



Defendants' Discovery No. 41



STATE OF MICHIGAN
IN THE CIRCUIT COURT FOR THE COUNTY OF WAYNE

**IN RE: ALL ASBESTOS PERSONAL
INJURY CASES**

Asbestos Master File
Hon. Robert J. Colombo, Jr.

**DEFENDANTS' THIRD
MASTER INTERROGATORIES
AND REQUESTS FOR PRODUCTION
TO PLAINTIFF/DECEDENT**

NOW COME Defendants pursuant to MCR 2.309, MCR 2.310 and Case Management Order ___ and propound these Interrogatories and Requests for Production of Documents upon Plaintiff/Decedent to be answered in writing under oath within one hundred eighty-two (182) days after the Complaint is filed.

These Interrogatories and Requests for Production of Documents are of a continuing nature and any information which becomes available or known to counsel subsequent to the service of Plaintiff's Answers which would have been includable in the Answers had it been known or available is to be supplied by Supplemental Answers and/or where appropriate Supplemental Responses to Requests for Production.

Each Interrogatory solicits the personal knowledge of Plaintiff and all information available to Plaintiff from Plaintiff's agents, employees, attorneys, investigators or the agents of same.



These Interrogatories are to be answered in detail. If Plaintiff cannot answer any Interrogatory in full, please answer it to the extent possible and explain Plaintiff's inability to answer the remainder.

DEFINITIONS

A. "Plaintiff/Decedent" means the Plaintiff(s) or the Decedent, as appropriate within the context of the questions. Present tense should be construed as including past tense.

B. The term "of which Plaintiff has knowledge", "of which Plaintiff/Decedent has knowledge", "Plaintiff(s)' knowledge", "Plaintiff(s)/Decedent' knowledge" or any like term includes knowledge of the Plaintiff(s), the Plaintiff's Decedent and knowledge of any person or firm, including Plaintiff(s)' attorneys, acting on Plaintiff(s)' behalf.

C. "Produce" means produce, make available or authorize the obtaining of any materials requested to be produced, said production to be for the purpose of inspection and copying.

D. "Document" is an all inclusive term and means the original or any copy of a writing or other form of the record preserving information which is or may be in the possession, custody or control of Plaintiff(s) or of which Plaintiff(s) has knowledge, whether or not in the possession, custody or control of Plaintiff(s) and whether or not claimed to be privileged against discovery on any ground, including but not limited to, reports, records, lists, memoranda, correspondence, telegrams, communications, schedules, photographs, drawings, charts, recordings, films or any other form of preserved information. Any request pertaining to documents is to be considered a continuing request as Plaintiff(s) becomes aware of such documents.

E. "Identify," "identity" or "identification" when used in reference to an individual person, company or other entity means to state the full name and present address, and in the case of a



person, his or her business affiliation. “Identify,” “identity” or “identification” when used in reference to a document means to describe said document, including the nature and content thereof, the date thereof, the name and address of the author or the participant therein, and the present location of the person or entity having custody thereof.

INTERROGATORIES

1. Please state:

(a) all names by which Plaintiff/Decedent has been known;

ANSWER:

(b) date of birth and, if applicable, date of death;

ANSWER:

(c) all occupations;

ANSWER:

(d) social security number;

ANSWER:

(e) normal adult weight and height;

ANSWER:

(f) present weight or weight at date of death.

ANSWER:



2. State the address of each place of residence that Plaintiff/Decedent has occupied during the last twenty (20) years, and all other previous cities and states of residence, from age 16 to date of death. (specify dates of residence.)

ANSWER:

3. State Plaintiff/Decedent's past and present marital status, giving addresses of past and present spouses and children, and reason for termination of marriage. Please also identify all persons dependent upon Plaintiff/Decedent, setting forth the inclusive dates of such dependency.

ANSWER:

4. Set forth Plaintiff/Decedent's schooling, including public, private or trade schools, setting forth the dates of attendance and grade or level attended.

