EXIDE TECHNOLOGIES
Contaminant-Related Personal Injury
Proof of Claim Form

FILED
AUG 15 2003
BMC

The United States Bankruptcy Court for the District of Delaware
In re Exide Technologies et al , Debtors, Case No 02-11125 (KJC)
(Jointly Administered)

SUBMIT COMPLETE CLAIMS 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.**

"The Debtors" are the following entities

Exide Technologies, f/k/a Exide Corporation
Exide Illinois, Inc
Dixie Metals Company
Exide Delaware, L L C
RBD Liquidation, L L C
Refined Metals Corporation

If you have a claim against any of the Debtors for personal injury resulting from exposure to any contaminants (a "Contaminant-Related PI Claim," which is defined below) as a result of the acts or omissions of any of the Debtors, THIS PERSONAL INJURY PROOF OF CLAIM FORM MUST BE RECEIVED ON OR BEFORE 4 00 P M PREVAILING EASTERN TIME ON AUGUST 15, 2003 or you will be forever barred from asserting or receiving payment for your claim

Exide Technologies
06046

INSTRUCTIONS FOR FILING THE EXIDE TECHNOLOGIES CONTAMINANT-RELATED PERSONAL INJURY PROOF OF CLAIM FORM

WHO SHOULD USE THIS CONTAMINANT-RELATED PERSONAL INJURY PROOF OF CLAIM FORM

1 You must complete this Contaminant-Related Personal Injury Proof of Claim Form (referred to in this document as the "Form") if you wish to assert a Contaminant-Related PI Claim against any of the Debtors as a result of the acts or omissions of the Debtors (or any other person or entity for which the Debtors may be liable) prior to April 15, 2002 (the "Petition Date") regardless of whether or not any symptoms of such injury have manifested or been diagnosed by a medical professional Contaminant-Related PI Claims do not include claims for property damage or claims for workers' compensation even if these claims arise from exposure to contaminants

2 A "Contaminant-Related PI Claim," as used in this Motion, shall mean any claim alleging, arising out of, or in any way relating to personal injury, including wrongful death, for which any Debtor is alleged to be liable, arising out of or relating to exposure to lead, cadmium, arsenic, sulfate, chromium, aluminum, nickel, barium, copper, manganese, beryllium, heavy metals, sulfuric acid or other acidic contaminants, or any other toxic or hazardous substances, pollutants, or substances (a "Contaminant"), and any claims in any way related to such claims Contaminant-Related PI Claims include all such claims whether in tort, contract, warranty, restitution, conspiracy, contribution, guarantee, indemnity, subrogation or any other theory of law, equity or admiralty, whether seeking compensatory, special, economic and non-economic, punitive, exemplary, administrative, or any other costs or damages, or whether seeking any legal, equitable or other relief of any kind whatsoever Contaminant-Related PI Claims include any such claims that have been resolved or are subject to resolution pursuant to any agreement, or any such claims that are based on a judgment or verdict

3 You should NOT use this form for claims other than Contaminant-Related PI Claims For information about how and when to file other types of claims against the Debtors, please contact Bankruptcy Management Corporation at one of the addresses below or you may call them toll-free at (888) 909-0100

4 Please do not distribute this form to others Please call Bankruptcy Management Corporation at the toll-free phone number above to request additional forms if they are needed.

5 If you wish to file a Contaminant-Related PI Claim against more than one Debtor, you must complete an additional form for each Debtor and submit the forms separately

GENERAL INSTRUCTIONS

1 This form must be signed by the claimant or authorized agent of the claimant THE ORIGINAL OF THIS FORM MUST BE RECEIVED ON OR BEFORE 4 00 PM PREVAILING EASTERN TIME ON AUGUST 15, 2003 (the "Contaminant Bar Date") by Bankruptcy Management Corporation at one of the addresses below or you shall be forever barred, estopped, and enjoined from (a) asserting any Contaminant-Related PI Claim (or filing a proof of claim with respect to such claims) against any of the Debtors, their property or their estates and if any such claims are barred, each of the Debtors and its property shall be forever discharged from all indebtedness, (b) voting upon, or receiving distributions under, any plan or plans of reorganization in the Debtors' chapter 11 cases in respect of such Contaminant-Related PI Claim, notwithstanding that you may later discover facts in addition to, or different from, those which you know or believe to be true as of the Contaminant Bar Date, and without regard to the subsequent discovery or existence of such different or additional facts, and (c) receiving any distribution in these chapter 11 cases on account of such Contaminant-Related PI Claims or receiving further notices regarding such claims or these chapter 11 cases Return your completed, executed and original Form to 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** A Form will be deemed filed only when **actually received** by Bankruptcy Management Corporation at one of the above addresses Forms must be submitted by courier service, hand delivery or mail Forms may **not** be submitted in person or by e-mail, telecopy or facsimile and Forms transmitted in person or by e-mail,

PART I: CLAIMANT INFORMATION – GENERAL

United States Bankruptcy Court for the District of Delaware	CONTAMINANT-RELATED PERSONAL INJURY PROOF OF CLAIM
Exide Technologies et al , Case Number 02-11125 (KJC) Jointly Administered	

This form should be used to assert a CONTAMINANT-RELATED PERSONAL INJURY CLAIM against any of the Debtor(s) To assert such a claim, YOU MUST COMPLETE AND EXECUTE THIS FORM SO THAT IT IS ACTUALLY RECEIVED BY THE DEBTORS' CLAIM AGENT, BANKRUPTCY MANAGEMENT CORPORATION, AT P O BOX 1063, EL SEGUNDO, CALIFORNIA 90245 **FOR MAIL DELIVERIES** OR 1330 E FRANKLIN AVENUE, EL SEGUNDO, CALIFORNIA 90245 **FOR HAND DELIVERY OR COURIER DELIVERY** ON OR BEFORE 4 00 P M PREVAILING EASTERN TIME ON AUGUST 15, 2003 (THE "CONTAMINANT BAR DATE") OR YOU WILL BE FOREVER BARRED FROM ASSERTING THE CLAIM

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach a copy of statement giving particulars

☒ Check box if you have never received any notices from the Bankruptcy Court in this case

☐ Check box if your current address differs from the address on the envelope sent to you by the Bankruptcy Court and/or Bankruptcy Management Corporation

☐ Check here if this claim

- ☐ Replaces
- ☐ Amends a previously filed claim, dated _____

Name of Debtor against which this claim is asserted EXIDE

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

Krista L. WAGES

6969 CLARKRIDGE DR #1001

Name and address where notices should be sent

Dallas TX 75236

Telephone Number 972-709-1527

E-Mail Address

Claimant's Age 16

Birth Date 9-27-86

Social Security Number 627-20-7024

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)

5 Dietary Information

a Did you consume food from metal containers? No

What kinds? How often?

b Were you fed baby formula? What brands? yes Neutramagen

c Did you take calcium supplements or antacids? No

What brands? How often?

6 Consumer Product Information

a Do you use cosmetics or personal care products such as hair dyes? What brands?

No No No

b Did you use crayons or chalk as a child? What brands?

Yes Crayola

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

NO

d Have you ever been tested for lead paint? By whom? What were the results?

NO

7 Hobbies

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

Basketball,

8 Tobacco Use

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

NO NO NO

9 Employment – Related source of exposure

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

N/A

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

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 _____
If you do not have this information, provide information about the person who made the referral

_____

f Contaminant-Related Testing

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

_____

a Family information for claimants based on cognitive or developmental injury

(i) Father's Name Steve L Wages

(ii) Father's Address UnKnown

(iii) Father's Telephone UnKnown

(iv) Father's Date of Birth 6-25-61

(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)

UnKnown

(vi) Father's education

Highest grade completed 12

School Name (secondary)

College (if applicable) Devry

Graduate school degree (if applicable) UnKnown

Other education (please describe) UnKnown

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

UnKnown

(viii) Mother's Name Carolyn S. Wages

(ix) Mother's Address 6969 CLARKRIDGE DR #001 Dallas TX, 75236

(x) Mother's Telephone 972- 709-1527

(xi) Mother's Date of Birth 10-22-51

(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) N/A

(xiii) Mother's education

Highest grade completed 12

School Name (secondary) unKnown

College (if applicable) Mountain View College

Graduate school degree (if applicable) No

Other education (please describe) ATI

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

ND

b How many brothers? 1

c How many sisters? 1

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

(i) Name of brother/sister Kenneth Wallace / Sandra D. Hughes French

(ii) Date of Birth 6-26-50 7-10-53

(iii) Father's Name Lawrence Wallace

(iv) Mother's Name Katha L. Wallace

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

☑ Yes ☐ No

(vi) If Yes What years? 34 years

(vii) Highest grade completed 10th

(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

Unknown

(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

N/A

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

N/A

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 _____

b Give the Court in which the case was filed _____

c Give the case number _____

d Has a judgment or verdict been entered?

☐ Yes ☐ No

e If Yes, provide the verdict amount and the names of each defendant to the litigation

Verdict Amount _____

Defendants(s) _____

f. Who represents you or represented you in the matters?

_____

PART VI: SETTLEMENTS

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

_____

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 _____

_____

_____

_____

_____

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

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

If yes, please attach executed release

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

If yes, please attach executed settlement agreement

☐ Settlement paid in full

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

☐ Settlement paid in part

If Yes, amount $ _____ _____
Month Day Year

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

Date of Submission _____
Month Day Year

Date of Execution

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

_____
Month Day Year

PART VII: DEPENDENT OR RELATED PARTY CLAIM

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

27 Dependent or Related Party Name

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

28 Address

_____
Street Address

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

_____
Country (if not U S)

29 Social Security Number

_____

30 Financially Dependent ☐ Yes ☐ No

31 Date of Birth

_____
Month Day Year

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

33 Injured Party Name

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

34 Injured Party Social Security Number

627-20-7024

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

Any questions not answered or required information not provided will be supplemented.

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

Carolyn S Wages / Mother — 8 (Month) 7 (Day) 03 (Year)

SIGNATURE OF INJURED PARTY, REPRESENTATIVE, OR ATTORNEY

IF THE SIGNATURE IS NOT THAT OF THE INJURED PARTY, PLEASE PRINT THE NAME OF THE SIGNATORY ABOVE AND INDICATE THE RELATIONSHIP TO THE INJURED PARTY

THE PENALTY FOR SUBMITTING A FRAUDULENT CLAIM IS A FINE OF UP TO $500,000 OR
IMPRISONMENT FOR UP TO 5 YEARS, OR BOTH 18 U S C §§ 152, 3571

KEEP A COPY OF THIS PROOF OF CLAIM FORM AND ALL ATTACHMENTS FOR YOUR FILES AND MAIL AN ORIGINAL PROOF OF CLAIM FORM AND COPIES OF ALL ATTACHMENTS TO **BANKRUPTCY MANAGEMENT CORPORATION**, AT P O BOX 1063 EL SEGUNDO, CALIFORNIA 90245 **FOR MAIL DELIVERIES** OR 1330 E FRANKLIN AVENUE, EL SEGUNDO, CALIFORNIA 90245 **FOR HAND DELIVERY OR COURIER DELIVERY**

MICHAEL R. STEPHENS, P.C.
Attorney at Law

August 14, 2003

Bankruptcy Management Corporation
1330 E Franklin Ave
El Segundo, CA 90245

Re *Exide Technologies et al , Debtors, Case No 02-11125 (KJC)*

Claimants Bridgett Sewell, Devin D Garrett, Devin D Garrett II, Vickie Norwood, Irene Watson, Louise Daniels, Willie Charles Cochran, Margaret Adams, LaDunnia Daughtry (as next of kin of Mack Adams), Edrynnia Browder (as next of kin of Glenda Daniels), Deborah L Young, Jerrold Warren, LaNeetra James, Fayetta James, Chrishaya LaDawn Daughtry, Sarah Faith Daughtry, A'Zyria Lee Hutchins, Keithias Young, Alexandria Young, Donarian Young, Ellenia Daniels, Marlund Harvey, Joseph Daniels, Lincoln C Browder II, Edrynnia Browder, London Browder, Sharmel Dozier, Kiara Dozier, Kamryn Dozier, Kerik Dozier, Jarvis Bradley, Si , Dorothie Bradley, Audrey Bradley, William Bryant, Sharon Baylor, Katha L Wallace, Carolyn Wages, Krista Wages, Steven L Wages, Valerie Pope (as next of kin of Johnny Killings), Arizona Killings, Latoya Williams, Dorothy Kelly, Gloria Ware, Johnnie Jackson, Sarah White, Sylvester White, Maypearl Warfield, John H Credit, Charlie Robinson, Doretha Robinson, Angela Titus, Annesia White Perez, Flossie Banks, Curtis Ware
Dear Sir or Madam

The above-referenced individuals have retained myself to assist them with their Contaminant-Related Personal Injury Claim against Dixie Metals Please kindly direct all future communications relating to the above referenced individuals to my office

Please find enclosed a Contaminant-Related Personal Injury Claim Form for each referenced individual Some questions may not have been answered fully or left blank If so, that information was not known by the claimant and I will supplement those answers as that information is available Additionally, any supporting documentation not supplied will be supplemented as obtained Most of the supporting documentation is in the possession of various doctors and hospitals which I am presently in the process of obtaining However, the Claimants will consent to the production and release of any such documentation or records

Please contact me if you have any questions

Sincerely,

Michael Stephens

Enclosures
MS/ds

Please send proof of receipt in enclosed self-addressed envelope

2926 Maple Avenue, Suite 200 Dallas, Texas 75201
Telephone (214) 252-0606 Fax (214) 252-0707