

**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 \_\_\_\_\_

**FILED**  
AUG 15 2003  
**BMC**

Name of Debtor against which this claim is asserted	Exide Technologies, f/k/a Exide Corp
Name of Claimant (the person or other entity to whom the debtor owes money or property)	Wayne Ray Thomas
Name and address where notices should be sent	Wayne Ray Thomas PO Box 543 Lillington, NC 27546
Telephone Number	910-893-8535
E-Mail Address	
Claimant's Age	53
Birth Date	7/3/50
Social Security Number	244-94-0098

1 Were you ever employed by any of the Debtors?

Yes  No

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

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

Yes  No

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)

Work related, own salvage yard, these chemicals have been present

5 Dietary Information

a Did you consume food from metal containers? No

What kinds? How often? \_\_\_\_\_

b Were you fed baby formula? What brands? Not none

c Did you take calcium supplements or antacids? Yes

What brands? How often? Roloids / just when needed

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?

Crayon, crayon

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?

No

7 Hobbies

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

Didn't have any hobbies, had to work at salvage yard

8 Tobacco Use

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

No

9 Employment - Related source of exposure

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

T+J Motors, Salvage yard operated since 1958. The family home was connected to this property. Old batteries stored, gas spilled from tanks

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

Was diagnosed in 1989 with a kidney disease. The disease is not hereditary. The Dr. Falk from U.N.C. Chapel Hill stated to (my wife & I) that the chemicals that I work affected my health.

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

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 Dr. Briggs

d Provide name of clinic normally used \_\_\_\_\_

e Provide name of doctor to whom you were referred Dr. Faulk / UNC CHAPEL HILL  
If you do not have this information, provide information about the person who made the referral

f Contaminant-Related Testing

If your claim is based on a medical examination, please obtain all medical records and attach them to claim Send for information to / Dr. Ronald Faulk  
UNC CHAPEL HILL, NC

If you have ever had blood or other samples tested for lead or other contaminants, please attach the results for each test or identify the medical 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

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 the claimant

a Family information for claimants based on cognitive or developmental injury

(i) Father's Name \_\_\_\_\_

(ii) Father's Address \_\_\_\_\_

(iii) Father's Telephone \_\_\_\_\_

(iv) Father's Date of Birth \_\_\_\_\_

## PART V: LITIGATION

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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

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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

Injured Party Social Security Number

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.

- This claim is being made due to my kidney disease. I have worked and lived where these contaminants have been present.

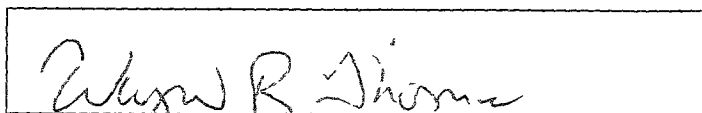
My disease began in 1989. In 1997 I had a kidney transplant. The doctors do not know that it is not hereditary. Dr. Faulk made the statement to me that many of the chemicals I work with could be the cause.

If you have any questions contact UNC Hospital where I have been a patient for the last 13 years.

## 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.



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

8    10    2003  
Month    Day    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 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**