ANSWER:

5. Has Plaintiff/Decedent ever been a member of the armed forces of the United States? If so, state the following:

ANSWER:

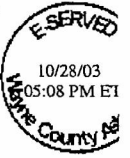
(g) The branch of the services, serial number and highest rank held;

ANSWER:

(h) The beginning and ending dates of Plaintiff/Decedent's military service;

ANSWER:

(i) The types of discharge that Plaintiff/Decedent received;



ANSWER:

- (j) Whether Plaintiff/Decedent was given a physical examination which included x-rays prior to the time he/she entered the service;

ANSWER:

- (k) Whether Plaintiff/Decedent received any injury while in the military service;

ANSWER:

- (l) Whether Plaintiff/Decedent sustained or incurred any illness while in the Military service;

ANSWER:

- (m) Whether Plaintiff/Decedent was given a physical examination which included x-rays upon leaving the service;

ANSWER:

- (n) Whether Plaintiff/Decedent claims disability for any injury or physical condition arising out of his/her military service.

ANSWER:

6. State fully and in detail the date, and place and nature of each:

ANSWER:

- (a) Felony conviction;

ANSWER:

- (b) Crime involving theft, dishonesty or false statement regardless of the punishment.

ANSWER:

7. If company, employer or union sponsored physical examinations were required or made available, and if so state:

ANSWER:

- (a) Whether required or optional;

ANSWER:

- (b) Frequency and dates of the examination;

ANSWER:

- (c) Nature and extent of examinations;

ANSWER:

- (d) Whether x-ray examinations were included;

ANSWER:

- (e) Frequency, including specific dates and time when Plaintiff/Decedent submitted to such examinations;

ANSWER:

- (f) Plaintiff/Decedent's detailed reasons for failing to submit to such examination when required or made available;

ANSWER:

- (g) Results of each examination;

ANSWER:

- (h) Name, address, phone number of any examining physician, nurse or technician or clinic.

ANSWER:

8. Did any of Plaintiff/Decedent's work ever entail working with other than asbestos material or under such ventilation conditions that Plaintiff/Decedent was subject to exposure to fibers, particles or other substances in the air, such as, but not limited to, sand,

coal, fiberglass, etc. If so, give the details setting forth the employer, dates of employment, working conditions and substance involved.

ANSWER:

9. To Plaintiff/Decedent's knowledge, did any of Plaintiff/Decedent's employers ever take or have taken on their behalf air sampling, or did any government or other agency take air sampling at such employment sites? If so, identify said employer and give the details of the taking of air sampling, including the identity of the taker, the frequency of the taking and the results thereof.

ANSWER:

10. Had Plaintiff/Decedent ever been discharged or voluntarily left a position or changed residence due to health reasons? If so, please state in detail the date(s), place(s) and medical conditions(s).

ANSWER:

11. Was Plaintiff/Decedent ever hospitalized, operated upon or confined to an institution, been an outpatient of any hospital, clinic, nursing home, suffered any personal injuries or illnesses other than those involved in this lawsuit? If so:

- (a) The date, place names of persons involved and circumstances surrounding each such injury and related health care;
- (b) The nature and extent of the injury or illnesses, including all ill effects or disabilities remaining at the time of the last treatment or examination;
- (c) The nature or extent of the injuries or illnesses, including any ill effects or disabilities remaining at the time of answering these Interrogatories;
- (d) The names and addresses of all persons who treated or examined Plaintiff/Decedent, together with the date of the last treatment or examination;

- (e) The nature, source and amount of any disability benefits, pensions, or together with the date of the last treatment or examination;

ANSWER:

12. With respect to each physician or medical practitioner who examined or treated Plaintiff/Decedent from his/her eighteenth birthday, unless exposed prior to that time, state the following.

- (a) The name and address of each such physician or practitioner;
- (b) The complaint which caused Plaintiff/Decedent to see that particular physician or practitioner;
- (c) The type of examination and type of treatment that each physician or practitioner gave Plaintiff/Decedent.
- (d) The date or dates on which Plaintiff/Decedent was examined and treated by each physician or practitioner.

