

**California General Interrogatories
(Wrongful Death)**

DEFINITIONS

1. "AREA" means the name of the specific structure, building, building number, floor of the building, ship compartment, process line, unit, piece of equipment, or other specific place within the WORKSITE.
2. "ASBESTOS-CONTAINING MATERIAL" means a material or product which consists of, or contains the mineral asbestos.
3. "CONTROL" means the act(s) of directing the manner and/or methods of conducting the work at a WORKSITE.
4. "DECEDENT" means the deceased individual whose claimed asbestos exposure forms the basis of the allegations underlying this lawsuit.
5. "DESCRIBE" as it relates to material means provide a complete description of the material including but not limited to: the material name, manufacturer, supplier, distributor, color, texture, consistency, shape, size and any markings; a description of the material's container including size, color and all writing on that container, and a description of how the material was used.
6. "DOCUMENTS" means any writing, as defined in Evidence Code Section 250 and includes the original or a copy of handwriting, typewriting, printing, photostating, photographing, computer printout, and every other means of recording upon any tangible thing or form of communication or representation including letters, words, pictures, sounds or symbols or combinations of them.
7. "IDENTIFY" as it relates to a DOCUMENT means provide the title of the DOCUMENT, the date the DOCUMENT was generated, the name of the author of the DOCUMENT, a description of the DOCUMENT (e.g., letter, memorandum, report, book photograph, etc.) and any other information which would be required to specify the

DOCUMENT in a request for production of DOCUMENTS issued pursuant to Code of Civil Procedure Section 2031.

8. "IDENTIFY" as it relates to an employer means to state the employer's name, address and telephone number.

9. "IDENTIFY" as it relates to a person means to provide the name, address and telephone number for each person.

10. "IDENTIFY" as it relates to a ship means to state the name of the ship, the owner of the ship, the operator of the ship, the type of ship, and the hull number of the ship.

11. "LOCATION" means the city, state, country, street address, intersection or shipyard. For work aboard ship, please IDENTIFY the ship and where it was located during the time DECEDENT worked on board.

12. "OCCASION" refers to a day, any part of a day, or a series of day(s), week(s), month(s) or year(s) during which DECEDENT worked continuously at a WORKSITE.

13. "RAW ASBESTOS" means asbestos fiber mined or milled, either packaged or in bulk, not compounded with other substances and essentially pure with the exception of naturally occurring trace amounts of other substances.

14. "RESPONSIBLE PARTY" means any person, business organization, or enterprise, including but not limited to the defendants in this action.

15. "SAFETY PRECAUTION" means respirators, masks, fans, air blowers, tarps, wet-down procedures, isolation and any other equipment and/or methods used to limit or prevent exposure to dust.

16. "WORKSITE" means any LOCATION where DECEDENT worked at any time.

17. "YOU" and "YOUR" refer to the person who is named above as the responding party. If more than one responding party is named, "YOU" and "YOUR" refer to each responding party separately, not jointly.

INTERROGATORIES

1A. Please state YOUR:

- A. Full name including first, middle and last names;
- B. Relationship to the DECEDENT;
- C. Date of birth;
- D. Age;
- F. Address

1B. Please state for the DECEDENT:

- A. Full name including first, middle and last names;
- B. Date of birth;
- C. Place of birth;
- D. Last residence address;
- K. All of the names by which the DECEDENT was known;
- M. Spouse's name;
- N. Spouse's date of birth;
- O. Date of marriage;
- P. Spouse's current address;

2. For each child (either natural or adopted) of the DECEDENT, of any marriage, state:

- A. Name;
- B. Date of Birth;
- D. Address;

F. Whether the child is living or deceased.

16. Identify each and every complaint, symptom, adverse reaction or other injury which YOU allege is directly or indirectly related to DECEDENT's alleged exposure to RAW ASBESTOS or ASBESTOS-CONTAINING MATERIAL(S), and for each complaint, symptom, adverse reaction, or other injury, please state:

- A. The date on which the DECEDENT first became aware of the signs of complaint, symptom, adverse reaction or injury;
- B. The date each such complaint, symptom, adverse reaction or injury ceased to affect the DECEDENT;
- C. Any physical change in DECEDENT's appearance occasioned by such complaint symptom, adverse reaction or injury;
- D. Each part of DECEDENT's body which YOU contend has been affected;
- E. The date upon which the complaint, symptom, adverse reaction or injury was reported to a doctor or physician;
- F. State the name, address and telephone number of each such physician to whom said complaint, symptom, adverse reaction or injury was reported;
- G. Whether the DECEDENT lost any time from work as a result of the DECEDENT's asbestos-related injury or medical condition;
- H. If such injury has resulted in lost time from work, please state the date on which the DECEDENT first lost work and the amount of time lost from work; and
- I. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

17. Please state when it was first determined that the DECEDENT was suffering from an asbestos-related disease? Please include in YOUR answer:

- A. The nature of the asbestos-related disease(s);
- B. The date and time of such determination;
- C. When and by what means that determination was first communicated to each plaintiff herein;
- D. The name, address and telephone number of the physician and/or other person(s) who so informed you;
- E. The method and information upon which such determination was based;
- F. The name, address and telephone number of any hospital, medical institution, laboratory, physician, nurse, laboratory technician, etc., involved in any part of such determination;
- G. The name, address and telephone number of every person, including the DECEDENT'S relatives, employer, or anyone acting in the DECEDENT'S behalf, to whom such determination was made known. Please include the date, time and place of such revelation, and the name, address and telephone number of anyone witnessing said revelation;
- H. The name, address and telephone number of the DECEDENT'S employer(s) at the time of such determination;
- K. Please state the names and addresses of any other physicians or practitioners subsequently affirming or making the same determination; and
- L. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

19. Was a death certificate prepared after the death of the DECEDENT? If "yes", please state:

- A. Whether it was filed;
- B. The office in which it was filed;
- F. The immediate cause of death shown on the death certificate and,

if known, any contributing causes listed; and

G. The exact time, date and place of death shown on the death certificate.

20. Was an autopsy performed on the body of the DECEDENT? If "yes", for each autopsy state:

- H. The cause of death shown by the autopsy;
- J. Whether YOU have or can obtain a copy of the autopsy report or if YOU will do so without a Motion to Produce, attach a copy of each autopsy report to YOUR answers to these interrogatories; and

K. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

23. Did the DECEDENT ever smoke tobacco products of any type? If "yes", please state:

- A. The dates and time periods during which the DECEDENT smoked;
- D. If the DECEDENT ever smoked cigarettes, please state the average number of packs per day so consumed;

26. For every type of employment that you have ever had where you allege exposure to ASBESTOS CONTAINING MATERIAL AND/OR RAW ASBESTOS, whether self-employed or employed by others, please complete the following: (If more space is needed, please attach additional sheets containing the requested information.)

Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

<u>Employer's Name and Address</u>	<u>Job Title</u>	<u>Dated Started – Date Ended</u> (Month, Day, Year)
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Description of Job Duties:

Job Sites:

Your Estimate of Total Time (Days, Weeks, etc.) You Worked at That Site:

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

<u>Employer's Name and Address</u>	<u>Job Title</u>	<u>Dated Started – Date Ended</u> (Month, Day, Year)
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Description of Job Duties:

Job Sites:

Your Estimate of Total Time (Days, Weeks, etc.) You Worked at That Site:

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

Employer's Name and Address Job Title

Dated Started – Date Ended
(Month, Day, Year)

Description of Job Duties:

Job Sites:

Your Estimate of Total Time (Days, Weeks, etc.) You Worked at That Site:

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

Employer's Name and Address

Job Title

Dated Started – Date Ended
(Month, Day, Year)

Description of Job Duties:

Job Sites:

Your Estimate of Total Time (Days, Weeks, etc.) You Worked at That Site:

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

32. Was the DECEDENT ever exposed to RAW ASBESTOS or ASBESTOS-CONTAINING MATERIAL(S) outside of the DECEDENT's work environment? If "yes", please state for each such OCCASION:

- A. Circumstances surrounding the exposure;
- B. Date(s) and LOCATION;
- C. Duration and manner of the exposure; and
- D. DESCRIBE the RAW ASBESTOS or ASBESTOS-

CONTAINING MATERIAL(S).

33. Was the DECEDENT ever discharged from or did the DECEDENT ever voluntarily leave a position due to health problems? If "yes", please state in detail the time, name of employer, place and circumstances and either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

34. If the DECEDENT was not employed at the time of death, please state the DECEDENT's last date worked and the reason that the DECEDENT was not employed thereafter.

35. Was the DECEDENT receiving any form of disability pension at the time of death? If "yes", please state:

C. The anticipated duration of the disability pension.

36. State fully and in detail the year and the DECEDENT's annual earnings for each of the last ten years in which the DECEDENT was employed.

37. Did the DECEDENT, during the last ten years of DECEDENT's life, engage in any other activity or participate in any way in any business designed to produce income not mentioned in the preceding interrogatories? If "yes", for each such activity or business state:

A. A description of the activity or business;

B. The amount of time DECEDENT devoted to the activity or business during each of the last ten years of DECEDENT's life; and

C. The amount of income received from the activity of business for each of the last ten years of DECEDENT's life.

38. At the time of death, had the DECEDENT incurred any hospital expenses as a result of the injuries, complaints, etc. which YOU attribute to the DECEDENT's alleged exposure to asbestos? If "yes", please state the total hospital expenses incurred and itemize each charge if more than one hospital is involved.

39. At the time of death, had the DECEDENT incurred any medical expense (other than hospitalization) or had any medical expenses been incurred on the DECEDENT's behalf to date as a result of the injuries, complaints, etc. which YOU attribute to the DECEDENT's alleged exposure to asbestos? If "yes", please state the total medical expenses incurred, itemizing each such charge.

42. Had the DECEDENT ever at any time made a claim for or received for an asbestos-related condition any health or accident insurance benefits, Workers' Compensation payments, disability benefits, pension, accident compensation payment or veterans disability compensation? If "yes", please state:

A. The illness, injury or injuries for which the DECEDENT made the claim;

B. The date when such injury or injuries were sustained, the place of occurrence and the nature of the accident or incident causing such injury;

L. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

46. Had the DECEDENT received any payments or reimbursements or have any payments been made on the DECEDENT's behalf from any source as a result of the DECEDENT's alleged exposure to asbestos, including without limitation settlements with defendants in this action, potential defendants, a bankrupt company, or any RESPONSIBLE PARTIES? If "yes", for each payment please state:

A. The name of the each person or company making said payment(s); and

B. Total amount of payments from all sources.

47. Do YOU have in YOUR possession or under YOUR control a Social Security office listing of all the DECEDENT's past employers and dates of employment? If "yes", please either attach a copy or give the employer's name, address, date and quarterly Social Security Credit for each employer listed.

DATED: _____

PART 2

1. For each of DECEDENT's WORKSITES, please state:
 - A. The name of the WORKSITE;
 - B. The LOCATION of the WORKSITE;
 - C. As precisely as possible, the time period you worked at the WORKSITE, including the total number of days you worked at the WORKSITE;
 - D. The name and address of each of DECEDENT's employers;
 - E. DECEDENT's job title(s);
 - F. Each kind of work DECEDENT performed at the WORKSITE.
 - G. Whether there was one or more OCCASIONS when DECEDENT worked with or around RAW ASBESTOS or ASBESTOS-CONTAINING MATERIAL(S) at the WORKSITE. For subsequent OCCASIONS at a given WORKSITE, information which is unchanged need not be repeated. If "yes", for each OCCASION, please state:
 1. The specific AREA within the WORKSITE where DECEDENT worked with or around RAW ASBESTOS or ASBESTOS-CONTAINING MATERIAL(S);
 2. As precisely as possible, the time period of each such OCCASION, including the total number of days of each such OCCASION;
 5. IDENTIFY all persons who have information regarding DECEDENT's work with or around RAW ASBESTOS or ASBESTOS-CONTAINING MATERIAL(S) on this OCCASION;
 6. List each contractor YOU and/or YOUR attorney allege installed and/or removed RAW ASBESTOS or ASBESTOS-CONTAINING MATERIAL(S) during YOUR work at that site;
 7. List each contractor YOU and/or YOUR attorney allege installed and/or removed RAW ASBESTOS or ASBESTOS-CONTAINING MATERIAL(S) prior to YOUR work at that site;

8. IDENTIFY all documents in YOUR possession or under YOUR control relating to DECEDENT's work on this OCCASION, including but not limited to travel logs, diaries, work logs, calendars, time sheets, photographs, drawings and union logs or summaries.

9. IDENTIFY all other DOCUMENTS of which YOU or YOUR attorneys are aware relating to DECEDENT's work on this OCCASION, including but not limited to time sheets, invoices, purchase orders, contracts, specifications, photographs, drawings, job logs, work requests and union dispatch slips.

10. State whether DECEDENT installed, removed, disturbed or handled RAW ASBESTOS or ASBESTOS-CONTAINING MATERIAL(S) during the OCCASION. If "yes":

a. DESCRIBE each RAW ASBESTOS or ASBESTOS-CONTAINING MATERIAL(S) installed, removed, disturbed or handled during the OCCASION;

b. DESCRIBE specifically the work DECEDENT performed regarding each RAW ASBESTOS or ASBESTOS-CONTAINING MATERIAL(S) including whether the work was performed indoors or outdoors;

11. State whether YOU allege any exposure to asbestos from RAW ASBESTOS or ASBESTOS-CONTAINING MATERIAL(S) other than those DECEDENT personally installed, removed, disturbed or handled himself/herself during the OCCASION. If "yes":

a. Describe specifically the work DECEDENT performed during the OCCASION, including whether the work was performed indoors or outdoors;

b. DESCRIBE each RAW ASBESTOS or ASBESTOS-CONTAINING MATERIAL(S) that released the asbestos fibers to which YOU allege exposure to DECEDENT;

c. List the trade(s) using the RAW ASBESTOS or ASBESTOS-CONTAINING MATERIAL(S) and IDENTIFY the employer of each trade.

e. Describe:

i. The AREA where the trades using the RAW ASBESTOS or ASBESTOS-CONTAINING MATERIAL(S) worked, and;

ii. The approximate distance from that AREA to the AREA where DECEDENT worked;

3. Either (1) attach all DOCUMENTS evidencing the information sought in these interrogatories and their subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.