
In Re:	§	IN THE DISTRICT COURT OF
	§	
TEXAS STATE SILICA PRODUCTS	§	HARRIS COUNTY, TEXAS
LIABILITY LITIGATION	§	
	§	295 TH JUDICIAL DISTRICT
	§	(Judge Tracy Christopher)
This Document Relates to All Cases		

ORDER NO. 5

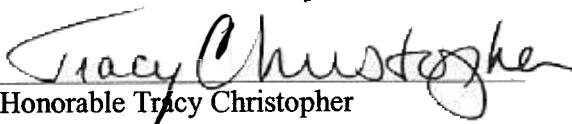
Plaintiff's Verified Fact Sheets and Requests for Production to Plaintiffs

After considering the proposed "Plaintiff's Verified Fact Sheet" and "Defendants' Requests for Production to Plaintiffs" submitted by Defendants and after ruling on objections to those documents made by Plaintiffs' Steering Committee, the Court ORDERS as follows:

1. As part of the initial discovery to be answered by plaintiffs, the Court adopts the form of the "Plaintiff's Verified Fact Sheet" attached as Exhibit "A" to this Order. The use of the terms "Plaintiff," "you," and "your" in the Plaintiff's Verified Fact Sheet shall include the estate of any decedent that has filed suit in an action before this Court.
2. The Court further adopts the form of the "Defendants' Requests for Production to Plaintiffs" attached as Exhibit "B" to this Order.
3. Any objections any plaintiff may have to either the form of Plaintiff's Verified Fact Sheet or the form of Defendants' Requests for Production to Plaintiffs must be filed within five business days of the date of this Order.

4. The time by which plaintiffs must complete Plaintiff's Verified Fact Sheet and respond to Defendants' Requests for Production to Plaintiffs will be set by separate order of the Court.

SIGNED and ENTERED this the 5th day of ~~April~~ ^{MAY}, 2005.


Honorable Tracy Christopher
Pre-Trial Judge

Plaintiff Name: _____
Address: _____

SSN: _____
DOB: _____
DOD: _____

TEXAS STATE SILICA MDL
PLAINTIFF'S VERIFIED FACT SHEET

I. MEDICAL HISTORY and HEALTHCARE PROVIDERS

A. Please provide the following information for each physician, doctor, B-Reader, clinic, hospital, or other healthcare provider ("Healthcare Provider") that you have seen or who has treated you, that you do not contend is protected from disclosure by privilege. If you cannot recall all of the details regarding the Healthcare Providers that you have seen, please provide as much information as possible. This provision specifically includes all Healthcare Providers who participated in the screening of plaintiff.¹

Name of Healthcare Provider: _____
Specialty, if any: _____
Address: _____
Phone: _____
Reason for treatment: _____
Dates of treatment: _____

2. Name of Healthcare Provider: _____
Specialty, if any: _____
Address: _____
Phone: _____
Reason for treatment: _____
Dates of treatment: _____

3. Name of Healthcare Provider: _____
Specialty, if any: _____
Address: _____
Phone: _____
Reason for treatment: _____
Dates of treatment: _____

4. Name of Healthcare Provider: _____
Specialty, if any: _____
Address: _____
Phone: _____
Reason for treatment: _____
Dates of treatment: _____

5. Name of Healthcare Provider: _____
Specialty, if any: _____
Address: _____
Phone: _____
Reason for treatment: _____
Dates of treatment: _____

¹ "Screening," for purposes of this verified fact sheet means any examination or testing, whether radiographic or otherwise, for the purpose of identifying lung-related illness, and specifically includes examination for purposes of litigation or possible litigation.

Exhibit A

Plaintiff Name: _____

SSN: _____

[ATTACH ADDITIONAL PAGES, IF NECESSARY]

Are you withholding the identity of a Healthcare Provider under a claim of privilege? Yes No

B. Describe your current use of prescription and non-prescription medication (including any and all respiratory medications, aids, and appliances) by providing:

1. The name of all such medications: _____

2. The date that you first started using each medication listed: _____

3. The name of the prescribing physician: _____

II. PHYSICAL INJURIES, ILLNESSES and DAMAGES

A. If you are making a claim or have filed a lawsuit, or have previously made a claim or filed a lawsuit for physical injuries or illness resulting from your exposure to sand, silica, asbestos, fumes, fibers, particulates or any other chemical or allegedly toxic substance, please describe the following separately for each claim, past or present:

For each claim or lawsuit, please provide the following information:

1. Nature of physical injuries or illness, including diagnosis: _____

2. The date that you first became aware of the physical injuries or illness: _____

3. The date you were diagnosed with the injuries or illness: _____

4. Who diagnosed you: _____

5. How you first became aware of the physical injuries or illness you allege: _____

6. Are you still suffering from the injuries or condition you allege? If so, please describe: _____

7. If you rely on pulmonary function tests or x-rays to support your diagnosis of the physical injury or illness you allege, identify the date(s) of the pulmonary function tests and x-rays, where these tests were performed, and who performed the tests: _____

