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)

Jimmy Lee Turner

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	52 yrs
Birth Date	03-19-1951
Social Security Number	464-84-2401

Exide Technologies
05816

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 Exide 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 don't 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?

Yes

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 Dec'd

(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 (dec'd)

(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, 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 contaminant-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

464-84-2401

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

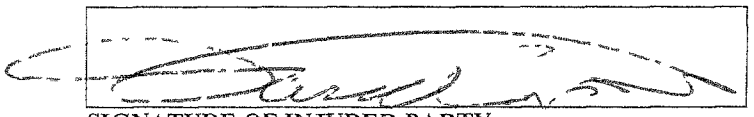
All claims must be signed by the injured party or the person filing on his/her behalf (such as the personal representative or attorney)

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**

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

June 24, 2002

Carlile Law Firm
400 S. Alamo
Marshall, Texas 75670

RE: JIMMY TURNER

This is a 51-year-old male who worked at TXU from 1980 to the present, for 21 years and 9 months He worked at Rusk State Hospital for 9 years prior to 1980 He started as a hauler operator doing odd duties He hauled coal, ran the water truck, end dump, drag line cleanup, cleaned the crusher, and painted what needed painted and poured concrete As a dozier operator he worked the blade and loader He was exposed to chemicals with the drag line cleanup, painting, crusher, exposed dust from the roads, and exposed to aerosol sprays

He said he has had some problems with breathing, numbness of his hands and sinus headaches

He has been exposed to asbestos products such as brake lines, gaskets, valve pumps and seals, silica products such as sand, white rock and plant roads, coal dust such as lignite He has worked on the Marian Drag Line He worked at Beckville Mine the whole time from 1980 to 2002 as a hauler operator

He said the only respiratory equipment he was given was a simple dust mask regularly, but never gave him anything else He was given neoprene gloves when available, and plastic coveralls He said he never saw any of the work areas monitored for chemical particulate exposure He was involved in cleanups but did not work in the power plant

Other than during his time of employment, he has never been exposed to any chemicals or toxins He has been exposed to coal dust, silica dust, soot, Varsol, welding fumes and xylenes

According to the Toxic Questionnaire, HEENT symptomatology includes watering of the eyes, blinking, redness, blurry vision, corneal problems, eye infections, decreased sense of smell, itchy nose, irritation of the sinus cavities, clearing of the throat, spitting

and frothing and cough with phlegm production Respiratory problems include shortness of breath, cough, chest pain, shortness of breath on exertion and wheezing

Neurological symptoms include headaches with sharp pain that occur about once a week, lasting an hour, in the temples and forehead, with photosensitivity He has also had confusion and a 10-12 year history of tingling and burning in his legs, aching muscles, tremors, blurred vision, stumbling, stuttering, fatigue, mood swings and memory deficits

Gastrointestinal problems are that of a diagnosis of peptic ulcer disease with acid reflux and is on Prevacid He has abdominal pain, weight loss, cramping, constipation, burning in the stomach, nausea and vomiting Urological symptoms include bladder burning, bladder infections Skin problems include itching Systemic connective tissue disorders are that of joint pain and morning stiffness

He said he has also worked around welding rods He is not a welder by trade, but has worked closely in the same area when they were working, especially when doing the drag line cleanup and a lot of the mechanics were welding

He was exposed to toxic and dangerous materials through inhalation, metals, fumes, chemicals, plastics and solvents He was exposed to hexane while pumping, methylene chloride and carbon monoxide

ALLERGIES Aspirin

MEDICATIONS: Vicodin

MEDICAL HISTORY: Anemia

SURGICAL HISTORY Left knee surgery in 1983

SOCIAL HISTORY: He smokes 1 pack every 2 days for 31 years He drinks 2-3 drinks a day, does not use recreational drugs

FAMILY HISTORY: Father and mother had hypertension Mother has cancer Father has heart disease

REVIEW OF SYSTEMS. GI History of nausea and constipation but no vomiting **GU:** Trouble urinating and sexual dysfunction **Cardiovascular.** Positive for shortness of breath on exertion Ankle swelling or tachycardia are not noted

Orthopedic: Denies any fractured bones **Neurologic.** Denies any loss of consciousness or seizures **Endocrine:** Excessive urination, but not thirst or hunger

PHYSICAL EXAMINATION: Blood pressure is 154/86 Pulse is 76 Respiratory rate is 18 Blood sugar is 93 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 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 dysdiadochokinesia Motor exam was 5/5 without any drift, atrophy or fasciculation Sensory exam showed vibratory sense at 10 seconds Reflexes were 2+ with no pathological reflexes noted

IMPRESSION:

1. Peptic ulcer disease
2. Respiratory problems
3. Peripheral neuropathy
4. Vascular headaches
5. Early memory loss

RECOMMENDATIONS/DISCUSSION: It is felt the peripheral neuropathy and vascular headaches are secondary to the chemicals from the plant Some of the respiratory problems, as well as peptic ulcer disease or probably from cigarette usage or alcohol, or possibly the toxins from the plant

He certainly needs to be followed for his peripheral neuropathy and vascular headaches He also has some early memory loss I have referred him to a neurologist in Longview and have suggested an EMG and Nerve Conduction Study as well as other labs to totally evaluate the peripheral neuropathy For the memory loss I have suggested MRI of the head as well as labwork and neuropsychiatric evaluation

This patient should also be followed closely to make sure no cancerous illness is developed since there was exposure to hazardous and carcinogenic materials

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

Sincerely yours,

Charles D Marable, M D
Board Certified in Neurology

CDM/bls
May be subject to transcription variance

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