PART I: CLAIMANT INFORMATION – GENERAL

United States Bankruptcy Court for the District of Delaware	CONTAMINANT-RELATED PERSONAL INJURY PROOF OF CLAIM
Exide Technologies et al., Case Number 02-11125 (KJC) Jointly Administered	

This form should be used to assert a CONTAMINANT-RELATED PERSONAL INJURY CLAIM against any of the Debtor(s). To assert such a claim, YOU MUST COMPLETE AND EXECUTE THIS FORM SO THAT IT IS ACTUALLY RECEIVED BY THE DEBTORS' CLAIM AGENT, BANKRUPTCY MANAGEMENT CORPORATION, AT P.O. BOX 1063, EL SEGUNDO, CALIFORNIA 90245 **FOR MAIL DELIVERIES** OR 1330 E. FRANKLIN AVENUE, EL SEGUNDO, CALIFORNIA 90245 **FOR HAND DELIVERY OR COURIER DELIVERY** ON OR BEFORE 4:00 P.M. PREVAILING EASTERN TIME ON AUGUST 15, 2003 (THE "CONTAMINANT BAR DATE") OR YOU WILL BE FOREVER BARRED FROM ASSERTING THE CLAIM.

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach a copy of statement giving particulars.

☑ Check box if you have never received any notices from the Bankruptcy Court in this case.

☐ Check box if your current address differs from the address on the envelope sent to you by the Bankruptcy Court and/or Bankruptcy Management Corporation.

☐ Check here if this claim

☐ Replaces
☐ Amends a previously filed claim, dated: _____

Name of Debtor against which this claim is asserted: Dixie Metals

Name of Claimant (the person or other entity to whom the debtor owes money or property):
Carl Ray Fisher

Name and address where notices should be sent:
Carl Ray Fisher 3303 S. Ewing Dallas, Tx 75216

Telephone Number: 214-828-1325
E-Mail Address: Rondsmith@Prodigy.net
Claimant's Age: 38
Birth Date: aug. 8. 1964
Social Security Number: 454-35-8786

FILED
AUG 04 2003
BMC

Exide Technologies
05008

1 Were you ever employed by any of the Debtors?

☑ Yes ☐ No

2 If yes, with which Debtor(s) were you employed?

Dixie Metals

3 If yes, does your claim relate to a workplace exposure?

☑ Yes ☑ No I lived with my sister for several months, she Resided in one of the proven contaminated tested communities.

4 Please identify each of the methods used to determine your source of contaminant-related claim (check as many as applicable)

☑ Testing of home residence property for contaminants (describe)

☑ Testing of primary child care location(s) for contaminants

☐ Testing of daycare, preschool location for contaminants

☐ Testing of school for contaminants

☐ Other (describe)

5 Dietary Information

a Did you consume food from metal containers? NO

What kinds? How often? NO

b Were you fed baby formula? What brands? I do not Remember

c Did you take calcium supplements or antacids? NO

What brands? How often? —

6 Consumer Product Information

a Do you use cosmetics or personal care products such as hair dyes? What brands?

NO

b Did you use crayons or chalk as a child? What brands?

NO

c Have you ever been exposed to lead paint? What brands?

NO, Not that I Know of

d Have you ever been tested for lead paint? By whom? What were the results?

unknown

7 Hobbies

Please describe your hobbies and those of others residing with you during your childhood

Base ball, cards,

8 Tobacco Use

Do you smoke? Did others smoke in your presence when you were a child? Did they reside with you?

NO, NO

9 Employment – Related source of exposure

Please describe the nature and location of the employment and source of the contaminant exposure

I worked at Dixie Metals, 3030 McGowan Dallas Tx 75216 – other
Job was to melt down coal + Batteries to produce Lead: Lead compounds
The Contaminant Source

10 Diagnosis of Contaminant-Related Injury

a Please describe the circumstances of your first becoming aware of contaminants as the cause of an injury Describe who first related this possibility to you, and the specific questions asked If written materials were used, please attach a copy, if you do not have one, please identify the materials you were given, describe who provided them, and the authors

Sept. 2002 I was contacted by a member of the Community church In the district who were Knowledgeable of the contamination and told to attend screening test at Parkland Health + Hosp.

b What steps did you take following your first becoming aware of the possibility of a contaminant-related personal injury

☑ followed instructions of Parkland Health + Hospital System
(provide name, address) 5201 Harry Hines Dallas Tx 75235

☑ sought medical attention

☑ saw family doctor

☑ went to clinic I normally use

☐ referred by Parkland Health & Hospital System

☐ other unknown

c Provide name of family doctor Parkland Hospital

d Provide name of clinic normally used Parkland Hospital

e Provide name of doctor to whom you were referred Susan Spalding MD.
If you do not have this information, provide information about the person who made the referral
Susan Spalding MD.

f Contaminant-Related Testing

☐ If your claim is based on a medical examination, please obtain all medical records and attach them to the claim

☐ If you have ever had blood or other samples tested for lead or other contaminants, please attach the test results for each test or identify the medial professional or place where the test was taken (examples doctor's office, school nurse, public health clinic, private clinic, or other)

☐ Other testing (describe) unknown

location of testing Parkland Health & Hospital System 5201 Harry Hines Dallas, TX 75235

person/firm conducting test Keyes, Daniel C.