ANSWER:

13. For each and every condition and symptom, indication, malaise or affliction which Plaintiff contends to be directly or indirectly related to any disease, disability or physical condition or state of Plaintiff/Decedent's body or health, and which Plaintiff contends is relevant to this lawsuit as having any effect on Plaintiff/Decedent's health and well-being, please state the following:

- (a) Nature and description of such symptom;

ANSWER:

- (b) The disease, disability or physical condition to which said symptoms are related, and the nature and extent of such relationship;

ANSWER:

- (c) The date, time, place and manner in which such symptom first manifested itself, regardless of whether Plaintiff/Decedent was aware of the significance of any such symptom;

ANSWER:

- (d) When such symptoms were made known to Plaintiff/Decedent, if Plaintiff/Decedent was previously unaware of the same, including all pertinent information as to the source of such knowledge;

ANSWER:

- (e) Whether Plaintiff contends such symptom was related in any fashion to asbestosis or pleuritis or any other condition from which Plaintiff/Decedent allegedly suffered, and the nature and extent of such relationship.

ANSWER:

14. When did Plaintiff/Decedent receive a diagnosis of such symptoms? Set forth all details of the persons involved in making the diagnosis, results of the diagnosis, and what was done by or to Plaintiff/Decedent as a result of said diagnosis.

- (a) Identify all documents related to such diagnosis;
- (b) Produce all such documents.

ANSWER:

15. Did Plaintiff/Decedent ever at any time make a claim for or receive any health or accident insurance benefits, worker's compensation payments, disability benefits, pensions, accident compensation payments or veteran's disability compensation awards? If so, state for each:

ANSWER:

- (a) The circumstances under which he/she received the benefits, awards or payments;

ANSWER:

- (b) The illness, injury or injuries for which he/she received the benefits, awards or payments;

ANSWER:

- (c) The names and addresses of his/her employers at the time of each injury or illness for which such an award was received or claimed;

ANSWER:

- (d) The names and addresses of the examining doctors for each injury or illness.

ANSWER:

- (e) The names of the superiors, officers, boards of tribunals before which or to whom the claim or claims were made or filed, and the dates made or filed;

ANSWER:

- (f) The amounts of the benefits, awards or payments;

ANSWER:

- (g) The dates covering the times during which he/she received the benefits, awards or payments;

ANSWER:

- (h) The agencies or insurance companies from whom he/she received the awards, benefits or payments;

ANSWER:

16. Please set forth specifically and in detail, all other examinations, tests and doctor visits which Plaintiff/Decedent may have received through his/her union, place of employment or other agency, other than those listed above.

ANSWER:

17. Identify each entity, physician, technician and/or other person by name, address, location of testing and date of testing that have been involved in any medical examinations and medical tests (including but not limited to pulmonary function tests, biopsies, physical examinations, and/or x-rays), that Plaintiff/Decedent has undergone in the last ten (10) years for the purpose of determining or assessing (or which has determined or assessed) whether Plaintiff/Decedent has been exposed to asbestos and/or has an asbestos-related disease.

ANSWER:

18. Identify all documents (including but not limited to correspondence, advertisements, newsletters, literature, pamphlets, articles and websites) that Plaintiff/Decedent has relied upon, seen, heard or known about which discuss or mention testing/screenings for asbestos exposure and/or asbestos related disease.

ANSWER:

19. Did Plaintiff/Decedent have any health, accident, life or hospitalization insurance policies (individual or group)? If so, state the name, type of insurance, the address of the insurance company, the dates of commencement and expiration of coverage, policy limits and policy number.

ANSWER:

20. Other than as answered in Interrogatory 16, did Plaintiff/Decedent ever make any claims or file suit for damages for any personal injury? If so, state:

ANSWER:

(a) The persons against whom said claim was made;

ANSWER:

- (b) The basis of such claim;

ANSWER:

- (c) The nature and extent of the injuries claimed;

ANSWER:

- (d) The present status of such claim, and if concluded, the final result, including the amount of any settlement.

ANSWER:

21. Was Plaintiff/Decedent ever a party to any other litigation? If so, describe:

- (a) The nature of the suit;
- (b) The date, court and place where the suit was filed.

ANSWER:

22. On what date did Plaintiff/Decedent first become aware that asbestosis was a compensable, occupational disease under a state or federal workers compensation act, stating by what means and under what circumstances Plaintiff/Decedent became so aware.

