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 Technologies f/k/a Exide Corp

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

Jeffrey Carl Jones

Name and address where notices should be sent

Carlile Law Firm LLP, 400 S Alamo, Marshall, Tx 75672

Telephone Number	903-938-1655
E-Mail Address	carlilefirm@hotmail.com
Claimant's Age	40 yrs
Birth Date	03/09/1963
Social Security Number	461-23-7816

FILED

AUG 14 2003

BMC

Exide Technologies

06226

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 Ethide 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?

No

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

Yes Crayons

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

I don't know

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

No

7 Hobbies

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

outdoor activities

8 Tobacco Use

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

no

9 Employment – Related source of exposure

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

TXU Power Plant used Varsol

10 Diagnosis of Contaminant-Related Injury

a Please describe the circumstances of your first becoming aware of contaminants as the cause of an injury Describe who first related this possibility to you, and the specific questions asked If written materials were used, please attach a copy, if you do not have one, please identify the materials you were given, describe who provided them, and the authors

See attached report of Dr. Charles Marable

b What steps did you take following your first becoming aware of the possibility of a contaminant-related personal injury

☐ followed instructions of _____
(provide name, address)

☑ sought medical attention

☐ saw family doctor

☐ went to clinic I normally use

☐ referred by _____

☐ other _____

c Provide name of family doctor _____

d Provide name of clinic normally used _____

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

f Contaminant-Related Testing

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

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

☐ Other testing (describe) _____

location of testing _____

person/firm conducting test _____

PART II CLAIM OF COGNITIVE INJURY

11 If you claim that your contaminant-related exposure caused sub clinical impairments to your cognitive or developmental functions, resulting in decreased academic performance, please provide a medical evaluation documenting this claim

12 If the claim is based on studies correlating contaminant-related exposure to lower scores on IQ tests, please indicate the extent of IQ loss determined by medical evaluation, and attach copies of each IQ test performed on the claimant

Moderate

a Family information for claimants based on cognitive or developmental injury

(i) Father's Name _____

(ii) Father's Address _____

(iii) Father's Telephone _____

(iv) Father's Date of Birth _____

(v) Father's Employment History (please identify each of your father's employers by business name, workplace address, dates employment (beginning/end) and description of each job held)

_____

_____

(vi) Father's education

Highest grade completed Well Supplement

School Name (secondary) _____

College (if applicable) _____

Graduate school degree (if applicable) _____

Other education (please describe) _____

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

_____

(viii) Mother's Name _____

(ix) Mother's Address _____

(x) Mother's Telephone _____

(xi) Mother's Date of Birth _____

(xii) Mother's Employment History (please identify each of your mother's employers by business name, workplace address, dates of employment (beginning/end) and description of each job held)

_____

_____

(xiii) Mother's education

Highest grade completed Well Supplement

School Name (secondary) _____

College (if applicable) _____

Graduate school degree (if applicable) _____

Other education (please describe) _____

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

_____

b How many brothers? _____

c How many sisters? _____

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

(i) Name of brother/sister _____

(ii) Date of Birth _____

(iii) Father's Name _____

(iv) Mother's Name _____

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

☐ Yes ☑ No

(vi) If Yes What years? _____

(vii) Highest grade completed _____

(viii) Year completed _____

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

_____

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

N/A

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

N/A

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

See attached Dr Charles Marable report

PART III CHILD CLAIMANT INFORMATION FROM PARENT/GUARDIAN

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

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

_____

(ii) If not both parents, please explain why

_____

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

(iii) When and where?

_____

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

_____

_____

_____

_____

_____

PART IV SUPPORTING DOCUMENTATION

16 You must attach medical records relating to the diagnosis/-es claimed and medical data provided in Part III Please use the checklist below and indicate which medical documents you are submitting with this form Submit all records for all such tests performed in the last two years

- [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, 1st 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

Date of Payment

☐ Settlement paid in full

If Yes, amount $ _____ *Month* *Day* *Year*

☐ Settlement paid in part

If Yes, amount. $ _____ *Month* *Day* *Year*

Date of Submission

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

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

461 - 22 - 7816

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 JEFFREY EARL JONES

This is a 39-year-old male who worked 7 years at TXU from 1985 to 1993 He was a pumper in the mines, basically in the Beckville Mine He was exposed to chemicals in drag line cleanups as well as when he ran the crusher He felt he had impaired short-term memory loss, as well as nerve problems in his hands and feet

He did not work around asbestos products He worked around silica products such as white rock and plant roads He has worked around coal dust He said they rarely gave him some respiratory equipment of a half face mask or a simple dust mask They did give him rubber gloves He was sometimes furnished a hardhat, safety glasses and steel-toed boots They did have a hair sampling device for coal dust He was involved in cleanups but did not work at the power plant

He said he was exposed to asbestos, coal dust, kerosene, silica dust, Varsol and welding fumes

According to the Toxic Questionnaire, HEENT symptomatology includes bloody nose, dry nose, irritation of the sinus cavities, decreased sense of smell, sore throat and cough with phlegm production Respiratory problems since 1992 include increased infections, pneumonia, shortness of breath, cough, chest pain, sinusitis, shortness of breath on exertion, hoarseness and wheezing He has never smoked, is not on any medications, and has not seen a physician for this

Neurological symptoms started in 1990-1992 He has headaches that occur about once a day, on the forehead and top of the head He is light sensitive at times He has a history of confusion, numbness in the hands and feet, with feet feeling prickly or hot at times, burning in the legs, aching muscles, tremors, stumbling, stuttering, fatigue, depression, mood swings, short-term memory deficits for the last 10 years, dropping things and states things he didn't mean to say

1400 S MAIN • SUITE 207 • FORT WORTH, TEXAS 76104 • 817-334-0338 • FAX 817-334-0586

Gastrointestinal problems are that of a diagnosis of peptic ulcer disease when he was at TXU, bleeding ulcers and has been on numerous medications since 1993 He has no urological symptoms Skin problems include itching, skin nodules and oral ulcers Systemic connective tissue disorders are that of joint pain, joint swelling, myalgias, dry eyes, skin rashes and morning stiffness

He was exposed to toxic and dangerous materials through inhalation, fumes, chemicals and solvents He was exposed to acrylamide at home and hexane when he worked at TU Electric

ALLERGIES No known allergies

MEDICATIONS Atenolol, Lodine

MEDICAL HISTORY Hypertension since 2000, history of arthritis since 1990, sutures on the left shoulder in 1990 and 1991

SURGICAL HISTORY Surgery on the right shoulder in 1986

SOCIAL HISTORY He does not smoke or use drugs He drinks about 3X a week

FAMILY HISTORY Unknown He is adopted

REVIEW OF SYSTEMS **GI** Denies nausea or vomiting Does have a history of diarrhea **GU** Denies frequency, hematuria **Cardiovascular** Positive for tachycardia, shortness of breath, ankle swelling, chest pain, shortness of breath on exertion **Orthopedic** Denies any fractured bones **Neurologic** Denies any loss of consciousness or seizures He does have memory loss, headaches, trouble talking, neck and leg pain **Endocrine** Excessive thirst and urination are noted

PHYSICAL EXAMINATION Blood pressure is 128/84 Pulse is 64 Respiratory rate is 12 Blood sugar is 102 Head is normocephalic Pupils are PERL Funduscopic examination shows no papilledema, hemorrhages or exudates Tympanic membranes reflect light Neck is supple without carotid bruits Heart shows regular rate and rhythm without murmur Lungs are clear to auscultation Abdomen shows no evidence of hepatosplenomegaly Extremities are without clubbing, cyanosis or edema

NEUROLOGIC EXAMINATION Mental Status Patient is alert and oriented X3 There is no evidence of aphasia, apraxia or dysarthria Gait is intact to heel, toe and tandem gait Cranial nerves II-XII are intact Coordination is intact with no dysmetria or dysdiadochokinesia Motor exam was 5/5 without any drift, atrophy or fasciculation

Sensory exam showed vibratory sense at 9-10 seconds Reflexes were 2+ with no pathological reflexes noted

IMPRESSION

1 Respiratory problems
2 Peptic ulcer disease
3 Vascular headaches
4 Short-term memory loss
5 Peripheral neuropathy

RECOMMENDATIONS/DISCUSSION It is felt the toxic chemicals that he has been exposed to at TXU are responsible for the above diagnoses

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

Regarding the peripheral neuropathy, he needs to have an EMG and Nerve Conduction Study to further delineate the peripheral neuropathy MRI of the head as well as an organic brain syndrome workup with a neuropsychiatric evaluation and routine labs such as thyroid, B12 and VDRL to rule out any other causes of memory loss His vascular headaches should also be attended to by a neurologist

His peptic ulcer disease and respiratory problems should be followed up by internal medicine

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