Did you see or were you seen by a Healthcare Provider, screener, screening facility, or diagnosing doctor, other than those listed above in Section IA, for the physical injuries or illness listed above? Yes No

Plaintiff Name: _____

SSN: _____

If YES, please complete the following for each Healthcare Provider, screener, or diagnosing doctor: _____

- a. Name: _____
- b. Address: _____
- c. Date of first consultation with that Healthcare Provider, screener, or diagnosing doctor: _____
- d. Date of last consultation: _____
- e. Do you plan to continue to consult with that Healthcare Provider, screener, or diagnosing doctor in the future? Yes No
- f. Did you discuss your work history? Yes No
- g. Did you discuss any exposure to sand, silica, asbestos, fumes, fibers, particulates or any other chemical or allegedly toxic substance? Yes No

B. If you are making claims for out-of-pocket fees or expenses as a result of this lawsuit, please complete the following:

- 1. Describe the fees or expenses: _____
- 2. Amount of fees or expenses requesting and incurred: _____

C. Are you making a claim for lost wages or lost earning capacity? Yes No

If YES, please describe your claim for lost wages/lost earning capacity by providing the amount of lost wages claimed and your gross salary for any time period at issue: _____

D. For the past 10 years, please identify the following employment related information:

Employer Name: _____
 Employer Address: _____
 Job Duties: _____
 Job Title: _____
 Date Employed: _____
 Full-time or Part-time: _____
 Name of Supervisor: _____

2. Employer Name: _____
 Employer Address: _____
 Job Duties: _____
 Job Title: _____
 Date Employed: _____
 Full-time or Part-time: _____
 Name of Supervisor: _____

3. Employer Name: _____
 Employer Address: _____
 Job Duties: _____
 Job Title: _____
 Date Employed: _____
 Full-time or Part-time: _____
 Name of Supervisor: _____

Plaintiff Name: _____

SSN: _____

*A continuation sheet for Work Sites is provided at the end of this document.
It should be copied and completed for each work site where you
claim exposure to sand, silica or sandblasting.*

For each job at each work site, provide the following information:

Work Site Name: _____

Job Title: _____ Department (if any): _____

Supervisor: _____

Date you first worked at this job: _____ Date you last worked at this job: _____

Description of duties at this job: _____

List all co-workers at this job: _____

If you claim exposure to sand, silica, silica-containing products, asbestos, fumes, fibers, particulates or any other chemical or allegedly toxic substance at this job, what was the frequency of that exposure at this job: _____

If you claim exposure to sand, silica, silica-containing products, or sandblasting at this job, describe your exposure to sand, silica or sandblasting (i.e. "I held a sandblasting nozzle"): _____

List the brand names you recall of any sand and/or silica-containing materials you used at this job: _____

If you do not recall brand names, describe any sand and/or silica-containing materials used in this job, include a description of the sand or silica-containing material and any bags or other packaging (i.e. color, labeling, typeface): _____

List the seller or supplier of any sand and/or silica-containing materials you contend you were exposed to at this job site: _____

Plaintiff Name: _____

SSN: _____

Did you personally conduct abrasive blasting? Yes No

If not, did you work on the abrasive blasting crew? Yes No If the answer is yes, please describe your work of on the abrasive blasting crew _____

If none of the above, please describe your alleged exposure to sand, silica or sandblasting: _____

Did you use respiratory protection in this job? Yes No

If YES, type of respiratory protection: Disposable dust mask Cartridge respirator
 Non-air supplied hood Air supplied hood
 Disposable Respirator Other: _____

If YES, identify the dates of use for each type of respiratory protection identified above: _____

List the brand name and model you recall of any respiratory protection you used in this job, including the dates of use: _____

If you do not recall brand names, describe any respiratory protection you used in this job: _____

List the seller or supplier of any respiratory protection you contend you used at this job site: _____

What percentage of the time did you wear respiratory protection in this job? _____

List the brand name(s) and model number(s) you recall of any equipment used in the abrasive blasting process (equipment will include blast pots, air compressors, and nozzles):

Type Equipment	Brand Name	Model Number

Plaintiff Name: _____

SSN: _____

Type Equipment	Brand Name	Model Number

If you do not remember the brands of equipment, describe this equipment with specificity, to include shape, size, color and identifying markings: _____

List the seller or supplier of any equipment used in the abrasive blasting process at this job site:

List the type(s), brand name(s) and model number(s) you recall of any other products you alleged created, caused or contributed to your alleged exposure to respirable silica not encompassed by the previous sections:

