EXIDE TECHNOLOGIES

Contaminant-Related Personal Injury Proof of Claim Form

The United States Bankruptcy Court for the District of Delaware
In re Exide Technologies et al, Debtors, Case No 02-11125 (KJC)
(Jointly Administered)

SUBMIT COMPLETE CLAIMS 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**

"The Debtors" are the following entities

FILED
AUG 0 6 2003
BMC

Exide Technologies f/k/a Exide Corporation
Exide Illinois, Inc
Dixie Metals Company
Exide Delaware, L L C
RBD Liquidation, L L C.
Refined Metals Corporation

If you have a claim against any of the Debtors for personal injury resulting from exposure to any contaminants (a "Contaminant-Related PI Claim," which is defined below) as a result of the acts or omissions of any of the Debtors, THIS PERSONAL INJURY PROOF OF CLAIM FORM MUST BE RECEIVED ON OR BEFORE 4 00 P M PREVAILING EASTERN TIME ON AUGUST 15,2003 or you will be forever barred from asserting or receiving payment for your claim

INSTRUCTIONS FOR FILING THE EXIDE TECHNOLOGIES CONTAMINANT-RELATED PERSONAL INJURY PROOF OF CLAIM FORM

WHO SHOULD USE THIS CONTAMINANT-RELATED PERSONAL INJURY PROOF OP CLAIM FORM

1 You must complete this Contaminant-Related Personal Injury Proof of Claim Form (referred to in this document as the "Form") if you wish to assert a Contaminant-Related P1 Claim against any of the Debtors as a result of the acts or omissions of the Debtors (or any other person or entity for which the Debtors may be liable) prior to April 15, 2002 (the "Petition Date") regardless of whether or not any symptoms of such injury have manifested or been diagnosed by a medical professional Contaminant-Related PI Claims do not include claims for property damage or claims for workers' compensation even if these claims arise from exposure to contaminants

2 A "Contaminant-Related PI Claim," as used in this Motion, shall mean any claim alleging, arising out of or in any way relating to personal injury, including wrongful death, for which any Debtor is alleged to be liable, arising out of or relating to exposure to lead, cadmium, arsenic, sulfate, chromium, aluminum, nickel, barium, copper, manganese, beryllium, heavy metals, sulfuric acid or other acidic contaminants, or any other toxic or hazardous substances, pollutants, or substances (a Contaminant"), and any claims in any way related to such claims Contaminant-Related PI Claims include all such claims whether in tort, contract, warranty, restitution, conspiracy, contribution, guarantee, indemnity, subrogation or any other theory of law, equity or admiralty, whether seeking compensatory, special, economic and non-economic, punitive, exemplary, administrative, or any other costs or damages, or whether seeking any legal, equitable or other relief of any kind whatsoever Contaminant-Related PI Claims include any such claims that have been resolved or are subject to resolution pursuant to any agreement, or any such claims that are based on a judgment or verdict

3 You should NOT use this form for claims other than Contaminant-Related PI Claims For information about how and when to file other types of claims against the Debtors, please contact Bankruptcy Management Corporation at one of the addresses below or you may call them toll-free at (888) 909-0100

4 Please do not distribute this form to others Please call Bankruptcy Management Corporation at the toll-free phone number above to request additional forms if they are needed

5 If you wish to file a Contaminant-Related PI Claim against more than one Debtor, you must complete an additional form for each Debtor and submit the forms separately

GENERAL INSTRUCTIONS

6 This form must be signed by the claimant or authorized agent of the claimant THE ORIGINAL OF THIS FORM MUST BE RECEIVED ON OR BEFORE 4 00 PM PREVAIING EASTERN TIME ON AUGUST 15, 2003 (the "Contaminant Bar Date") by Bankruptcy Management Corporation at one of the addresses below or you shall be forever barred, estopped, and enjoined from (a) asserting any Contaminant-Related PI Claim (or filing a proof of claim with respect to such claims) against any of the Debtors, their property or their estates and if any such claims are barred, each of the Debtors and its property shall be forever discharged from all indebtedness, (b) voting upon, or receiving distributions under, any plan or plans of reorganization in the Debtors' chapter 11 cases in respect of such Contaminant-Related PI Claim, notwithstanding that you may later discover facts in addition to, or different from, those which you know or believe to be true as of the Contaminant Bar Date, and without regard to the subsequent discovery or existence of such different or additional facts, and (c) receiving any distribution in these chapter 11 cases on account of such Contaminant-Related PI Claims or receiving further notices regarding such claims or these chapter 11 cases Return your completed, executed and original Form to 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** A Form will be deemed filed only when actually received by Bankruptcy Management Corporation at one of the above addresses Forms must be submitted by courier service, hand delivery or mail Forms may not be submitted in person or by email, telecopy or facsimile and Forms transmitted in person or by email, telecopy or facsimile will not be accepted for filing If you are returning this form by mail, allow sufficient time so that this form is received on or before the Contaminant Bar Date Forms that are postmarked before the