PART II: CLAIM OF COGNITIVE INJURY

11 If you claim that your contaminant-related exposure caused sub clinical impairments to your cognitive or developmental functions, resulting in decreased academic performance, please provide a medical evaluation documenting this claim

12 If the claim is based on studies correlating contaminant-related exposure to lower scores on IQ tests, please indicate the extent of IQ loss determined by medical evaluation, and attach copies of each IQ test performed on the claimant
My medical Evaluation is unknown

a Family information for claimants based on cognitive or developmental injury

(i) Father's Name Eugene Fisher

(ii) Father's Address 3303 S. Ewing

(iii) Father's Telephone

(iv) Father's Date of Birth Feb. 24, 1932

(v) Father's Employment History (please identify each of your father's employers by business name, workplace address, dates employment (beginning/end) and description of each job held)

Dixie Metals Co, 3030 McGowan Dallas Tx 75216
Jan 7, 1966 to Dec. 31, 1990 yrs worked

(vi) Father's education

Highest grade completed: 10th

School Name (secondary): Victory High

College (if applicable): N/A

Graduate school degree (if applicable): N/A

Other education (please describe): N/A

(vii) Any special education needs/learning disability? (describe)

unknown

(viii) Mother's Name: Erma Jean Fisher

(ix) Mother's Address: 3303 S. Ewing

(x) Mother's Telephone: 972-233-7726

(xi) Mother's Date of Birth: Sept 17, 1937

(xii) Mother's Employment History (please identify each of your mother's employers by business name, workplace address, dates of employment (beginning/end) and description of each job held)

House Wife

(xiii) Mother's education

Highest grade completed: 9th

School Name (secondary): unknown

College (if applicable): N/A

Graduate school degree (if applicable): N/A

Other education (please describe): N/A

(xiv) Any special education needs/learning disability? (describe)

special classes

b How many brothers? 0

c How many sisters? 6

d For **each** brother or sister, please provide the following

(i) Name of brother/sister Linda Caldwell, Judy Smith, Annette Johnson, Sheila Johnson, Pamela May Carla Smith

(ii) Date of Birth 7/4, 6/13, 5/11, 6/11, 7/26, 3/28

(iii) Father's Name Eugene Fisher

(iv) Mother's Name Erma Jean Fisher

(v) Did this brother/sister live with you?

☐ Yes ☐ No

(vi) If Yes What years?

(vii) Highest grade completed 12th

(viii) Year completed 12th 1982

(ix) Occupation(s) Employers name and address, and years worked

Dixie Metals 3030 McGowan Dallas, Tx 75216 worked 8yrs

(x) If a brother or sister was ever tested for exposure to the same contaminants which are the subject of this claim, please provide the results of that testing for each brother or sister

Judy R. Smith

(xi) If other children lived with you, please provide the same information for **each** such child

Judy R. Smith

13 Please describe any other injuries sustained from exposure to contaminants Attach any medical evaluation of your injury

Skin Irritation, there was no evaluation conducted specifically other than the attached Records Relating to exposure

PART III: CHILD CLAIMANT INFORMATION FROM PARENT/GUARDIAN

14 If this claim is being submitted on behalf of a minor child, please be sure that the child's parents and/or guardians review and sign it Please provide the following information

(i) Who provides daily care for the child? Identify each caregiver from birth to 7 years of age

_____

(ii) If not both parents, please explain why

_____

Have both parents ever had joint custody and responsibility for care of the child? _____

(iii) When and where?

_____

15 Please identify each address at which the claimant has spent more than 10 days during the period from 0-7 years (0-84 months) Include residences, day care centers, homes providing child care/babysitting services, schools, relatives homes, and any other place where the child has spent significant time Identify the persons responsible for care at each location Use additional pages as needed

2816 Bonnie View Dallas, Texas 75216

YMCA in The immediate Neighbor

PART IV: SUPPORTING DOCUMENTATION

16 You must attach medical records relating to the diagnosis/-es claimed and medical data provided in Part III Please use the checklist below and indicate which medical documents you are submitting with this form Submit all records for all such tests performed in the last two years

- [x] Medical records and/or report containing a statement of diagnosis for conditions claimed and all testing performed
- [ ] Neurological testing (EEG)
- [ ] Neurological testing/other (describe)
- [ ] PET scans
- [ ] Other

PART V: LITIGATION

17 Has any contaminant-related lawsuit ever been filed on behalf of this injured party?

☐ Yes ☑ No

If Yes, answer the rest of this section If No, skip to Part VI

a Give the two-letter mail code of the state/province where this suit is or was pending Don't Apply

b Give the Court in which the case was filed Don't Apply

c Give the case number Don't Apply

d Has a judgment or verdict been entered?

☐ Yes ☑ No

e If Yes, provide the verdict amount and the names of each defendant to the litigation

Verdict Amount NO Pryor suit has been filed

Defendants(s) None before Now

f Who represents you or represented you in the matters?

The Stat Representatives Office

PART VI: SETTLEMENTS

18 Has any contaminant-related personal injury claim been submitted on behalf of the injured party to any bankruptcy trust or other claim facility or entity?

☐ Yes ☐ No

19 Who represented you in the matter?

20 Has any such claim been settled?

☐ Yes ☐ No

If Yes, please provide aggregate amount of settlements

21 Has the injured party settled any contaminant-related personal injury claim with any of the Debtors?

☐ Yes ☐ No

If Yes answer the rest of this section If No, skip to Part VII

22 Date of settlement _____

Month *Day* *Year*

23 Were there any others named in the lawsuit?

☐ Yes ☐ No

24 Were others named in separate lawsuits, claims or demands for the same injury?

☐ Yes ☐ No

If Yes, please identify (a) the court in which the case was filed, (b) the case number, (c) the names of all defendants to the lawsuit, claim or demand and (d) the date of filing

_____

25 If the matter is settled or concluded, please describe when and how the matter was settled or concluded, including, the total amount of such settlement and the amounts paid by each defendant Attach any final documents, releases, etc _____

_____

_____

_____

_____

26 Please check all that apply regarding the status of the settlement

☐ Release executed by or on behalf of injured party and submitted to any of the Debtors prior to April 15, 2002

If yes please attach executed release

☐ Settlement agreement executed by or on behalf of injured party and submitted to any of the Debtors prior to April 15, 2002

If yes, please attach executed settlement agreement

☐ Settlement paid in full

If Yes, amount $ _____

Date of Payment

Month *Day* *Year*

☐ Settlement paid in part

If Yes, amount $ _____

Month *Day* *Year*

Settlement documents submitted to any of the Debtors or on behalf of the inured party

Date of Submission

Month *Day* *Year*

Date of Execution

Release executed by or on behalf of injured party and any of the Debtors authorizing additional claim for certain diseases manifesting after date of settlement (known as a limited disease release)

_____
Month Day Year

PART VII: DEPENDENT OR RELATED PARTY CLAIM

- This section is to be completed only by dependents or related parties (such as spouse or child) of an injured party who believes he/she has a current contaminant-related claim against any of the Debtors that does not involve physical injury to him/herself based on his/her own exposure If a dependent or related party has a current claim against any of the Debtors for containment-related damages that does involve physical injury to him-/herself based on his/her own exposure to contaminants, then such dependent or related party is considered a separate "injured party" and he/she or the legal representative must fill out a separate Exide Contaminant-Related Personal Injury Proof of Claim Form
- This section is to be used by only one dependent or related party If you wish to submit more than one dependent or related-party claim please photocopy this page prior to filling it out and complete a separate page for each person making a claim
- This claim form must be signed by the dependent or related party or the person filing the claim on his/her behalf (such as the personal representative or his/her attorney)

27 Dependent or Related Party Name

_____ _____ ____
Last Name *First Name* *MI*

28 Address

_____
Street Address

_____ ____ _____
City *State/ Province* *Zip Code/ Postal Code*

_____
Country (if not U S)

29 Social Security Number

_____

30 Financially Dependent ☐ Yes ☐ No

31 Date of Birth

_____
Month Day Year

32 Relationship to Injured Party ☐ Spouse ☐ Child ☐ Other, specify

33 Injured Party Name

_____ _____ ____
Last Name *First Name* *MI*

34 Injured Party Social Security Number

454-35-8786

Please state the nature of the claim specifically, providing any test information required You must include all available information responding to the previous parts of this Form

The Lead contamination and other compounds is what lead to my health problems and physical deterrioration. the other compounds were willfully concealed and so after discovering their effects I realize that I should be compensated according if that is at all possible. Some of the symtoms in addition to skin irritation are attached to this claim form within the biological survey check sheet.

PART VIII: SIGNATURE PAGE

All claims must be signed by the injured party or the person filing on his/her behalf (such as the personal representative or attorney).

1 I have reviewed the information submitted on this Form and all documents submitted in support of my claim To the best of my knowledge, the information is accurate and complete

2a I hereby authorize and request each medical professional listed in this claim form and all other parties with custody of any documents or information concerning the injured party's medical history and treatment disclose any and all records concerning the injured party's medical history, diagnoses and treatment to the Debtors or their representatives

2b I hereby authorize the release of the injured party's Social Security Number for use in comparing information provided separately to other trusts or claims facilities to verify the completeness and accuracy of the information contained in this form

2c I hereby authorize and consent to the production and release of any and all documents that I have not attached to this Form that support my claim

Carl Ray Fisher Sr. 07 Month 31 Day 2003 Year

SIGNATURE OF INJURED PARTY, REPRESENTATIVE, OR ATTORNEY

IF THE SIGNATURE IS NOT THAT OF THE INJURED PARTY, PLEASE PRINT THE NAME OF THE SIGNATORY ABOVE AND INDICATE THE RELATIONSHIP TO THE INJURED PARTY

THE PENALTY FOR SUBMITTING A FRAUDULENT CLAIM IS A FINE OF UP TO $500,000 OR
IMPRISONMENT FOR UP TO 5 YEARS, OR BOTH 18 U S C §§ 152, 3571

KEEP A COPY OF THIS PROOF OF CLAIM FORM AND ALL ATTACHMENTS FOR YOUR FILES AND MAIL AN ORIGINAL PROOF OF CLAIM FORM AND COPIES OF ALL ATTACHMENTS TO **BANKRUPTCY MANAGEMENT CORPORATION**, AT P O BOX 1063, EL SEGUNDO, CALIFORNIA 90245 **FOR MAIL DELIVERIES** OR 1330 E FRANKLIN AVENUE, EL SEGUNDO, CALIFORNIA 90245 **FOR HAND DELIVERY OR COURIER DELIVERY.**

Date January 20, 2003 ID # 3460

Dear CARL FISHER SR,

Results from your exam / blood work are [X] Abnormal [ ] Normal

Thank you for attending our Lead Screening Project **Your doctor can help you understand your results Please share this letter and the results with your doctor**

Based on our review of your blood work and exam, some of your results are abnormal Enclosed is a copy of the lab results for your records Please share this letter and the lab results with your doctor

If you do not have a primary care doctor or clinic, please see the enclosed brochure to make an appointment with a provider

Abnormal results are marked below

___blood cell counts
___blood sugar level
X kidney function tests
___liver function tests
___blood lipid (fat) levels (cholesterol)
___diabetes (HbA1C)
___PSA (Prostate Specific Antigen - men only)
___heavy metals (arsenic, cadmium)
___blood lead level
X blood pressure
X excessive weight or body mass index (risk for heart disease)
___neurological exam (reflexes, senses, nerves, other reactions)

Other/Comments

Your doctor can help you understand your results—please be sure to call your personal doctor about them if you have questions or concerns Please call Parkland at 214 266 1260 if you have questions about the lead screening project Thank you for giving Parkland Health & Hospital System a chance to provide quality community health care to you and your family

Sincerely,

The Lead Screening Project Committee

Parkland
Health & Hospital System
Department of Pathology
5201 Harry Hines Blvd • Dallas, Texas 75235
Cytopathology (214) 590-8743 Fax (214) 590-2721
Surgical Pathology (214) 590-8686 Fax (214) 590-2714

MED REC # 2000300492
PATIENT #L3460 FISHER,CARL
SEX M AGE 38 RACE B
LOC 999
CLINICIAN KEYES, DANIEL C

CAUTION· If sex and age were not provided at time of order some high or low values may not be flagged

COMPLETE BLOOD COUNT

TEST	WBC	RBC	HGB	HCT	PLT
UNITS	x10(3)/ul	x10(6)/ul	g/dl	%	x10(3)/ul
REFERENCE	4 1-11 1	4 27-5 99	13 2-16 9	39 6-50 2	174-404
DATE TIME					
11/10 1545	4 8	5 33	15 8	48 7	190

TEST	MCV	MCH	MCHC	RDW-CV	MPV
UNITS	fl	pg	g/dl	%	fl
REFERENCE	76 2- 98 6	24 6-33 4	31 6-35 4	10 8-13 8	7 0-11 4
DATE TIME					
11/10 1545	91 4	29 6	32 4	12 3	10 6

DIFFERENTIAL

TEST	POLYS	LYMPHS	MONOS	EOS	NRBC
UNITS	%	%	%	%	/100 WBC
REFERENCE	36-72	20-51	4-11	1-7	
DATE TIME					
11/10 1545	41	47	6	6	

CHEMISTRY

TEST	GLUC	CREAT	AST	ALKP	BIL T	URIC
UNITS	mg/dl	mg/dl	U/L	U/L	mg/dl	mg/dl
REFERENCE	65-110	0 6-1 2	13-40	38-126	0 2-1 3	3- 7
DATE TIME						
11/10 1545	78	**1.3***	19	88	0 7	7 2

TEST	CHOL	TGL	ALT	GGT	HDL
UNITS	mg/dl	mg/dl	U/L	U/L	mg/dl
REFERENCE	120-200	50-150	10-40	8-78	40-60
DATE TIME					
11/10 1545	187	63	19	41	41

(REPORT CONTINUED ON NEXT PAGE)

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MED REC # 2000300492
PATIENT #L3460 FISHER,CARL
SEX M AGE 38 RACE B
LOC 999
CLINICIAN KEYES, DANIEL C

CORONARY RISK REPORT

	11/10/02		
HDL	41	mg/dl	40-60
CHOL	187	mg/dl	120-200
TRIG	63	mg/dl	50-150
LDL(CALC)	**133***	mg/dl	65-130
CH/HD RATIO	5 0		<5 0

Non-HDL Chol = Total Chol - HDL Chol
Nat'l Chol Education Program - Adult Treatment Panel (ATPIII) Guidelines
The reference ranges above effective 8/19/02 are based on ATPIII guidelines and are not population-based reference ranges using a PHHS population of healthy individuals

Coronary Heart Disease (CHD)
Cigarette Smoking, Hypertension (BP >=140/90mmHG or on antihypertensive medication), Low HDL Chol (<40mg/dL), Family history of premature CHD [CHD in 1st degree relative (M <age 55, F < age 65], Age (M >=45 yrs, F >=55)
*Diabetes is regarded as a CHD risk equivalent

LDL & Non-HDL Cholesterol Goals

Risk Category	LDL	Non-HDL
CHD & CHD equiv	<100mg/dL	<130mg/dL
Risk Factors >=2	<130mg/dL	<160mg/dL
0 or 1 Risk Fact	<160mg/dL	<190mg/dL

Risk calculator www nhlbi nih gov

(REPORT CONTINUED ON NEXT PAGE)

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MED REC # 2000300492
PATIENT #L3460 FISHER,CARL
SEX M AGE 38 RACE B
LOC 999
CLINICIAN KEYES, DANIEL C

MISCELLANEOUS CHEMISTRY NOTE

New Folate, Serum ref range 2/28/02

TEST	HB-A1C
UNITS	%
NORMAL	3 2-5 6

DATE TIME	
11/10 1545	5 3 (A)

(A) RESULTS FROM UT DIABETES LAB

MISCELLANEOUS

TEST	11/10/02	REFERENCE RANGE
LEAD	7	ADULTS REF <20 UG/DL ADULT TOXIC >= 70 UG/DL <15 YRS REF <10 UG/DL <15 YRS TOXIC >=20 UG/DL

(END OF REPORT)

Parkland
Health & Hospital System

Administration Suite

Parkland Memorial Hospital

Community Oriented Primary Care

Parkland Community Health Plan Inc

Parkland Foundation

Date January 20, 2003 ID # 3458

Dear JUDY SMITH,

Results from your exam / blood work are [X] Abnormal [ ] Normal

Thank you for attending our Lead Screening Project **Your doctor can help you understand your results Please share this letter and the results with your doctor**

Based on our review of your blood work and exam, some of your results are abnormal Enclosed is a copy of the lab results for your records Please share this letter and the lab results with your doctor

If you do not have a primary care doctor or clinic, please see the enclosed brochure to make an appointment with a provider

Abnormal results are marked below

X blood cell counts
___ blood sugar level
___ kidney function tests
___ liver function tests
___ blood lipid (fat) levels (cholesterol)
___ diabetes (HbA1C)
___ PSA (Prostate Specific Antigen - men only)
___ heavy metals (arsenic, cadmium)
___ blood lead level
___ blood pressure
X excessive weight or body mass index (risk for heart disease)
___ neurological exam (reflexes, senses, nerves, other reactions)

Other/Comments

Your doctor can help you understand your results—please be sure to call your personal doctor about them if you have questions or concerns Please call Parkland at 214 266 1260 if you have questions about the lead screening project Thank you for giving Parkland Health & Hospital System a chance to provide quality community health care to you and your family

Sincerely,

The Lead Screening Project Committee

5201 Harry Hines Boulevard Dallas, Texas 75235 214/590-8006 Fax 214/590-8096
http //www pmh org

Parkland
Health & Hospital System
Department of Pathology
5201 Harry Hines Blvd • Dallas, Texas 75235
Cytopathology (214) 590-8743 Fax (214) 590-2721
Surgical Pathology (214) 590-8686 Fax (214) 590-2714

MED REC # 2000301138
PATIENT #L3458 SMITH,JUDY
SEX F AGE 44 RACE B
LOC 999
CLINICIAN KEYES, DANIEL C

CAUTION: If sex and age were not provided at time of order some high or low values may not be flagged

COMPLETE BLOOD COUNT

TEST	WBC	RBC	HGB	HCT	PLT
UNITS	x10(3)/ul	x10(6)/ul	g/dl	%	x10(3)/ul
REFERENCE	4 1-11 1	4 01-5 31	12 1-16 1	36 8-48 7	174-404
DATE TIME					
11/16 1401	8 9	4 26	**10.1***	**32.3***	396

TEST	MCV	MCH	MCHC	RDW-CV	MPV
UNITS	fl	pg	g/dl	%	fl
REFERENCE	76 2- 98 6	24 6-33 4	31 6-35 4	10 8-13 8	7 0-11 4
DATE TIME					
11/16 1401	**76.0***	**23.8***	**31.3***	**15.9***	7 6

DIFFERENTIAL

TEST	POLYS	LYMPHS	MONOS	EOS	BASOS	NRBC
UNITS	%	%	%	%	%	/100 WBC
REFERENCE	36-72	20-51	4-11	1-7	0-1	
DATE TIME						
11/16 1401	58	33	7	1	1	

CHEMISTRY

TEST	GLUC	CREAT	AST	ALKP	BIL T	URIC
UNITS	mg/dl	mg/dl	U/L	U/L	mg/dl	mg/dl
REFERENCE	65-110	0 6-1 2	13-40	38-126	0 2-1 3	3- 6
DATE TIME						
11/16 1401	80	0 8	**11***	44	0 8	3 2

TEST	CHOL	TGL	ALT	GGT	HDL
UNITS	mg/dl	mg/dl	U/L	U/L	mg/dl
REFERENCE	120-200	50-150	10-40	8-78	40-60
DATE TIME					
11/16 1401	178	75	**7***	11	50

(REPORT CONTINUED ON NEXT PAGE)

Facsimile — See Chart for Official Medical Record

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Health & Hospital System
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Surgical Pathology (214) 590-8686 Fax (214) 590-2714

MED REC # 2000301138
PATIENT #L3458 SMITH,JUDY
SEX F AGE 44 RACE B
LOC 999
CLINICIAN KEYES, DANIEL C

CORONARY RISK REPORT

	11/16/02		
HDL	50	mg/dl	40-60
CHOL	178	mg/dl	120-200
TRIG	75	mg/dl	50-150
LDL(CALC)	113	mg/dl	65-130
CH/HD RATIO	4 0		<5 0

Non-HDL Chol = Total Chol - HDL Chol
Nat'l Chol Education Program - Adult Treatment Panel (ATPIII) Guidelines
The reference ranges above effective 8/19/02 are based on ATPIII guidelines and are not population-based reference ranges using a PHHS population of healthy individuals

Coronary Heart Disease (CHD)
Cigarette Smoking, Hypertension (BP >=140/90mmHG or on antihypertensive medication), Low HDL Chol (<40mg/dL), Family history of premature CHD [CHD in 1st degree relative (M <age 55, F < age 65], Age (M >=45 yrs, F >=55)
*Diabetes is regarded as a CHD risk equivalent

LDL & Non-HDL Cholesterol Goals

Risk Category	LDL	Non-HDL
CHD & CHD equiv	<100mg/dL	<130mg/dL
Risk Factors >=2	<130mg/dL	<160mg/dL
0 or 1 Risk Fact	<160mg/dL	<190mg/dL

Risk calculator www nhlbi nih gov

(REPORT CONTINUED ON NEXT PAGE)

Facsimile — See Chart for Official Medical Record

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MED REC # 2000301138
PATIENT #L3458 SMITH,JUDY
SEX F AGE 44 RACE B
LOC 999
CLINICIAN KEYES, DANIEL C

M I S C E L L A N E O U S C H E M I S T R Y
NOTE
New Folate, Serum ref range 2/28/02

TEST	HB-A1C
UNITS	%
NORMAL	3 2-5 6
DATE TIME	
11/16 1401	5 4 (A)

(A) RESULTS FROM UT DIABETES LAB

M I S C E L L A N E O U S

TEST	11/16/02	REFERENCE RANGE
LEAD	1	ADULTS REF <20 UG/DL ADULT TOXIC >= 70 UG/DL <15 YRS REF <10 UG/DL <15 YRS TOXIC >=20 UG/DL

(END OF REPORT)

Facsimile — See Chart for Official Medical Record

HEALTH INVENTORY FOR DISEASES RELATED TO CONTAMINANTS RELEASED IN DALLAS, TEXAS.

Objective: Identify all Biological Significant Effects being short or long term, acute or mild, terminal or disabling, congenital or direct acquisitions, sub chronic and chronic exposures to any person that enter in contaminated areas.

Key Definitions

As used in this Health Inventory, the phrase Biological Significant Effects is references of contaminants potential to cause diseases to humans "All substances are toxic, they vary only in the nature of the toxic effects they produce and in the doses needed to produce those effects ' (Calculated Risk, J V Rodricks) The International Classification of Diseases, 9th Edition Clinical Modification, will be used to classify diseases Numbered codes based on Diagnosis Related Groupers (DRGs) and Medicare Code Edits (MCEs) Experts in Environment Health and Medical fields alone with written sources validate all disease on this report This report is a branch of the Heavy Metal Sceening Project for Dallas Citzens, perform by The Health Advisory Committee of Dallas and Parkland Hospital Systems The Author of this report produces the foundational materials that birth the Health Screening Project

Disclaimer

The author of this Health Inventory acts solely as an interviewer The burden of proof of proclaimed condition remains with the person who gives his/her verbal testimony Both parties must communicate in good faith and without deceptions Some information is absent on this form due to vague recollections or unattainable medical records Any discoveries pertain to this report must be updated at the digression of the person that interview