If you do not remember the brands of other products, describe these other products with specificity, to include shape, size, color and identifying markings: _____

List the seller or supplier of any other products you alleged created, caused or contributed to your alleged exposure to respirable silica at this job site:

*A continuation sheet for Jobs is provided at the end of this document.
It should be copied and completed for each job at each work site
where you claim exposure to sand, silica or sandblasting.*

Plaintiff Name: _____

SSN: _____

IV. IMAGES

In connection with your identification of products in this litigation, did you look at any actual products/equipment or photographs, drawings, slide shows, videos, DVDs or any other media presentation (hereinafter collectively "the images") showing products/equipment used by you at any of the worksites you have identified? Yes No

If the answer to the previous question is YES:

Who showed you the images? _____

Where did you view the images? _____

What date did you view the images? _____

How many times have you viewed the images? _____

Name of the person(s) showing products/equipment or images to you and their relationship to you: _____

If you identified products or equipment after viewing the images, attach copies of all images viewed. In addition, please identify the source of the images, the location of the images, and the number of images reviewed in the course of identifying products or defendants for this litigation. You have a duty to supplement your Answer to this Section if additional products are identified by you through a review of the images.

V. TOBACCO USE

Have you ever used any form of tobacco? Yes

If YES:	<u>Type:</u>			<u>Amount used per day</u>
	Cigarettes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
	Chew/Dip/Snuff	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
	Cigar	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
	Pipe	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

Brands: _____

Are you still using any form of tobacco? Yes

If YES:	<u>Type:</u>			<u>Amount used per day</u>
	Cigarettes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
	Chew/Dip/Snuff	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
	Cigar	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
	Pipe	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

Brands: _____

What year did you begin using tobacco? _____

Are you still using any form of tobacco? _____

Plaintiff Name: _____

SSN: _____

If the answer to the previous question is NO, what was the last year that you used any form of tobacco? _____

Has any doctor or healthcare professional advised you to stop using tobacco products?
 Yes No

If answer to previous question is YES, state the name of healthcare professional and date advised to discontinue tobacco use: _____

Were you aware of the health risks associated with tobacco use while using tobacco products?
 Yes No

VI. LAWSUITS, CLAIMS and WORKERS' COMPENSATION CLAIMS

A. Are you now or have you ever been, a party to any other lawsuit?
 Yes No

If the answer to the previous question is YES, please provide the following information:

A general description of the case: _____

Case name and style: _____

Cause number: _____ County: _____ State: _____ Court _____

Year lawsuit filed: _____

Are or were you a ___ plaintiff or a ___ defendant in the case?

Attorneys' names and addresses: _____

Is the case ___ pending or ___ resolved?

List the aggregate amount of any/all settlements, verdicts or judgments, or bankruptcy claims received in any prior lung disease lawsuit: _____

Identify any products from previous lawsuits filed by you that you alleged caused or contributed to any of your injuries or damages: _____

B. Have you ever filed a claim for worker compensation benefits? Yes No

If the answer to the previous question is YES, please provide the following information

A general description of the claim: _____

Claim number: _____

Plaintiff Name: _____

SSN: _____

Year filed: _____

Your attorney's names and addresses: _____

Is the claim ___ pending or ___ resolved?

What was the resolution of your claim: _____

C. Have you ever filed a claim with the Manville Personal Injury Settlement Trust?

Yes No

If the answer to the previous question is YES, please provide the following information:

A general description of the claim: _____

Claim number: _____

Date filed: _____

Your attorney's names and addresses: _____

DOCUMENTS

Please attach to this Verified Fact Sheet all documents required by the CMO No. 1

SUPPLEMENTATION

You have a continuing duty to amend or supplement your Answers to this Verified Fact Sheet if you learn that your Answers were incomplete or incorrect when made, or although complete and correct when made, are no longer complete and correct.

IX. VERIFICATION

THE STATE OF TEXAS §

§

COUNTY OF _____ §

BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, who after being duly sworn and deposed, said that the above and foregoing Answers to the Plaintiff's Verified Fact Sheet are within his/her personal knowledge and are true and correct.

SUBSCRIBED AND SWORN TO BEFORE ME by _____ on this the _____ day of _____, 2005.

Notary Public in and for the State of Texas

Plaintiff Name: _____
Address: _____

SSN: _____
DOB: _____
DOD: _____

Continuation sheet for Work Sites:

For each additional work site at which you claim exposure to sand or silica-containing materials, provide the following information:

Employer: _____
Occupation: _____
Name of facility: _____
Work site name: _____
Work site address or
description of location: _____
Work site city, state: _____
Owner of Work site: _____

Date first worked at this work site: _____ Date last worked at this work site: _____

Date you were first exposed to sand or silica-containing products at this work site: _____

Number of weeks/months/years you worked at this work site: _____

Date you were last exposed to sand or silica-containing products at this work site: _____

If you did not work at this work site continuously, list the calendar months and years that you worked at this work site: _____

Work site type: Abrasive blasting Ceramic plant Foundry Glass plant
 Other (please be specific on work site type): _____

Do you believe you worked with or around any asbestos-containing products? Yes No

Plaintiff Name: _____
Address: _____

SSN: _____
DOB: _____
DOD: _____

Continuation sheet for Jobs:
For each job at each work site, provide the following information.