ANSWER:

23. Was Plaintiff/Decedent aware that any adverse effects of exposure to asbestos and/or asbestos-containing products may be cumulative in nature and that continued exposure to such materials by one suffering from asbestosis or related illnesses may have a significant adverse effect on the extent and severity of such illness? If the answer is affirmative, please state:

- (a) The date, time and place that he/she first acquired such awareness;
- (b) The specific identity of each source of information providing or leading to such awareness;

- (c) Any change in his/her behavior life style, occupation, work habits, etc., precipitated by such awareness.

ANSWER:

24. After being informed that Plaintiff/Decedent was suffering from asbestosis, pleuritis or any alleged asbestos-related illness, did he/she continue to engage in any activity or occupation in which he/she encountered subsequent exposure to asbestos or asbestos-containing materials? If the answer is affirmative, please state:

ANSWER:

- (a) Nature and description of such activity or occupation, including the employer on a work site;

ANSWER:

- (b) His/her detailed reasons for engaging in such activity or occupation;

ANSWER:

- (c) Whether his/her participation in such activity or occupation and consequential exposure to asbestos or asbestos containing materials was contrary to medical or professional advice (including such advice from employers, union representatives, publications, etc.); if so, state in detail:

ANSWER:

1. The identity, description, address, etc., of each source of such advice;

ANSWER:

2. The date, time and place such advice was given;

ANSWER:

3. Identity of each person present or aware of such advice being given to him/her.

ANSWER:

25. State whether Plaintiff/Decedent ever made any complaint about working with asbestos and/or asbestos-containing products, and if so, the details of any such complaints, including when made, to whom made, the nature of such complaint, and the consequent action by any parties as a result of such complaint.

ANSWER:

26. Did Plaintiff/Decedent at an time during his/her life, ever use any device (mask, respirator), or take any action, measure of precaution (i.e., use of handkerchiefs, home medications), to reduce his/her possible exposure to, or inhalation of, asbestos dust or fibers?

If the answer is affirmative, state:

ANSWER:

- (a) The make, model and type;

ANSWER:

- (b) From whom received;

ANSWER:

- (c) The company or employer requirements regarding use of such device;

ANSWER:

- (d) The identity of all documents concerning such requirements or recommendations;

ANSWER:

- (e) The date and time of each period of use of such device.

ANSWER:

27. Did any of Plaintiff/Decedent's employers, co-workers, or union members ever suggest or recommend that he/she might or should use any device to reduce his/her possible exposure to, or inhalation of, asbestos dust or fibers? If the answer is yes, state:

ANSWER:

- (a) The identity of such individual;

ANSWER:

- (b) The date, time and place when such suggestion or recommendations were made;

ANSWER:

- (c) The identity of each person present when such suggestion or recommendation where made to or received by him/her.

ANSWER:

- (d) The identity of each person receiving same or similar suggestions or recommendations.

ANSWER:

- (e) The exact working and content of such suggestion or recommendation or the substance thereof.

ANSWER:

- (f) Whether such suggestion or recommendation was written or oral, and:

ANSWER:

- (1) If written, the identity of each writing;

ANSWER:

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

ANSWER:

- (g) The type, make and model of each device referred to in each such suggestion or recommendation;

ANSWER:

- (h) The nature of any action, if any, taken b him/her in response to such suggestion;

ANSWER:

- (i) Describe in detail his/her reasons for any response to such suggestions or recommendation short of complete conformity thereto.

ANSWER:

28. Was Plaintiff/Decedent ever confined to bed or home as a result of any injury, illness or emotional or psychological illness or distress? If so, state in detail:

ANSWER:

- (a) The dates during which he/she was confined to his/her home or bed;

ANSWER:

- (b) The address where such confinement took place;

ANSWER:

- (c) Identify those persons who had knowledge of such confinement;

ANSWER:

- (d) Identify those persons who cared for him/her during such confinement;

ANSWER:



29. State Plaintiff/Decedent's average weekly or monthly earnings at the time of his/her last full time employment.

ANSWER:

30. State fully and in detail Plaintiff/Decedent's annual earnings for the past ten years, setting forth the names of employers and the amounts if different employers were involved during this period of time.

ANSWER:

31. Please set forth the effective date of Plaintiff/Decedent's retirement and whether:

ANSWER:

(a) The retirement was mandatory or voluntary;

ANSWER:

(b) The reasons for his/her retirement;

ANSWER:

(c) Alleged wage loss, if any.

ANSWER:

32. With regard to Plaintiff/Decedent's medical conditions, relevant working conditions, or other circumstances complained of in this action, or related to the subject matter of this lawsuit, does Plaintiff have knowledge of any photographs, charts, drawings, diagrams or other graphic representations concerning the same? If so:

(a) How many pictures or documents were prepared?

ANSWER:

(b) On what dates were they taken or prepared?

ANSWER:

- (c) What views, scenes or objects do they depict?

ANSWER:

- (d) Identify the person making or preparing the same;

ANSWER:

- (e) Identify the person having custody of the same;

ANSWER:

- (f) Which of the above documents were made by him/her or on his/her behalf?

ANSWER:

33. Did Plaintiff/Decedent make any statement which was reduced to writing concerning the facts of this lawsuit or events concerning his/her medical history or asbestos exposure history, and the damages claimed to any person, including but not limited to, any police or law officer, insurance company representative, investigator, state or federal agent, or employee of any kind, or anyone else? If so, state the name and address of each and every such person or organization to whom these statements or reports were made, the dates made, and the purpose of which they were made.

- (a) Identify all such statements.

ANSWER:

34. Did Plaintiff/Decedent ever smoke tobacco products?

ANSWER:

35. If Plaintiff/Decedent's answer is affirmative, state in detail:

- (a) The type of tobacco products which he/she smoked or had smoked, i.e., cigarettes, cigars, pipes, etc., stating whether he/she inhaled the smoke or not;

ANSWER:

- (b) The daily frequency with which he/she smoked or had smoked the same, e.g., two packages of cigarettes daily, two pipefulls of tobacco daily, three cigars a day, etc;

ANSWER:

- (c) The dates and time periods during which he/she smoked;

ANSWER:

- (d) For any time period when he/she commenced smoking tobacco products after a period of having stopped smoking, his/her reasons for resuming;

ANSWER:

- (e) If he/she smoked cigarettes, please state the average number of packs per day so consumed in each of the years that he/she smoked;

ANSWER:

- (f) Whether he/she was ever advised by any physician to stop smoking and if so, the date, name and address of each physician who gave him/her any such advice and whether he/she followed the advice. If so, for what period of time did he/she follow said advice?

ANSWER:

- (g) State the particular commercial brand or brands of tobacco products used by Plaintiff/Decedent for the periods related above.

ANSWER:

36. Was Plaintiff/Decedent aware of the United States Surgeon General's warning placed on all cigarette packages and advertisements? If so, when did he/she become aware?

ANSWER:

37. Did Plaintiff/Decedent ever read the warning referred to in the preceding Interrogatory?

ANSWER:

38. Did Plaintiff/Decedent ever smoke any tobacco products subsequent to being aware of or reading the warnings referred to in the preceding Interrogatories and, if so, please specify the type of tobacco product.

ANSWER:

39. State whether or not Plaintiff claims any permanent, total or partial disability to date of death as the case may be. If so, set forth the details thereof.

ANSWER:

40. State whether or not Plaintiff/Decedent claims any diminution in earning power. If so, set forth the details thereof.

ANSWER:

41. State in detail the time the Plaintiff/Decedent claims was missed from work as a result of the conditions complained of herein.

ANSWER:

42. With respect to any and all special damages being claimed, set forth:

- (a) The hospital bills with dates and amounts thereof;
- (b) Medical bills with dates and amounts and names of persons rendering same;
- (c) Nursing bills with dates and amounts and identity of persons rendering same;
- (d) Loss of earnings, with identity of employers;

- (e) Any other special damages, specifying the type, amount and nature of same. This is to include any and all damages being claimed in this action, including any funeral expense where wrongful death is claimed.

ANSWER:

43. State whether there was any settlement with any person or party of all claim or part of a claim being asserted herein, or similar to the claims being asserted herein by which any money or other benefit was received, and if so, set forth the details thereof, including the claim date, the identity of the person against whom the claim was made, the identity of the person who settled the claim, the amount of the settlement, and the date thereof.

ANSWER:

44. Was Plaintiff/Decedent a member of any labor union at any time from 1940 to the present time? If so, state for each such union membership:

ANSWER:

- (a) The identity of such union;

ANSWER:

- (b) The identity of any officials known by him/her;

ANSWER:

- (c) The dates and time periods during which he/she maintained membership in such union.

ANSWER:

45. Did Plaintiff/Decedent ever receive, was provided with, or had made available to him/her, in any manner, a publication known as "The Asbestos Worker"? If so, set forth:

ANSWER:

- (a) The manner of receipt in which the publication was made available to him/her, i.e., provided by union, employer, labor group, etc. Distributed at meetings, subscription, purchase, free, etc.;

ANSWER:

- (b) The identity of each and every person and/or entity which provided or made the publication available to him/her.

ANSWER:

- (c) The frequency of receipt, i.e., regular, occasionally, etc.;

ANSWER:

- (d) The pertinent dates and time period during which the publication was received, provided, or made available to him/her;

ANSWER:

- (e) The publication date, issue and volume number of each issue;

ANSWER:

- (f) Did he/she read such publications?

ANSWER:

46. If Plaintiff/Decedent was a member of a labor union other than the International Association of Heat and Frost Insulators and Asbestos Workers, did he/she receive any newspapers, newsletters or other publications from such union?

ANSWER:

47. If Plaintiff/Decedent's answer to the preceding is in the affirmative, state:

- (a) The type of each publication received;

ANSWER:

- (b) Where is it?

ANSWER:



- (c) The frequency with which such publications were received;

ANSWER:

- (d) Whether he/she read such publications.

ANSWER:

48. Has Plaintiff/Decedent ever attended any international or local union meetings, seminars, conferences or conventions where the subject of occupational health and exposure to asbestos was discussed? If yes, please state:

ANSWER:

- (a) The date and place of each such meeting, seminar, conference or convention;

ANSWER:

- (b) The name and address of the speaker;

ANSWER:

- (c) A summary of each such speech, presentation or discussion.

ANSWER:

49. Please list, together with places and dates, all offices Plaintiff/Decedent ever held or committees on which he/she had served in both his/her local and international union.

ANSWER:

50. Was Plaintiff/Decedent ever informed by any person in an official capacity in his/her local or international union, or any other individual or publication, of any possible hazards associated with exposure to asbestos products?

ANSWER:



51. If Plaintiff/Decedent's answer to the preceding is in the affirmative, state:

- (a) The identity and/or the official capacity of the individual or individuals who furnished him/her with such information;

ANSWER:

- (b) The identity of the publication or writing which furnished him/her with such information;

ANSWER:

- (c) The approximate date and place such information was furnished;

ANSWER:

- (d) The manner in which such information was communicated;

ANSWER:

- (e) The nature and exact wording of such advice, publication, warning, order, directive, requirement or recommendation, or if not the exact wording, the substance thereof;

ANSWER:

- (f) Advice or recommendation as to the techniques, methods or equipment which would serve to reduce or guard against such potentially harmful exposure;

ANSWER:

- (g) The identity of each and every witness to Plaintiff's receipt of such advice, publication, warning, order, directive, requirement or recommendation;

ANSWER:

- (h) What action, if any, he/she took in response to such information;



ANSWER:

52. State the dates, time and place during which Plaintiff/Decedent was:

- (a) A member of the National Insulating Contractors Association (NICE);

ANSWER:

- (b) Employed by an employer who was a member of the National Insulation Manufacturers Association (NIMA);

ANSWER:

- (c) Identify each such employer and the periods of employment.

ANSWER:

Respectfully Submitted,

By: _____

**Attorney for Defendant
Address
City State Zip Code
Area Code and Telephone Number**

Dated:

ADDITIONAL REQUESTS FOR PRODUCTION

- 1. All correspondence, advertisements, newsletters, literature, pamphlets, articles, and electronic mail that Plaintiff/Decedent has received in the last five (5) years about medical



tests and medical examinations for asbestos exposure or asbestos related diseases unless it was received from a lawyer or law firm after an attorney client relationship was established with that lawyer or law firm.

ANSWER:

Respectfully Submitted,

BY: _____

**Attorney for Defendant
Address
City State Zip Code
Area Code and Telephone Number**

Dated: