

MDL 875 - Exhibit "A" to Letter Order of October 5, 2010

STATE OF WISCONSIN

CIRCUIT COURT
BRANCH 20

MILWAUKEE COUNTY

...

Plaintiffs

CASE NO.

vs.

Case Classification Code: 30108

...

Defendants

Plaintiff's Response to Standard Interrogatories

1. State your (a) full name, (b) your present address, (c) date and place of birth, (d) Social Security number and (e) military serial number, if any.

ANSWER:

2. State the (a) name and (b) date of marriage of each spouse or former spouse and (c) list names, current addresses, ages and occupations of all children whether adopted or natural, and (d) the names, current addresses and occupations of all persons dependent upon your support, or receiving monetary support from you, within the last five years.

ANSWER:

3. State the specific nature of the personal injuries and/or disease which you allege to have sustained as a result of the exposure complained of.

ANSWER:

4. State the date on which you first suspected that the injuries and/or disease described in interrogatory 3 was in any way related to being exposed to asbestos and state the reasons for your suspicions.

ANSWER:

5. State the date on which the injuries and/or disease described in Interrogatory 3 were first diagnosed and communicated to you and state further the name and address of the physician, specialist, clinic, hospital, sanitarium or similar institution which first diagnosed said injuries and/or disease. State the manner in which the diagnosis was communicated to you, whether it was written or oral, and if written please attach a copy of that communication to your answers to

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these interrogatories.

ANSWER:

6. State the names and current or last known addresses of all physicians, specialists, clinics, hospitals and sanitariums which examined you or rendered service or treatment to you for the injuries and/or disease you allege to have sustained as the result of the exposure complained of, and state further the date or inclusive dates on which each of them rendered you service or treatment and the amounts of their respective bills.

ANSWER:

7. After being informed that you were suffering from an injury and/or disease caused by asbestos, did you continue to engage in any activity or occupation in which you encountered subsequent exposure to asbestos, and if so state the nature and description of such activity or occupation, and further state whether your continued participation in such activity or occupation was contrary to medical or professional advice, stating the date on which such advice was given and the identity if the person or entity giving such advice.

ANSWER:

8. State the name and current or last known address of all physicians, clinics, or hospitals (not listed in interrogatory #6) which have examined you or provided care and treatment within the past ten years and the periods or dates of such.

ANSWER:

9. State the name and current or last known address of any physician, hospital, clinic, sanitarium, or other medical personnel (not listed in interrogatory #6) who has ever treated you for pulmonary, cardiovascular, or gastro-intestinal complaints.

ANSWER:

10. From which of the above medical personnel and/or institutions do you or your attorney have written reports?

ANSWER:

11. Has any immediate blood relative (parents, siblings, children) been diagnosed with a malignant (cancer) condition? If so state who, the nature of the disease, and the age at which it was diagnosed.

ANSWER:

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12. State any and all other damages not stated in answers to the above interrogatories which you are claiming as a result of the injuries and/or diseases alleged in the complaint.

ANSWER:

13. State whether you have filed any worker's compensation action and, if so, state the date of filing, the name and number of the cause, the respondent, the name and address of the company insuring the respondent, the claim and policy number, the reason for filing the claim or petition, and the disposition of any such claim.

ANSWER:

14. State whether you have ever filed a lawsuit for personal injury or a claim for social security disability benefits, and if so, state the title, the court or claim number, and the reason for each lawsuit or claim, and the disposition of each lawsuit or claim.

ANSWER:

15. State the inclusive dates, if any, during which you were a smoker of tobacco and state further the types of tobacco smoked and the amount consumed daily, and whether you customarily inhaled.

ANSWER:

16. Identify in chronological order every employer for whom you have ever worked in the last 40 years. State separately for each such employer:
- (a) the employer's name and address;
 - (b) the nature of the employer's business;
 - (c) the nature and ending dates of your employment including all periods of employment for that employer;
 - (d) your position and responsibilities;
 - (e) your rate of pay.

ANSWER:

17. For each of the employers identified in Interrogatory No. 16, identify each and every job site at which you claim to have worked with or around asbestos-containing products.

ANSWER:

18. For each of the job sites identified in Interrogatory No. 17, state the following:
- (a) the location of the job;

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- (b) the length of time you worked at that job;
- (c) your superior or foreman living on that job and his last known address;
- (d) your co-workers on that job, including the persons who worked with you or at the same job site, and their current or last known addresses. Identify any represented by counsel in asbestos claims.

ANSWER:

19. For each of the job sites identified in Interrogatory No. 17, state the following:

- (a) the types of asbestos-containing products for which exposure is claimed;
- (b) the brand name or trade name of the asbestos-containing products for which exposure is claimed;
- (c) the manufacturers, suppliers and distributors of each asbestos-containing product for which exposure is claimed;
- (d) the number of times that plaintiff claims to have been exposed to each product.

ANSWER:

20. For each product identified in Interrogatory No. 19, identify the following:

- (a) your coworkers, including persons who worked with you or at the same job site, with knowledge that the product was on the particular job site;
- (b) your coworkers, including persons who worked with you or at the same job site, with knowledge that you actually worked with the particular product.