Work Site Name: _____

Job title: _____ Department (if any): _____

Supervisor: _____

Date you first worked at this job: _____ Date you last worked at this job: _____

Description of duties at this job: _____

List all co-workers at this job: _____

If you claim exposure to sand, silica, silica-containing products, asbestos, fumes, fibers, particulates or any other chemical or allegedly toxic substance at this job, what was the frequency of that exposure at this job: _____

If you claim exposure to sand, silica, silica-containing products, or sandblasting at this job, describe your exposure to sand, silica or sandblasting (i.e. "I held a sandblasting nozzle"): _____

List the brand names you recall of any sand and/or silica-containing materials you used at this job: _____

If you do not recall brand names, describe any sand and/or silica-containing materials used in this job, include a description of the sand or silica-containing material and any bags or other packaging (Example, a description by color, labeling typeface): _____

List the seller or supplier of any sand and/or silica-containing materials you contend you were exposed to at this job site: _____

Plaintiff Name: _____
Address: _____

SSN: _____
DOB: _____
DOD: _____

Did you personally conduct abrasive blasting? Yes No
If not, did you work on the abrasive blasting crew? Yes No If the answer is yes, please describe your work of on the abrasive blasting crew _____

If none of the above, please describe your alleged exposure to sand, silica or sandblasting: _____

Did you use respiratory protection in this job? Yes No

If YES, type of respiratory protection: Disposable dust mask Cartridge respirator
 Non-air supplied hood Air supplied hood
 Disposable Respirator Other: _____

If YES, identify the dates of use for each type of respiratory protection identified above:

List the brand name and model you recall of any respiratory protection you used in this job, including the dates of use: _____

If you do not recall brand names, describe any respiratory protection you used in this job:

List the seller or supplier of any respiratory protection you contend you used at this job site:

What percentage of the time did you wear respiratory protection in this job?

List the brand name(s) and model number(s) you recall of any equipment used in the abrasive blasting process (equipment will include blast pots, air compressors, and nozzles):

Type Equipment	Brand Name	Model Number

Plaintiff Name: _____
Address: _____

SSN: _____
DOB: _____
DOD: _____

Type Equipment	Brand Name	Model Number

If you do not remember the brands of equipment, describe this equipment with specificity, to include shape, size, color and identifying markings: _____

List the seller or supplier of any equipment used in the abrasive blasting process at this job site:

List the type(s), brand name(s) and model number(s) you recall of any other products you alleged created, caused or contributed to your alleged exposure to respirable silica not encompassed by the previous sections:

If you do not remember the brands of other products, describe these other products with specificity, to include shape, size, color and identifying markings: _____

List the seller or supplier of any other products you alleged created, caused or contributed to your alleged exposure to respirable silica at this job site:

In Re:	§	IN THE DISTRICT COURT OF
	§	
TEXAS STATE SILICA PRODUCTS	§	HARRIS COUNTY, TEXAS
LIABILITY LITIGATION	§	
	§	295 TH JUDICIAL DISTRICT
	§	(Judge Tracy Christopher)
This Document Relates to All Cases		

DEFENDANTS' REQUESTS FOR PRODUCTION TO PLAINTIFFS

I.
DEFINITIONS

1. For the purpose of interpreting or construing the scope of the requests made herein, the terms used should be given their most expansive and inclusive interpretations unless otherwise specifically limited in any particular request. This includes, without limitation, the following:

- a. Construing "and" as well as "or" in the conjunctive or disjunctive as necessary to make the interrogatory more inclusive;
- b. Construing the singular form of a word to include the plural and the plural form to include the singular;
- c. Construing the past tense of a verb to include the present and the present tense to include the past;
- d. Construing the terms "refer to," "reflect," and "relating to" to include any connection whatsoever, direct or indirect, with the requested subject matter.

