, as to the product(s) at issue in this action:

- A. The trade, brand name, and/or generic name of each such ASBESTOS-CONTAINING PRODUCT YOU SUPPLIED in any form or quantity;
- B. The date(s) each such ASBESTOS-CONTAINING PRODUCT was first placed on the market, including the date(s) each such ASBESTOS-CONTAINING PRODUCT was first SUPPLIED.

As used in this and the remaining interrogatories herein, the term "SUPPLY" and/or "SUPPLIED" shall mean sell, supply, distribute, market, retail, label, import, process, and/or manufacture.

- C. The date(s) each such ASBESTOS-CONTAINING PRODUCT ceased to be produced and/or sold and the reason(s) why such products ceased to be produced;
- D. A description of the physical appearance and nature of each such ASBESTOS-CONTAINING PRODUCT, including but not limited to, any color coding, distinctive marking and/or name, brand, logo, either on the product or on the packaging;
- E. A detailed description of the intended use of each such ASBESTOS-CONTAINING PRODUCT;
- F. Whether any such ASBESTOS-CONTAINING PRODUCT was on any U.S. Government "Qualified Products List," and if so, provide a description of the Qualified Products List and the inclusive dates it was on such list;
- G. The name and address of the supplier of the mineral ASBESTOS, ASBESTOS fiber used in YOUR ASBESTOS-CONTAINING PRODUCT(S) and the time period of such supply;
- H. Whether any of YOUR ASBESTOS-CONTAINING PRODUCTS have, at any time, been sold, shipped, or otherwise distributed to another entity (including but not limited to a company, corporation, individual, or site). If so, then state:
 - 1. the names of each such entity and the inclusive dates of each such sale, shipment, distribution, use, or installation; and

2. the amount (volume) and the trade or brand name of each ASBESTOS-CONTAINING PRODUCT sold.

INTERROGATORY NO. 16: With respect to each of YOUR ASBESTOS-CONTAINING PRODUCTS at issue in this action as set for in Exhibit 1, state whether YOUR name, a trademark, logo(s), color coding, or other identifying markings ever appeared on the actual product itself and, if so:

- A. IDENTIFY each such product, state when the practice to place such identifying markings upon the product was begun and when it ended, if applicable, and describe in detail the pertinent marking(s) and the purpose, if any, of such markings; and
- B. State whether YOU still have in YOUR possession, custody, or control any such packaging or markings as they appeared on YOUR ASBESTOS-CONTAINING PRODUCTS, the location of these items and their quantity.

INTERROGATORY NO. 17: Have YOU entered into any agreements for the rebranding or resale of YOUR ASBESTOS-CONTAINING PRODUCTS, at issue in this action as set forth in Exhibit 1, for sale or distribution by another person or entity ? If so, then describe:

- A. Each agreement's terms and the parties to said agreement;
- B. The duration of the agreement;
- C. The name of each product(s) and/or material(s) covered by each such agreement.

INTERROGATORY NO. 18: Have YOU entered into any agreements for the rebranding or resale of others' ASBESTOS-CONTAINING PRODUCTS, at issue in this action as set forth in Exhibit 1, for sale or distribution by YOU? If so, then describe:

- A. Each agreement's terms and the parties to said agreement;

B. The duration of the agreement;

C. The name of each product(s) and/or material(s) covered by each such agreement.

INTERROGATORY NO. 19: Have YOU purchased or otherwise acquired and/or sold any ASBESTOS-CONTAINING PRODUCT lines, at issue in this action as set forth in Exhibit A, to or from another person or entity? If so, then state for each such purchase:

A. The date of purchase or acquisition;

B. The terms of purchase or acquisition agreement;

C. The trade, brand, and/or generic name of each product line so acquired;

D. The name of the person or entity from whom YOU purchased or acquired each such ASBESTOS-CONTAINING PRODUCT line; and

E. The location of any manufacturing facilities so acquired, and the type of ASBESTOS-CONTAINING PRODUCTS manufactured therein.

INTERROGATORY NO. 20: IDENTIFY all PERSONS with information regarding YOUR responses to Interrogatory Nos. 13-19.

INTERROGATORY NO. 21: IDENTIFY all DOCUMENTS responsive to or referred to regarding YOUR responses to Interrogatory Nos. 13-19 sufficient to support a DOCUMENT request.

