
IN RE:
ASBESTOS LITIGATION

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COURT OF COMMON PLEAS
PHILADELPHIA COUNTY

DEFENDANTS' MASTER INTERROGATORIES
AND REQUESTS FOR PRODUCTION
DIRECTED TO PLAINTIFFS

INSTRUCTIONS

1. Answer each interrogatory separately. When an interrogatory contains separately numbered or lettered paragraphs, treat each paragraph separately, and give a separate answer for each such paragraph.

2. In answering these interrogatories, furnish all information, however obtained, including hearsay, which is available to you and information known by or in possession of yourself, your agents and your attorneys, or appearing in your records.

3. A question which seeks information contained in or information about or identification of any documents may be answered by providing a copy of such documents at the propounder's expense without a separate request for production.

4. These interrogatories shall be deemed to be continuing until and during the course of trial. Information sought by these interrogatories that you obtain after you serve your answers, must be disclosed by supplemental answers.

5. If you object to any interrogatory, or part thereof, state all your reasons for objecting. If you claim privilege or work product immunity as a ground for not answering any interrogatory in whole or in part, furnish such information or documents as are not encompassed within your objection and, as to the information, documents or portions thereof you contend are privileged or immune from discovery, describe the factual basis for your claim of privilege or immunity in sufficient detail so as to permit the court to adjudicate the validity of the claim.

6. These Interrogatories and Requests for Production of Documents are continuing and require supplementation pursuant to Rule 4007.4 of the Pennsylvania Rules of Civil Procedure.

DEFINITIONS

As Used herein:

1. "You" and "your" refers to the person or persons upon whose alleged exposure to asbestos the plaintiff's claim is based.

2. "Address" means the present or last known street name and number, city or town, state and zip code.

3. "Document" or "documents" means the original and any identical or non-identical copy, regardless of origin or location of any writing or record of any type of description, including but not limited to the original and any copy of any book, pamphlet, periodical, letter, memorandum, telegram, report, record, study, handwritten or other note, working paper, charge, paper, graph, index, tape, disc, data sheet, or data processing card, correspondence, table analysis, schedule, diary, message (including, but not limited to, reports of telephone conversation or conferences), magazine, booklet, circular, bulletin, instruction, minute, other communication (including inter-office or intra-office communications), purchase order, bill of purchase, memorandum of agreement, assignment, license, book of account, order invoice, statement, bill (including, but not limited to, telephone bills), check voucher, notebook, film, photograph, photographic negative, phono-record, tape recording, wire recording, transcript or recordings, drawing catalogue, brochure, and other data compilations from which information can be obtained and translated if necessary, or any other written, recorded, transcribed, punched, taped, filed or graphic matter, however produced or reproduced, to which plaintiffs have or have had access.

4. "Oral communication" or "oral communications" means any verbal conversation or other statement from one person to another including, but not limited to, any interview, conference, meeting, or telephone conversation.

5. "Person" or "persons" means a natural person, firm, proprietorship, association, partnership, corporations or any other type of organization or entity.

6. All words of masculine gender shall include the feminine gender thereof; for example, "his" shall include "her".

7. "Tobacco products" mean cigarettes, cigars, pipes, chewing tobacco, snuff, or any other tobacco products.

DEFENDANTS'
GENERAL INTERROGATORIES - SET 1

NAME, DATE OF BIRTH, SOCIAL SECURITY NUMBER

1. Please state your full name, including aliases or nicknames; date of birth; social security number and current address.

LEGAL REPRESENTATIVE

2. If the person answering these interrogatories is the representative of the deceased claimant, set forth the name of the person responding to these interrogatories; the legal capacity in which that person is responding; the date and place of the decedent's death; the decedent's cause of death; and, whether or not you contend that the decedent's death was related to asbestos exposure.

RELATED LAWSUITS

3. Have you or your attorneys filed on behalf of any of the plaintiffs names herein, any related or companion lawsuits of legal actions in any court based upon any alleged asbestos-related condition? If so, please list the caption and identifying number of any such suits.

ADDRESSES

4. Please provide a chronological list of all addresses at which you have resided. Please also provide the dates of residency at these addresses.

FAMILY & DATE OF BIRTH

5. State the names and dates of birth of your spouse and children, as applicable.

DEFENDANTS

6. If any person, including those listed in No. 5 above, is partially or totally financially dependent upon you, state his or her name, date of birth, current address, relationship to you, and the amount of support given during the last five (5) years.

OCCUPATION

7. Set forth your current occupation and employer.

WORK EXPERIENCE

8. Please provide a complete chronological history of work experience, to include: the name and address of each employer and worksite; your job title and the dates of employment; and, whether you were exposed to asbestos at the job or worksite listed, and the period of time for each exposure alleged.

PRODUCTS TO WHICH EXPOSED

38. List, by type, brand and/or trade name, and manufacturer, every asbestos-containing product to which you believe you were exposed.

DATES OF EXPOSURE

39. For each asbestos-containing product identified in the answer to the preceding interrogatory, set forth the places, circumstances, and dates of exposure.

OTHER ASBESTOS EXPOSURE

9. If this lawsuit is based upon any asbestos exposure other than that described in the preceding interrogatory, then set forth the nature, location and dates of said exposure.