2. "Documents" has the meaning intended by Rule 192.3 the Texas Rules of Civil Procedure and includes the originals, all copies of which are not identical to the original or to each other, and all drafts of all written, reported, recorded, or graphic matter, however produced or reproduced, now or at any time in your possession, custody, or control, including, but not limited to, correspondence, contracts, telegrams, memoranda, minutes, notes, reports, records, inter-company communications, drafts, recordings, notebooks, plans, advertising, drawings, photographs, sketches, specifications, instructions, service manuals, invoices, bills of lading, bills of sale, insurance contracts, warehouse receipts, freight bills, title documents, checks, drafts, notes, financing statements, telex, advertisements, charts, brochures, publications, price lists, client lists, journals, statistical records, computer print-outs, data processing programs, libraries, microfilm, all records by electronic, and photographic or mechanical means. "Documents"

Exhibit B

specifically includes any data or information that exists in electronic or magnetic form, within the meaning of Rule 196.4 of the Texas Rules of Civil Procedure, which Defendants request to be produced electronically in native format. All documents within your possession, custody, or control shall be produced. Pursuant to Tex.R.Civ.P. 192.3(b), a person is required to produce a document or tangible thing that is within the person's possession, custody, or control. Possession, custody, or control of an item means that the person either has physical possession of the item or has a right to possession of the item that is equal or superior to the person who has physical possession of the item. Tex. R.Civ.P. 192.7(b).

3. "You," "your," and "Plaintiff" refer to any Plaintiff seeking recovery against any Defendant in the above-referenced lawsuit, and any and all persons acting by or under their authority or control. This would include not only the named Plaintiff, but the decedent as well, if applicable.

4. "Person" or "Persons" includes natural persons, firms, partnerships, associations, joint ventures, corporations, and any other entities.

5. "Statement" means the statement of any person with knowledge of relevant facts as defined in Rule 192.3 of the Texas Rules of Civil Procedure.

6. "This Lawsuit" means Plaintiff's lawsuit, which was transferred to the Texas State Silica MDL pending in the 295th Judicial District Court of Harris County, Texas.

7. "Alleged Toxic Materials" means any materials to which the Plaintiff alleges exposure or has alleged or claimed exposure in the past (including, but not limited to, silica, silica-containing products, heavy metals, asbestos-containing products, solvents, chemicals, and/or welding fumes) and which Plaintiff claims or has claimed in the past to have caused or contributed to any disease, injury or illness.

8. "Health Care Provider" means and includes all "Covered Entities" and their "Business Associates" as those terms are defined under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and Chapter 181 of the Texas Health and Safety Code, including but not limited to, all health care providers, health plans, health care clearing houses, physicians, doctors, surgeons, pharmacists, osteopath, chiropractor, psychiatrists, psychologists, social workers, counselors, occupation, speech and/or physical therapists, hospitals, clinics, pharmacies, and other medical facility or health care facilities, including, but not limited to, drug and alcohol treatment and rehabilitation facilities. This also includes any health care provider employed, contracted with, or otherwise retained by any of Plaintiff's employers.

9. "Potential Party" means any person or entity who has not been sued in This Lawsuit as a Defendant, counter Defendant, or third party Defendant. It also includes any person or entity that is a settling person under Sections 33.011(5) and 33.015(d) of the Texas Civil Practice and Remedies Code, and any person or entity that has entered into any Settlement Agreement.

10. "Respiratory Protection Device" means dust masks, respirators, safety masks, or any other devices, instruments, products, or objects designed for use by individuals to prevent or reduce inhalation of dust, fibers, or vapors.

II.

TEXAS STATE SILICA MDL REQUESTS FOR PRODUCTION TO PLAINTIFFS

Produce all documents and tangible things that support any damage claim for which you are seeking compensation in This Lawsuit.

RESPONSE:

All documents or tangible things regarding any complaints made by or on behalf of Plaintiff to any of the Defendants or to other persons, including but not necessarily limited to physicians and/or Health Care Providers, firms, or corporations, at any time whatsoever with respect to the Alleged Toxic Materials, or products Plaintiff allegedly used when exposed to the Alleged Toxic Materials, including, without limitation, all correspondence, records of telephone conversations, meetings, discussions, or conferences, and all other documents or tangible things which evidence, show or may show, or which may set forth the nature of any complaints, when such complaints were made, to whom such complaints were directed, and the nature of any remedies recommended or performed, and whether such remedies were made.

RESPONSE:

3. All documents or tangible things of any kind whatsoever regarding any training or instruction provided to Plaintiff with respect to the use and/or production of the Alleged Toxic Materials, products Plaintiff allegedly used when exposed to the Alleged Toxic Materials, and personal protective equipment, including but not limited to, all manuals, pamphlets, booklets, literature, correspondence, and other written documents or tangible things providing for or relating to any such instructions.

RESPONSE:

4. All documents or tangible things of any kind whatsoever regarding any warnings or instruction given to Plaintiff with respect to exposure to the Alleged Toxic Materials, and the use of protective equipment and/or any other products when exposed to the Alleged Toxic Materials. This also includes, but is not limited to, any and all warnings, labels, or other instructions that you have in your possession that were placed upon any personal protective equipment or other equipment.

RESPONSE:

5. All documents or tangible things of any kind whatsoever which evidence, show, or set forth the levels and/or concentrations of Alleged Toxic Materials to which Plaintiff was allegedly exposed and/or length and time of exposure.

