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 14 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)

James Lee Allen

Name and address where notices should be sent

Carlile Law Firm L L P , 400 S. Alamo, Marshall, Tx 75672

Telephone Number	903-938-1655
E-Mail Address	carlilefirm@hotmail.com
Claimant's Age	60 YRS
Birth Date	09/14/1942
Social Security Number	450-66-7573

Exide Technologies
05709

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) While working at TXU Power Plant when Eltide Products (Parsol) was used.

5 Dietary Information

a Did you consume food from metal containers? yes

What kinds? How often? Vegetables occasionaly

b Were you fed baby formula? What brands? I dont remember

c Did you take calcium supplements or antacids? antacids occasionaly

What brands? How often? I don't remember

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?

Yes Crayons

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

I don't know

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

outdoor activities

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

TXU Power Plant used Varsol

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

See attached report of Dr. Charles Marable

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 _____

d Provide name of clinic normally used _____

e Provide name of doctor to whom you were referred Dr. Charles Marable
If you do not have this information, provide information about the person who made the referral
(See attached medical report)

f Contaminant-Related Testing

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

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

☐ Other testing (describe) _____

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 on the claimant
Moderate

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 _____

(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)

_____

_____

(vi) Father's education

Highest grade completed Well Supplement

School Name (secondary) _____

College (if applicable) _____

Graduate school degree (if applicable) _____

Other education (please describe) _____

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

_____

(viii) Mother's Name _____

(ix) Mother's Address _____

(x) Mother's Telephone _____

(xi) Mother's Date of Birth _____

(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)

_____

_____

(xiii) Mother's education

Highest grade completed Well Supplement

School Name (secondary) _____

College (if applicable) _____

Graduate school degree (if applicable) _____

Other education (please describe) _____

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

_____

b How many brothers? _____

c How many sisters? _____

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

(i) Name of brother/sister _____

(ii) Date of Birth _____

(iii) Father's Name _____

(iv) Mother's Name _____

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

☐ Yes ☑ No

(vi) If Yes What years? _____

(vii) Highest grade completed _____

(viii) Year completed _____

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

_____

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

N/A

_____

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

N/A

_____

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

See attached Dr. Charles Marable report

_____

PART III CHILD CLAIMANT INFORMATION FROM PARENT/GUARDIAN

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

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

(ii) If not both parents, please explain why

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

(iii) When and where?

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

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

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

PART V LITIGATION

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

☑ Yes ☐ No

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

a Give the two-letter mail code of the state/province where this suit is or was pending TX

b Give the Court in which the case was filed District Court of Rusk County, Tx 4th Judicial District

c Give the case number 2001-333

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?

David C Carlile, Carlile Law Firm, L.L.P, 400 S Alamo Blvd, Marshall, Tx 75670

PART VI SETTLEMENTS

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

☐ Yes ☑ No

19 Who represented you in the matter?

20 Has any such claim been settled?

☐ Yes ☑ No

If Yes, please provide aggregate amount of settlements

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

☐ Yes ☑ No

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

22 Date of settlement _____
Month Day Year

23 Were there any others named in the lawsuit?

☑ Yes ☐ No

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

☑ Yes ☐ No

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

See defendant listing

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

Pending

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

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

If yes, please attach executed release

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

If yes, please attach executed settlement agreement

☐ Settlement paid in full

If Yes, amount $ _____ Date of Payment _____
Month Day Year

☐ Settlement paid in part

If Yes, amount $ _____ _____
Month Day Year

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

Date of Submission _____
Month Day Year

Date of Execution

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

_____
Month Day Year

PART VII DEPENDENT OR RELATED PARTY CLAIM

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

27 Dependent or Related Party Name

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

28 Address

_____
Street Address

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

_____
Country (if not U S)

29 Social Security Number

_____

30 Financially Dependent ☐ Yes ☐ No

31 Date of Birth

_____
Month Day Year

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

33 Injured Party Name

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

34 Injured Party Social Security Number

450-66-7573

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.

See attached petition

PART VIII SIGNATURE PAGE

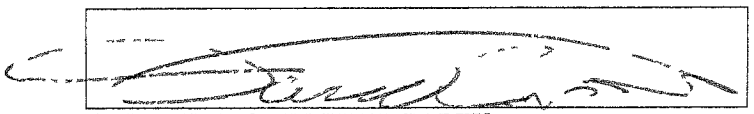
All claims must be signed by the injured party or the person filing on his/her behalf (such as the personal representative or attorney)

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 Month 1 Day 03 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**

Charles D. Marable, M.D.
Diplomate of the American Board of Neurology and Psychiatry

February 3, 2001

Carlile Law Firm
5006 E End Blvd S
Marshall, Texas 75672

RE JAMES LEE ALLEN

This is a 58-year-old male who worked at TXU from 2/22/80 to 9/30/99 as a hauler He was a hauler from 2/22/80 to 1/22/81 in the Beckville Mine, 50% on the Euclid hauler, 15% on water trucks, and 35% on crash trucks He then worked at Beckville as a dozer from 1/2/81 to 1988, working 25% on the dozer and 75% on the scraper At Oak Hill he was a dozer operator from 1/3/88 to 9/30/99, 20% on dozer, 50% on motor grader, 10% on scraper, end dumper and front end loaders

He has complained of low back pain, of which he was injured in 1985 or 1986 while working on the cable steps He said sitting on the equipment for a long period of time and then trying to get up on the scraper with the cable steps, he started developing low back pain It radiates down his right leg with numbness in his right eye Coughing or sneezing aggravates it Walking, sitting or standing aggravates it He has no prior injuries to his spine He has had no studies He has no Lhermitte's sign He has no bowel or bladder dysfunction No progressive weakness or sexual dysfunction He has no prior surgeries He had no trouble walking He takes Aleve for his pain

He was exposed to chemicals by inhalation of fumes, chemicals and solvents He has been exposed to trichlorethylene for cleaning, as well as Varsol

ALLERGIES No known allergies

MEDICATIONS Norvasc 10 mg, Lipitor for hypercholesterolemia

MEDICAL HISTORY· Hypertension for 2-3 years, hypercholesterolemia and arthritis

SURGICAL HISTORY Triple bypass in 1999

SOCIAL HISTORY He used to smoke, quit 25 years ago He drinks about 2 beers

FAMILY HISTORY Father is hypertensive, mother is diabetic Father has heart disease

REVIEW OF SYSTEMS **GI** Denies nausea, vomiting Does have blood in the stools **GU** History of hematuria Has excessive urination **Cardiovascular** Positive for shortness of breath, especially on exertion and chest pain **Orthopedic** History of right knee dislocation in 1976 **Neurologic** Denies any loss of consciousness, seizures **Endocrine** Positive for polyuria

PHYSICAL EXAMINATION Blood pressure is 132/91 Pulse is 69 Respiratory rate is 20 Blood sugar is 87 Head is normocephalic Pupils are PERL Funduscopic examination shows no papilledema, hemorrhages or exudates Tympanic membranes reflect light Neck is supple without carotid bruits Heart shows regular rate and rhythm without murmur Lungs are clear to auscultation Abdomen shows no evidence of hepatosplenomegaly Extremities are without clubbing, cyanosis or edema

NEUROLOGIC EXAMINATION Mental Status Patient is alert and oriented X3 There is no evidence of aphasia, apraxia or dysarthria Gait is intact to heel, toe and tandem gait Cranial nerves II-XII are intact Coordination is intact with no dysmetria or dysdiadochokinesia Motor exam was 5/5 without any drift, atrophy or fasciculation Sensory exam shows 6-7 seconds of vibratory sense loss in his lower extremities Reflexes were 2+ with no pathological reflexes noted

Back range of motion shows 60° straight leg raising on the right, 90 on the left He has decrease range of motion, lacking 10° in all spheres

IMPRESSION

1 Lumbar disc disease
2 Coronary artery disease
3 Hypertension

RECOMMENDATIONS It is opined the lumbar disc disease is secondary to the injury he sustained at TXU while working on faulty equipment He needs to have an MRI of his L-spine and be followed up by a neurologist, neurosurgeon or orthopedic surgeon to see if he is a surgical candidate or not

Regarding his other illnesses, he needs to be followed by a cardiologist for his coronary artery disease and hypertension

Sincerely yours,

Charles D Marable, M D

Board Certified in Neurology

Results of Neuropsychological and Mood Tests: Impairment Ratings

ID 200
TXU

Name	**James Allen**	Date of Birth	**9/14/1942**
Gender	**Male**	Years of Education	**12 years**
Age	**58 years**	Date Tested	**07/20/2001**
Race/Ethnicity	**Caucasian**	Date of This Report	**09/18/2001**

I Impact of Event Scale (IES) - Mean Scores and Impairment Ratings

1) Intrusion	2	None	3) Hyper-arousal	1	None
2) Avoidance	1	None	4) Total	1	None

II SCL-90 - T-scores

1) Somatization	62	7) Phobic Anxiety	47
2) Obsessive-Compulsive	81	8) Paranoid Ideation	56
3) Inter-Sensitivity	54	9) Psychotism	60
4) Depression	57	10) Global Severity Index	63
5) Anxiety	52	11) Pos Sym Distress Index	61
6) Hostility	61	12) Pos Sym Total	60

III Profile of Mood States (POMS) - T-scores

1) Fatigue	57	4) Anger	41
2) Tension	34	5) Vigor	53
3) Depression	38	6) Confusion	45

IV Beck Anxiety Inventory (BAI) (Raw score=3) No Impairment

V Beck Depression Inventory (BDI) (Raw score=10) No Impairment

VI. Satisfaction with Life Scale No Impairment

VII Quality of Life Scale	**Patient Days**	**(Texas Mean)**
1) Days of Good Mental Health (per month)	30	(27 1)
2) Days of Good Physical Health (per month)	27	(27 2)

VIII. Vibrotactile Impairment	**Dominant Hand**	**Non-dominant Hand**
1) Dorsal surface	WNL	WNL
2) Ventral surface	WNL	WNL

IX Visual Functioning Impairment	**Left eye**	**Right eye**
1) Contrast Sensitivity	Mild	WNL

Scoring provided by Dr Rosemarie Bowler *(Asterisks or blank space indicate incomplete data for that test)*

X. CATSYS Test Results		Impairment Rating
1) Auditory Reaction Time	**Left**	WNL
	Right	WNL
2) Tremor Intensity	**Left**	WNL
	Right	WNL
3) Tremor Center Frequency	**Left**	WNL
	Right	WNL
4) Tremor Harmonic Index	**Left**	Severe
	Right	Severe
5) Transversal Sway		Postural Instability
6) Sagittal Sway		Postural Instability

XI. Toxic Symptom Checklist	Impairment Rating
Neurological	Mild
Memory/Concentration	Severe
Anxiety	None
Depression	Mild
Sleep Disorder/Fatigue	Moderate
Headaches/Chemical Sensitivity	Mild
Visual	Moderate
Sensory	Mild
Dermatological	Moderate
Gastro-intestinal	None
Cardiac	None
Respiratory	Moderate
Libido Dysfunction	Mild

Summary of ɔres and Impairment Ratings for Ju 2001 Testing

Name James Allen Group Texas Utilities Age 58 Yrs Education 12

Domain	Test Name	Score	Impairment Rating
Motor Coordination	Santa Ana	Dom 21 Ndom 25	**DOM** ***WNL*** Mild Moderate Severe **NDOM** ***WNL*** Mild Moderate Severe
	Grooved Pegboard	Dom 0 59, T70 Ndom 1 04, T63	**DOM** ***WNL*** Mild Moderate Severe **NDOM** ***WNL*** Mild Moderate Severe
	Tremor Test	Tremor Intensity	**RT** ***WNL*** Mild Moderate Severe **LT** ***WNL*** Mild Moderate Severe
		Center Frequency	**RT** ***WNL*** Mild Moderate Severe **LT** ***WNL*** Mild Moderate Severe
		Harmonic Index	**RT** WNL Mild Moderate ***Severe*** **LT** WNL Mild Moderate ***Severe***
	Parallel Lines Test, Trial 2		WNL ***Mild*** Moderate Severe
Motor Speed	Finger Tapping	Dom 58 2, T66 Ndom 56, T66	**DOM** ***WNL*** Mild Moderate Severe **NDOM** ***WNL*** Mild Moderate Severe
Motor Strength	Grip Strength (Dynamometer)	Dom 31 5, T34 Ndom 27 5, T35	**DOM** WNL Mild ***Moderate*** Severe **NDOM** WNL Mild ***Moderate*** Severe
Motor Proprioception	Postural Sway		**TRANS** WNL ***Postural Instability*** **SAG** WNL ***Postural Instability***
Sensory (Vision)	Visual acuity		**RT** ***WNL*** Bord Mild Moderate Severe **LT** ***WNL*** Bord Mild Moderate Severe
	Contrast sensitivity (Vistech 6000)		**RT** ***WNL*** Mild Moderate Severe **LT** WNL ***Mild*** Moderate Severe
	Color vision (Lanthony D-15)		**RT** WNL Mild ***Moderate*** Severe **LT** ***WNL*** Mild Moderate Severe
	Schirmer Strips		**LT** ***WNL*** Mild Moderate Severe
Sensory (Somatosensory)	Luria Motor Test Items	RT 14 LT 16	**DOM** ***WNL*** Mild to Moderate Severe **NDOM** ***WNL*** Mild to Moderate Severe
	Vibrotactile Perception-dominant hand		**Dorsal** ***WNL*** Mild Moderate Severe **Ventral** ***WNL*** Mild Moderate Severe
	Vibrotactile Perception-non dominant hand		**Dorsal** ***WNL*** Mild Moderate Severe **Ventral** ***WNL*** Mild Moderate Severe
Cognitive (Auditory Memory)	Digit Span (Forward)	Total 5 Longest 6	WNL Mild Moderate ***Severe***
Cognitive (Visual Memory)	Rey 15 Item Test	15	***WNL*** Impaired
Cognitive	Symbol Digit	46 correct,	***WNL*** Mild Moderate Severe

Summary of ,ores and Impairment Ratings for Ju 2001 Testing

(Visuospatial)	Modalities (+ recall)	7/9 recall	
	Trailmaking Test A	0 30, T53	***WNL*** Mild Moderate Severe
	Cancellation H Test	1 20, 1error	***WNL*** Mild Moderate Severe
Cognitive (Learning/Verbal)	WRAT-Reading	48, SS=103	***WNL*** Mild Moderate Severe
Cognitive (Short Term Memory)	Auditory Consonant Trigrams	no delay 15/15 3" delay 7/15 9" delay 9/15 18" delay 7/15	***Borderline*** Mild Moderate Severe
	Digit Span (backward)	Total 5 Longest 5	***WNL*** Mild Moderate Severe
Cognitive (Verbal Fluency)	Animal Naming	19, 53rd percentile	***WNL*** Mild Moderate Severe
Cognitive (Executive Functioning/ Set Shifting)	Rey-Osterrieth (copy)	35	***WNL*** Impaired
	Rey-Osterrieth (immediate recall)	13 5, T41, 18th percentile	***WNL*** Mild Moderate Severe
	Rey-Osterrieth (delayed recall)	16 5, T47, 38th percentile	***WNL*** Mild Moderate Severe
	Stroop Color Word Test	Word 92 (T42)	***WNL*** Mild Moderate Severe
		Color 72 (T44)	***WNL*** Mild Moderate Severe
		Color/Word 45 (T50)	***WNL*** Mild Moderate Severe
	Trailmaking Test B	1 34, T46	***WNL*** Mild Moderate Severe
Reaction Time Speed & Inhibition	Computerized Visual Attention test		***WNL*** Mild Moderate Severe
	Auditory Reaction Time		**RT** WNL ***Impaired*** **LT** WNL ***Impaired***

THE CARLILE LAW FIRM L.L.P.

ATTORNEYS AT LAW
400 SOUTH ALAMO
MARSHALL, TEXAS 75670

DAVID C CARLILE, J D , C P A
D SCOTT CARLILE, J D
BRUCE A CRAIG, J D
CASEY Q CARLILE, J D
MARK D STRACHAN, J D

(903) 938-1655
(903) 938-0235 FACSIMILE
carlilefirm@hotmail com

August 13, 2003

Bankruptcy Management Corporation
1330 E Franklin Avenue
ElSegundo, CA 90245

Re Exide Technologies et al ,
United States Bankruptcy Court for the District of Delaware
Cause Number 02-11125 (KJC)
Jointly Administered
Contaminated-Related Personal Injury Claim

Attention Claims Processor

Enclosed you will find the original copies of the Claimant Information Form and Medical Documents required for submission of the above mentioned claims In addition, I have included a list of the clients that are submitted and the corresponding petition for each batch of claims

Please contact my assistant Sandra Clark if you need additional information or if you have any questions If for any reason these claims are not considered timely filed, please contact us immediately at 877-938-1636

Yours truly,
THE CARLILE LAW FIRM, L L P

David C Carlile
State Bar No 03804500