RETIREMENT

10. If you are retired, please state the date of retirement, type of retirement, the employment retired from and the reason for your retirement.

GROSS INCOME

11. During your last year of full-time employment, what was your gross income?

INJURIES CLAIMED

12. What are the injuries for which your are claiming compensation in this lawsuit?

DIAGNOSIS DATE AND DOCTOR

13. What is the name and address of the doctor who diagnosed these injuries, and what was the date of diagnosis?

HOSPITALS

14. Please provide a complete list of the hospitals,

institutions or other health-related facilities in which you have been confined, or in which you have received out-patient treatment, including: the name and address of the hospital, institution, or other health-related facility; the date of admission; the date of discharge; medical condition, illness or symptoms which were the bases for each hospitalization, institutionalization, or other treatment; diagnosis at discharge and, the full name and address of admitting physician or principal treatment physician.

DOCTORS

15. Please provide a complete list of medical practitioners, including but not limited to physicians and therapists, excluding those listed in No. 16 above, who have rendered services to you, and as to each, state: full name and present or last known address; the date(s) of examination, treatment, or other care; and, the medical condition, illness or symptoms which were the basis for each examination, treatment or consultation.

TOBACCO USE

16. If you have ever used tobacco products, state: the type(s) of tobacco products you have used; the dates during which you have used each type of tobacco product; and, the daily frequency with which you have used each tobacco product (i.e., two packages of cigarettes daily, three cigars daily, two pipefuls daily, etc.).

EVER FILED COMPENSATION CLAIM?

17. State whether you have ever sought, filed for, or received any of the following: Workmen's Compensation benefits; sickness, accident or disability benefits provided by or through an employer for non-employment related conditions; Social Security disability benefits; Veterans medical or disability benefits; Union disability benefits; and any other disability benefits.

DETAILS OF COMPENSATION CLAIMS

18. For each affirmative response to Interrogatory No. 17, please provide the following: a description of the benefits sought, filed for, or received; the identity of each person, firm, corporation or entity (including insurance companies or union) from which benefits were sought, filed for or received; claim number, account number or other identifying information; the date of request or claim for benefits; and the dates on which benefits were first received or denied.

Please respond to the following additional interrogatories if friction companies are named as defendants in your lawsuit or if you allege exposure to friction materials:

PRODUCT IDENTIFICATION WITNESSES

40. For each separate defendant to whose asbestos products you claim exposure, state the names, home addresses and business addresses of all individuals who have knowledge of that particular exposure.

DETAILS OF ASBESTOS EXPOSURE AT WORK

37. Set forth in detail the exact nature of your work that involved exposure to asbestos materials, including:

- (a) the frequency of contact with asbestos materials;
- (b) the frequency with which you worked near other persons who worked with asbestos materials;
and
- (c) the manner in which you performed your work.

DEFENDANTS' REQUEST FOR
PRODUCTION OF DOCUMENTS AND THINGS

The Defendants, by their attorneys, hereby request plaintiffs to produce the following:

1. A copy of the diagnosing physician's report and any other expert's report.
2. A copy of Plaintiff's decedent's death certificate.
3. A copy of any and all releases executed in the cases identified in your answer to interrogatory 3, above.

**DEFENDANTS' GENERAL
INTERROGATORIES - SET II**

BACKGROUND INFORMATION

SUPPLEMENT SET I

117. Please provide supplemental responses to the Defendants' Interrogatories - Set I for any information that has changed since you answered them.

EDUCATIONAL BACKGROUND

19. Describe your educational background, including

- (a) the names and addresses of all schools attended;
- (b) dates of attendance;
- (c) dates of graduation;
- (d) diplomas or degrees received

ARMED FORCES

20. Have you ever served in the Armed Forces of the United States? If so, state:

- (a) branch of the service;
- (b) your serial number, initial rank, rank at discharge, and highest rank held;
- (c) the dates of your service;
- (d) the type of discharge you received;
- (e) whether you were given any physical examination which included x-rays;
- (f) whether you were injured while in the service and the nature of your injury or injuries;
- (g) whether you incurred any illness requiring hospitalization while in the service and the nature of that illness;
- (h) whether you claimed any disability for any injury, physical condition, or illness arising out of your military service; and if so, state the details of the claim, including the nature of the claim, the date the claim was made, when the claim was adjudicated, and the compensation, if any, which was awarded.

MARITAL STATUS

21. What is your present marital status?

OTHER SPOUSES

22. Have you ever been married to anyone other than your present spouse? If so, state:

- (a) your former spouse's name and present address;
- (b) the date of the marriage;
- (c) how and when the marriage ended;
- (d) whether you provide any support for the former spouse;
- (e) whether the former spouse provides any support for you.

EVER SEPARATED FROM SPOUSE

23. Have you or your spouse ever lived apart from one another either under a legal separation agreement or under an informal arrangement? If so,

- (a) when;
- (b) for how long;
- (c) what was your address and your spouse's address during the separation?

SPOUSE'S EMPLOYMENT

24. Has your spouse ever been employed? If so, state:

- (a) the name and address of each employer;
- (b) the dates of each employment;
- (c) whether employment was or is full-time or part-time;
- (d) the job title(s) and description(s);
- (e) the amount of the spouse's average weekly or monthly salary.

PART-TIME EMPLOYMENT

25. Have you engaged in any part-time employment within the past five years in addition to your regular occupation? If so, state:

- (a) each employer for whom you worked part-time;
- (b) the type of work performed;
- (c) the rate of pay;
- (d) the number of hours or days you were employed; and
- (e) whether you are currently employed.

CLAIMS OF PAIN AND SUFFERING

26. Describe any pain or suffering for which you are claiming compensation in this lawsuit.

CLAIMS OF DISABILITY

27. Describe the nature of any disability for which you are claiming compensation in the lawsuit.

DETAILS OF X-RAYS

28. If you have had chest x-rays taken, including x-rays taken at the request of your employer, state:

- (a) the names and addresses of the persons who took the x-rays;
- (b) the dates on which the x-rays were taken;
- (c) the charges you incurred for the x-rays and evaluations; and
- (d) if and when you were informed of the results of those x-rays.

OTHER RADIOGRAMS (C.T., TOMOGRAM, N.M.R., etc)

116. If you have had tomographic films, computerized tomographic (C.T.) films, gallium or other radiosopic tracing films, perfusion and ventilation scans, nuclear magnetic resonance (N.M.R.) films, or any other diagnostic imaging modality taken state for each such modality used:

- (a) the names and addresses of the persons who performed the imaging;
- (b) the dates on which the imaging was performed;
- (c) the charges you incurred for the imaging and/or evaluations;
- (d) the date you were informed of the results of the imaging; and
- (e) the present location of such films and/or scans.

PULMONARY FUNCTION TESTS

29. Has any physician or other person conducted pulmonary function tests on you, including pulmonary function tests done at the request of your employer? If so, who conducted the tests and when and where were they conducted? Please list any cost you incurred for the tests.

DETAILS OF PRESENT MEDICAL CARE

30. Are you still under a physician's care for the injuries which are the subject of this lawsuit? If so, state:

- (a) name(s) and address(es) of the treating physicians;
- (b) the frequency of treatment; and
- (c) the date you were last treated.

CONFINED BECAUSE OF ASBESTOS DISEASE?

31. Have you ever been confined to a bed or confined to your house because of the condition for which you instituted this lawsuit? If so, state the period of that confinement.

REGULAR PHYSICAL EXAMS?

32. Did you have annual or other regular physical examinations? If so, state the names and addresses of the examining physicians, when and where they took place, whether you or your employer requested these examinations, and whether you were advised of the results.

FULLY RECOVERED?

33. If you have not fully recovered from the injuries for which you are suing, state in what ways you have not fully

recovered.

PRE-EXISTING CONDITIONS

34. Do you claim that exposure to asbestos has aggravated a pre-existing condition?

- (a) If so, had you recovered from the pre-existing condition at the time of the exposure to the asbestos materials?
- (b) If you had recovered, what was the date of recovery?

FIRST SYMPTOMS

35. When were you first aware of any symptoms which you now believe to be related to the injuries for which you are suing? What were those symptoms?

SPECIFIC SHIPS OR BUILDINGS OF EXPOSURE

36. If you believe you were exposed to asbestos materials aboard specific ships or in certain buildings, identify the ships or buildings.

NATURE OF CONTACT WITH ASBESTOS AT WORK

37. Set forth in detail the exact nature of your work that involved exposure to asbestos materials, including:

- (a) the frequency of contact with asbestos materials;
- (b) the frequency with which you worked near other persons who worked with asbestos materials; and
- (c) the manner in which you performed your work.

PERSONS WITH KNOWLEDGE OF ASBESTOS EXPOSURE

40. For each separate defendant to whose asbestos products you claim exposure, state the names, home addresses and business addresses of all individuals who have knowledge of the particular exposure.

WARNINGS

41. State whether each asbestos-containing product you have identified had any caution or warning, and if so, set forth the nature and text of each such warning or caution and when you

first became aware of such warning or caution.

EXPOSURE TO ASBESTOS OF NON-PARTIES

42. Did you ever work with, or around, asbestos-containing materials, which were manufactured, sold, prepared, or distributed, installed or removed by any person or company not named as a defendant in this lawsuit?

DETAILS OF EXPOSURE TO NON-PARTIES PRODUCTS

43. If your answer to the previous interrogatory is in the affirmative, identify each such person or company, and state:

- (a) the type of product;
- (b) when and where the exposure occurred;
- (c) the type of work you were doing during this exposure;
- (d) how the exposure occurred; and
- (e) your employer at the time.

SUPERVISORS

44. What are the names and addresses of each of your supervisors during the period in which you claim you were exposed to asbestos materials?

CO-WORKERS

45. What are the names and addresses of each of your co-workers when you were allegedly exposed to asbestos?

TESTS CONDUCTED ON ASBESTOS PRODUCTS

46. Have you or your attorneys, representatives, or experts performed any tests upon any asbestos-containing products, to which you claim you were exposed, to determine their composition?

DETAILS OF ANY TEST CONDUCTED

47. If so, state the name, address, job classification, and employer of the person who conducted each test, and;

- (a) the date of each test;
- (b) state the tools used in each test;

- (c) state where each test was conducted;
- (d) set forth a summary of the findings or results of each test;
- (e) state the nature of the test performed on each product;
- (f) state the names, addresses, and occupations of all persons present during any of the tests;
- (g) state the specific products on which the test were conducted; identifying the products by manufacturer, brand or trade name, and type of product;
- (h) state whether any reports, notes, memoranda, or other type of record was made for any such test, and if so by whom.

LOCATION OF RECORDS OF ANY TESTS CONDUCTED

48. State the present location of the record referred to in the preceding interrogatory, including the name, address, and occupation of the person who has possession of such record.

SAMPLES OF ASBESTOS PRODUCTS

49. Do you, your attorneys, your representatives or experts have possession of any samples of any asbestos or asbestos-containing products referred to in the Complaint; and if so, state:

- (a) the name, address, and job classification of the person having custody;
- (b) the manufacturer's name, brand or trade name, distributor's name, and type of product for each sample;
- (c) when, whence, and from whom each sample was obtained;
- (d) whether the samples were altered or changed in any way from the state in which they were manufactured and originally distributed;
- (e) whether you have viewed any such sample; and if so, when.

PHOTOGRAPHS OF INSULATION WORK AND DETAILS

50. State whether you or any other person known to you has, or knows of, photographs of insulating repair or insulation work done by, or near you; and if so, state:

- (a) when each photograph was taken;
- (b) the name, address, and occupation of the person who took each photograph;
- (c) where each photograph was taken;
- (d) the present location and the name, address, and occupation of the custodian of each such photograph;
- (e) what each photograph depicts;
- (f) whether you personally have seen any such photographs; and if so, when.

INFORMATION OR DATA SHEETS ON ASBESTOS PRODUCTS

51. Do you, or any person known to you, have or know of, the existence of any asbestos product information or data sheets with information about the characteristics and uses of any asbestos product to which you were exposed. If so, state:

- (a) the manufacturer or seller, brand or trade name, and type of product of each sample;
- (b) when and from whom each sample was obtained;
- (c) whether you have seen any of these product information or data sheets and, if so, when.

PHOTOGRAPHS OF PRODUCTS AND DETAILS

52. Do you, or any person known to you, have or know of, photographs of any asbestos-containing products made or sold by any defendant or other person or company; and if so, state:

- (a) when each photograph was taken;
- (b) the name, address, and occupation of the person who took each photograph;
- (c) where each photograph was taken;
- (d) the present location, and the name, address, and occupation of the person who has

possession of each such photograph;

- (e) what each photograph depicts;
- (f) whether you personally have seen any such photograph; and if so, when.

EMPLOYER'S WARNING OF ASBESTOS DANGER

53. Did your employer ever give any instructions or warnings during the course of your employment about any alleged dangers of asbestos?

DETAILS OF WARNINGS

54. If the answer to the preceding interrogatories is yes, then, for each instruction or warning, state:

- (a) the date given;
- (b) the person who gave it;
- (c) whether the communication was written or oral;
- (d) if the communication was written, whether you have a copy of it in writing or know of anyone who does have a copy;
- (e) if the communication was written, the author of the communication; and
- (f) a summary of the communication.

WERE MASKS AVAILABLE?

55. Were masks, respirators, or other dust inhalation inhibitors available during any part of your employment, and if so, state:

- (a) whether the devices were provided by your employer;
- (b) the period of time of your employment during which the devices were available to you;
- (c) what instructions were given to you about using the devices;
- (d) the manufacturer of the device;

- (e) whether and when you ever used the device;
- (f) how often, by a percentage of the time you were exposed to asbestos materials, you in fact used the device.

WERE MASKS REQUIRED?

56. Did any of your employers ever recommend or require that you use any device to reduce your possible exposure to, or inhalation of, asbestos fibers?

EMPLOYERS REQUIRING USE OF MASK AND DETAILS

57. If your response to the preceding interrogatory was in the affirmative, state:

- (a) the employer's name and address;
- (b) when, where, and the circumstances under which each recommendation or requirement was made;
- (c) the identity of the person who issued the recommendation or requirement to you;
- (d) the identity of each person present when each recommendation or requirement was made to you;
- (e) the identity of each person who received the same or similar recommendation or requirement;
- (f) the exact wording and content of each recommendation or requirement; and whether it was made in writing or orally;
- (g) the type, make, and model of each device referred to in each recommendation or requirement;
- (h) the nature of the action, if any, you took in response to each recommendation or requirement.

ANY PUBLICATIONS OR WARNINGS ABOUT ASBESTOS DANGERS

58. Did you at any time receive any publication, warning, requirement, or recommendation, whether written or oral, which purported to:

- (a) advise you of possible harmful effects of exposure to, or inhalation of asbestos; or
- (b) recommend techniques or equipment which would reduce or guard against such potentially harmful exposure?

DETAILS OF PUBLICATIONS OR WARNINGS

59. If you answered in the affirmative to any part of the preceding interrogatory, state for each communication:

- (a) the nature and exact wording;
- (b) when, where, and the circumstances under which it was communicated;
- (c) the identity of each source;
- (d) the identity of each witness to your receipt of the communication;
- (e) the identity of each co-worker or similarly situated person who received a similar communication.

SAMPLES OF WARNING LABELS AND DETAILS

60. Do you, or any person known to you, have, or know of, samples of any asbestos product labels, warnings, packaging markings, or writings, or any other type of symbols or writings identifying or describing such products or warning of hazards of such products; and if so, state:

- (a) the manufacturer, brand or trade name, and type of product of each such sample;
- (b) when and from whom each sample was obtained;
- (c) whether the samples were altered or changed in any way from when they were originally produced;
- (d) whether you have seen such samples; and if so, when.

SAMPLES OF WARNING SIGNS, BULLETINS, ETC. AND DETAILS

61. Do you, or any person known to you, have, or know of, samples of warning signs, notices, bulletins, pamphlets, memoranda, or other writing posted at your place of employment by your employer, your labor union, by any state governmental

agency, or by any federal governmental agency, about asbestos health hazards or work practices and procedures to be followed when working with or near asbestos-containing products; and if so, state:

- (a) the type and content of the sample;
- (b) when and from whom the sample was obtained;
- (c) when the writing was issued or posted; and
- (d) the present location, and the name, address, and occupation of the person who has possession of each such sample.

UNION MEMBERSHIP

62. Were you a member of any labor union at anytime? If so, state for each membership:

- (a) the name of the union and its local;
- (b) the time periods in which you were a member;
- (c) the names of your local's officials.

TIME OF APPRENTICESHIP

63. When were you an apprentice?

TIME OF BEING JOURNEYMAN?

64. When were you a journeyman?

UNION OFFICES AND COMMITTEES

65. What offices have you held, and on what committees have you served for either your local, regional, national, or international union?

CONVENTIONS ABOUT OCCUPATIONAL HEALTH AND ASBESTOS

66. Have you ever attended any international, national, regional or local union meetings, seminars, conferences, or conventions, at which the subjects of occupational health and exposure to asbestos were discussed? If so, state:

- (a) when and where such meetings took place;
- (b) the names and addresses of any speaker or discussion leader; and

- (c) a summary of the matters under discussion.

UNION WARNINGS OF ASBESTOS AND DETAILS

67. Have you ever been informed by any person in your local or international union of any possible hazards associated with exposure to asbestos? If so, state:

- (a) the name, address, and official capacity of the person;
- (b) when and where you were so informed;
- (c) the information you received;
- (d) what action, if any, you took upon learning this information.

UNION PUBLICATIONS RECEIVED

68. Did you receive any union newspapers, newsletters, or other publications? If so, state:

- (a) the type and nature of each publication received;
- (b) how often you received such publications; and
- (c) whether you read such publications.

DID YOU DISCUSS LAWSUIT WITH UNION?

69. Have you ever discussed this lawsuit or the injuries you claim in this lawsuit with any official of your local or international union? If so, state:

- (a) the name, address, and official capacity of each person with whom you discussed this matter;
- (b) when, where, and under what circumstances did you discuss these matters;
- (c) the substance of these discussions.

UNION MEDICAL SCREEN PROGRAM

70. Did you ever participate in any medical screening program or health survey sponsored by, or with, your local or international union? If so, state:

- (a) when and where you so participated;

- (b) the nature of the program or survey;
- (c) the name and address of any examining physician or health practitioner;
- (d) whether any x-rays were taken.

DETAILS OF WAGE LOSS CLAIM

71. If you are claiming loss of earnings or impairment of earning power because of any asbestos-related condition, disease or injury, then state:

- (a) when you first became impaired;
- (b) the name and address of your employer, your job classification, and your monthly or weekly rate of pay at the time you claim to have become impaired or lost earning power;
- (c) if you had more than one employer during the three-year period prior to the onset of the impairment in earning power, then state the names and addresses of all employers, your job classifications, your weekly or monthly rate of pay, and the dates of employment;
- (d) the dates during which you were unable to work to your expectations because of any asbestos-related injury, and the total amount of pay you lost because of this inability.

RETIREMENT OR OTHER BENEFITS SOUGHT

72. State whether you have ever sought, filed for or received any of the following:

- (a) Social Security retirement benefits;
- (b) life insurance benefits including but not limited to waiver of premium;
- (c) union retirement benefits; and
- (d) unemployment compensation.

FIRST DATE LEARNED ASBESTOS DISEASE COMPENSABLE

73. When, if ever, did you first become aware that asbestosis was a compensable occupational disease under a State or Federal; Workmen's Compensation Act? State how you became aware of this fact.

WHO PAID HOSPITAL BILLS FOR ASBESTOS DISEASE?

74. For each hospital, or other health-related facility in which you have been confined as the result of any alleged asbestos related condition, disease or injury, itemize by facility the costs you incurred. State whether or not these expenses have been paid, partially or wholly, and identify the person or other entity who has paid them.

MEDICAL BILLS AND PAYMENT THEREOF

75. State the total amount of any other expenses, including doctor bills, which you incurred as a result of your alleged asbestos-related condition, disease or injuries. State whether or not these expenses have been paid, partially or wholly, and identify the person or other entity who has paid them.

HOUSEHOLD HELP EMPLOYED (IF CLAIMED)

76. If a claim is made for household help, state the names and addresses of each person employed for household help, the dates of the employment, and the expenses incurred.

ALCOHOL CONSUMPTION

77. Do you now consume, or have you ever consumed, alcoholic beverages? If so, describe what you drink, and the frequency and quantity of your consumption.