RESPONSE:

6. All documents or tangible things of any kind whatsoever which evidence, show, or set forth Plaintiff's specific job duties for each of Plaintiff's employers.

RESPONSE:

7. If x-rays, CT scan, MRI, NMR, and/or PET scans or other diagnostic imaging were taken of Plaintiff at any time beginning ten (10) years prior to the date of his alleged first exposure to Alleged Toxic Materials and continuing until the present, provide each x-ray, scan, or other diagnostic image and all documents which refer to or will disclose the name and address of the person who took the x-ray, scan, or other diagnostic image, the dates each were taken, and what each disclosed.

RESPONSE:

8. All reports and other documents related to any claims for Social Security Disability benefits, state disability benefits, and/or workers' compensation benefits you have filed.

RESPONSE:

10. All reports and other documents from each Health Care Provider who examined, counseled, or treated Plaintiff in connection with any claim for Social Security Disability, state disability, Social Security insurance, major medical insurance, Blue Cross, Workers' Compensation, or any similar group.

RESPONSE:

All pathology and cytology specimens, and records, documents or tangible things generated or maintained by any Health Care Provider which treated or cared for Plaintiff for a period beginning ten (10) years prior to the date of Plaintiff's alleged first exposure to Alleged Toxic Materials and continuing until the present.

RESPONSE:

12. All documents which refer or relate to tobacco use by Plaintiff.

RESPONSE:

13. All documents which refer or relate to the use, inhalation, injection, or ingestion by Plaintiff of any legal or illegal drugs or narcotic agents, including, but not limited to, cocaine, crack cocaine, marijuana, heroin, PCP, hallucinogens, barbiturates or amphetamines.

RESPONSE:

14. All documents and tangible things which refer or relate to in any way Plaintiff having been accepted for, or declined for, turned down, or rated by any company for accident, health, or life insurance due to any physical impairment or condition capable of causing any physical impairment that could diminish Plaintiff's capability to work or that could diminish Plaintiff's earning capacity for a period beginning five (5) years prior to the date of Plaintiff's alleged first exposure to the Alleged Toxic Materials.

RESPONSE:

15. All documents relating to any license and/or certification Plaintiff possesses or has possessed, whether issued by any agency (governmental or non-governmental, including the United States, United States Territories and Provinces, and any other foreign countries) or other person, to perform any profession, trade, or occupation, including, but not limited to, documents which will disclose the date the license was issued, the name and address of the agency which issued the license, and the profession, trade, or occupation in which the license was issued.

RESPONSE:

16. A copy of your Federal Income Tax Returns during the period of time beginning five (5) years prior to the date of Plaintiff's alleged first exposure to Alleged Toxic Materials, and continuing to the present as well as all documents related to the amount of income which Plaintiff received whether or not reported on your Federal Income Tax Returns during the period of time beginning five (5) years prior to the date of Plaintiff's alleged first exposure to Alleged Toxic Materials, and continuing to the present.

RESPONSE:

17. All documents related to any days of work missed by Plaintiff and the earning loss resulting from such lost work time which you claim resulted from the illness, injury, or condition made the basis of This Lawsuit.

RESPONSE:

18. All documents related to any out-of-pocket expenses which you claim resulted from the incidents which are the basis of This Lawsuit.

RESPONSE:

19. All statements, invoices, billings, and other tangible materials reflecting medical expenses for which Plaintiff seeks recovery in This Lawsuit.

RESPONSE:

20. Copies of all medical, employment, payroll, personnel, Social Security Administration, military service records, and union records in your possession.

RESPONSE:

21. A copy of any application for employment signed, prepared, or filed by Plaintiff, or on Plaintiff's behalf, with any prospective employer.

RESPONSE:

22. A copy of any application signed, prepared, or filed by Plaintiff with the Texas Employment Commission for purposes of obtaining unemployment benefits.

RESPONSE:

23. A copy of any applications or claim forms filed by Plaintiff or on Plaintiff's behalf with any health insurance company for reimbursement or payment of any medical or funeral expenses incurred as a result of the injury or disease made the basis of This Lawsuit.

RESPONSE:

24. All documents and tangible things concerning any other lawsuit or claim submittal which you have on file or previously filed or are aware of arising out of the same factual circumstances as this Lawsuit, or involving any other occupational injury or physical injury or mental injury including but not limited to:

- a. Any prior sworn testimony of Plaintiff (excluding any depositions taken in this case);
- b. Any prior discovery responses of Plaintiff (including any and all amended and supplemental responses);

- c. Any witness statements of Plaintiff as defined by Rule 192.3 of the Texas Rules of Civil Procedure (including, but not limited to affidavits, and sworn statements); and
- d. All petitions and/or complaints served or filed, or authorized to be served or filed, by you or on your behalf in any court or administrative agency, in any lawsuit or proceeding in which it was alleged that you suffered from any injury or disease, whether or not silica-related (including any and all amended and supplemental petitions, complaints);

RESPONSE:

- 25. All documents and tangible things which support your claim, if any, for loss, injury, or damage to consortium (defined as any alleged impairment or damage to affection, solace, comfort, companionship, society, assistance, sexual relations, emotional support, love, and felicity necessary to support a successful marriage).