Interview

Date. 07-31-2003

Last Name: Fisher

First Name Carl Ray

Address: 3303 S. Ewing Dallas Tx 75216

Dallas Tx 75216

Phone: 214-828-1325

Date of Birth 08/02/1964

Place of Birth Dallas, Texas

Carl Ray Fox Sr 08/02/1964

BIOLOGICAL SIGNIFICANT EFFECTS OF HEAVY METALS IN DALLAS, TEXAS

	LEAD COMPOUND
1	"E866 0 LEAD AND ITS COMPOUNDS AND FUMES
	AMYELENCEPHALUS, HEMIANENCEPHALY, HEMICEPHALY" 984 0 984 1 984 8,984 9
3	439 0 "ASTHMA 984 0,984 1,984 8,984 9
4	ABDOMINAL CRAMPS "984 0,984 1,984 8,984 9
5	ABDOMINAL PROBLEMS "984 0,984 1,984 8,984 9
6	ABORTIFACIENT" 984 0,984 1,984 8,984 9
7	ALIMENTARY TRACT MALFORMATION" 984 0,984 1,984 8,984 9
8	ANEMIA" 984 0,984 1,984.8,984 9
9	ANENCEPHALUS, ACRANIA, 984 0,984 1,984 8,984 9
10	BALANCE PROBLEMS "984 0,984 1,984 8,984 9
11	BRAIN HEMORRHAGE" 984 0,984 1,984 8,984 9
12	CARCINOGEN" 984 0,984 1,984 8,984 9
13	CENTRAL DEMYELINATION "984 0,984 1,984 8,984 9
14	CEREBRAL LESIONS" 984 0,984 1,984 8,984 9
15	COLIC" 984 0,984 1,984 8,984 9
16	CONGENITAL ANOMALIES "984 0,984 1,984 8,984 9
17	CONGENITAL DEFECTS" 984 0,984 1,984 8,984 9
18	CONOTRUNCAL HEART DEFECTS 984 0,984 1,984 8,984 9
19	CONSTIPATION "984 0,984 1,984 8,984 9
20	CRANIUM BIFIDUM 984 0,984 1,984 8,984 9
21	DANDY- WALKER MALFORMATION "984 0,984 1,984 8,984 9
[illegible]	DECREASED MENTAL ABILITY 984 0,984 1,984 8,984 9
23	DECREASED MYELINATION" 984 0,984 1,984 8,984 9
24	DELAY MOTOR DEVELOPMENT 984 0,984 1,984 8,984 9
25	DEPRESSION" 984 0,984 1,984 8,984 9
26	DEVELOPMENTAL DEFECTS 984 0,984 1,984 8,984 9
27	DIARRHEA" 984 0,984 1,984 8,984 9
28	DISTURBS HEMATOPOIESIS" 984 0,984 1,984 8,984 9
29	EDEMA" 984 0,984 1,984 8,984 9
30	EMBROTOXICITY" 984 0,984 1,984 8,984 9
31	ENCEPHALITIS" 984 0,984 1,984 8,984 9
32	ENDOMETRIAL CARCINOMA "984 0,984 1,984 8,984 9
33	FATIGUE" 984 0,984 1,984 8,984 9
34	FINE MOTOR SKILL DEFICIENCIES 984 0,984 1,984 8,984 9
35	FOLIC ACID DEFICIENCY" 984 0,984 1,984 8,984 9
36	GASTRIC CARCINOMA "984 0,984 1,984 8,984 9
37	GENETIC MUTATIONS" 984 0,984 1,984 8,984 9
38	GENOTOXICITY "984 0,984 1,984 8,984 9
39	GOUTY ARTHRITIS "984 0,984 1,984 8,984 9
40	HEARING PROBLEMS" 984 0,984 1,984 8,984 9
41	HEMATOXICITY "984 0,984 1,984 8,984 9
42	HYDROCEPHALUS "984 0,984 1,984 8,984 9
4	HYDROENCEPHALOCELE, HYDROMENINGOCELE(CRANIAL)"984 0,984 1,984 8,984 9
44	HYDRONEPHROSIS (KIDNEYS)"984 0,984 1,984 8,984 9

NUMBERS ARE ICD-9-CM CODES BASED ON DIAGNOSIS RELATED GROUPERS (DRGs) AND MEDICARE CODE EDITS(MCEs)

BIOLOGICAL SIGNIFICANT EFFECTS OF HEAVY METALS IN DALLAS TEXAS

	LEAD COMPOUND
45	IMMUNOTOXICITY "984 0,984 1,984 8,984 9
	INFERTILITY" 984 0,984 1,984 8,984 9
47	INTERRUPTS CYSTEINE PATHWAY ASSOCIATED METABOLISM" 984 0 984 1,984 8,984 9
48	IRRITABILITY" 984 0,984 1,984 8,984 9
49	JOINT PAINS AND SWELLING" 984 0.984 1,984 8,984 9
50	LEARNING DISABILITIES "984 0,984 1,984 8.984 9
51	LIVER - HEPATOTOXICITY "984 0,984 1,984 8,984 9
52	LOW BIRTH WEIGHTS" 984.0,984 1,984 8,984 9
53	LOW BLOOD COUNTS "984 0,984 1,984 8,984 9
54	LYMPHOMAS" 984 0,984 1,984 8,984 9
55	MENINGOCELE(CEREBRAL), MENINGOENCEPHALOCELE" 984 0,984 1,984 8,984 9
56	MENSTRUAL DISORDERS" 984 0,984 1,984 8,984 9
57	MENTAL RETARDATION" 984 0,984 1,984 8,984 9
58	MISCARRIAGES" 984 0,984 1,984 8,984 9
59	NEONATAL DEATH" 984 0,984 1,984 8,984 9
60	NEPHROPATHY (KIDNEYS)"984 0,984 1,984 8,984 9
61	NEURAL TUBE DEFECTS" 984 0,984 1,984 8,984 9
62	NEUROBEHAVIRORAL DEVELOPMENT DELAYS" 984 0,984 1,984 8,984 9
63	NEUROTOXIN" 984 0,984 1,984 8,984 9
64	ORAL CLEFTS DEFECTS" 984 0,984 1,984 8,984 9
65	ORGANIC MENTAL DISORDERS" 984 0,984 1,984 8,984 9
66	PALSY" 984 0,984 1 984 8,984 9
6	PARALYSIS OF THE WRIST AND ANKLES" 984 0,984 1,984 8,984 9
68	POOR BAYLEY MENTAL DEVELOPMENT" 984 0,984 1,984 8,984 9
69	POOR DIGESTION" 984 0,984 1,984 8,984 9
70	PREMATURE BIRTH "984 0,984 1,984 8,984 9
71	PREMATURE RUPTURE OF AMNIOTIC MEMBRANES" 984 0,984 1,984 8,984 9
72	REDUCE BONE GROWTH AT EPIPHYSEAL /GROWTH PLATES" 984 0,984 1,984 8,984 9
73	REPRODUCTIVE TOXINS" 984 0,984 1,984 8,984 9
74	RESPIRATORY PROBLEMS "984 0,984 1,984 8,984 9
75	RETICULUM- CELL SARCOMA "984 0,984 1,984 8,984 9
76	SKELETAL DEFECTS" 984 0,984 1,984 8,984 9
77	SPINA BIFIDA" 984 0,984 1,984 8,984 9
78	STERILITY "984 0,984 1,984 8,984 9
79	STILL BIRTH" 984 0,984 1,984 8,984 9
80	TERATOGEN" 984 0,984 1,984 8.984 9
81	URINARY TRACT MALFORMATION" 984 0,984 1,984 8,984 9
82	WEAKNESS" 984 0,984 1,984 8,984 9
83	ZINC DEFICIENCY" 984 0,984 1,984 8,984 9

NUMBERS ARE ICD-9-CM CODES BASED ON DIAGNOSIS RELATED GROUPERS (DRGs) AND MEDICARE CODE EDITS(MCEs)

BIOLOGICAL SIGNIFICANT EFFECTS OF HEAVY METALS IN DALLAS, TEXAS

	CADMIUM METALS	ARSENIC EFFECTS
1	E866 4 CADMIUM AND ITS COMPOUNDS AND FUMES	E866 3 ARSENIC AND ITS COMPOUNDS AND FUMES
	506 4 "RESPIRATORY TOXIN 985 5	BIRTH DEFECTS 985 1
3	LIVER DISEASE 985 5	ULCERS 985 1 ✓
4	EFFECT BLOOD FORMING MECHANISM 985 5	WEAKNESS 985 1 ✓
5	NEPHROTOXIN 985 5	506 4 "LUNG CANCER 985 1
6	REPRODUCTIVE TOXIN 985 5	ENCEPHALOPATHY 985 1
7	TESTICULAR DAMAGE 985 5	REDUCE BIRTH WEIGHT 985 1
8	FETAL GROWTH RETARDATION 985 5	LYMPHOMAS 985 1
9	ENCEPHALOCOELE 985 5	HEADACHES 985 1 ✓
10	NEPHROTOXIN 985 5	HOLE IN THE O BONE 985 1
11	PULMONARY EDMA 985 5	LIVER DAMAGE 985 1
12	CARCINOGEN 985 5	CARCINOGEN 985 1
13	ANEMIA 985 5	NARROWING OF BLOOD VESSELS 985 1
14	LIVER DYSFUNCTION 985 5	BONE MARROW DEFECTS FOR RED BLOOD 985 1
15	GENETIC MUTATIONS 985 5	DIABETES 985 1
16	STERILITY 985 5	COLON CANCER 985 1
17	TERATOGENIC 985 5	GENETIC MUTATIONS 985 1
18	KIDNEY DAMAGE 985 5	IMMUNOTOXICITY 985 1
19	LUNG DISEASE 985 5	NEUROTOXICITY 985 1
20		HEARING LOSS 985 1 ✓
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2		PERIPHERAL NERVOUS SYSTEM DAMAGE 985 1
23		SKIN CANCER 985 1
24		ABNORMAL EEG 985 1
25		TERATOGEN 985 1
26		KIDNEY DAMAGE 985 1
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NUMBERS ARE ICD-9-CM CODES BASED ON DIAGNOSIS RELATED GROUPERS (DRGs) AND MEDICARE CODE EDITS(MCEs)

BIOLOGICAL SIGNIFICANT EFFECTS OF HEAVY METALS IN DALLAS, TEXAS

	SULFATE	CHROMIUM
1	E866 4 SO4 ANDS ITS COMPOUNDS AND FUMES	E866 4 CHROMIUM AND ITS COMPOUNDS AND FUMES
2	LAXATIVE 985 9	RUNNY NOSE 985 6
3	GASTROINTESTINAL DISEASES 985 9	NOSE BLEEDS 985 6
4	DEHYDRATIONS 985 9	PANCREATIC CANCER 985 6
5	558 2 "DIARRHEA 985 9	CARCINOGEN 985 6
6		LIVER DAMAGE 985 6
7		KIDNEY DAMAGE 985 6
8		CIRCULATORY SYSTEM DAMAGE 985 6
9		GASTROINTESTINAL DISEASES 985 9
10		ULCERS AND HOLES IN THE NASAL SEPTUM 985 6
11		UPSET STOMACH 985 6 ✓
12		STOMACH ULCERS 985 6 ✓
13		CONVULSIONS 985 6
14		DEATH FROM LARGE INGESTIONS 985 6
15		SKIN ULCERS 985 6
16		506 4 "LUNG CANCER 985 6
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BIOLOGICAL SIGNIFICANT EFFECTS OF HEAVY METALS IN DALLAS, TEXAS

	ALUMINIUM	NICKLE
1	E866 4 ALUMINUM AND ITS COMPOUND AND FUMES	E866 4 NICKEL AND ITS COMPOUND AND FUMES
2	ALZHEIMER	COUGHING 985 8
3	DEMENTIA	BREATHLESSNESS 985 8
4	NEUROTOXIN	BLOOD DISEASES 985 8
5	ENCEPHALOPATHY	HEART DAMAGE 985 8
6	BONE DISEASE	LIVER DAMAGE 985 8
7	ANEMIA	DIZZINESS 985 8
8	NEURODEGENARATIVE DISEASE	NAUSEA 985 8
9	LOW BONE FORMATION RATE	CANCER OF THE NOSE 985 8
10	RENAL FAILURE	DEATH FROM HEART AND LUNG FAILURES 985 8
11		506 4 "CANCER OF LUNGS 985 8
12		SKIN DISEASES 985 8
13		ASTHMA 985 8
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BIOLOGICAL SIGNIFICANT EFFECTS OF HEAVY METALS IN DALLAS, TEXAS

	BARIUM	COPPER
1	E866 4 BARIUM AND ITS COMPOUNDS AND FUMES	E866 COPPER SALTS AND ITS COMPOUNDS AND FUMES
	HEART FAILURE 985 9	GASTROINTESTINAL DISTRESS 985 8
3	HIGH BLOOD PRESSURE 985 9	DIZZINESS 985 8
4	ANEMIA 985 9	KIDNEY DAMAGE 985 8
5	BLOOD DISORDERS 985 9	LIVER DAMAGE 985 8
6	CIRCULATORY DISEASES 985 9	STOMACH DISEASE 985 8
7		IRRITATE NOSE, MOUTH, EYES 985 8
8		HEADACHES 985 8
9		MAY CAUSE A DECREASE IN FETAL GROWTH 985 8
10		NAUSEA 985,8
11		DIARRHEA 985 8
12		VOMITING 985 8
13		STOMACH CRAMPS 985 8
14		OVERDOSE CAUSE DEATH 985 8
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NUMBERS ARE ICD-9-CM CODES BASED ON DIAGNOSIS RELATED GROUPERS (DRGs) AND MEDICARE CODE EDITS(MCEs)

