EXIDE TECHNOLOGIES
Contaminant-Related Property Damage
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.**

FILED
AUG 1 1 2003
BMC

"The Debtors" are the following entities

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 property damage resulting from exposure to any contaminants (a "Contaminant-Related PD Claim," which is defined below) as a result of the acts or omissions of any of the Debtors, THIS PROPERTY DAMAGE 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

Exide Technologies
05445

INSTRUCTIONS FOR FILING THE EXIDE TECHNOLOGIES CONTAMINANT-RELATED PROPERTY DAMAGE PROOF OF CLAIM FORM

WHO SHOULD USE THIS CONTAMINANT-RELATED PROPERTY DAMAGE PROOF OF CLAIM FORM

1 You must complete this Contaminant-Related Property Damage Proof of Claim Form (referred to in this document as the "Form") if you wish to assert a Contaminant-Related PD 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 ')

2 A "Contaminant-Related PD Claim," as used in this Motion, shall mean any claim alleging, arising out of, or in any way relating to physical, economic, environmental, or any other damage or injury to any property or property interest, including any cost incurred by any person, for which any Debtor is alleged to be liable, arising out of or in any way relating to the installation, presence, removal of, or release of a Contaminant at, on or from any facility of any Debtor or of any other person, or in or from any products or materials containing a Contaminant Contaminant-Related PD Claims include all such claims whether in tort contract, warranty, restitution, conspiracy, contribution, indemnity, guarantee, subrogation, under an environmental law, or under any other theory of law, equity or admiralty, whether seeking compensatory, special, economic and non-economic, punitive, exemplary, administrative, reimbursement, or any other costs or damages, or whether seeking any legal, equitable or other relief of any kind whatsoever Contaminant-Related PD 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 PD 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 PD Claim against more than one Debtor, you must complete an additional form for each Debtor and submit the forms separately

GENERAL INSTRUCTIONS

1 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 PREVAILING 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 PD 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 PD 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 PD 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 e-mail, telecopy or facsimile and Forms transmitted in person or by e-mail, 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

2 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

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

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

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

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

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

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

9 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

10 In addition to the completed, original Form, you must provide copies of all supporting documents in your possession relating to your Contaminant-Related PD Claim 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, 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

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

12 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 and 3571

13 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 PROPERTY DAMAGE PROOF OF CLAIM
Exide Technologies et al , Case Number 02-11125 (KJC) Jointly Administered	

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

☐ 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

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

Name and address where notices should be sent

Floyd Leon Jeru 4202 Baccarat DR Garland, TX 75043

Telephone Number 972-226-4189
Facsimile Number
E-Mail Address tgraceofgod@aol.com
Claimant's Age
Birth Date 1-25-44
Social Security Number 449-74-0012

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 <u>EACH SITE OR BUILDING OR STRUCTURE (THE "SITE")</u> 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 Eride Technologies
Address 1880 Valley View Ln

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

Interest _____
Date Acquired _____

3 Is the Site developed? _____ 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?

5 Describe the basis for your belief that the Debtor's facility caused contaminant-related damage to your property interest

6 Specify the contaminant(s) causing the damage

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

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

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

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

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

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 _____

_____

_____

36 Have you made complaints about your claims against Exide to any federal, state, local or consumer product safety agency or authority?_____

_____

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

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

PART IV: LITIGATION

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

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*

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

Date of Submission _____ *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

- 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 containment-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 U S)

49 Social Security Number

_____

50 Financially Dependent ☐ Yes ☐ No

51 Date of Birth

_____
Month Day Year

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

53 Injured Party Name

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

54 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 VII: SUPPORTING DOCUMENTATION

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

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

	Month	*Day*	*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**