ANSWER:

21. For each of the jobs sites identified in Interrogatory No. 17, identify the following:

- (a) the name and address of any companies, other than your employer, working with asbestos-containing materials at that job site;
- (b) all trades from which workers were present at that job site.

ANSWER:

22. List any protective or safety devices used or worn by you in the handling of products allegedly manufactured by the defendants and state further the dates used, the job sites where used, the nature of the device, the manufacturer or supplier of the device, and how you used each device in your trade or profession.

ANSWER:

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23. State whether you were ever a member of any union and, if so, for each union please state:
- (a) the name and local number of the union;
 - (b) the union hall from which you worked;
 - (c) the date you joined the union;
 - (d) your sponsor in the union;
 - (e) if you ever ran for or held office in the union;
 - (f) if you ever filed a grievance with any union.

ANSWER:

24. Did your labor union or employer advise you to follow certain safety procedures designed to protect you from contracting asbestos related diseases and, if so, state which unions or employers rendered such advice, the nature of such advice, the dates on which such advice was given, and describe any written information or literature discussing asbestos related diseases which was provided you by any such union or employer.

ANSWER:

25. State the names and current or last known addresses of all persons who ever told you or whom you ever heard state that asbestos fibers or asbestos products could be hazardous to your health.

ANSWER:

26. State the name, address, telephone number and professional background of each and every person who may be called by the plaintiff to testify to establish a causal relationship between the injuries alleged and the defendants' products. State the facts and opinions to which each will testify and identify the documents on which each relies.

ANSWER:

27. State the name, address, telephone number and professional background of each and every person who may be called by the plaintiff to testify to establish that the defendants' products were defective or unreasonably dangerous. State the facts and opinions to which each will testify and identify the documents on which each relies.

ANSWER:

28. With regard to individuals, if any, named in the previous three interrogatories, state whether or not said individuals have rendered a written report of any kind to the plaintiffs or their attorneys and, if so, state the subject matter contained in said report, the substance of fact and opinions to which the expert is expected to testify, if called, and state a

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summary of the grounds for each opinion.

ANSWER:

29. State whether you or your attorneys or agents know of the existence of any statements, signed or unsigned, oral, written, or court reported, from or by any person including any person hereto, which has or claims to have knowledge concerning the matter alleged in the complaint, or who was or claims to have been a witness to any part of the exposure alleged by you. If so, please state:
- (a) whether the statement was written, oral, recorded, reported, reported by shorthand, or otherwise preserved;
 - (b) the full name of the current or last known address of the person or persons, or entity, which took the statements and the date such statement was made;
 - (c) the full name and current or last known address of each person, firm, or entity which has possession of the statement or copies thereof.

ANSWER:

30. State the name and current or last known address of each and every person who was interviewed by or on behalf of you, your attorneys or agents with respect to the allegations contained in the complaint, stating for each person:
- (a) the name and current or last known address of the person interviewed, the full name and address of the person's employer at the time of the interview, and the name and current or last known address of the interviewer, as well as the dates of all interviews;
 - (b) whether any notes, records, jottings, memoranda, tape recordings, or statements were ever made of any interviews with that person, and if so, the name and current or last known address of each and every person in custody or control of same.

ANSWER:

31. List or describe each and every object or document, such as directories, catalogs, shipping slips, W-2 forms, tax records, diaries, calendars, invoices, packing slips, materials, publications or lists from whatever source which you used, or your attorneys or agents used, in compiling the names of the defendants in this cause.

ANSWER:

32. Do you have any of the following which serve as the basis of this claim in your possession, or in the possession of your attorneys or agents?

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- (a) samples of asbestos materials;
- (b) packaging from asbestos materials;
- (c) photographs of your places of employment or products used at your places of employment.
- (d) photographs of asbestos products or asbestos packaging which are the basis of this claim..

ANSWER:

33. If, as the result of the alleged illness or illnesses, injury or injuries you claim to have sustained a loss of wages, earnings, income, or profit, state:
- (a) all dates on which you were unable to work due to the illness of illnesses, injury or injuries;
 - (b) the name and address of your employer at the time you learned of the illness, injury or disease of which you complain;
 - (c) the name and address of each person who recommended that you did not work during such period;
 - (d) the name of any potential employer who refused you work because of any illness or illnesses, injury or injuries allegedly sustained as a result of the exposure;
 - (e) the date or inclusive dates on which you sought work but were unable to work for reasons not related to the illnesses or injuries allegedly sustained as a result of the exposure complained of.

ANSWER:

34. If loss of wages, earnings, income, or profit is claimed, state:
- (a) the total amount of claimed loss and the manner or method of computing same;
 - (b) provide a complete, itemized computation of such claimed loss;
 - (c) the nature and potential source of the lost wages, earnings, income or profit, and the date of the claimed deprivation thereof.

ANSWER:

35. State and list all monetary expenses, other than the physician and hospital bills, and any and all other items of damages, which you claim to be a result of the illnesses or injuries you allegedly sustained as a result of the exposure complained of.

ANSWER:

36. Identify any claims submitted to bankruptcy trusts or otherwise for the person claiming

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asbestos exposure in this matter. State which are submitted for a condition diagnosed before the condition which is the subject of the instant case.

ANSWER: