

## PART I: CLAIMANT INFORMATION – GENERAL

United States Bankruptcy Court for the District of Delaware	CONTAMINANT-RELATED PROPERTY DAMAGE PROOF OF CLAIM
Exide Technologies et al , Case Number 02-11125 (KJC) Jointly Administered	
<p>This form should be used to assert a CONTAMINANT-RELATED PROPERTY DAMAGE 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</p>	
<p><input type="checkbox"/> 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</p> <p><input type="checkbox"/> Check box if you have never received any notices from the Bankruptcy Court in this case</p> <p><input type="checkbox"/> 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</p> <p><input checked="" type="checkbox"/> Check here if this claim</p> <div style="margin-left: 200px;"> <input type="checkbox"/> Replaces  <input checked="" type="checkbox"/> Amends a previously filed claim, dated <u>4-18-03</u> </div>	
Name of Debtor against which this claim is asserted <i>Exide Technologies</i>	
Name of Claimant (the person or other entity to whom the debtor owes money or property) <i>Members of the West Dallas Site 00-4 Group (previous claim attached -- see for names)</i> <div style="text-align: right; font-weight: bold; font-size: 1.2em;">FILED AUG 07 2003 BMC</div>	
Name and address where notices should be sent <i>See previous claim</i>	
Telephone Number	
Facsimile Number	
E-Mail Address	
Claimant's Age	
Birth Date	
Social Security Number	



**PART II: CLAIMS RELATING TO ENVIRONMENTAL CONTAMINATION OR THE OPERATION OF THE DEBTORS' BUSINESSES**

**IF YOU BELIEVE THAT YOUR ALLEGED PROPERTY DAMAGE IS THE RESULT OF ENVIRONMENTAL CONTAMINATION OR FROM THE OPERATION OF THE DEBTORS' BUSINESSES, YOU MUST BEGIN ON QUESTION 1. IF YOU BELIEVE THAT YOUR ALLEGED PROPERTY DAMAGE CLAIM IS THE RESULT OF A DEFECT IN THE DEBTORS' PRODUCTS, PLEASE SKIP TO QUESTION 17.**

**QUESTIONS 1-16 AND 37-55 BELOW MUST BE COMPLETED FOR EACH SITE OR BUILDING OR STRUCTURE (THE "SITE") THAT IS THE BASIS OF A CONTAMINANT-RELATED PD CLAIM. IF YOU ARE ASSERTING A CONTAMINANT-RELATED PD CLAIM FOR MORE THAN ONE SITE, THEN YOU MUST FILE A SEPARATE CLAIM FOR EACH SITE.**

1 What is the exact location, including, if applicable, the name and street address, of the Site

Name RSR Superfund Site  
Address Dallas, Texas

2 What is your property interest in the Site (for example, owner, operator, lessee) and when did you acquire that interest?

Interest None  
Date Acquired \_\_\_\_\_

3 Is the Site developed? Yes If yes, when was the Site developed? (Please check)  
Before 1968  Between 1968 and 1973  After 1973

4 What is the address or location of the Debtor's facility or property which you believe caused the contamination of your Site?  
Various

5 Describe the basis for your belief that the Debtor's facility caused contaminant-related damage to your property interest  
GNB is in site records as customer

6 Specify the contaminant(s) causing the damage  
Heavy Metals

7 Does the property have plumbing?  
 Yes  No

If yes, has the plumbing been tested or examined for lead or lead-containing pipes, joints, or solder? Please attach the test reports. If you did not perform or request the tests and do not have the reports, please identify the person who obtained the test report

8 Identify the current use of the property Please be specific, detailed and complete

Vacant

9 Identify each prior use of the property Please be specific, detailed and complete

Secondary lead smelter

10 Has the property been tested for lead paint?

Yes  No

If yes, please attach copy of report

11 Does the property contain Venetian blinds?

Yes  No

12 Has coal ever been used as fuel at the Site?

Yes  No

13 Has coal ash ever been used on the Site?

Yes  No

14 Have you made complaints about your claim(s) against any of the Debtors to any federal, state or local environmental or public health agency?

Yes  No

If yes, please identify each complaint by describing the details of the complaint, agency to whom addressed, and date of complaint. Please attach copies of the complaint and any subsequent correspondence sent by you or received from the agency

15 Have you had an appraisal of your Site performed? If yes, when and by whom? Please attach copies of each appraisal report No

16 Have you (or anyone else, including, but not limited to, a lender or prospective purchaser) ever had an environmental assessment done for your property? This includes what are called Phase 1 or Phase 2 assessments, or any property evaluation done for the purpose of identifying potential environmental concerns Normal Superfund investigations were performed pursuant to NCP Exide has copies of reports

If yes, please attach each and every evaluation If you do not have the evaluation, identify the person who has the evaluation For further information about environmental property assessments, see, for example, American Society for Testing and Materials (ASTM) Standard No E-1527-00

**PLEASE SKIP TO QUESTION 37 AND COMPLETE QUESTIONS 37-55.**

### **PART III: CLAIMS RELATED TO PRODUCT DEFECT**

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**QUESTIONS 17-36 AND 37-55 MUST BE COMPLETED FOR EACH CLAIM THAT IS THE RESULT OF A DEFECT IN THE DEBTORS' PRODUCTS. IF YOU ARE ASSERTING A CONTAMINANT-RELATED PD CLAIM FOR MORE THAN ONE OF THE DEBTORS' PRODUCTS, THEN YOU MUST FILE A SEPARATE CLAIM FOR EACH PRODUCT.**

17 What is the name, trade name and/or number of the exact Exide product? \_\_\_\_\_  
\_\_\_\_\_

18 Describe the product by content (example, lead-acid battery, nickel cadmium battery, etc ), size, shape and color? \_\_\_\_\_  
\_\_\_\_\_

19 What is the make, model number and year of the vehicle or machinery in which the product was being used (or in which you intended to use the product)? \_\_\_\_\_  
\_\_\_\_\_

20 What is the name and address of the store or person from whom you purchased or obtained the Exide product? \_\_\_\_\_  
\_\_\_\_\_

21 What is the exact date that you purchased or obtained the product? \_\_\_\_\_  
\_\_\_\_\_

22 Describe the packaging for the product \_\_\_\_\_  
\_\_\_\_\_

23 When you purchased or obtained the product, was it new or used? \_\_\_\_\_

24 Was the product ever installed into any vehicle or equipment? \_\_\_\_\_

If so, identify the name and address of the person who installed the product (including yourself), the date of installation, and the vehicle or machinery into which it was installed \_\_\_\_\_  
\_\_\_\_\_

If the product was installed in more than one vehicle or piece of equipment, identify each \_\_\_\_\_  
\_\_\_\_\_

25 Was any maintenance by anyone ever performed on the product? \_\_\_\_\_

26 If so, what is the name and address of the person performing that maintenance (including yourself)? \_\_\_\_\_  
\_\_\_\_\_

27 What maintenance was performed? \_\_\_\_\_  
\_\_\_\_\_

28 Specify each of the dates that maintenance was performed on the product \_\_\_\_\_  
\_\_\_\_\_

29 Did you or anyone else ever pour water or any other fluid or substance into the product? If so, what was poured into the product, how much was poured, and under what circumstances? Please describe why this was done \_\_\_\_\_

30 Was any maintenance or repair done to the starter/ignition system or electrical system of the vehicle or machinery (at a time when the product was installed)? \_\_\_\_\_

If so, describe the repair/maintenance that was done, and the date(s) on which such repair/maintenance work was done \_\_\_\_\_

31 Was the vehicle or equipment (in which you were using the product) ever involved in any accidents? \_\_\_\_\_

If so, describe the accident, the exact location where it occurred (streets, name of town and state/province), the date of the accident, and whether any accident report was filled out and by whom Please attach copies of any such accident report. \_\_\_\_\_

32 In what location(s) have you operated the vehicle or equipment (in which the product was installed)? \_\_\_\_\_

33 Describe the basis for your belief that the product is defective \_\_\_\_\_

34 Did you witness any incident involving the product? \_\_\_\_\_

If so, please describe it fully \_\_\_\_\_

35 Describe the damage or injury which occurred that you contend resulted from the product defect \_\_\_\_\_



**QUESTIONS 37-55 MUST BE COMPLETED BY ALL CLAIMANTS FILING THIS FORM**

**PART IV: LITIGATION**

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37 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 \_\_\_\_\_

b Give the Court in which the case was filed \_\_\_\_\_

c Give the case number \_\_\_\_\_

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* \_\_\_\_\_

*Defendants(s)* \_\_\_\_\_

f Who represents you or represented you in the matters?

\_\_\_\_\_

**PART V: SETTLEMENTS**

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38 Has any contaminant-related property damage claim been submitted on behalf of the injured party to any bankruptcy trust or other claim facility or entity?

