

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	
<p>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</p>	
<p><input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach a copy of statement giving particulars</p> <p><input type="checkbox"/> Check box if you have never received any notices from the Bankruptcy Court in this case</p> <p><input type="checkbox"/> Check box if your current address differs from the address on the envelope sent to you by the Bankruptcy Court and/or Bankruptcy Management Corporation</p> <p><input type="checkbox"/> Check here if this claim</p> <p align="right">FILED AUG 14 2003 BMC</p> <p><input type="checkbox"/> Replaces</p> <p><input type="checkbox"/> Amends a previously filed claim, dated _____</p>	
Name of Debtor against which this claim is asserted <u>Exide Technologies f/k/a Exide Corp.</u>	
Name of Claimant (the person or other entity to whom the debtor owes money or property) <u>Ronnie Bartley</u>	
Name and address where notices should be sent <u>Carlisle Law Firm LLP, 400 S Alamo, Marshall, LA 70672</u>	
Telephone Number	<u>903-938-1655</u>
E-Mail Address	<u>carlislefirm@hotmail.com</u>
Claimant's Age	<u>49 yrs</u>
Birth Date	<u>05/21/1954</u>
Social Security Number	<u>450-04-7974</u>

Exide Technologies



05716

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 Eldec Products (Varsol) was used

5 Dietary Information

a Did you consume food from metal containers? yes

What kinds? How often? Vegetables occasionally

b Were you fed baby formula? What brands? I don't remember

c Did you take calcium supplements or antacids? antacids occasionally

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 Varol

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 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 on the claimant

Moderate

- a Family information for claimants based on cognitive or developmental injury

- (i) Father's Name M & Bartley (Dea'd)
- (ii) Father's Address _____
- (iii) Father's Telephone _____
- (iv) Father's Date of Birth 6-28-1923

- (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

Shell 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

Peggy Fregia

- (ix) Mother's Address

- (x) Mother's Telephone

- (xi) Mother's Date of Birth

1933

- (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

Shell 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 Cook County, 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. Carlele, Carlele 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 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

450-04-7974

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.



SIGNATURE OF INJURED PARTY,
REPRESENTATIVE, OR ATTORNEY

8 1 03
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**

Charles D. Marable, M.D.

Diplomate of the American Board of Neurology and Psychiatry

August 29, 2001

Carlile Law Firm
400 S Alamo
Marshall, Texas 75670

RE RONNIE BARTLEY

This is a very pleasant 47-year-old white male who worked at TU Electric from 1974 to 1997. He worked around asbestos products such as brake lines, gaskets, valve pumps and seals. He worked with silica products such as sand, white rock and plant roads. He worked around lignite and coal dust. He worked at the plant. He was a boiler maker foreman and operator.

He said the breathing equipment he received mainly was a simple dust mask. They never got the air breathing equipment or self-contained air tank and cartridge face masks were rarely given to them. They were not afforded any other protective clothing or gloves.

He said after 1991 they checked some of the areas for oxygen monitoring, but before that, nothing was done for any type of monitoring of chemicals. He was involved in clean-ups in the plant. He worked in the power plant. He did not work on the drag line, but he used a lot of Varsol.

He states he inhaled acetone, ammonia, asbestos, coal dust, hydrazine, kerosene, silica dust, soot, sulfuric acid, Varsol and welding fumes. He had a high exposure to acetone, ammonia, coal dust, hydrazine, kerosene, silica dust, soot, sulfuric acid, welding fumes and xylenes.

HEENT symptomatology includes watering of the eyes, blinking, redness, decreased vision, infections, blurred vision, decreased sense of smell, bloody nose, dry nose, itchy nose, irritation of the sinus cavities, mucus discharge, hair loss within the nasal passages, sore throat, clearing of the throat, trouble swallowing, spitting and frothing, and cough without phlegm production. Respiratory problems include a 10 year history of increased infections, shortness of breath, cough, chest pain, sinusitis, tachycardia, shortness of breath on exertion, hoarseness, leg edema and wheezing.

BARTLEY, RONNIE – PAGE 2

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Neurological symptoms include headaches since 1995, that are in the temporal area and behind the eyes. They occur about once a week where he loses about a day. They are throbbing and last all day. He has nausea, vomiting and photosensitivity with the headaches. Also since 1995 he has had burning in the legs, aching muscles, tremors, blurred vision, stumbling, stuttering, trouble swallowing, fatigue, depression, mood swings and memory deficits.

Gastrointestinal problems since 1995-1996 include peptic ulcer disease, abdominal pain, nausea and vomiting and burning in the stomach, cramping and diarrhea. Urological symptoms include bladder burning since 1995. Skin problems include itching, hair loss, oral ulcers, digital ulcers and skin nodules. Systemic connective tissue disorders are that of joint pain in the knees, neck and SI joints, joint swelling, Raynaud's phenomenon, myalgias, dry eyes, skin rashes, morning stiffness, easy bruising, fevers and night sweats.

He was exposed to toxic and dangerous materials through inhalation, metals, fumes, chemicals, plastics and solvents. He has worked around hazardous chemicals and been exposed to mercury with the gauges, arsenic in the water treatment plant, hexane for gasket cleaner, trichlorethylene for gasket cleaning, carbon disulfide in the belts, lead in the paint removers, toluene, methylene chloride and carbon monoxide.

ALLERGIES Versed

MEDICAL HISTORY Hypertension, basal cell skin cancers, quite a number on his arms lately. He has had back and neck problems, as well as migraines.

SURGICAL HISTORY He has never had surgery.

SOCIAL HISTORY He quit smoking 15 years ago, but smoked a pack up to that time. He does not drink.

FAMILY HISTORY Brother has cancer, melanoma as well as kidney disease. Father died in an oil field accident. His mother is alive, but he has not seen her since age 19.

REVIEW OF SYSTEMS **GI** History of constipation. Denies diarrhea, nausea or vomiting. **GU.** History of dysuria, trouble urinating, sexual dysfunction. He states his and his wife's second child in 1988 was stillborn and miscarried. The third son they had was a candidate for SIDS and had apnea. He is now 11 years old and is doing well.

Cardiovascular Positive for tachycardia, shortness of breath, especially on exertion and chest pain. He has 2-pillow orthopnea. **Orthopedic** He injured his back before 1995 while working at TXU. He has a disc at L4-S1. Coughing or sneezing aggravates his back pain. He had an MRI that showed the 2 bulging discs. He has weakness,

BARTLEY, RONNIE – PAGE 3

8/29/01

problems walking. He has not had surgery and is currently on Celebrex and Vicodin at this time. **Neurologic** Denies any loss of consciousness or seizures. **Endocrine** Excessive thirst and urination are noted.

PHYSICAL EXAMINATION Blood pressure is 107/71. Pulse is 71. Respiratory rate is 16. Blood sugar is 122. 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 epigastric tenderness. 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 dysidiadochokinesia. Motor exam was 5/5 without any drift, atrophy or fasciculation. Sensory exam showed vibratory sense at less than 8 seconds. Reflexes were 2+ with no pathological reflexes noted.

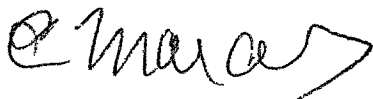
IMPRESSION

- 1 Respiratory problems
- 2 Peptic ulcer disease
- 3 Vascular headaches
- 4 Dysuria
- 5 Basal cell carcinoma of the skin
- 6 Rule out collagen vascular disease
- 7 Peripheral neuropathy, diabetes vs toxic exposure

RECOMMENDATIONS/DISCUSSION. It is felt all the above illnesses are secondary to the exposure from the chemicals at TXU. The peripheral neuropathy needs to have an EMG done by a neurologist to determine if it is from diabetes or toxic exposure. He needs to be followed by internal medicine physician for all of the problems listed above as well, to make sure he does not develop cancer since he was exposed to carcinogenic agents at the plant.

Should there be any questions, please feel free to write or call.

Sincerely yours,



Charles D. Marable, M.D.

Board Certified in Neurology

ROSEMARIE M BOWLER, Ph D , M P H

Licensed Psychologist PC8744
 Qualified Medical Examiner (QME)
 8371 Kent Drive
 El Cerrito, California 94530
 510 236 5599 Fax 510 236 3370
 rbowl@sfsu.edu

ID 261

TXU

Neuropsychological and Neuromotor Testing Summary: Impairment Ratings

Name	Ronnie Bartley	Date of Birth	5/21/1954
Gender	Male	Years of Education	12 years
Age	47 years	Date Tested	April, 2002
Race/Ethnicity	Caucasian	Date of This Report	August 28, 2002

I IMPACT OF EVENT SCALE (IES) - Mean Scores and Impairment Ratings

1) Intrusion	2 1	Moderate	3) Hyper-arousal	2 4	Moderate
2) Avoidance	2 1	Moderate	4) Total	2 2	Moderate

II SCL-90 - T-scores (63 or higher indicates impairment)

1) Somatization	81	7) Phobic Anxiety	79
2) Obsessive-Compulsive	81	8) Paranoid Ideation	81
3) Inter-Sensitivity	81	9) Psychotism	81
4) Depression	81	10) Global Severity Index	81
5) Anxiety	81	11) Pos Sym Distress Index	78
6) Hostility	76	12) Pos Sym Total	81

III PROFILE OF MOOD STATES - T-scores (50 or higher indicates impairment)

1) Fatigue	66	4) Anger	68
2) Tension	61	5) Vigor	35
3) Depression	63	6) Confusion	63

IV BECK ANXIETY INVENTORY (BAI) (Raw score=40) Severe Anxiety**V BECK DEPRESSION INVENTORY (BDI)**(Raw score=38) Severe Depression**VI SATISFACTION WITH LIFE SCALE** Severe Impairment**VII QUALITY OF LIFE SCALE**

	Patient Days	(Texas Mean)
1) Days of Good Mental Health (per month)	15	(27 1)
2) Days of Good Physical Health (per month)	20	(27 2)

VIII TOXIC SYMPTOM CHECKLIST Impairment Rating

Neurological	Severe
Memory/Concentration	Severe
Anxiety	Severe
Depression	Severe
Sleep Disorder/Fatigue	Moderate
Headaches/Chemical Sensitivity	Moderate
Visual	Moderate
Sensory	Severe
Dermatological	Severe
Gastro-intestinal	Mild
Cardiac	Severe
Respiratory	Moderate
Libido Dysfunction	Severe

IX. MOTOR COORDINATION

		<u>Score</u>	<u>Impairment Level</u>
1) Santa Ana	<i>Dominant</i>	17	Severe
	<i>Non-dominant</i>	15	Severe

		<u>Time</u>	<u>T</u>	
2) Grooved Pegboard	<i>Dominant</i>	70	50	WNL
	<i>Non-dominant</i>	79	45	WNL

3) Tremor Test		<u>Impairment Level</u>
Tremor Intensity	<i>Right</i>	Severe
	<i>Left</i>	Severe
Center Frequency	<i>Right</i>	Severe
	<i>Left</i>	WNL
Harmonic Index	<i>Right</i>	Severe
	<i>Left</i>	Severe

4) Parallel Lines Test, Trial 2	Borderline
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X MOTOR SPEED AND STRENGTH

		<u>Score</u>	<u>T</u>	<u>Impairment Level</u>
1) Fingertapping	<i>Dominant</i>	43	36	Mild
	<i>Non-dominant</i>	44	43	WNL
2) Grip Strength (Dynamometer)	<i>Dominant</i>	29	26	Severe
	<i>Non-dominant</i>	36	38	Mild

XI MOTOR PROPRIOCEPTION - Postural Stability Test (Accusway System - AMTI)

	<u>Impairment Level</u>
1) Transversal Sway	Moderate
2) Saggital Sway	Moderate

XII VISUAL PERCEPTION

		<u>Impairment Level</u>
1) Visual Acuity	<i>Right</i>	WNL
	<i>Left</i>	WNL
2) Contrast Sensitivity (Vistech 6000)	<i>Right</i>	Moderate
	<i>Left</i>	Severe
3) Color Vision (Lanthony D-15)	<i>Right</i>	Moderate
	<i>Left</i>	Mild
4) Schirmer Strips		Severe

XIII SOMATOSENSORY

		<u>Raw Score</u>	<u>Impairment Level</u>
1) Luria Motor Test Items	<i>Right</i>	12	Mild to Moderate
	<i>Left</i>	16	WNL

			<u>Impairment Level</u>
2) Vibriotactile Perception	<i>Dominant</i>	<i>Dorsal</i>	Moderate
		<i>Ventral</i>	WNL
	<i>Non-dominant</i>	<i>Dorsal</i>	WNL
		<i>Ventral</i>	WNL

XIV COGNITIVE**Visuospatial / Processing Speed**

	<u>Correct</u>	<u>Recall</u>	<u>Impairment Level</u>
1) Symbol Digit Modalities	48	7/9	WNL
	<u>Score</u>	<u>T</u>	
2) Stroop Color	81	53	WNL

Verbal / Learning

	<u>Score</u>	<u>SS</u>	<u>Impairment Level</u>
3) WRAT	42	86	WNL
	<u>Score</u>	<u>T</u>	
4) Stroop Word	83	42	WNL

Attention / Memory

	<u>Time</u>	<u>T</u>	<u>Impairment Level</u>
5) Nonverbal / Visual - Trailmaking Test A	29	49	WNL
	<u>Time</u>	<u>Error</u>	
6) Nonverbal / Visual - Cancellation H	80	0	WNL
	<u>Score</u>		
7) Visual / Effort - Rey 15-Item Test	15		WNL

Verbal Attention

	<u>Total</u>	<u>Impairment Level</u>
8) Randomized Digit List Longest Forward	6	WNL
9) Randomized Digit List Longest Backward	4	WNL
10) WAIS Digit Span Forward		
11) WAIS Digit Span Backward		

Verbal / Divided Attention

12) Auditory Consonant Trigrams ("No delay" not listed)		<u>Score</u>	<u>Impairment Level</u>
	3" Delay	10/15	Mild
	9" Delay	6/15	Severe
	18" Delay	9/15	WNL
	Total	40/60	Mild

Verbal Fluency

	<u>Total</u>	<u>%tile</u>	<u>Impairment Level</u>
13) Animal Naming	30	99	WNL

Executive Functioning / Set Shifting

14) Rey-Osterrieth	Copy	<u>Score</u>		<u>%tile</u>	<u>Impairment Level</u>
		32 0		6-10	Mild
	Immediate Recall	<u>Score</u>	<u>T</u>	<u>%tile</u>	
		14 0	36	8	Mild
		<u>Score</u>	<u>T</u>	<u>%tile</u>	
Delayed Recall	13 5	34	5	Moderate	

15) Stroop Color/Word	<u>Score</u>	<u>T</u>	<u>Impairment Level</u>
	37	47	WNL
16) Trailmaking Test B	<u>Time</u>	<u>T</u>	
	80	46	WNL

XIV REACTION TIME - Speed & Inhibition

1) Visual Attention Test	<u>Score</u>	<u>Impairment Level</u>
	-6 2	Severe
2) Auditory Reaction Time	<i>Right</i>	Impairment
	<i>Left</i>	Impairment



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

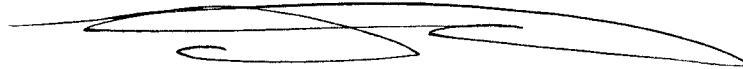
Re Exide Technologies et al ,
United States Bankruptcy Court for the District of Delaware
Cause Number 02-11125 (KJC)
Jointly Administered
Contaminated-Related Personal Injury Claim

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 claims 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