RESPONSE:

- 26. All documents and tangible things which support your claim, if any, for loss or damage to household services (defined as any alleged impairment to the performance of household and domestic duties by a spouse to the marriage).

RESPONSE:

- 27. For all consulting experts whose mental impressions and opinions have been reviewed by any testifying expert retained by you, produce all materials concerning the general substance of that expert's mental impressions and opinions, and that expert's basis for those mental impressions and opinions, including all documents, tangible things, reports, models, or data compilations that have been provided to, reviewed by, or prepared by or for that expert.

RESPONSE:

- 28. All materials created, used or authorized by any consulting expert whose work, materials, opinions or conclusions were reviewed by or relied upon by any testifying expert.

RESPONSE:

- 29. For all consulting experts whose mental impressions and opinions have been reviewed by any testifying expert retained by you, produce a copy of that expert's current resume and bibliography.

RESPONSE:

30. All transcripts in your possession, custody, or control of all deposition or trial testimony by each expert identified pursuant to Rule 194.2(f), Tex.R.Civ.P. (Plaintiff may produce, in lieu of actual copies of transcripts, a list of transcripts responsive to this request).

RESPONSE:

- 31 All documents between you and any consulting expert whose mental impressions and opinions have been reviewed by any testifying expert and all documents between your attorney and any consulting expert whose mental impressions and opinions have been reviewed by any testifying expert.

RESPONSE:

32. All records, reports, forms, and other documents reflecting demands for payment (whether satisfied or not) made by you against a non-party (including bankrupt entities) for any of the damages you allege you suffered from exposure to any and all Alleged Toxic Materials (including but not limited to any and all documents relating to payments resulting from alleged exposure to asbestos). This request does not include documents relating to settlement negotiations.

RESPONSE:

33. All documents identified by you in Plaintiff's verified fact sheet.

RESPONSE:

34. Birth certificates for all children, both natural and/or adopted, of Plaintiff or of anyone dependent upon Plaintiff for support, or documents evidencing standing for any other person seeking recovery in This Lawsuit other than Plaintiff's spouse.

RESPONSE:

35. All documents evidencing Plaintiff's use of protective equipment and/or personal protective equipment when allegedly exposed to the Alleged Toxic Materials.

RESPONSE:

36. If making a claim for loss of consortium or a surviving spouse is seeking recovery in This Lawsuit, a copy of Plaintiff's marriage certificate(s) and any and all divorce decrees for the Plaintiff.

RESPONSE:

- 37 All pre-suit documents referring to, relating to or evidencing communications between any of the Defendants and Plaintiff regarding any of the issues involved in This Lawsuit.

RESPONSE:

38. All documents which indicate, refer to, relate to or evidence your allegations that Plaintiff experienced a loss of earning capacity as a result of the illness, injury, or disease made the basis of This Lawsuit.

RESPONSE:

39. A copy of any and all billing records, invoices, or charges from any expert who may testify in this case or whose opinions have been relied upon by an expert who may testify.

RESPONSE:

40. All sandblasting, personal protective equipment or other products in the possession of Plaintiff, including but not limited to, respiratory equipment, hoods, dust masks, respirators, abrasives, blasting pots, power tools and equipment, hoses and nozzles, or the containers, bags or boxes in which they came, used by Plaintiff during the occurrence or occurrences that made the basis of Plaintiff's claims in This Lawsuit.

RESPONSE:

- 41 All diaries, notes, logs, or journals kept by Plaintiff which mention job sites, products, co-workers, and/or supervisors.

RESPONSE:

42. Any and all photographs, pictures, drawings, diagrams, slides, films, videotapes, and electronic recordings of any silica-related product, respiratory equipment, personal protective equipment, any product used for or in conjunction with abrasive blasting, or any other product which Plaintiff claims caused or contributed to his alleged injury or exposure to the Alleged Toxic Materials in Plaintiff's possession (excluding the photographs in the CSR Picture book and the Walter Weathers Picture book).

RESPONSE:

43. Any and all photographs, pictures, drawings, diagrams, slides, films, videotapes, and electronic recordings of any location or work site where you were allegedly exposed to any Alleged Toxic Materials.