SMOKING - BRANDS AND WARNINGS

78. If you have used cigarettes, cigars, pipes, or any other tobacco product, state:

- (a) the brand names of the tobacco product;
- (b) whether you were ever advised by any physician or other person to stop using tobacco products, and if so, identify each person so advising you, and state when the advice was given to you, and whether you followed the advice.

SMOKING - EVER QUIT AND WHY

79. If you ever stopped using tobacco products, please state your reasons for doing so.

SURGEON GENERAL'S WARNINGS

80. Are you aware of the United States Surgeon

General's cautions placed on all cigarette packages and advertisements? If so, when did you acquire this awareness?

HAVE YOU READ CIGARETTE WARNINGS?

81. Have you ever read the warnings referred to in the preceding interrogatory?

SMOKE AFTER WARNINGS?

82. Have you ever smoked cigarettes after becoming aware of the cautions?

REALIZE SMOKING CAUSES CANCER?

83. Are you aware that the use of tobacco may cause cancer? If so, when did you acquire this knowledge?

SOURCES OF SMOKING INFORMATION

84. Identify the sources of all information you, your attorneys, or other representatives, obtained in answering the preceding interrogatory, setting forth the names and addresses of all persons providing the information, their employment, and their job positions.

EVER TESTIFY IN ANY OTHER CASES? DETAILS IF YES

85. Have you ever given sworn testimony in a criminal or civil proceeding other than this; if so, state:

- (a) When and where you testified;
- (b) who called you as a witness;
- (c) in what court you testified;
- (d) the subject matter of your testimony;
- (e) the parties to the proceedings.

WRITTEN STATEMENTS GIVEN

86. Identify all written statements which you have made which related to the facts of this lawsuit and the damages claimed.

FACT WITNESSES FOR PLAINTIFF

87. List the names of each person who will testify as a fact witness on behalf of the plaintiffs.

DETAILS ABOUT FACT WITNESSES

88. For each person identified in your answer to interrogatory number 87, state the person's

- (a) age;
- (b) home and business address;
- (c) employer's name;
- (d) occupation;
- (e) previous employment history, including a description of duties for each employer.

SUBJECT OF FACT WITNESSES' TESTIMONY

89. For each person identified in your answer to interrogatory number 87, state the subject matter of the witness's proposed testimony and the facts to which the person will testify.

WHO HELPED PREPARE INTERROGATORY ANSWERS?

90. With whom did you consult in preparing your answers to these interrogatories?

DOCUMENTS USED IN PREPARING INTERROGATORY ANSWERS

91. Did you rely on any documents in preparing your answers to these interrogatories? If so, describe each document fully, and state when, where, and from whom you obtained the document.

DEFENDANTS' MASTER REQUESTS FOR
PRODUCTION OF DOCUMENTS AND THINGS

Defendants, by their attorneys, hereby request plaintiffs to produce the following:

1. A copy of the diagnosing physician's report and any other expert's report.

2. A copy of any and all releases executed in the cases identified in your answer to interrogatory 3, above.

3. Produce and permit defendants, and their experts, to inspect, test, or sample each of the following objects:

- (a) All chest radiographs, tomographic films, computerized tomographic (C.T.) films, gallium or other radioisotopic tracing films, perfusion and ventilation scans, nuclear magnetic resonance (N.M.R.) films, or any other record of any diagnostic imaging modality; and
- (b) All tissue slides, tissue blocks, whole tissue or organ specimens, sputum cytology slides and specimens, biopsy or autopsy specimens, biopsy or autopsy slides, and any other pathological material from plaintiff.

4. Produce and permit defendants, or their agents, to inspect and to copy each of the following documents:

- (a) All radiologists' reports of any diagnostic radiologic procedure performed upon plaintiff;
- (b) All pulmonary function data on plaintiff, including, but not limited to, all measurements of diffusion capacity, arterial blood gases lung compliance, lung volumes, expiratory and inspiratory lung airflow rates;
- (c) All interpretative reports on pulmonary function data on plaintiff;
- (d) All interpretative reports on cytologic, histologic, or pathologic material from plaintiff;
- (e) All reports of all plaintiff's proposed trial experts;

- (f) All employment records of plaintiff;
- (g) All social security records of plaintiff;
- (h) All medical records and reports of all treating physicians of the plaintiff;
- (i) All W-2 tax statements of plaintiff's and any spousal earnings for the last five tax years;
- (j) All federal income tax returns filed by the plaintiffs in the last five years;
- (k) All safety bulletins, guides, booklets, pamphlets, or other publications on asbestos exposure issued by any of plaintiff's employers to the plaintiff;
- (l) All applications for life insurance on the life of the plaintiff;
- (m) All publications received from any labor organization or unions, to which plaintiff belonged, which publications discuss asbestos and workplace safety;
- (n) Any written grievances filed by the plaintiff against any of his employers, with any employer's representative;
- (o) Any written grievance filed by the plaintiff against any of his employers, with any labor organization or union; and
- (p) Any correspondence between the plaintiff and any labor organization or union, about working conditions, about asbestos, or about the plaintiff's alleged asbestos-related condition.
- (q) Any billing statements, receipts, or cancelled checks for bills, pertaining to medical treatment for plaintiff's conditions, which the plaintiff contends are related to asbestos exposure;
- (r) Any workmen's compensation or occupational disease petitions, employer's responses, answers to employer-respondent/s interrogatories, physicians' reports and statements, and transcripts of testimony of plaintiff and his expert witnesses in

proceedings for workmen's or occupational disease compensation.

- (s) Any and all records indicating what asbestos materials or products the plaintiff was exposed to.
- (t) Any statement concerning this action or its subject matter previously made by the plaintiff or a witness. For purposes of this request, a "statement" is a written statement signed or otherwise adopted or approved by the person making it, or a stenographic, mechanical, electrical or other recording, of a transcription thereof, which is a substantially verbatim recital of an oral statement by the person making it and contemporaneously recorded.

If applicable, please provide the following:

- (a) A copy of plaintiff's decedent's autopsy report.
- (b) A copy of the Letters Testamentary or Letters of Administration appointing plaintiff as plaintiff's decedent's legal representative.
- (c) Any and all state Inheritance Tax Returns, with attachments filed on behalf of plaintiff's decedent.
- (d) A copy of plaintiff's decedent's death certificate.

**EXPERT WITNESS INTERROGATORIES OF
DEFENDANTS TO PLAINTIFFS - SET III**

Defendants request plaintiffs to answer the Interrogatories which follow in Part II below under oath and in accordance with Rule 4006 of the Pennsylvania Rules of Civil Procedure.

I. DEFINITIONS AND INSTRUCTIONS

A. "You" or "your" shall mean the plaintiff [his/her], their agents, representatives and all other persons acting or purporting to act on their behalf. "Plaintiff" shall apply to each party or decedent who alleges exposure to asbestos or asbestos-containing product and has been diagnosed as having an asbestos-related illness, disease and/or condition. If the plaintiff is a personal representative of a decedent, "plaintiff" shall apply to the decedent.

B. "Document" or "documents" shall mean any and all tangible items, mechanical and/or electrical records, or written, readable, graphic or visual materials of any kind or character, and shall include, without limitation, correspondence, memoranda, photographs, notes, cards, files, bills, invoices, computer printouts, minutes, diaries, calendars, notes of telephone or other conversations, telegrams, pamphlets, books, tapes, discs, diskettes, cassettes, recordings, studies, summaries, diagrams, charts, reports or records, and any non-identical copies thereof, which are in your possession, subject to your control or known by you to exist or to have existed.

C. All words of masculine gender shall include the feminine gender thereof; for example, "his" shall include "her."

D. If you contend that any information sought in these discovery requests is exempt from discovery because it falls within the attorney-client privilege, was prepared in anticipation of litigation or in preparation of trial, you are to provide the following information: the privilege or protection that you contend applies; every fact upon which you rely in support of your contention that the privilege or protection applies; the form in which the information is contained (e.g., document, recollection of one of the plaintiff); the author, recipient, and date of the document, if the information is contained in a document; the persons involved and the date of the communication giving rise to the privilege or protection that you claim, if the information is not contained in a document; and the subject matter of the information that you contend is privileged or protected from discovery.

E. These Interrogatories are continuing and require supplementation pursuant to Rule 4007.4 of the Pennsylvania Rules

of Civil Procedure, when appropriate.

II. INTERROGATORIES

NAME, ADDRESS, C.V. OF MEDICAL EXPERTS

92. Have you retained any medical expert witness who may testify on your behalf in this litigation? If so, please state:

- (a) his name and address;
- (b) for every college, university or institute of higher education attended list address, dates of attendance, degrees conferred, and any awards won for academics, research, etc.

DETAILS OF SEMINARS ATTENDED BY EXPERT

93. Has your expert attended any continuing medical education seminars or lectures pertinent to the area of expected testimony? If so, please state:

- (a) Location;
- (b) Dates of attendance;
- (c) Subject matter;
- (d) Instructors.

EXPERTS' POST-GRADUATE TRAINING

94. For the experts identified in answer to interrogatory 1, above, please state all other post-graduate training, including internship, residences, fellowships, research assistantships, etc., and include their dates, names and addressed of institution.

EXPERTS' EMPLOYMENT

95. For the experts identified in answer to interrogatory 1, above, please state the name and address of every employer, dates of each, title and description of general duties. If self-employed for any period, indicate the dates and general description of activity.

PROFESSIONAL ASSOCIATIONS

96. Is the expert or has he been a member of any medical or professional association or societies? If so, please state:

- (a) The name and address of said professional society;
- (b) Whether membership was or is elective, voluntary, honorary or compulsory;
- (c) The title and dates of any office held.

DETAILS OF HONORS AND AWARDS

97. Has the expert received any certifications, professional fellowships, honors or awards? If so, please state:

- (a) The certifying, accrediting or presenting organization;
- (b) The title, honor or award received;
- (c) The date received;
- (d) The underlying reason for the presentation.

IS EXPERT A RADIOLOGIST? DETAILS

98. Is the expert or has he ever been, a radiologist? If so, please state:

- (a) When expert entered specialty;
- (b) Is expert board certified;
- (c) Has expert ever been refused board certification.

