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

FILED
AUG 14 2003
BMC

☐ 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 Corp.

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

Elna J. Flenniken

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	81 yrs
Birth Date	9/26/1999 DOD 9/02/2001
Social Security Number	449-32-9117

Exide Technologies
05809

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 Eflade Products (Varsol) 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?

yes what ever was on sale

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?

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

- [x] Medical records and/or report containing a statement of diagnosis for conditions claimed and all testing performed
- [x] Neurological testing (EEG)
- [x] Neurological testing/other (describe)
- [x] 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, 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 inured 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

449-32-9117

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

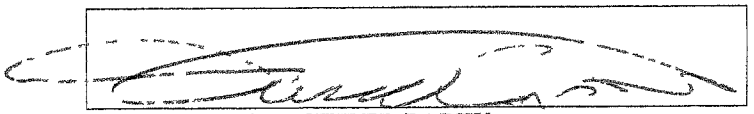
All claims must be signed by the injured party or the person filing on his/her behalf (such as the personal representative or attorney)

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 / 1 / 03
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**

CERTIFICATION OF VITAL RECORD

STATE OF TEXAS
COUNTY OF GREGG

STATE OF TEXAS — **CERTIFICATE OF DEATH** — **STATE FILE NUMBER**

Texas Department of Health — Bureau of Vital Statistics

1 NAME OF DECEASED (a) FIRST	(b) MIDDLE	(c) LAST	(d) MAIDEN	2 SEX	3 DATE OF DEATH
Elna	JoAnn	Fleniken	Kuklies	Female	September 2,2001

4 DATE OF BIRTH	5 AGE (IN YEARS)	IF UNDER 1 YR MO	DAYS	IF UNDER 1 DAY HOURS	MIN	6 BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY)	7 SOCIAL SECURITY NO
September 26,1919	81					Hamilton Co Texas	449-32-9117

8 RACE	8a WAS THE DECEDENT OF HISPANIC ORIGIN?	9b IF YES SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC.)	10 WAS DECEDENT EVER IN U S ARMED FORCES?	11 EDUCATION (SPECIFY HIGHEST GRADE COMPLETED ELEM OR SECONDARY (0-12) COLLEGE (13-16 17+)
Caucasian	☐ YES ☒ NO		☐ YES ☒ NO	8

12. MARITAL STATUS	13 SURVIVING SPOUSE (IF WIFE GIVE MAIDEN NAME)	14a DECEDENT'S USUAL OCCUPATION	14b. KIND OF BUSINESS OR INDUSTRY
☐ MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED		Housewife	Own home

15a. RESIDENCE STREET ADDRESS	15b CITY OR TOWN
8429 Hwy 43 E	Tatum

15c. COUNTY	15d STATE	15e. ZIP CODE	15f. INSIDE CITY LIMITS
Rusk	Texas	75691	☐ YES ☒ NO

16. FATHER'S NAME	17 MOTHER'S MAIDEN NAME
Robert John Kuklies	Ida Helen Kunkel

18 PLACE OF DEATH (CHECK ONLY ONE)

HOSPITAL ☐ INPATIENT ☐ ER/OUTPATIENT ☐ DOA OTHER: ☐ NURSING HOME ☐ RESIDENCE ☒ OTHER (SPECIFY) Hospice

19 COUNTY OF DEATH	20. CITY OR TOWN (IF OUTSIDE CITY LIMITS GIVE PRECINCT NO.)	21 NAME OF HOSPITAL OR INSTITUTION (If not in institution show street address)
Gregg	Longview	3304 Woodlawn Rd

22 INFORMANT — SIGNATURE & RELATIONSHIP	23 MAILING ADDRESS OF INFORMANT
Son	3304 Woodlawn Rd Longview, Texas 75602

24. METHOD OF DISPOSITION	25a. PLACE OF DISPOSITION (NAME OF CEMETERY CREMATORY OR OTHER PLACE)	25b Section / Block / Lot / Space / Unknown ☒	29 NAME & ADDRESS OF FUNERAL HOME
☒ BURIAL ☐ CREMATION ☐ REMOVAL FROM STATE ☐ DONATION ☐ OTHER (SPECIFY)	Liberty Baptist Cemetery 26 LOCATION (CITY STATE) Rusk Co. Texas 27 SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Wayne Sanders Wayne Sanders 6292 28 DATE OF DISPOSITION September 5,2001		Bryan Funeral Home 113 S Marshall St Henderson, Texas 75652

30. CERTIFIER

☒ CERTIFYING PHYSICIAN — TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME DATE AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED

☐ MEDICAL EXAMINER ☐ JUSTICE OF THE PEACE — ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION IN MY OPINION DEATH OCCURRED AT THE TIME DATE PLACE AND DUE TO THE CAUSE(S) AND MANNER AS STATED

31 SIGNATURE & TITLE OF CERTIFIER	32. DATE SIGNED MO / DAY / YEAR	33 TIME OF DEATH
M.D	9 12 2001	6.20 P.M. M

34 PRINTED NAME & ADDRESS OF CERTIFIER
Dr Valarie Allman 815 S Washington Ste 100 Marshall, Texas 75670

WARNING — The penalty for knowingly making a false statement in this form can be 2 10 years in prison and a fine of up to $10 000 (Health and Safety Code Sec. 195 1996)

CAUSE OF DEATH

35 PART 1 ENTER THE DISEASES INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST SHOCK OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	Respiratory Arrest DUE TO (OR AS A LIKELY CONSEQUENCE OF)	Minutes
Sequentially list conditions if any leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST b.	Bladder Cancer DUE TO (OR AS A LIKELY CONSEQUENCE OF)	Months
c.	DUE TO (OR AS A LIKELY CONSEQUENCE OF)	
d.		

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (i.e. substance abuse, diabetes, smoking etc.): NO

36a. AUTOPSY?	36b AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
☐ YES ☒ NO	☐ YES ☐ NO

37 DID TOBACCO USE CONTRIBUTE TO DEATH	38 DID ALCOHOL USE CONTRIBUTE TO DEATH	39 WAS DECEDENT PREGNANT
☐ YES ☐ PROBABLY ☒ NO ☐ UNKNOWN	☐ YES ☐ PROBABLY ☒ NO ☐ UNKNOWN	AT TIME OF DEATH ☐ YES ☒ NO ☐ UNK WITHIN LAST 12 MO ☐ YES ☒ NO ☐ UNK

40 MANNER OF DEATH	41a DATE OF INJURY	41b TIME OF INJURY	41c. INJURY AT WORK	41d. PLACE OF INJURY — AT HOME FARM STREET FACTORY OFFICE, ETC. (SPECIFY)
☑ NATURAL ☐ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ PENDING INVESTIGATION ☐ COULD NOT BE DETERMINED		M	☐ YES ☐ NO	

41e LOCATION (STREET AND NUMBER CITY OR TOWN STATE)

41f. DESCRIBE HOW INJURY OCCURRED

42a. REGISTRAR FILE NO	42b. DATE RECEIVED BY LOCAL REGISTRAR	42c. SIGNATURE OF LOCAL REGISTRAR
01-1150-02	09-13-2001	Laurie Woloszyn

VS 112 REV 9/95

093686

This is to certify that this is a true and correct reproduction of the original record as recorded in this office
Issued under authority of Section 191 051 Health and Safety Code

Laurie Woloszyn
LAURIE WOLOSZYN COUNTY CLERK
GREGG COUNTY TEXAS

DATE ISSUED 9-14-2001

By Li Husband, Deputy

NO. 2001-333

ROBET ABERNATHY , ET AL	§	IN THE DISTRICT COURT OF
	§	
	§	
	§	
VS	§	RUSK COUNTY, TEXAS
	§	
	§	
	§	
TXU ELECTRIC COMPANY, ET AL		4TH JUDICIAL DISTRICT

AFFIDAVIT

BEFORE ME, the undersigned authority, personally appeared Dr Charles D Marable, who after being duly sworn by me did depose as follows

"My name is Dr Charles D Marable and I am above the age of twenty-one years of age and am competent to make this affidavit I have personal knowledge of the facts stated herein and the facts as stated are true and correct

I am a Board Certified Neurologist from Fort Worth, Texas I attended the University of Texas at Austin where I graduated with an undergraduate degree in Pharmacology I practiced as a licensed pharmacist for several years and then attended medical school at Guadalajara Medical School in Guadalajara, Mexico where I graduated with a medical degree I currently hold a medical license in Texas, Louisiana, and New Mexico I am currently a member of the Tarrant County Medical Society and the Texas Medical Association I have practiced medicine within the specialty of neurology for over fourteen (14) years and have been Board Certified in Neurology since 1999 I am also a Certified Independent Medical Examiner

I served as an intern for one (1) year at Loma Linda Hospital in California and began my neurology residency by spending two (2) years at Tulane University in New Orleans I completed the last two (2) years of my neurology residency at Parkland Hospital in Dallas, Texas During my career, I have worked over 7,000 hours as an emergency room physician I have worked as rehabilitation physician for Health South and several other rehab facilities I am a former Chief of Neurology at John Peter Smith Hospital and have taught neurology residents at the VA Hospital in Dallas I currently am an attending physician on call at All Saints Hospital, City View Hospital, Medical Plaza, and Health South Rehabilitation Hospital During my years of practice, I have examined, diagnosed, and treated numerous patients that have been exposed to toxic substances A copy of my curriculum vitae more fully setting out my training and experience is attached hereto

Pursuant to the Court's Scheduling Order entered in this cause, I am offering testimony as a medical expert for the plaintiffs Therefore, I am offering this Affidavit to address the

Scheduling Order With regard to paragraph 7 of the order, I offer the following opinions and testimony It is my opinion that the plaintiffs have been chronically exposed to the chemicals listed in my report of physical examination, and as further documented by the exhibits listing the various chemicals in use at the power plants, attached hereto I have reached this opinion after a thorough physical examination, or in the case of deceased plaintiffs, a review of the medical records As part of my process in reaching an opinion, I have gone through a differential diagnosis and made a clinical evaluation, just as I do for my regular practice in Fort Worth, Texas Just as I do in my regular practice, which includes seeing patients that have been exposed to toxic substances and come to me through the worker's compensation system, I have the patient complete a thorough questionairre about his exposures I have developed this questionairre over a period of years and I regularly update the format Further, I question the patient closely about their work history after reviewing the questionairre This allows me to gain an understanding of the probable routes of dermal and inhalation exposure that likely occurred

Next, I reviewed the list of likely chemicals at the TXU power plants provided to me from MSDS lists at the plant I am particularly concerned with the chemicals that are known or probable carcinogens and ones that have known neurological or neuropsychological properties These would include hydrocarbons including benzene, and a number of commonly used solvents The attached exhibits hereto list the chemicals that fit in these categories along with others that would be respiratory or skin irritants I also rely upon my prior experience in evaluating patients that have worked in similar industrial settings In this case, it is my understanding that the TXU power plants are low-grade coal or lignite burning power-generating facilities, and as such would have necessarily caused plaintiffs to be exposed to a number of incomplete combustion products I have also reviewed materials from plaintiffs experts where sampling showed high levels of lead, arsenic, and selenium in residences near the power plants These are expected by products of incomplete combustion, and I am very familiar with the deleterious effects on the nervous system, of lead and arsenic from other patients I have examined in the past

Plaintiffs reported that these production areas also utilized a number of other chemicals as the power plants had activities typical of large industrial refinery or power generating activities These activities include laboratory analysis of products that cause plaintiffs to be exposed to solvents and acids Additionally, the TXU facilities through their use of large draglines and earth moving equipment, caused plaintiffs to regularly spend much of their working day cleaning the cables and other parts of the equipment with degreasers, particularly varsol These activities also included frequent exposure to diesel fuel and fumes Often, these degreasing activities were conducted in pits or enclosed areas that caused heightened exposure Other chemicals, such as caustics, and acids such as hydrochloric acids, and aromatic hydrocarbons and solvents were used in maintenance and other areas I have included scientific literature including toxicological profiles from the ATSDR that cover incomplete combustion processes such as PAH's and fuel oils I have also included literature covering exposures to aromatic hydrocarbons and, specifically, benzene exposure Benzene would likely be a part of the burning of the coal product and then would be potentiated by the benzene in the hydrocarbons

I have included literature covering the heavy metals and other toxins such as arsenic that were contained in suppliers products used in production and maintenance and repair such as welding Finally, I have included charts that show relative risks for cancer and Parkinson's disease to workers in work areas exposing them in a similar fashion These charts were prepared

by a collegue, Dr Barry Levy, who is a Board Certified Occupational physician Additionally, I conducted a differential diagnosis to consider the possibility of other causes of the diseases noted in my reports I placed weight upon the length of exposure the worker had because cumulative dose is an important consideration In this case I found that the length of exposure for each of the plaintiffs was such that other causes, such as smoking, would not likely have been the sole cause of the patients medical problems, which I have associated with their long-term chemical exposure at the TXU facility I also considered personal protective equipment in use and found that of the over one hundred patients I examined that worked at TXU, very few had respiratory protection until the 1990's Finally, I conducted a review of scientific, medical and governmental literature concerning these patients' exposures and the illnesses they have suffered I have attached references to this affidavit as stated above

Additionally, I have reviewed the work of Dr Rose Marie Bowler, and specifically incorporate the findings from her in my affidavit I have attached a copy of these findings to my affidavit In summary, several test measuring motor and tactile performance were performed by Dr Bowler and of the five tests of motor performance, 95% of the 63 participants showed abnormalities This finding correlates with the high number of patients that I saw with peripheral neuropathies and other tremors I also noted that the 63 patients – except for possibly 3- scored above cut off ranges for malingering and note that I found the patients to be truthful and credible generally in terms of their complaints and in describing their workplace exposures As noted above, I have also included a number of articles detailing the neurological and neuropsychological effects of chronic exposure to solvents, hydrocarbons, arsenic, lead, and the other chemicals I have mentioned

In the case of a limited number of plaintiffs, I have reviewed questionnaires detailing their work history, their location in relation to the TXU plants, and other medical and information I would use in doing a differential diagnosis Based upon these factors, and given the results of Dr Bowler' study and the results of my examination of over 100 of these patients, I have reached a preliminary opinion that the complaints identified in their answers to interrogatories, including respiratory, skin, and neurological symptoms, are likely caused or contributed to in part due to the exposures identified in my reports and this affidavit Of course, I reserve the right to see these patients as this litigation progresses and update that diagnosis Additionally, I believe that those patients identified as living nearby the power plants should have yearly checkups including chest x-ray, blood work-ups, and physical examinations by a Doctor trained or experienced in evaluating patients with environmental exposure

Therefore, based upon the exposures described to me by workers, the medical records reviewed and the chemicals processes at the TXU facility, I have formed the opinion that the illnesses diagnosed or observed and listed in my report attached hereto as findings for each plaintiff were caused, either in whole or in part, or contributed to or exacerbated by the exposure of the plaintiff to the chemicals identified above I specifically incorporate by reference my findings in each individual report in this regard Additionally, I have reviewed the reports of examinations by Dr Rosemarie Bowler, Neuropsychologist The symptoms and observations noted by Dr Bowler in her examinations of the plaintiff are specifically adopted by me herein These findings are based upon my experience and training as described herein and my review of the scientific literature generally I also incorporate by reference scientific studies and data supporting my opinions reached in this cause which are attached hereto

Further, Affiant sayeth not "

CHARLES D MARABLE, M D

SUBSCRIBED and SWORN before me this 28 day of June, 2002

NOTARY PUBLIC
STATE OF TEXAS

JERRY FAY MONTGOMERY
Notary Public
State of Texas
Comm Expires 12 21 2002

July 13, 2002

ROSEMARIE M. BOWLER, Ph.D., M.P.H.
Licensed Psychologist PSY 8744
Qualified Medical Evaluator (QME)
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SUMMARY REPORT
NEUROPSYCHOLOGICAL TESTING for Texas Utility Group

July 2001 and April 2002 testing
N=63

Sixty-three individuals were tested in order to assess and screen neurological, neuropsychological and mood status All scores were converted into impairment ratings ranging from WNL (within normal limits), to mildly, moderately and severely impaired Below is a summary of the results

The tested individuals ranged in age from 28 to 69 years (mean = 49 years) Their level of education was between 3 and 16 years, with the majority having only a high school level education (mean = 12 4) All but three participants (95%) were male

Several tests assessing different types of motor and tactile performance were administered On a task measuring gross motor coordination (Santa Ana), 87% of individuals scored in the impaired range (11% mildly impaired, 76% moderately to severely impaired) when using their dominant hand, and 83% (13% mildly impaired, 70% moderately to severely impaired) when using their non-dominant hand On a task that measures fine motor coordination (Grooved Pegboard), 21% scored in the impaired range with their dominant hand (10% mild, 10% severe) and 33% when using their non-dominant hand (16% mild, 17% moderate to severe)

On a test of hand motor speed (Finger Tapping), 33% scored in the impaired range with their dominant hand (12% mild, 21% moderate to severe), and 32% with their non-dominant hand (9% mild, 23% moderate to severe) Grip strength (Hand Dynamometer) appeared to be significantly impaired in the majority of participants 77% were impaired when using their dominant hand (56% moderate to severe), and 77% when using their non-dominant hand (44% moderate to severe)

Tremor Intensity ratings showed 53% of impaired scores with the right hand, and 41% with the left hand All were in the moderately or severely impaired range 61% scored in the impaired range for right Center Frequency measurements, and 54% for left Center Frequency measurements Again, all of the above individuals scored in the moderately or

severely impaired range Harmonic Index measurements showed 100% impairment on both right (100% severe) and left sides (97% severe, 3% moderate)

On the Parallel Lines Test, trial 2, which also measures tremor and fine motor coordination, 69% scored in the impaired range (43% moderate to severe) On the Luria motor tasks, 46% was rated as impaired with dominant hand use (39% mild to moderate, 7% severe), and 65% with non-dominant hand use (58% mild to moderate, 7% severe)

Postural sway measurements indicated impairment in the majority of individuals in this group (90% Transverse, 86% Sagittal) Vibrotactile perception testing showed 30% of impaired individuals (all moderate to severe) for the dominant hand dorsal measurement, and 32% (all moderate to severe) for the dominant hand ventral measurement 33% (all moderate to severe) showed impairment for the non-dominant hand dorsal measurement, and 33% (all moderate to severe) for the non-dominant ventral measurement

Sensory tests assessing for vision impairment were also administered, because of its frequent presence after toxic exposure On the Snellen visual acuity test, 42% scored in the impaired range with the right eye (26% moderate to severe), and 39% with the left eye (21% moderate to severe) Contrast sensitivity was significantly impaired in a majority of individuals 69% right eye (36% moderate to severe) and 76% left eye (40% moderate to severe) All but two individuals suffered from right eye color vision impairment (Lanthony D15) (29% mild, 67% moderate to severe) All but three suffered from left eye color vision impairment (26% mild, 69% moderate to severe) 62% suffered impairment on the Schirmer Strip left eye measurement, which measures eye moisture and tear production (59% moderate to severe)

On a relatively easy test that is deemed sensitive to lack of effort on memory testing (Rey 15 items), all but 3 individuals scored within normal limits The latter individuals had very low scores, indicating the possibility of inadequate effort Therefore their test results should be considered and interpreted with care

The WRAT reading task was administered in order to obtain an estimate of premorbid intellectual functioning The mean standard score for this group was 89 (median 91, minimum 45, maximum 113), which indicates that most participants scored in the low average to average range premorbidly

Several tests of attention and concentration were administered On the WAIS Digit Span Forward test, which involves attention span for numbers, 61% of participants scored in the impaired range On the Auditory Consonant Trigrams, a test that measures auditory attention and short-term verbal memory, 63% of individuals scored in the impaired range (33% moderate to severe) The Symbol Digit Modalities Test involves attention, processing speed and a visuo-spatial aspect On this task, 53% of individuals scored in the impaired range (35% moderate to severe) On another test of visual attention and processing speed (Trail Making A), 56% scored in the impaired range (30% moderate to severe) 37% were impaired on the computerized Visual Attention Test (26% moderate to

severe) Auditory reaction time was also measured 64% were impaired on the right side, 59% on the left side

Several tests of cognitive reasoning and flexibility were administered On the WAIS Digit Span Backward, which measure cognitive flexibility as well as attention and concentration, 52% scored in the impaired range On the Stroop Color Word task, which measures one's ability to consistently suppress the urge to read a word rather than to report the color of the ink it is printed in, and as such is both dependent on attentional abilities and a component of what has become known as 'Executive Functions', 52% scored in the impaired range (36% moderate to severe) On subtests of this task, involving the reading of words and the naming of colors under time pressure, 54% and 53% respectively scored in the impaired range On a test of visual attention, processing speed and cognitive flexibility (Trail Making B), 28% scored in the impaired range (18% moderate to severe)

A task that measures perceptual and organizational abilities (Rey Osterrieth Figure Test) was also administered 60% of individuals were impaired in their ability to perceive and/or copy spatial features This test is also indicative of possible difficulties with planning and with organization of visual material Visual immediate memory was also assessed with this test 56% scored in the impaired range (39% moderate to severe) 56% scored in the impaired range for delayed visual memory of the material (46% moderate to severe) On the Cancellation H test, a test that assesses visuo-spatial deficits, 41% scored in the impaired range (31% moderate to severe)

Verbal fluency was assessed with the Animal Naming Test 17 5% of participants were impaired (13% moderate to severe)

All but three participants (95%) showed at least moderate, and in many cases severe, impairment on at least five tests of motor performance (including postural instability measurements) 89% had moderate or severe impairment on tests assessing tactile performance or vision Specifically, 57% showed moderate or severe impairment on at least three measures (bilateral measures count for two) of vision or tactile performance On tests of cognitive performance, 92% scored in the moderately or severely impaired range on at least 1 measure, 64% on at least 4 measures Attention and concentration, cognitive flexibility, and perceptual abilities were affected in at least half of the tested individuals When motor, sensory and cognitive domains were added together, all but three patients scored in the moderately to severely impaired range on at least six different measures (bilateral assessments count for two)

Mood was assessed with the SCL-90, a self-report questionnaire consisting of 9 individual scales (including depression and anxiety) and three summary scales The questionnaire was administered on the same day as the above neuropsychological tests "Psychiatric Caseness" was diagnosed whenever a participant obtained a T score of 63 or above on the Global Severity Index (GSI) or T-scores of 63 or above on any two individual scales According to this algorithm, 81% of participants were diagnosed as having psychological problems, 57% obtained elevations on 5 or more individual scales

The most frequent elevations were obtained on the Somatization scale (80%), Obsessive-Compulsive symptoms scale (75%), Psychoticism scale (62%), Anxiety scale (62%), and Depression scale (61%)

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Bankruptcy Management Corporation
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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

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