INTERROGATORY NO. 22: (PREMISES and CONTRACTOR Defendants only) Did YOU install, remove, or handle, or contract to have others install, remove, or handle ASBESTOS or ASBESTOS-CONTAINING PRODUCTS at any PREMISES identified on attached Exhibit B. If so:

A. For each of the PREMISES:

1. State the nature of YOUR ownership or possessory interest;

2. State the inclusive dates of that interest;
 3. IDENTIFY the party from whom that interest was acquired;
 4. IDENTIFY the party, if any, to whom that interest was transferred.
- B. IDENTIFY every contract to which YOU were a party or of which you have knowledge wherein the performance of such contract involved the installation removal, disturbing, or handling of any ASBESTOS or ASBESTOS-CONTAINING PRODUCTS at said PREMISES therein, including:
1. The parties to the contract;
 2. A general description and specific location of the WORK to be performed by each party to the contract;
 3. A description of the ASBESTOS-CONTAINING PRODUCTS installed, removed, disturbed, or handled in the performance of the contract;
 4. State the dates of the contract and the dates of performance.

As used in this and the remaining interrogatories herein, the terms "WORK," "WORKED," and/or "WORKING" shall mean actions and activities, including but not limited to, installing, removing, renovating, repairing, maintaining, tying-in, replacing, mixing, sanding, cutting, knocking-off, chipping, scraping, filing, repacking, cleaning-up, sweeping-up, and/or otherwise disturbing products or materials in any manner. The term "CONTRACTOR(S)" shall include prime contractors, general contractors, and/or sub-contractors, and the term "PREMISES" shall include any physical location, including but not limited to, single-family housing, tract housing, apartment complexes, residential buildings, manufacturing facilities, military facilities/installations, shipyards, industrial facilities, commercial buildings, high-rise buildings, multi-use buildings, and refineries.

C. IDENTIFY any WORK performed by YOU or another on or to the PREMISES that involved the installation, removal, disturbing or handling of ASBESTOS-CONTAINING PRODUCTS.

1. State the inclusive dates of the WORK;
2. Provide a general description of the WORK;
3. As specifically as possible, IDENTIFY the location of the WORK;
4. State whether the WORK was done by YOU and/or YOUR employees;
5. IDENTIFY the ASBESTOS-CONTAINING PRODUCTS installed, removed, handled, or disturbed;
6. IDENTIFY from whom the ASBESTOS-CONTAINING PRODUCTS were acquired.

D. Has any ASBESTOS abatement effort been made at the PREMISES? If so, for each such effort:

1. IDENTIFY who did the WORK;
2. State the inclusive dates thereof;
3. State whether samples were taken, and, if the samples still exist, IDENTIFY the custodian of the samples;
4. State whether any material was tested, and, if so, the results of each test;
5. IDENTIFY each test result with sufficient particularity for purposes of a request for production of DOCUMENTS, or in the alternative, attach a copy to YOUR answers to these interrogatories.

INTERROGATORY NO. 23: (PREMISES and CONTRACTOR Defendants only) At any time between 1930 and 1985, did YOU hold a contractor's license in the State of California? If so:

- A. IDENTIFY each license by type, date, and number;
- B. IDENTIFY each job or contract that YOU performed (directly or through one or more subcontractors) during this time period for WORK in any premise or location listed in Exhibit 2:
 - 1. IDENTIFY the location (including name of ship, if applicable) where the job or WORK was performed;
 - 2. State the date of the contract or the inclusive dates of the WORK;
 - 3. IDENTIFY the person or entity with whom you contracted;
 - 4. State YOUR job or contract number.

INTERROGATORY NO. 24: (PREMISES and CONTRACTOR Defendants only) Have YOU been cited for, or otherwise charged by, a public agency with a violation of any statute, ordinance, safety order, regulation, or law pertaining to ASBESTOS exposure at any premises identified in Exhibit B? If so, for each occasion, IDENTIFY:

- A. The citation;
- B. The code section, safety order, statute, or regulation on which the charge or citation was based;
- C. The date(s) thereof;
- D. The agency or other governmental unit which issued the citation or otherwise made the charge;
- E. All PERSONS known to YOU with information relevant to the incident;

F. The ultimate resolution of the citation or charge.

INTERROGATORY NO. 25: IDENTIFY all PERSONS with information regarding YOUR responses to Interrogatory Nos. 22-24.