IS EXPERT INTERNAL MEDICINE SPECIALIST? DETAILS

99. Is the expert, or has he ever been a specialist in internal medicine? If so, please state:

- (a) When expert entered specialty;
- (b) Is expert board certified;
- (c) Has expert ever been refused board certification;
- (d) Is expert board certified in subspecialty of pulmonary disease;
- (e) Has expert ever been refused board certification in subspecialty of pulmonary disease.

"A" OR "B" READER

100. Has the expert been accredited under the ILO International Classification System of Radiographs of the Pneumoconioses? If so, please state:

- (a) Whether expert is an "A" or "B" Reader;
- (b) Date expert was accredited;
- (c) Whether expert has ever taken and failed the "B" Reader Test. If so, the number of occasions on which the "B" Reader test was taken and the dates of the test.

TEXTS WRITTEN

101. Has the expert written or contributed to any professional texts? If so, please state:

- (a) The title of the text and date of publication;
- (b) The publisher of the text;
- (c) The portion contributed by the expert.

ARTICLES WRITTEN

102. Has the expert written or contributed to any professional articles? If so, please state:

- (a) The name of the periodical in which the article appeared.
- (b) The title of the article;
- (c) The date of the periodical;
- (d) The page on which the article appears.

ARTICLES REJECTED

103. Has the expert written or contributed to any professional articles which were submitted and rejected for publication? If so, please state:

- (a) The name of the periodical which rejected the article;
- (b) The title of the rejected article;

- (c) The date of the rejection;
- (d) Whether any of these rejected articles were successfully resubmitted.

EDITORIAL BOARDS

104. Is the expert, or has he ever been, a member of the editorial or article review board of any professional journal or publication? If so, please state:

- (a) the name of the journal or publication;
- (b) Dates of service.

UNPUBLISHED PAPERS DELIVERED

105. Has the expert written any unpublished papers pertinent to the area of expected testimony which were delivered to any professional organizations? If so, please state:

- (a) The title of the paper;
- (b) The subject matter thereof;
- (c) The organization to whom delivered;
- (d) Whether the expert still has a copy of the paper.

PANELS OR COMMISSIONS RELATING TO AREA OF TESTIMONY

106. Is the expert, or has he ever been a member of any panel, commission or board of inquiry related to the area of expected testimony? If so, please state:

- (a) The name and address of any such panel;
- (b) The nature and scope of participation;
- (c) Whether any official reports or studies were produced;
- (d) The name and address of the custodian of such reports.

PRESENTATIONS TO LEGISLATIVE OR OTHER BODIES

107. Has the expert testified or made any presentation at any public executive, legislative, regulatory or advisory body regarding the area of expected testimony? If so, please state:

- (a) The name and address of such bodies;
- (b) The name and address of the entity on whose behalf the expert appeared;
- (c) The total amount of fees or expenses paid.

EXPERTS' REPORTS (OR ATTACH COPY)

108. Has the expert prepared a report in anticipation of litigation or preparation for trial? If so, state its date, and describe its contents. (In lieu of answer, attach copy of report.)

FACTS EXPERT WILL TESTIFY TO (OR ATTACH REPORT)

109. Set forth the facts to which the expert is expected to testify. (In lieu of answer, attach copy of report.)

OPINIONS EXPERT WILL TESTIFY TO (OR ATTACH REPORT)

110. Set forth the opinions to which the expert is expected to testify. (In lieu of answer, attach copy of report.)

BASIS OF EXPERT OPINION

111. State in detail the factual information supplied to the expert which was used as a basis for forming his opinion, including all documents, reports or records furnished, statements, testimony, physical evidence, objects, test results or other tangible things provided to the expert for review or inspection. (In lieu of answer, attach copy of report.)

TEXTS RELIED ON

112. In testifying, will the expert rely upon any texts, publications, periodicals, learned treatise or any other reference material? If so, please state:

- (a) The title of the text, publication or reference material;
- (b) The author of this material;
- (c) The edition and page reference.

EXPERTS' FEES

113. Set forth the amount of payment and any itemization of costs, expenses and/or fees the expert is to receive.

NON-MEDICAL EXPERTS AND DETAILS OF TESTIMONY

114. Please list the names and addresses of every person you intend to call at the time of trial to testify as a non-medical expert witness and for each state and identify:

- (a) The subject matter of his expected testimony;
- (b) The substance of the facts and opinions to which he will testify;
- (c) All materials or other information provided by you to him for the preparation of his testimony in this case;
- (d) All materials reviewed by him with regard to his testimony in this case;
- (e) All materials upon which he will reply for his testimony in this case;
- (f) All materials he will utilize during the course of his testimony in this case;
- (g) His employers for the past ten years and his title and job responsibilities for each;
- (h) the caption of every other asbestos case in which he has testified since 1980, the party for whom he testified and the name of the opposing counsel in each;
- (i) All facts upon which you will rely at trial to qualify him as an expert;
- (j) All books, articles, studies or other matters published by the expert;
- (k) The title and subject matter of all unpublished articles, books or studies authored by the expert.

EXPERTS CONSULTED BUT WHO WILL NOT TESTIFY

115. State the name and address of every person who has been retained, consulted or specially employed as an expert in anticipation of litigation or preparation for trial, but who is not expected to be called as a witness at trial.

By: _____