BIOLOGICAL SIGNIFICANT EFFECTS OF HEAVY METALS IN DALLAS, TEXAS

	MANGANESE
1	E866 4 MANGANESE AND ITS COMPOUNDS AND FUMES
	MENTAL DISTURBANCE 985 2
3	EMOTIONAL DISTURBANCE 985 2
4	FETAL RESPIRATORY DEPRESSION 985 2
5	FETAL HYPO TONIC MUSCLE TONE 985 2
6	FETAL DEPRESSED REFLEXES 985 2
7	FETAL HYPOCALCAEMIA 985 2
8	FETAL CARDIAC DYSRHYTHMIAS 985 2
9	THYROID TUMORS 985 2
10	SLOW AND CLUMSY BODY MOVEMENTS 985 2
11	MANGANISM(BRAIN) 985 2
12	TREMORS 985 2
13	RESPIRATORY PROBLEMS 985 2
14	SEXUAL DYSFUNCTION 985 2
15	PANCREATIC TUMORS 985 2
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NUMBERS ARE ICD-9-CM CODES BASED ON DIAGNOSIS RELATED GROUPERS (DRGs) AND MEDICARE CODE EDITS(MCEs)

BIOLOGICAL SIGNIFICANT EFFECTS OF HEAVY METALS IN DALLAS, TEXAS

	BERYLLIUM	BISMUTH EFFECTS
1	E866 4 BERYLLIUM AND ITS COMPOUNDS AND FUMES	E866 4 BISMUTH AND ITS COMPOUND AND FUMES
2	ACUTE BERYLLIUM DISEASE(PNEUMONIA) 985 3	KIDNEY DAMAGE 985 9
3	WEIGHT LOSS 985 3	STAGGERING GAIT 985 9
4	BONE DISEASE 985 3	TERATOGEN 985 9
5	INFLAMMATORY REACTION/"LUNG DAMAGE (CBD) 985 3	NEUROTOXICITY 985 9
6	FEEL WEAK AND TIRED 985 3	ENCEPHALOPATHY 985 9
7	DIFFICULT BREATHING 985 3	MUTATION 985 9
8	ANOREXIA 985 3	LIVER DAMAGE 985 9
9	SKIN ULCERS AND RASHES 985 3	
10	RIGHT SIDE OF HEART ENLARGEMENT 985 3	
11	HEART DISEASE 985 3	
12	LUNG CANCER 985 3	
13	ULCERS 985 3	
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NUMBERS ARE ICD-9-CM CODES BASED ON DIAGNOSIS RELATED GROUPERS (DRGs) AND MEDICARE CODE EDITS(MCEs)

BIOLOGICAL SIGNIFICANT EFFECTS OF HEAVY METALS IN DALLAS, TEXAS

	ANTIMONY EFFECT	MERCURY EFFECTS
1	E866 4 ANTIMONY AND ITS COMPOUNDS AND FUMES	E866 1 MERCURY AND ITS COMPOUNDS AND FUMES
2	REPRODUCTIVE TOXICITY 985 4	MEMORY LOSS 985 0 ✓
3	GENE MUTATION 985 4	ENDOCRINE TOXICITY 985 0
4	TERATOGEN 985 4	EYE AND SKIN IRRITATION 985 0 ✓
5	CARCINOGEN 985 4	KIDNEY FAILURE 985 0
6	SPONTANEOUS ABORTION 985 4	DAMAGE TO DEVELOPING FETUS 985 0
7	PREMATURE BIRTHS 985 4	NEUROTOXICITY TO FETUS 985.0
8	GYNECOLOGICAL PROBLEMS 985 4	SHAKINESS(TREMORS) 985 0
9	CANCER 985 4	CHEST PAINS 985 0
10		MOOD DISORDERS 985 0 ✓
11		IRRITABILITY 985 0
12		MUSCLE AND JOINT PAIN 985 0 ✓
13		HEADACHES 985 0 ✓
14		VISION PROBLEMS 985 0 ✓
15		CARCINOGEN 985 0
16		IMMUNOTOXICITY 985 0
17		ENCEPHALOPATIES 985 0
18		GENETIC MUTATIONS 985 0
19		MIMIC ESTROGEN PRODUCTIONS 985 0
20		INFERTILITY 985 0
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23		FATIGUE 985 0
24		IRREGULARITIES IN MENSTRUAL CYCLE 985 0
25		BEHAVIORAL CHANGES 985 0
26		AGGRESSION 985 0 ✓
27		TERATOGEN 985 0
28		WEAKNESS 985 0 ✓
29		BRAIN DAMAGE 985 0
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NUMBERS ARE ICD-9-CM CODES BASED ON DIAGNOSIS RELATED GROUPERS (DRGs) AND MEDICARE CODE EDITS(MCEs)

BIOLOGICAL SIGNIFICANT EFFECTS OF HEAVY METALS IN DALLAS, TEXAS

	THALLIUM EFFECT
1	E866 4 THALLIUM AND ITS COMPOUND AND FUMES
2	TESTICULAR DAMAGE 985 9
3	INTESTINAL DAMAGE 985 9
4	HEART DISEASES 985 9
5	HAIR LOSS 985 9
6	LIVER DAMAGE 985 9
7	CHANGE OF BLOOD CHEMISTRY 985 9
8	NERVE DAMAGE 985 9
9	GASTROINTESTINAL IRRITATIONS 985 9
10	KIDNEY DAMAGE 985 9
11	BRAIN DAMAGE 985 9
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NUMBERS ARE ICD-9-CM CODES BASED ON DIAGNOSIS RELATED GROUPERS (DRGs) AND MEDICEDITS(MCEs)

I _____, perform this interview of the above party in an Objective and prudent manner. The recording of information handle in "Good Faith" without any signs of deceptions

Date 8/21/0

I Carl Ray Fisher am the person being interviewed in this report. Answer was given in "Good Faith" and without deception.

Date 07-31-2003