INTERROGATORY NO. 26: IDENTIFY all DOCUMENTS responsive to or referred to regarding YOUR responses to Interrogatory Nos. 22-24 sufficient to support a DOCUMENT request.

INTERROGATORY NO. 27: Did YOU ever warn of any health hazards of ASBESTOS? If so, for each such warning, then state:

- A. The content, size, color, and location of the warning (including but not limited to whether the warning appeared on the material and/or on the container, and/or was placed on a tag; whether the warning was included in contracts or whether the warning was included in brochures, catalogs, advertising or other promotional materials);
- B. Whether YOU have any photographs or images thereof;
- C. The inclusive dates on which each such warning was used; and
- D. All changes made to each warning and the dates of such changes.

INTERROGATORY NO. 28: State all facts regarding when YOU first became aware of the association between ASBESTOS exposure and disease, then IDENTIFY:

- A. All PERSONS with information regarding YOUR response; and
- B. All DOCUMENTS responsive to this interrogatory.

INTERROGATORY NO. 29: State all facts regarding how YOU first became aware that there is an association between ASBESTOS exposure and disease, then IDENTIFY:

- A. All PERSONS with information regarding YOUR response; and

B. All DOCUMENTS responsive to this interrogatory.

INTERROGATORY NO. 30: Have YOU ever conducted or sponsored or contributed financially to any studies or research regarding the exposure or release of ASBESTOS? If so, then state:

- A. The date, location, and PERSONS who undertook the study or test;
- B. The results and conclusions of each test and/or experiment; and
- C. Whether YOU made any design changes as a result of such tests, including:
 - 1. The nature of the change made; and
 - 2. Whether YOU have any written memoranda or documentation relating to the studies or tests including a description of such material.

INTERROGATORY NO. 31: IDENTIFY the organizations, groups, inter-company or industrial organizations, their committees or subcommittees, to which YOU belong which conducted studies or researched relationships, if any, between exposure to ASBESTOS and asbestosis, mesothelioma, lung cancer, or other diseases from 1945 to 1980 and the years of your membership.

INTERROGATORY NO. 32: IDENTIFY all PERSONS with information regarding YOUR responses to Interrogatory Nos. 30-31.

INTERROGATORY NO. 33: IDENTIFY all DOCUMENTS responsive to or referred to regarding YOUR responses to Interrogatory Nos. 30-31 sufficient to support a DOCUMENT request.

INTERROGATORY NO. 34: Did YOU ever warn YOUR employees that exposure to ASBESTOS could be hazardous to human health? If so, then state:

- A. The date the warning(s) was/were given;

B. Whether the first such warning was written or oral; and

C. The content of the warning(s).

INTERROGATORY NO. 35: State whether any of YOUR ASBESTOS-CONTAINING PRODUCTS, at issue in this action as set for in Exhibit A, were provided with any special instructions, oral or written, in regard to utilizing said products in a manner so as to avoid exposing workers to amounts of dust. If so, then state:

A. When these instructions were given;

B. By whom these instructions were given;

C. Whether the instructions were oral or written; and

D. The precise content of the instructions.

INTERROGATORY NO. 36: When did YOU first receive notice that any PERSON, including any employee or agent, claimed injury as a result of exposure to ASBESTOS or ASBESTOS-CONTAINING PRODUCTS SUPPLIED by YOU? In answering this interrogatory, state:

A. The name and address of the claimant;

B. A description of the claim, e.g. Worker's Compensation, products liability, etc.;

C. The type of injuries allegedly sustained;

D. The name and address of the attorney who represented the individual making such claim;

E. The style and court number of the claim, if any; and

F. The resolution of the claim.

INTERROGATORY NO. 37: IDENTIFY all PERSONS with information regarding YOUR responses to Interrogatory Nos. 34-36.

INTERROGATORY NO. 38: IDENTIFY all DOCUMENTS responsive to or referred to regarding YOUR responses to Interrogatory Nos. 34-36 sufficient to support a DOCUMENT request.

EXHIBIT A

- 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 B

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