RESPONSE:

44. Any and all photographs, pictures, drawings, diagrams, slides, films, videotapes, and electronic recordings that refer or relate to Plaintiff's disease or condition or any element of damage alleged by you in this action (i.e. any day-in-the-life recordings). For each photograph, slide, film, and videotape, provide all documents which will reveal the date of the foregoing items were made, taken or shot, and the person or entity shooting, taking, or making the same (excluding the photographs in the CSR Picture book and the Walter Weathers Picture book).

RESPONSE:

45. All documents that you have reviewed to assist in the identification of any Alleged Toxic Materials to which you contend you were exposed (excluding the photographs in the CSR Picture book and the Walter Weathers Picture book).

RESPONSE:

46. All photographs, blueprints, plans, diagrams, drawings, maps, models, mockups or other visual reproductions of (1) any of your employers' premises, (2) any Premises Defendants' Property, and (3) any of your worksites and jobsites.

RESPONSE:

47. Any and all time cards, paychecks, pay stubs, time vouchers or other documents evidencing your work on any of your employers' and/or of any of the Premises Defendants' Property.

RESPONSE:

48. All documents evidencing or reflecting when you first became aware that your alleged exposure to the Alleged Toxic Materials had caused you an alleged injury or disease.

RESPONSE:

49. Produce a copy of all agreements related to This Lawsuit in which any consideration, other than money, has been exchanged.

RESPONSE:

50. All documents which support or relate to your contention that any of the Defendant's, or any other individual's or entity's products and/or materials were defective or unsafe.

RESPONSE:

51. Any and all industrial hygiene inspections, air monitoring results, surveys, or studies of any job location or employer where you were allegedly exposed to Alleged Toxic Materials.

RESPONSE:

52. Any safety inspections, surveys, or studies, of any job location or employer where you were allegedly exposed to Alleged Toxic Materials.

RESPONSE:

53. Any and all correspondence, notes, memoranda, data, documents, or reports of any inspection relating to foundry or sandblasting operations conducted by any federal, state, or municipal agency for respiratory health hazards at any (1) of your employers' premises, (2) of the Premises Defendants' Property, and (3) of your worksites and jobsites.

RESPONSE:

54. All sales literature, packaging, packaging materials, advertising, promotional material, technical literature, warnings, material safety data sheets, labels, product records, shipping records, invoices, purchase orders, marketing records, NIOSH or OSHA documents, sales, records, internal memoranda, internal reports, minutes of meetings, or other documents, in Plaintiff's possession, custody, or control, from of any your employers and/or work sites, or from any supplier to your employers or worksites that relate to the Alleged Toxic Materials to which Plaintiff was allegedly exposed or that relate to the products Plaintiff allegedly used when exposed to the Alleged Toxic Materials.

RESPONSE:

55. All documents generated by, from, or for any Defendant in This Lawsuit as well as all documents created by any Defendant in This Lawsuit which are in the Plaintiff's possession, custody or control.

RESPONSE:

56. All judgments, verdicts, or awards involving you (whether or not final or whether or not fully paid or satisfied) in any lawsuit, proceeding or worker's compensation claim, or other claim involving or relating to any respiratory injury or disease.

RESPONSE:

57. Produce all documents relating to any respiratory protection program implemented by any of your employers during any time that you contend you used any Respiratory Protection Device or personal protective equipment when exposed to the Alleged Toxic Material.

RESPONSE:

58. Produce all documents relating to any fit test you underwent for any Respiratory Protection Device or personal protective equipment.

RESPONSE:

59. All documents that refer, pertain, or relate to, Plaintiff's employment at or for an employer that does not appear on Plaintiff's Social Security Records.

RESPONSE:

60. Copies of all insurance policies, documents, or memoranda evidencing payment for any damages allegedly arising from the occurrence made the basis of This Lawsuit. This request is intended to include, but is not limited to, Social Security Insurance, major medical insurance, Blue Cross, Workers' Compensation, Medicaid, Medicare, or any similar group.

RESPONSE:

61. All documents reviewed by Plaintiff and/or used to refresh Plaintiff's recollection to prepare for sworn testimony.

RESPONSE:

62. All advertisements, flyers, letters, invitations, communications, or documents relating to medical screenings to which you were invited or which you attended.

RESPONSE:

63. Any and all pulmonary function test reports (including all quality assurance/quality control data underlying the pulmonary function tests) and all data created by and or stored on the pulmonary function testing equipment used in conjunction with the pulmonary function testing of the Plaintiffs, including but not limited to, tracings, quality assurance messages, time stamp data, and error codes, if available.

RESPONSE:

64. Any and all documents concerning and any work, exposure, and medical evaluation and history forms or materials utilized or prepared by you (or on your behalf) or by any of Plaintiff's diagnosing physician(s) concerning Plaintiff.

RESPONSE:

65. Any and all documents reflecting sign-in rosters for the medical screening of each Plaintiff.

RESPONSE: