

**WORKERS' COMPENSATION ASBESTOS CASES
MASTER DISCOVERY**

INTERROGATORIES TO PLAINTIFF

INSTRUCTIONS

Instructions and definitions pursuant to the Ohio Rules of Civil Procedure.

INTERROGATORIES

1. State your full name and any other names by which you have been known or which you have used, including maiden names and/or nicknames.

ANSWER:

2. State the address of each place you have lived during the past 30 years and the dates/years you lived at each residence.

ANSWER:

3. If you have ever used any tobacco product, state:

- (a) The brand(s);
- (b) The average amount per day; and
- (c) The period of time you did so; and
- (d) The date you quit, if applicable.

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ANSWER:

4. If you have you ever been involved in a personal injury or asbestos related lawsuit, state:

- (a) The case caption;
- (b) Case number; and
- (c) The court in which each lawsuit was filed.

ANSWER:

5. If you have ever been convicted of or pleaded guilty to a local, state or federal offense within the past ten years (to be answered in accordance with Ohio Evidence Rule 609), state:

- (a) The date and nature of each offense;
- (b) The jurisdiction where each offense was committed; and
- (c) The date when each offense was committed.

ANSWER:

6. If you have ever provided testimony, or been SPRINT interviewed in an asbestos or personal injury lawsuit, state the following:

- (a) Name of the case including court and case number for which each such testimony or SPRINT interview was given;
- (b) Nature of each such proceeding and/or testimony; and
- (c) Approximate date when each such testimony and/or SPRINT interview was given.

ANSWER:

7. Identify each and every known place of Plaintiff's current and past employment, including casual, self and part-time employment, and the dates of each such employment.

ANSWER:

8. If you ever have been discharged or voluntarily left a job, or changed residence due to breathing respirator or lung problem, state in detail the dates, places and circumstances.

ANSWER:

9. If you have ever been a member of the Armed Forces, state the following:

- (a) Branch of service;
- (b) Serial number;
- (c) Dates of service ending with the date of last discharge;
- (d) The name and location of each facility where you were hospitalized and/or treated for lung, chest or ribs condition;
- (e) Exposure to asbestos and/or other toxic agent;
- (f) Veteran's Administration number.

ANSWER:

10. If you have ever received disability benefits for a lung, respiratory or breathing problem from any source at any time, state the following:

- (a) Name and address of the entity or agency providing the benefits;
- (b) Inclusive dates for which disability benefits were received; and
- (c) Reason or disability for which benefits were received.

ANSWER:

11. Identify all employers in whose employ you believe you were exposed to asbestos and asbestos containing products.

ANSWER:

12. For each employer identified in response to the preceding Interrogatory, state the following:

- (a) Job site or location where exposed;
- (b) Dates at each job site or location;
- (c) Your job title and duties;
- (d) The location and form of asbestos to which you were exposed;
- (e) The materials or products you believe contained asbestos;
- (f) Your immediate supervisor or foreman; and
- (g) All co-workers known by plaintiff with knowledge of each exposure.

ANSWER:

13. Have you (or, if this is a death case, refer to the decedent for this entire interrogatory) ever had any of the following conditions? Please place an "X" in the appropriate box and state the date of diagnosis and physician for each such condition:

ANSWER:

	YES	NO	Date of Diagnosis	Treating Physician
a. Bronchitis	_____	_____	_____	_____
b. Emphysema	_____	_____	_____	_____
c. Asthma	_____	_____	_____	_____
d. Tuberculosis	_____	_____	_____	_____
e. chronic obstructive pulmonary disease	_____	_____	_____	_____
f. pneumonia	_____	_____	_____	_____
g. rheumatoid arthritis	_____	_____	_____	_____
h. heart trouble	_____	_____	_____	_____

14. If, for any reason, you have been evaluated, examined or treated by any health care professional(s) in the last 25 years for any respiratory, breathing (shortness of breath, breathlessness, etc.), lung or chest condition, state:

- (a) Name and address of such person(s);
- (b) Approximate date of treatment; and
- (c) Condition found and treatment accorded.

15. If any x-rays, CT Scans or MRI films have been taken of your upper body trunk over the past twenty-five (25) years, identify the date and place each was taken, and state the reasons each was taken.

ANSWER:

16. Identify all medical professionals who examined tissue samples or slides or other physical evidence obtained by you or your attorneys and representatives concerning this case.

ANSWER:

17. If the preceding Interrogatory is answered, identify the person or facility in possession of the tissue blocks, slides and other items of physical evidence that you or your counsel obtained from any physician or medical provider or facility concerning this case.

ANSWER:

18. State the specific medical condition you allegedly contracted in the course of employment that is the basis of this lawsuit.

ANSWER:

19. Identify the physician(s) and/or medical professional(s) who first identified the condition set forth in response to the preceding Interrogatory, and the date of diagnosis.

ANSWER:

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