Contaminant Bar Date but received after the Contaminant Bar Date will not be accepted Only original forms will be accepted for filing

7 All Forms must be (a) written in English, (b) be denominated in lawful currency of the United States, and (c) indicate the Debtor against which you are asserting a claim

8 All Forms must be signed and dated in the appropriate spaces

9 A separate Form must be completed, executed and filed on account of each Contaminant-Related PI Claim you wish to assert

10 If you are asserting a Contaminant-Related PI Claim against more than one Debtor, you must complete, execute and file a separate Form for each Debtor you are asserting a claim against

11 If you cannot fit all information in any particular section or page, please make a copy of that page before filing it out and a take as many additional pages as needed

12 This Form must be filed out completely using BLACK or BLUE ink Typed responses are also acceptable

13 Mark check boxes with an "X" (example at right) ☒

14 Send only original Forms to the Debtors' claims agent at the following address 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 It is recommended that you make a copy of your completed Form to keep for your records

15 In addition to the completed, original Form, you must provide copies of all supporting documents in your possession relating to your Contaminant-Related PI Claim Attach copies of all supporting documents or materials, including, but no limited to, medical records and/or claim forms, related 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

16 You may attach any additional documentation that supports your claim However, such information will not be a substitute or information provided in the Form itself

17 Be accurate and truthful This Form is an official court document that may be used as evidence in any legal proceeding regarding your claim The penalty for presenting a fraudulent claim is a fine up to $500,000 or imprisonment for up to five years or both 18 U S C §§ 152 & 3571

18 For additional questions and/or assistance, please contact Bankruptcy Management Corporation at the addresses and/or phone number above

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 MOST 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 WLL 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 Claimant is represented by the combined law firms of Covington, Patrick, Hagins, Stern & Lewis, PA, Mark C Tanenbaum, PA, Motley Rice, LLC, and, Klehr Harrison These law firms have submitted to the Bankruptcy Trustee and the Debtor general notices as to the individual Claimants being represented In some instances, this has included the filing of the shortened version of the Bankruptcy claim form and the submission of certain proxies The Debtor is in possession of all of these documents This is the first claim filed through the Contaminant-Related Personal Injury Claim Form as proposed by the Debtor

☐ Check box if you have never received any notices from he 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 Exide Technologies f/k/a Exide Corporation This claim involves lead poisoning/contamination occurring as a result of Exide's operation of a battery manufacturing facility at or near Greer, South Carolina [1] Claimant is unaware of any involvement in the plant operation by the other debtor entities listed on this claim form As a result, no additional claim is submitted However, to the extent there was involvement in the plant operation or the supplying to the plant of lead products by any other debtor entity and such information is known to the

[1] The battery manufacturing plant was originally operated under the corporate name of Brown Battery Corporation in the 1960s Upon information and belief, the assets and liabilities of this corporation was purchased by General Battery Corporation sometime in the mid-1970s In 1987, Exide Corporation purchased the assets and liabilities of General Battery Corporation and continued to operate the facility until its closing in 1996 At all times in this submission, the identification of Exide Corporation includes all predecessor corporations

Debtor, claimant would object on both legal and equitable grounds from being barred from asserting those claims once this information is discovered
Name of Claimant (the person or other entity to whom the debtor owes money a property) **Danielle Peake**
Name and address where notices should be sent Douglas F Patrick PO Box 2343 Greenville, SC 29602
Telephone Number (864) 242-9000
E-Mail Address dpatrick@cphsl com
Claimant's Age 17
Birth Date July 31, 1986
Social Security Number 250-67-3531