Yes  No

39 Who represented you in the matter? \_\_\_\_\_

40 Has any such claim been settled?

Yes  No

If Yes, please provide aggregate amount of settlements

\$ \_\_\_\_\_

41 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

42 Date of settlement

Month Day Year

43 Were there any others named in the lawsuit?

Yes  No

44 Were others named in separate lawsuits, claims or demands for the same property?

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

45 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

46 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

Date of Submission

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

Month Day Year



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)

Date of Execution

\_\_\_\_\_  
*Month Day Year*

## PART VI: DEPENDENT OR RELATED PARTY CLAIM

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- ☞ 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 property damage to himself/herself. If a dependent or related party has a current claim against any of the Debtors for contaminant-related damages that does involve property damage to his/her property as the result of 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 Property Damage 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).

47 Dependent or Related Party Name

\_\_\_\_\_ *Last Name* \_\_\_\_\_ *First Name* \_\_\_\_\_ *MI*

48 Address

\_\_\_\_\_ *Street Address*

\_\_\_\_\_ *City* \_\_\_\_\_ *State/Province* \_\_\_\_\_ *Zip Code/Postal Code*

\_\_\_\_\_ *Country (if not US)*

49 Social Security Number

\_\_\_\_\_  Yes  No

50 Financially Dependent

\_\_\_\_\_ *Month* *Day* *Year*

51 Date of Birth

\_\_\_\_\_  Spouse  Child  Other, specify

52 Relationship to Injured Party

53 Injured Party Name

\_\_\_\_\_ *Last Name* \_\_\_\_\_ *First Name* \_\_\_\_\_ *MI*

54 Injured Party Social Security Number

\_\_\_\_\_



**PART VII: SUPPORTING DOCUMENTATION**

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55 **Supporting Documents and Materials**

*Attach copies of all supporting documents or materials, including, but not limited to, purchase orders, invoices, contracts, specifications, architectural drawings, appraisals, environmental reports, product samples or test results, relating or referring to your claim DO NOT SEND ORIGINAL DOCUMENTS*

If the documents are not available, explain why not If the documents are too voluminous to attach, attach a summary of the documents identifying and providing a brief description of each document, identifying the location of the document and who has possession and control of it

If you provide a summary of documents rather than the documents themselves, you are required to consent to the production and release of those documents to the Debtors upon the Debtors' further request

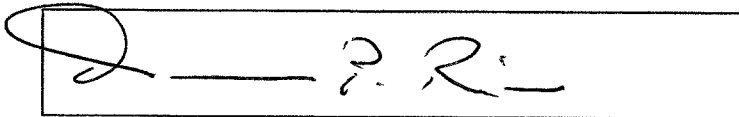
This space is for the Court Use Only

*Documents referenced in previous claim were submitted with claim*

## 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.



8      5      03  
Month    Day    Year

**SIGNATURE OF INJURED PARTY,  
REPRESENTATIVE, OR ATTORNEY**

*Dennis P. Reis, 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.**

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF <u>Delaware</u>		<b>PROOF OF CLAIM</b>
Name of Debtor <p style="text-align: center;">Exide Technologies</p>		Case Number <p style="text-align: center;">02-11125</p>
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property) <p style="text-align: center;">Members of the West Dallas Site OU-4 Group (See Attachment 1 for names of members)</p>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Name and address where notices should be sent <p style="text-align: center;">Dennis Reis LLC P O Box 170740 Milwaukee WI 53217</p>		
Telephone number		THIS SPACE IS FOR COURT USE ONLY
Account or other number by which creditor identifies debtor		Check here if this claim <input type="checkbox"/> replaces a previously filed claim, dated _____ <input type="checkbox"/> amends
<b>1 Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes Contractual agreement to contribute <input checked="" type="checkbox"/> Other <u>to remediation costs</u>		
		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)
<b>2 Date debt was incurred</b> See attached agreement		<b>3 If court judgment, date obtained</b>
<b>4 Total Amount of Claim at Time Case Filed</b> \$ <u>16,798</u> If all or part of your claim is secured or entitled to priority also complete Item 5 or 6 below <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>5 Secured Claim</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____		<b>6 Unsecured Priority Claim</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,650) * earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use 11 U.S.C. § 507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a)(____) *Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
<b>7 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY
<b>8 Supporting Documents</b> Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
<b>9 Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date April 18, 2003	Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) <p style="text-align: center;"><i>Dennis P. Reis</i> Dennis P. Reis Group Chairperson</p>	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C. §§ 152 and 3571		

**Attachment 1**

**A. Members of the West Dallas Site OU-4 Group**

Johnson Controls Battery Group, Inc  
General Motors Corporation  
M Lipsitz & Co Inc  
Interstate Battery System of America, Inc  
Commercial Metals Company  
Duggan Industries, Inc

**B. Additional Supporting Documentation**

West Dallas Site OU-4 Group Participation Agreement