

DOUGLAS G. WAH, ESQ.
LAW OFFICES OF
FISHER & HURST
EMBARCADERO CENTER
SAN FRANCISCO, CALIFORNIA 94111
TELEPHONE (415) 986-8000

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ATTORNEYS FOR

Specially Appearing
for Served Defendants

IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA
IN AND FOR THE COUNTY OF ALAMEDA

)	NO:
)	
)	DEFENDANTS' STANDARD
Plaintiff,)	INTERROGATORIES TO
)	<u>PLAINTIFF</u>
vs.)	
)	(Personal Injury)
FIREBOARD CORPORATION, et al.,)	
)	
Defendant.)	
_____)	

PROPOUNDED:

ON BEHALF OF DEFENDANTS

COORDINATING DEFENDANT:

Please contact _____
with any questions concerning these
interrogatories, including exten-
sions of time, etc.

RESPONDING PARTY:

Plaintiff,

SET NUMBER:

PERSONAL INJURY I (PI I)

Mailed: _____

Plaintiff's Atty: _____

Due Date: _____

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2 DEFINITIONS

3 1. "Document(s)" or "Writing(s)" shall include all
4 writings as defined by the California Evidence Code.

5 2. A request to "identify" a writing or document means a
6 request to either attach such as an exhibit to your answers to
7 these interrogatories, or to describe such with sufficient
8 specificity that it may be made the subject of a request for
9 production of documents. Your description should include,
10 without limitation, an indication of: (a) the author; (b)
11 addressee(s); (c) its date; (d) the nature of the writing or
12 document (e.g., letter, telephone memorandum, audio tape
13 recording, photograph, etc.); (e) a summary or description of
14 the contents; and (f) the present location and custodian
15 thereof.

16 3. A request to "identify" an oral communication shall
17 mean a request to describe these communication with
18 particularity, and shall include, without limitation, the
19 following information: (a) the identity of all parties to the
20 communication; (b) the identity of the person whom you contend
21 initiated the communication; (c) the identity of all persons
22 present at the time of the communication; and (d) the time,
23 date and place of the communication.

24 4. A request to "identify" a person or individual means
25 to state his or her name, place of employment, present business
26 or home address and present business or home telephone number.

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INTERROGATORIES

INTERROGATORY NO. 1:

(a) Name:

First _____ Middle _____ Last _____

(b) Date of Birth: _____

(c) Place of Birth: _____

(d) Address: _____

(e) Height: _____ Weight: _____

(f) Social Security Number: _____

(g) Kaiser Number: _____

(h) Government Serial Number: _____

(i) Military Serial Number: _____

(j) Driver's License Number & State: _____

(k) All of the names by which you have been known:

(l) Highest grade level completed: _____

(m) Current Spouse's Name: _____

(n) Spouse's Date of Birth: _____

(o) Date of Current Marriage: _____

(p) Spouse's Current Address: _____

(q) Spouse's Occupation/Employer: _____

(r) Name of any Former Spouse: _____

(s) Date of any Former Marriage: _____

(t) Place, date and circumstances under which any marriage(s)
was (were) dissolved or terminated: _____

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2 5. A request to "identify" a product, material or
3 compound means a request to describe the product, material or
4 compound by the following means: (a) by the nickname or slang
5 name used in your occupation; (b) by the name under which it is
6 sold in the marketplace (trade name); and (c) by its generic
7 name.

8 6. A request to "identify" an employer or business entity
9 means to state said entity's address and telephone number.

10 7. As used in these questions, "you" and "your" refer to
11 the person who is named above as the responding party. If more
12 than one responding party is name, "you" and "your" refer to
13 each responding party separately, not jointly. A separate copy
14 of these questions has been provided for each responding party.

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2 INTERROGATORY NO. 2:

3 For each child of any marriage (either natural or adopted),
4 state: (Attach additional sheets, if necessary.)

5

<u>Name</u>	<u>Date of Birth</u>	<u>Address</u>	<u>Occupation</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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10 INTERROGATORY NO. 3:

11 Are either of your natural parents alive? If your answer
12 is "yes", please state for each parent:

- 13 (a) Current age(s)
14 (b) Any history of cancer or respiratory disease.

15 ANSWER:

16
17 INTERROGATORY NO. 4:

18 If either of your natural parents are deceased, please
19 state for each parent:

- 20 (a) Name of deceased parents(s)
21 (b) Age at death;
22 (c) Date of death;
23 (d) Place where the deceased parents(s)'s death
24 cetificate is filed.

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ANSWER:

INTERROGATORY NO. 5:

Have any of your blood relatives (parents, grandparents, siblings, aunts, uncles or cousins) had cancer of any type? If so, please state:

- (a) The name and exact relationship of each such person;
- (b) The present residence address for each such living person; and
- (c) The type of primary site of cancer..

ANSWER:

INTERROGATORY NO. 6:

If any person identified in your answer to Interrogatory No. 5 is deceased please state for each such person:

- (a) His/Her complete name;
- (b) Date of death;
- (c) Place of death;
- (d) Place where his/her death certificate would be on file; and
- (e) Cause of death.

ANSWER:

INTERROGATORY NO. 7:

State the complete address of each of your residences from January first of the year in which you contend that you were

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2 first exposed to asbestos to the present, and the inclusive
3 dates of each period of such residence.

4 ANSWER:

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6 INTERROGATORY NO. 8:

7 Please state your educational background and identify all
8 institutions attended, including any apprenticeship courses,
9 formal on-the-job training and safety classes you have taken,
10 the date graduated from each institution, your major course of
11 study and any special scholastic honors or degrees received.

12 ANSWER:

13
14 INTERROGATORY NO. 9:

15 Have you ever been convicted of a felony? If so, please
16 state fully and in detail the date, place and nature of each
17 such felony conviction.

18 ANSWER:

19
20 INTERROGATORY NO. 10:

21 Have you ever been a member of the Armed Forces? If you
22 have, please state: each branch of service in which you
23 served; the inclusive dates of your service; the date of your
24 discharge from active duty; your service number; each place
25 (e.g., fort, base, station, etc.) at which you served; and,
26 your duties at each place. If you have not ever been a member
of the Armed Forces for health reasons, please state those

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REASONS.

ANSWER:

INTERROGATORY NO. 11:

For every doctor who has ever treated or examined you during the last ten (10) years for any condition, and beyond ten (10) years for conditions related to the lungs, respiratory system, internal organs, circulatory system and/or musculo-skeletal system of the trunk, and any additional complaints or conditions stated in Response to Interrogatory No. 17, please complete the following: (If more space is needed, please attach additional sheets containing the requested information.)

Doctor's Name and Address

Dates of Treatment

_____	_____
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Reason for Treatment

Doctor's Name and Address

Dates of Treatment

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Reason for Treatment

Doctor's Name and Address

Dates of Treatment

Reason for Treatment

INTERROGATORY NO. 12:

For every hospital in which you have ever been treated, tested, or examined, whether as an "in-patient" or as an "out-patient" during the last ten (10) years for any condition, and beyond ten (10) years for conditions related to the lungs, respiratory system, internal organs, circulatory system, and/or musculo-skeletal system of the trunk, and any additional complaints or conditions stated in Response to Interrogatory

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No. ~~11~~ please complete the following: (If more space is needed, please attach additional sheets containing the requested information.)

Name and Address
of Hospital

Dates of Test, Treatment,
Examination or Hospitalization

Reason for Hospital Visit

Name and Address
of Hospital

Dates of Test, Treatment,
Examination or Hospitalization

Reason for Hospital Visit

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**Name and Address
of Hospital**

**Dates of Test, Treatment,
Examination or Hospitalization**

Reason for Hospital Visit

INTERROGATORY 13:

For every X-ray of the "trunk" that has ever been taken of you, please complete the following: (If more space is needed, please attach additional sheets containing the requested information.)

Name and Address Where X-ray was Taken	Date(s) of X-ray & No. x-rays Taken	Part(s) of Body X-rayed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Results, Conclusions, and/or Diagnosis from each X-ray

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INTERROGATORY 14:

For every pulmonary function test that you have undergone, please complete the following: (If more space is needed, please attach additional sheets containing the requested information.)

Name and Address Where

Test Was Performed

Date(s) of Tests

Name of Doctor Administering
and/or Interpreting Test

Results, Conclusions, and/or Diagnosis from each Test

INTERROGATORY 15:

Describe the name and quantity of each type of drug, tranquilizer, sedative or other medication taken or used by you during the last ten (10) years, specifying the purpose of use.

ANSWER:

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2 INTERROGATORY 16:

3 Do you or your attorney have any medical reports from any
4 persons, hospitals, doctors, medical practitioners or
5 institutions that have ever treated or examined you at any
6 time? If so, please attach copies of your reports to these
7 interrogatories. If you will not voluntarily attach copies of
8 reports to the answers of these interrogatories, then please
9 state fully and in detail:

10 (a) The identity of the report, or reports, by date,
11 subject matter, name, address, job title or capacity of the
12 persons to whom it is addressed or directed and the job title
13 or capacity of the persons or persons who prepared the same;

14 (b) The name, address and present whereabouts of the
15 person who has present custody or control thereof and the
16 purpose of said preparation.

17 ANSWER:

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19 INTERROGATORY 17:

20 For each and every complaint, symptom, adverse reaction or
21 other injury which you contend is directly or indirectly
22 related to your alleged exposure to asbestos or
23 asbestos-containing products, please state:

24 (a) The date on which you first began exhibiting signs of
25 the complaint, symptom, adverse reaction or injury;

26 (b) The date each such complaint, symptom, adverse
reaction or injury ceased to affect you;

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2 Any physical change in your appearance occasioned by
3 such complaint, symptom, adverse reaction or injury;

4 (d) Each part of your body which you contend has been
5 affected;

6 (e) State the date upon which each complaint, symptom,
7 adverse reaction or injury was reported to a doctor or
8 physician;

9 (f) State the name, address and telephone number of each
10 such physician to whom said complaint, symptom, adverse
11 reaction or injury was reported;

12 (g) Whether you have lost any time from work as a result
13 of your asbestos-related injury or medical condition; and

14 (h) If such injury has resulted in lost time from work,
15 please state the date on which you first lost work and the
16 amount of time lost from work.

17 ANSWER:

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19 INTERROGATORY 18:

20 Please state when you were first advised that you were
21 suffering from an asbestos-related disease. Please include in
22 your answer.

23 (a) The date and time you were so advised;

24 (b) The name, address and telephone number of the
25 physician and/or other person who so advised you;

26 (c) The name, address and telephone number of the
physician who made the evaluation;

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2 (d) The method and information upon which such
3 determination was based;

4 (e) The name, address and telephone number of any
5 hospital, medical institution, laboratory, physician, nurse,
6 laboratory, technician, etc., involved in any part of such
7 determination;

8 (f) The name, address and telephone number of every
9 person, including your relatives, employer or anyone acting in
10 your behalf, who was so advised. Please include the date when
11 such persons were so advised;

12 (g) The name, address and telephone number of your
13 employer(s) at the time you were so advised;

14 (h) The specific course(s) of treatment or therapy,
15 including any medicine prescribed, as a result of such a
16 determination and the name, phone number and telephone number
17 of each prescribing physician;

18 (i) State whether you have followed the medication or
19 therapy regime prescribed by each of the said physicians for
20 the treatment of said complaint, symptom, adverse reaction or
21 injury; and

22 (j) Please state the names and addresses of any other
23 physicians or practitioners subsequently affirming or making
24 the same determination.

25 ANSWER:
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2 INTERROGATORY 19:

3 Have any of the said treating physicians informed you at
4 any time that your complaints, symptoms, adverse reactions or
5 injuries may have been caused factors other than exposure to
6 asbestos or asbestos-containing products? If so, please state:

7 (a) The other factors or reasons involved;

8 (b) The names, addresses and telephone numbers of the
9 physicians believing or suspecting such other factors or
10 reasons to be involved;

11 (c) The dates that said physicians told you that they
12 believed or suspected that other factors or reasons might be
13 involved; and

14 (d) The reason that said factors or reasons were excluded
15 as possible sources or causes of the symptoms.

16 ANSWER:

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18 INTERROGATORY 20:

19 Please list all respiratory complaints and/or symptoms
20 which you have suffered during your lifetime, and list the
21 inclusive dates for each such complaint.

22 ANSWER:

23 INTERROGATORY 21:

24 Have you ever had any biopsies or tissue samples taken? If
25 your answer is in the affirmative, please state for each such
26 procedure:

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2 (a) The name of the doctor performing such procedure;
3 (b) The address where such procedure was performed;
4 (c) The date when such procedure was performed; and
5 (d) The results, conclusions and/or diagnosis from such
6 procedure.

7 ANSWER:

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9 INTERROGATORY 22:

10 Do you know of any pathology slides that were made from any
11 of your tissue samples at any time? If your answer is in the
12 affirmative, for each set of slides made please state: (If
13 more than one, please attach list.)

- 14 (a) The name of the hospital;
15 (b) The name of the doctor;
16 (c) The current location; and
17 (d) The date said slides were made.

18 ANSWER:

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20 INTERROGATORY 23:

21 Please identify:

22 (a) Each doctor who has treated or examined you for
23 asbestos-related disease or who has reviewed any of your
24 medical records, films, tissue samples or anything else
25 concerning your medical condition for the purpose of forming
26 any medical opinion, except for consultants retained by your
attorney;

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2 (b) Your medical records, film, tissue samples, documents
3 and other materials relating to your medical condition; and
4 (c) Each diagnosis of asbestos-related disease.

5 ANSWER:

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7 INTERROGATORY 24:

8 Have you sustained any injury, separate and apart from your
9 injuries or condition giving rise to this lawsuit, since the
10 date your complaint was filed? If "yes" please state:

11 (a) The nature of every such injury;

12 (b) The time, place and location of any such injury;

13 (c) The name and address of any physician treating you
14 for any such injury; and

15 (d) Whether you contend that your injury or condition
16 giving rise to this lawsuit was aggravated by any such
17 subsequent injury, and, if so, the facts upon which you base
18 this contention.

19 ANSWER:

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21 INTERROGATORY 25:

22 Have you ever smoked tobacco products of any type?

23 ANSWER:

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25 INTERROGATORY 26:

26 If your response to the above interrogatory is "yes,"
please state fully and in detail:

1
2 the dates and time periods during which you have
3 smoked;

4 (b) The type of tobacco products you smoke, or have
5 smoked. Please state whether you inhaled the smoke or not;

6 (c) The daily frequency with which you smoke or have
7 smoked;

8 (d) For any time period during which you ceased smoking
9 tobacco products, please state your reasons for stopping;

10 (e) For any time period that you commenced smoking
11 tobacco products after a period of having stopped smoking,
12 please state your reasons for beginning again;

13 (f) If you have ever smoked cigarettes, please state the
14 average number of packs per day you smoked; and

15 (g) Please state the commercial brand name(s) of any
16 tobacco products that you have used.

17 ANSWER:

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19 INTERROGATORY 27:

20 Have you ever been advised by a physician to stop smoking?
21 If so, give the date and the name and address of each physician
22 who gave any such advice. Please state whether you followed
23 such advice; if so, for how long did you follow such advice?
24 If you did not follow such advice, state why you did not do so.

25 ANSWER:
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INTERROGATORY 28:

Describe the extent to which you drank alcoholic beverages during your lifetime, specifying the particular kind of alcoholic beverages and the quantity consumed per week.

ANSWER:

INTERROGATORY 29:

For every type of employment that you have ever had, whether self-employed or employed by others, please complete the following: (If more space is needed, please attach additional sheets containing the requested information.)

Employers' Name and Address _____	Job Title _____	Date Started - Date Ended (mo, day, year) _____
_____	_____	_____
_____	_____	_____

Description of Job Duties:

Do you claim exposure to asbestos at this employment? Yes _____ No _____

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Employers' Name
and Address _____

Job Title

Date Started -
Date Ended
(mo, day, year) _____

Description of Job Duties:

Do you claim exposure to asbestos at this
employment? Yes _____ No _____

Employers' Name
and Address _____

Job Title

Date Started -
Date Ended
(mo, day, year) _____

Description of Job Duties:

Do you claim exposure to asbestos at this
employment? Yes _____ No _____

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Employers' Name
and Address _____

Job Title

Date Started -
Date Ended
(mo, day, year) _____

Description of Job Duties:

Do you claim exposure to asbestos at this
employment? Yes _____ No _____

INTERROGATORY NO. 30:

For each employment in which you claim you were exposed to
asbestos, please list:

- (a) The dates of your claimed exposure to asbestos;
- (b) The manner and duration of exposure;
- (c) Whether your duties included the installation of
asbestos-containing materials;
- (d) Whether your duties included the tearing out or
removal of asbestos-containing materials;
- (e) The type of asbestos-containing materials to which
you were exposed;
- (f) The location of each job site, including the name of
each plant, state and city where located, along with the
beginning and ending date of each job;

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2 (c) If you have at any time worked in a shipyard, please
3 identify the names of all ships upon which you worked;

4 (h) For each such job identified in response to subparts
5 (f) and/or (g), please state the name and last known address of
6 your immediate supervisor or job superintendent on such job;

7 (i) For each such job identified in response to subparts
8 (f) and/or (g), please state:

9 (1) The names and last know addresses of all persons
10 with whom you worked regularly on such job;

11 (2) The job site where you worked with each person;

12 and (3) The inclusive dates during which you worked with
13 each person.

14 (j) Any other persons you are aware of that have any
15 information regarding the supply, use or distribution of
16 products containing asbestos to which you may have been
17 exposed. For each such person, please state:

18 (1) The person's name;

19 (2) The person's place of employment;

20 (3) The inclusive dates of said employment; and

21 (4) The current address and phone number of the
22 person.

23 ANSWER:
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2 INTERROGATORY NO. 31:

3 . Were you ever exposed to asbestos products outside of your
4 work environment? If so, please state:

- 5 (a) Date and place of such exposure;
6 (b) The circumstances surrounding each exposure; and
7 (c) The manner and duration of exposure.

8 ANSWER:
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10 INTERROGATORY NO. 32:

11 For each type of asbestos material and/or
12 asbestos-containing product for which you claim exposure,
13 please state:

14 (a) The employer, job site and dates were contact with
15 each such asbestos material or product occurred;

16 (b) The name of the manufacturer of that asbestos material
17 or product;

18 (c) The trade name of that material or product;

19 (d) Any name used by yourself or other workers in
20 referring to that material or product, such as nickname or
21 slang term of that material or product;

22 (e) A description of the box or container or wrapping
23 that contained that product, including size, color and all
24 writing on that box, including size and color or writing; and

25 (f) A description of any labels, tags or warnings on the
26 box, container or wrapping advising of possible health hazards
or advising of methods of use or precautions to be taken.

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ANSWER:

INTERROGATORY NO. 33:

At any location where you claim exposure to asbestos, were any cartons, containers or wrappings bearing the name, the trade name or any other identification of any of the defendants in this lawsuit? If so, please state separately for each defendant:

(a) Each location, the inclusive dates and the frequency that these cartons, containers or wrappings were present;

(b) The identity of each person who can testify that such cartons, containers or wrappings were present;

(c) The identity of each document that indicates that such cartons, containers or wrappings were present;

(d) All evidence known to you that these cartons, containers or wrappings contained asbestos material and/or asbestos-containing products; and

(e) The type of asbestos material and/or asbestos-containing products which were contained in each carton, container or wrapping.

ANSWER:

INTERROGATORY NO. 34:

If you have ever been exposed to asbestos products manufactured by companies not named as defendants in this lawsuit, please state:

- 1 (a) The identity of the manufacturer of said product;
2 (b) The date and place of each such exposure;
3 (c) The circumstances surrounding each such exposure
4 (i.e., whether you were working with the product or merely near
5 an area where it was being used);
6 (d) The nature of the product; and
7 (e) As to any such exposure in a work situation, the
8 identity of your employer, as well as the address of the
9 particular job site at which you were so exposed.

10 ANSWER:

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12 INTERROGATORY NO. 35:

13 To the best of the plaintiff's own knowledge or
14 recollection, what percentage of your total alleged contact or
15 exposure to asbestos or materials containing asbestos do you
16 attribute to each individual or entity which you claim was a
17 manufacturer or supplier of asbestos or materials containing
18 asbestos?

19 (a) Please indicate the manner and factors relied upon in
20 making each such percentage calculation;

21 (b) Please state the identity, capacities and job titles
22 of all individuals assisting you or otherwise involved in
23 calculating the above percentages;

24 (c) Please identify all documents, writings or other
25 records, if any relied upon in calculating the percentages
26 referred to above and further, state the present location and

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2 the identity of the present custodian of each such document or
3 writing;

4 (d) If you are unable to attribute such percentages,
5 please state all efforts you have made to ascertain such
6 percentages.

7 ANSWER:

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10 INTERROGATORY NO. 36:

11 For each person that you worked with during any time in
12 which you claim exposure to asbestos, please state:

13 (a) That person's name;

14 (b) That person's place of employment where said asbestos
15 exposure occurred;

16 (c) The inclusive dates during which you worked with that
17 person;

18 (d) The current address of that person; and

19 (e) The current phone number of that person.

20 ANSWER:

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22 INTERROGATORY NO. 37:

23 Please identify those individuals who worked at any
24 location where you may have been exposed to asbestos, whether
25 or not their employment coincided with yours, and list:

26 (a) The person's place of employment where the asbestos
exposure allegedly occurred;

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2 (b) The inclusive dates of that person's employment;
3 (c) The current address of that person; and
4 (d) The current phone number of that person.

5 ANSWER:

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7 INTERROGATORY NO. 38:

8 For any person that you are aware of that has any
9 information whatsoever regarding the supply, use or
10 distribution of products containing asbestos to which you may
11 have been exposed, please state:

- 12 (a) That person's name;
13 (b) That person's place of employment;
14 (c) The dates of said employment;
15 (d) The address of said person; and
16 (e) The phone number.

17 ANSWER:

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19
20 INTERROGATORY NO. 39:

21 Please identify by date, purchaser, seller and product each
22 and every invoice, bill or statement in your possession,
23 custody or control, including any in your attorneys' possession
24 or control, which you contend demonstrate the sale of
25 asbestos-containing products to any location at which you were
26 employed.

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ANSWER:

INTERROGATORY NO. 40:

Did you at any time receive, have knowledge or possess any advice, publication, warning, order, directive, requirement or recommendation, whether oral or written, which purported to advise or warn you of the possible harmful affects of exposure to, or inhalation of, asbestos or asbestos-containing products? if so, please state:

(a) The nature and exact wording of such advice, warning, recommendation, etc.;

(b) The complete identity of each source of such advice, warning, recommendation, etc.;

(c) The date, time, place, manner and circumstances when each such advice, warning, recommendation, etc., was given; and

(d) The name, address, telephone number and job title of each and every witness to the reception of such advice, warning, recommendation, etc.

ANSWER:

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2 INTERROGATORY NO. 41:

3 Did anyone every suggest or recommend that you should use
4 any device to reduce your possible exposure to, or inhalation
5 of, asbestos dust or fibers? If your answer is in the
6 affirmative, please state for each and every such person:

7 (a) The name, address and telephone number of such person;

8 (b) The date, time and place when such suggestion or
9 recommendation was made;

10 (c) The name, address and telephone number of each person
11 present when such suggestion or recommendation was made to or
12 received by you;

13 (d) The exact wording and content of such suggestion or
14 recommendation;

15 (e) Whether such suggestion or recommendation was written
16 or oral; and

17 (1) If written, please identify in detail each such
18 writing; and

19 (2) If oral, please set forth all persons involved
20 and the details as to the manner in which such suggestion or
21 recommendation was presented.

22 (f) The type, make and model of each device referred to in
23 each suggestion or recommendation?

24 (g) The nature of any action, if any taken by you in
25 response to such suggestion or recommendation; and

26 (h) Describe in detail your reasons for any response to
such suggestion or recommendation, short of complete

1
2 conformance thereto.

3 ANSWER:

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5 INTERROGATORY NO. 42:

6 Have you every seen any warning labels on packages or
7 containers of asbestos products? If so, please state: the
8 type of product; the name of the manufacturer; where you saw
9 the labels; on what occasions; and the nature of the warnings.

10 ANSWER:

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13 INTERROGATORY NO. 43:

14 Please state whether any of your employers have either
15 required or made available physical examinations for their
16 employees. If such physical examinations have either been
17 required or made available to you, please state:

18 (a) The nature and extent of examinations;

19 (b) The frequency of examinations;

20 (c) Whether they were required or optional;

21 (d) Whether x-ray examination was included;

22 (e) The frequency, including specific dates and times with
23 which you submitted to such examinations;

24 (f) Whether you received the results of any such
25 examinations; the dates that they were given to you, and the
26 nature of the results;

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2 (g) the name, address and telephone number of the
3 examining physician, nurse or technician; and

4 (h) Your detailed reasons for failing to submit to such
5 examination when required or made available, if you did so fail
6 to submit.

7 ANSWER:

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10 INTERROGATORY NO. 44:

11 Are you or have you been a member of any labor union,
12 including, but not limited to, the Heat, Frost, Insulation and
13 Asbestos workers Union? If your answer is "yes," please state
14 for each such union membership:

15 (a) The name, address and telephone number of each such
16 international union and its number, along with the local number
17 of each such union;

18 (b) The date and time periods during which you maintained
19 membership in such union; and

20 (c) The offices you have held or committees on which you
21 have served, including places and dates when such offices were
22 held and such committees served, and

23 (d) Any health or safety work-related factors that
24 influenced your decision to withdraw from any union.

25 ANSWER:
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2 INTERROGATORY NO. 45:

3 . Did you ever receive any issue of "The Asbestos Worker"?
4 If so, please identify:

5 (a) The manner of receipt, i.e., subscription, provided by
6 union or employer, purchased, etc.;

7 (b) Frequency of receipt, i.e., regularly, occasionally,
8 rarely, etc.;

9 (c) Every person or entity which provided this publication
10 to you;

11 (d) The pertinent time periods during which you received
12 said publication;

13 (e) The publication date, issue and volume number of each
14 issue received by you in any fashion; and

15 (f) Whether you read the publication.

16 ANSWER:
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19 INTERROGATORY NO. 46:

20 Other than "The Asbestos Worker", did you ever receive any
21 newspapers, newsletters, or other publications from any labor
22 union of which you were a member? If so, please state:

23 (a) The name and type of publication received;

24 (b) The frequency with which you received such publication;

25 (c) Whether you read such publication; and

26 (d) If such publications ever discussed asbestos, the
nature of said discussion, and the date or dates thereof.

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ANSWER:

INTERROGATORY NO. 47:

Have you ever attended any international or local union meetings, seminars, conferences, or conventions which discussed (in whole or in part) occupational exposure to asbestos? If so, please identify:

- (a) The date and place;
- (b) Your reason and/or official capacity for attending;
- (c) The information presented concerning asbestos;
- (d) Each speaker on the said topic; and
- (e) Any other persons with whom you discussed the information presented.

ANSWER:

INTERROGATORY NO. 48:

Are you presently employed? If so, please state:

- (a) The name and address of your present employer;
- (b) The name and address of your immediate superior, boss, or foreman;
- (c) Your job title;
- (d) The nature of work you do;
- (e) The date your employment began;
- (f) Your starting position if different from your current position; and
- (g) Your present rate of pay.

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ANSWER:

INTERROGATORY NO. 49:

If your answer to Interrogatory 48 is "no," please state the last date worked and the reason that you are not currently employed. Are you receiving any form of disability pension? If so, please state:

- (a) From whom
- (b) The amounts received each month; and
- (c) The anticipated duration of the disability pension.

ANSWER:

INTERROGATORY NO. 50:

State fully and in detail your annual earnings for the past ten years:

ANSWER:

19__:	\$_____	19__:	\$_____
19__:	\$_____	19__:	\$_____
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19__:	\$_____	19__:	\$_____
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2 INTERROGATORY NO. 51:

3 State the total hospital expenses, if any, that you have
4 incurred to date as a result of the injuries, complaints, etc.,
5 which you attribute to your alleged exposure to asbestos.
6 Please itemize each charge, if more than one hospital is
7 involved.

8 INTERROGATORY NO. 52:

9 State the total medical expense (other than
10 hospitalization) which you have incurred, or which has been
11 incurred on your behalf, to date as a result of the injuries,
12 complaints, etc., which you attribute to your alleged exposure
13 to asbestos, itemizing each such charge.

14 ANSWER:

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16 INTERROGATORY NO. 53:

17 Has any insurance company, union or any other person, firm
18 or corporation paid for or reimbursed you for, or become
19 obligated to pay for, any medical or hospital expenses incurred
20 by the alleged exposure to asbestos? If so, please list such
21 expenses, itemizing the dates incurred, the nature of such
22 expenses and the name and address of the insurance company,
23 union, person, firm or corporation who or which has paid, or is
24 obligated to pay for, the payment of, or reimbursement for,
25 said expenses.

26 ANSWER:

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2 INTERROGATORY NO. 54:

3 As a result of your alleged exposure to asbestos, have you
4 lost, or do you claim of, any wages or earnings? If so, please
5 state:

6 (a) How much time was lost from work or employment,
7 listing the dates involved and the name and address of the
8 employer;

9 (b) The gross amount of salary or earnings which you
10 received each payday, stating the intervals of such paydays
11 (e.g., weekly, bi-monthly, monthly);

12 (c) State the gross amount of salary or earnings actually
13 lost due to the exposure;

14 (d) Of the total sum stated in response to subpart (c) of
15 this interrogatory, state your net take-home pay after
16 deduction of taxes and all other authorized deductions;

17 (e) If self-employed, state the total time lost from
18 business, listing the dates involved and the gross financial
19 loss to you, stating the nature of such loss and how incurred;
20 and

21 (f) Of the sum stated in your response to subpart 9(e) of
22 this interrogatory, state your net loss after deduction of
23 taxes.

24 ANSWER:
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2 INTERROGATORY NO. 55:

3 Have you incurred any expense or financial loss, including
4 property damage, other than as listed above, which you
5 attribute in any degree to your asbestos products? If so,
6 please state such financial losses, expenses and property
7 damage, giving the dates incurred and the amounts involved and
8 the nature of each such expense or loss.

9 ANSWER:

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11 INTERROGATORY NO. 56:

12 Has any insurance company, union or other person, firm or
13 corporation paid for, or reimbursed you for, or become
14 obligated to pay for, or reimburse, you or anyone on your
15 behalf for any sums of money (excluding medical or hospital
16 expenses) to provide any of the following: disability or other
17 benefits, loss of earnings property damage or any other item
18 resulting from the alleged exposure to asbestos?

19 ANSWER:

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21 INTERROGATORY NO. 57:

22 If your answer to the preceding interrogatory is "yes,"
23 please state:

24 (a) The sum or sums of money expended, itemizing the dates
25 incurred;
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2 (b) The nature of the obligation giving rise to the
3 payment or reimbursement; and

4 (c) The name and address of the insurance company, union
5 or other person, firm or corporation who or which has paid for,
6 or is obligated for, payment of or reimbursement for such sums
7 of money.

8 Please attach copies of the documentation of this
9 information to these interrogatories.

10 ANSWER:

11
12 INTERROGATORY NO. 58:

13 Have you at any time made a claim for, or received, any
14 health or accident insurance benefits, Workers Compensation
15 payments, disability benefits, pension, accident compensation
16 payments or veterans disability compensation. (This
17 interrogatory is limited to any asbestos-related claim, or any
18 non-asbestos-related claim in which the claims made or monies
19 received for such claims is or was in excess of \$500.00 and/or
20 disability/accident claims involving more than four (4) weeks
21 off work). If so please state: (If more than one, please
22 attach a list.)

23 (a) The illness, injury or injuries for which you made the
24 claim;

25 (b) The date when such injury or injuries were sustained,
26 the place of occurrence and the nature of the accident or
incident causing such injury;

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- (c) The names and addresses of your employer(s) at the time of each injury or illness;
 - (d) The names and addresses of the examining doctors for each injury or illness;
 - (e) The name of the board, tribunal or superior officer before which or to whom the claim or claims were made or filed;
 - (f) The date the claim was made or filed;
 - (g) The claim, file or other number by which your claim was identified;
 - (h) The present status of such claims (pending settlement, dismissal, etc.);
 - (i) The amounts of the benefits, awards or payments;
 - (j) The dates covering the times during which you received the benefits, awards or payments; and
 - (k) The identity of the agencies or insurance companies from whom you received the awards, benefits or payments.

ANSWER:

INTERROGATORY NO. 59:

If you ever had an application for life, health, accident, medical, hospital or liability insurance rejected, please state:

- (a) The date of application(s);
- (b) The date of rejections(s);
- (c) The type of insurance for which you applied;
- (d) The identity of the insurance company with which each application was filed; and,

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2 (e) The reason for the rejection(s).

3 ANSWER:

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5 INTERROGATORY NO. 60:

6 If you have ever been a party to an action for damages for
7 any personal injury you suffered, please state:

8 (a) The identity of all parties to the action(s) and their
9 attorneys;

10 (b) The court and place where each such action was filed
11 and the date(s) of filing;

12 (c) The nature and extent of the injuries claimed whether
13 any permanent disability remains; and

14 (d) The present status of each action, and if concluded,
15 the final result thereof, including the amount of any
16 settlement or judgment.

17 ANSWER:

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19 INTERROGATORY NO. 61:

20 Have you ever made claim for personal injury other than
21 against this defendant, or other defendants named in this
22 lawsuit, for the same injuries which you now claim are related
23 to your alleged exposure to asbestos? If so, please state:

24 (a) The nature of such injury or injuries;

25 (b) The date when such injury or injuries were sustained
26 in each instance, the place of occurrence and the nature of the
incident or accident causing this injury;

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2 (c) The names and addresses of all persons and companies
3 to whom said claims were made; and

4 (d) The present status of such claims (pending settlement,
5 dismissal, etc.).

6 ANSWER:

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8 INTERROGATORY NO. 62:

9 Have you received any payments or reimbursements, or have
10 any payments been made on your behalf, from any source as a
11 result of your alleged exposure to asbestos, including
12 settlements with either a party or potential defendant? If so,
13 for each payment, please state:

14 (a) The name of the party making said payment;

15 (b) The total amount of said payment;

16 (c) The year of payment;

17 ANSWER:

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19 INTERROGATORY NO. 63:

20 Please identify, by name, address and phone number each
21 person known to you, or your attorneys, who can identify the
22 manufacturer or distributor of any of the asbestos-containing
23 products you allege as having been in your general vicinity
24 during any period in which you allege exposure to
25 asbestos-containing products.

26 ANSWER:

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2 INTERROGATORY NO. 64:

3 . Please identify each and every tangible item (not already
4 identified above) including photographs, diagrams,
5 correspondence or objects, which you contend evidences your
6 exposure to asbestos-containing products.

7 ANSWER:

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10 INTERROGATORY NO. 65:

11 Please identify any work diaries, photographs, calendars,
12 company brochures, medical bills, invoices, business cards and
13 physical objects (e.g., asbestos pipe), which are in
14 plaintiff's personal care, custody and control, relevant to the
15 subject matter of this lawsuit.

16 ANSWER:

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19 INTERROGATORY NO. 66:

20 Have you or anyone on your behalf requested from the social
21 Security office a listing of all past employers and dates of
22 employment? If so, please either attach a copy or give the
23 employer's name, address, date and quarterly social Security
24 credit for each employer listed.

25 ANSWER:

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2 INTERROGATORY NO. 67:

3 . Please state the name, address and telephone number of
4 every person who assisted you in any way in answering these
5 interrogatories.

6 ANSWER:

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9 Dated: 10-7-80

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11 FISHER & HURST .

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14 Attorneys for Defendant
15 Raymark Industries, Inc.
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