1 Were you ever employed by any of the Debtors?

☐ Yes ☒ No

Claimant is a minor Claimant's claim for lead poisoning results from exposures related to Exide's lead contamination of the environment surrounding its plant facility in Greer, SC and/or Exide's lead contamination of its employees whose subsequent contact with the claimant caused lead poisoning The information as to whether the primary exposure was environmental or worker derivative is identified more specifically in this claim form However, even for those claims which are primarily environmental, there is some component of employee derivative exposure since, in those environmental cases, the claimant's residential proximity to the plant resulted in some degree of contact with poorly protected lead contaminated employees of the Debtor

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

_____

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

☐ Yes ☒ No

See Answer to Number 1 Specifically, claimant was exposed to the following employees of the Debtor who lived in the same residence with the Claimant Linda Peake, claimant's mother, was employed at the Greer Exide plant from approximately 1992 to 1995

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)

Claimant's lead poisoning occurred as a result of exposure to lead contamination brought into the Claimant's home environment through employees of the Exide battery manufacturing facility in Greer, SC In support of this claim, there are voluminous records showing lead contamination within the Greer facility establishing the environment in which the workers incurred their lead contamination These documents include Exide's internal testing, tests by the EPA, the SC Department of Health and Environmental Control and OSHA Specifically, in addition to other findings, this test data shows ambient air lead levels in violation of all applicable federal and state standards and soil lead levels substantially in excess of all permitted levels Debtor is in possession of all of this data and it is incorporated herein by reference

Other See specific response under testing of home residency which describes other test data outside of the home, but relevant to the Claimant's lead exposure Also, see Claimant's blood lead tests on claimant's CD attached and incorporated herein by reference

5 Dietary Information

Claimant objects to this question on the following grounds (a) the information sought is totally irrelevant to the claim presented, (b) the question is so poorly drafted as to prevent a reasonable reply, and (c) to the extent the question can be understood, the information sought is not obtainable through any reasonable investigation or inquiry by the Claimant Without waiving the objections, claimant would respond as follows

a Did you consume food from metal containers? Virtually every person within the US has consumed canned goods purchased from a store and Claimant is no exception

What kinds? How often? The kinds and frequency is impossible to determine

b Were you fed baby formula? What brands? To the extent Claimant received baby formula during infancy (specifically, the mother recalls Enfamil and Similac), these were brands marketed and sold within the United States None of these brands are known to cause lead poisoning

c Did you take calcium supplements or antacids? None on a regular basis

What brands? How often? _____

6 Consumer Product Information

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

Virtually every person in the United States has used some type of cosmetic or personal care product Any product used by the Claimant was produced and sold in the US None of these products are known to cause lead poisoning

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

Like every other child, the Claimant did on occasion use crayons Name brands would be impossible to determine

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

No

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

This question makes no sense People are not painted, houses and commercial structures are Therefore, people cannot be tested for lead paint However, as indicated previously, Claimant did have blood lead tests and those results are submitted on Claimant's CD attached and on "Greer Claimants' Liability and General Causation Submission" and incorporated herein by reference

7 Hobbies

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

Claimant enjoyed and engaged in normal childhood activities during the period of exposure from infancy through age 7 Specifically, the claimant played football and basketball after age 5 or 6 Due to the age of the Claimant, it is impossible to determine the hobbies of others residing with the Claimant during the Claimant's childhood

8 Tobacco Use

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

Claimant is a minor and during the period of exposure, did not smoke Due to the Claimant's age, it would be impossible to determine who, if anyone, smoked in his/her presence

9 Employment - Related source of exposure

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

Claimant is a minor and during period of exposure was not employed However the question presupposes that some employment was the source of contamination The only source of contamination for this claimant was Exide's battery manufacturing operation in Greer, SC

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

Claimant is a minor Discussions involving the child's awareness of lead poisoning are protected by the attorney-client privilege Clearly, Exide and its predecessor corporations were fully aware of the potential hazards to children residing near the plant and children of its workers The first recorded awareness of specific injuries relating to these classifications of children occurred in 1976 – 1977 (See CD "Greer Claimant's Liability and General Causation Submission") Despite this direct knowledge of danger and injury, Exide continued to produce and manufacture batteries in such a way as to increase the exposure and danger State and federal agencies under the auspices of the SC Department of Health and Environmental Control attempted to work with Exide to develop a lead screening and public awareness program within the communities so drastically affected These efforts commenced in 1988, but were effectively and intentionally sabotaged by Exide's management (See CD "Greer Claimants' Liability and General Causation

Submission") After all efforts at compliance failed, the SC Department of Health and Environmental Control performed wide-spread community lead testing effort in 1994 which resulted in the discovery of numerous instances of lead poisoned children Thereafter, despite repeated attempts by Exide to derail the process, state and federal agencies required Exide to clean adjoining neighborhoods by a soil removal program and ultimately pressured Exide into closing its plant facility in 1996 Unfortunately, Exide continued to resist the explicit orders of state and federal agencies which were requiring soil removal by Exide in the adjacent residential communities (See CD "Greer Claimants' Liability and General Causation Submission") As a result of these delays, final soil removal was not complete until 2001 Therefore, Exide continued to intentionally poison children within these residential areas long after its plant closing It was during these efforts that most residents and employees first became aware of the potential for harm to children and possibly to their own children Each incident is different in terms of actual notice and awareness However, as the question is posed, the minor Claimant's awareness and the information submitted for the minor's review all were generated through the attorney-client privilege

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

For questions 10(b) – (f), see Claimant's CD and response to question 10(a)

☐ followed instructions of _____
(provide name, address)

☐ sought medical attention

- ☐ saw family doctor
- ☐ went to clinic I normally use
- ☐ referred by _____
- ☐ other _____

c Provide name of family doctor _____

d Provide name of clinic normally used _____

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

f Contaminant-Related Testing See specific blood lead tests on Claimant's CD

☐ 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 contamination, 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) _____

☐ location of testing _____

☐ person/firm conducting test _____

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

See attached supporting documentation found on claimant's CD attached and incorporated herein by reference

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 tear performed on the claimant

See attached supporting documentation found on claimant's CD attached and incorporated herein by reference

a Family information for claimants based on cognitive or developmental injury

The Debtor seeks in the following questions of 12(a) – (d) information concerning parents and siblings of the injured Claimant Some of the questions are objectionable as the questions asked are not relevant to the Claimant's cognitive injuries Many of the inquiries seeking employment history, educational pursuits and/or problems of parents or siblings appear to be designed to discount a claim of cognitive injury without any scientific basis for so doing All of these attempts in this litigation and similar litigation have been uniformly rejected, despite Claimant's objections In an effort to provide the Debtor with information that is public record and also generally available, the questions will be answered insofar as the information meets those criteria However, Claimant specifically reserves his/her right to object to any additional inquiry or to the relevancy of the questions answered

(i) Father's Name Roger Whiteside

(ii) Father's Address Morgan St , Greer, SC

(iii) Father's Telephone (864) 877-2019

(iv) Father's Date of Birth 7 6 1956

(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)

The employment history of the father, can in no way bear any relevant or causal connection to a cognitive injury sustained by the Claimant as a result of lead contamination

(vi) Father's education

Highest grade completed 11th

School Name (secondary) Greer High School

College
(if applicable)

Graduate school degree
(if applicable)

Other education
(please describe)

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

(viii) Mother's Name Linda Peake

(ix) Mother's Address 220 Wingo Rd, Wellford, SC 29385

(x) Mother's Telephone (864) 949-8916

(xi) Mother's Date of Birth 2 16 1960

(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)

Exide Battery	Springs Industries
United Health Care	

(xiii) Mother's education

Highest grade completed 12th

School Name (secondary) Byrnes High School

College Mansfield Business College, Piedmont Community College
(if applicable)

Graduate school degree
(if applicable)

Other education
(please describe)

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

b How many brothers? One

c How many sisters? None

d For each brother or sister, please provide the following

(i) Name of brother/sister Demario Peake

(ii) Date of Birth June 22, 1980

(iii) Father's Name Andrew Wright

(iv) Mother's Name Linda Peake

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

☒ Yes ☐ No

(vi) If Yes What years? Birth to present

(vii) Highest grade completed 12th – Byrnes High School

(viii) Year completed

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

Southeastern Paper – approx 8 months

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

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

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

Please see Claimant's CD attached and incorporated herein by reference

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

Please see Claimant's CD attached and incorporated herein by reference

(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

151 Benson Lane, Spartanburg, SC

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

Please see Claimant's CD attached and incorporated herein by reference

- ☐ Medical records and/or report containing a statement of diagnosis for conditions claimed and all testing performed
- ☐ Neurological testing (BEG)
- ☐ 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 _____

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 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

None, other than those disclosed in response to this questionnaire As to all issues relating to lead poisoning, the Claimant has been represented by Covington, Patrick, Hagins, Stern & Lewis, Mark C Tanenbaum, PA, Motley Rice and Klehr Harrison

19 Who represented you in the matter? See response to #18 above

☐ Yes ☐ No

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

Please see attached list of pending cases

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 arid 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

Date of Payment

☐ Settlement paid in full

Month Day Year

If Yes, amount $_____

☐ Settlement paid in part

Month Day Year

If Yes, amount $_____

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 the date of settlement known as a limited disease release)

Date of Execution

Month Day Year

PART VII: DEPENDENTOR 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 en 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 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-part)' 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)

This Claimant is a minor The claim is brought by and through the minor's natural Guardian, or in the case where litigation has been filed, a Guardian ad Litem To the extent that a parent has a claim for medical and related expenses incurred during the period of the claimant's minority, these claims are being brought in the minor claimant's case

The parent or guardian's right to bring an action for the child claimant's medical bills and expenses incurred or to be incurred before majority is included in the child claimant's action and therefore, no dependent or related party claim is being filed

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 US)

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

_____

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 _____

_____

_____

_____

_____

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 patty'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

SIGNATURE OF INJURED PARTY, REPRESENTATIVE, OR ATTORNEY

8 Month 1 Day 2003 Year

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 ORIGNAL 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 FRANKIN AVENUE,EL SEGUNDO, CALIFORNIA 90245 **FOR HAND DELIVERY OR COURIER DELIVERY.**

PENDING CASES IN LITIGATION

First Name	Last Name	Guardian/Guardian ad Litem	Civil Action No	Date Filed
Rodney	Agnew, Jr	Rodney Agnew, Sr	1999-CP-23-3399	08 25 1999
Cornelius	Ballenger	Edward Ballenger	2002-CP-23-30	01 02 2002
Alan	Buchanan	Belinda Buchanan	1999-CP-23-3400	08 25 1999
Lashunda	Clarke	Tommy Rice	2002-CP-23-27	01 02 2002
Adrian	Dodd	Vivian Prince	1999-CP-23-3387	08 25 1999
Antoine	Dodd	Zelma Fielder	1999-CP-23-3384	08 25 1999
Brandon	Dodd	Vivian Prince	1999-CP-23-3390	08 25 1999
Jalisha	Dodd	Sharon Dodd	2002-CP-23-25	01 02 2002
Justin	Dodd	Sharon Dodd	2002-CP-23-26	01 02 2002
James	Dunbar	April Dunbar	2002-CP-23-29	01 02 2002
Phoenix	Fielder	Zelma Fielder	1999-CP-23-3391	08 25 1999
Olden	Fielder, III	Catina Smith	2002-CP-23-35	01 02 2002
Granada	Grayson	Natalie Freeman	2001-CP-23-2943	05 11 2001
Jacqueline	Grayson	Rachel Grayson	2002-CP-23-21	01 02 2002
Trevamian	Grayson	Altha Michelle Fowler	2001-CP-23-2945	05 11 2001
Demetrius	Lewis	Tina Lewis	2002-CP-23-20	01 02 2002
Joshua	Lollis	Carroll Todd Lollis	1999-CP-23-3382	08 25 1999
Logan	Lollis	Carroll Todd Lollis	1999-CP-23-3383	08 25 1999
Keonna	Mansell	Ivy Mansell	2002-CP-23-22	01 02 2002
Kavita	Means	Wanda Means	2002-CP-23-23	01 02 2002
Satoya	Means	Wanda Means	2002-CP-23-24	01 02 2002
Bennisha	Meredith	Sandra Meredith	2001-CP-23-2942	05 11 2001
Dallis	Miller	Patrick Miller, Sr	1999-CP-23-3402	08 25 1999
Patrick	Miller, Jr	Patrick Miller, Sr	1999-CP-23-3398	08 25 1999
Breanna	Prince	Sandra Prince	1999-CP-23-3388	08 25 1999
Artricka	Rice	Trina Darlene Rice	2002-CP-23-28	01 02 2002
Auzenas	Rice	Trina Darlene Rice	1999-CP-23-3392	08 25 1999
Cassandra	Rice	Iva Jean Rice	2002-CP-23-31	01 02 2002
Brittney	Scott	Rita Pace	2002-CP-23-34	01 02 2002
Iesha	Scott	Natalie Freeman	2001-CP-23-2944	05 11 2001
Ashleigh	Smith	Kandice Smith	2002-CP-23-33	01 02 2002
Matthew	Smith	Kandice Smith	1999-CP-23-3394	08 25 1999
Ricky A	Smith	Catina Smith	2002-CP-23-37	01 02 2002
Antoinio	Snoddy	Lula Mae Snoddy	2002-CP-23-18	01 02 2002
Joshua	Snoddy	Lula Mae Snoddy	1999-CP-23-3389	08 25 1999
Jonathan	Talley	Latricia Foster	1999-CP-23-3395	08 25 1999
Lakeisha	Talley	Latricia Foster	1999-CP-23-3393	08 25 1999
Roshanda	Talley	Sandra Prince	1999-CP-23-3385	08 25 1999
Amanda	Thompson	Lula Mae Snoddy	1999-CP-23-3396	08 25 1999
Dominic	Thompson	Lula Mae Snoddy	1999-CP-23-3386	08 25 1999
Adrian	Watson	Lillie Bell Hames	2002-CP-23-19	01 02 2002
Curtis	Wilke	Sherry Freeman	2001-CP-23-2946	05 11 2001
Brittany	Williams	Sondra Williams	1999-CP-23-4925	12 06 1999
Tamara	Williams	Wanda Means	2002-CP-23-32	01 02 2002

COVINGTON PATRICK HAGINS STERN & LEWIS, PA

July 29, 2003

Office of the United States Trustee
844 King Street, Room 2313
Wilmington, Delaware 19801

Eugene C Covington Jr

Douglas F Patrick

John A Hagins Ji

T S Stern Jr

Stephen R H Lewis

Karen W Creech

John M Read IV

Re In re EXIDE TECHNOLOGIES
Case No 02-11125 (JCA) (Chapter 11)

Greetings

Linda Peake as Guardian ad Litem for Danielle Peake, hereby appoints Douglas F Patrick of Covington, Patrick, Hagins, Stern & Lewis, Steven Kortanek of Klehr, Harrison, Harvey, Branzburg & Ellers, LLP, Frederick Jekel of Ness, Motley Law Firm, and, Mark Tanenbaum of Tanenbaum Law Firm with full power of substitution to be her lawful proxy to vote on her behalf at any organizational meeting of creditors in the above-referenced matter pending in the United States Bankruptcy Court for the District of Delaware, or at any adjournment thereof, on all matters on which creditors may vote at such organizational meetings Linda Peake authorizes any of the attorneys so named to act in her place instead and hereby grants her Power of Attorney to do so in connection with any matters that may arise at any such organizational meeting

Very truly yours,

By Linda Peake, as Guardian ad Litem for Danielle Peake

211 Pettigru Street
Greenville SC 29601
1 800 849 2988
864 242 9000
FAX 864 233 9777
Mailing Address
Post Office Box 2343
Greenville SC 29602
www covpatlaw com

DEL1 47528 1

COVINGTON PATRICK HAGINS STERN & LEWIS, PA

Writer's email dpatrick@cphsl.com
Writer's fax (864) 233-9777

August 1, 2003

Bankruptcy Management Corporation
PO Box 1063
El Segundo, CA 90245

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Eugene C Covington Jr

Douglas F Patrick

John A Hagins Jr

T S Stern Jr

Stephen R H Lewis

Karen W Creech

John M Read IV

RE Danielle Peake

Dear Sir or Madam

On behalf of our client, Danielle Peake, we are submitting the following documents which are collectively to be considered as the Proof of Claim

1 Debtor prepared claim form (attached),
2 Proxy & Power of Attorney (attached),
3 List of pending related litigation (attached),
4 Claimant's CD containing documents related to claimant (attached),
5 CD – Greer Claimants' Liability and General Causation Submission (This CD was originally filed with the claim form of Adrian Dodd It is specifically incorporated as an integral part of this claim)

Please advise immediately if any of these documents have not been received

Sincerely,

Douglas F. Patrick

Douglas F Patrick

DFP/glh
Enclosures

211 Pettigru Street
Greenville SC 29601
1 800 849 2988
864 242 9000
FAX 864 233 9777
Mailing Address
Post Office Box 2343
Greenville SC 29602
www covpatlaw com