

APPENDIX F  
TO CONSOLIDATED STYLE ORDER  
STANDARD INTERROGATORIES  
(LIVING PLAINTIFF)

**APPENDIX F**

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SUPERIOR COURT OF WASHINGTON FOR KING COUNTY

Plaintiffs,

v.

Defendants.

No.

PLAINTIFF'S RESPONSES TO  
STYLE INTERROGATORIES  
PROPOUNDED BY DEFENDANTS

INTERROGATORIES

BACKGROUND

- 1. Please provide the following for plaintiff and spouse, if applicable:
  - (a) Full name, including other names by which plaintiff has been known, including nicknames, maiden names, and aliases;
  - (b) Date and place of birth, Social Security number, and all addresses at which plaintiff lived during the past 20 years, including your current address;
  - (c) Dependents (including names, ages and relationship to you); and
  - (d) Your current height and weight.

ANSWER:

MARITAL STATUS & CHILDREN

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2. If plaintiff was ever married, provide the following:
- (a) Full name, place of residence (i.e., city or town or specific address, if known), and date of marriage for each spouse (and date of divorce, if applicable);
  - (b) The occupation and income of plaintiff's spouse;
  - (c) Names, ages and place of residence (i.e., city or town or specific address, if known) of children from each marriage; and
  - (d) The present general state of health of plaintiff's spouse and each child listed above, or if deceased, the date and cause of death.

ANSWER:

FAMILY MEMBERS

3. Identify the following with respect to each of plaintiff's parents, step parents, siblings, adopted siblings, and half-siblings:
- (a) Name, place of residence (i.e., city or town or specific address, if known), relationship status, and age for each such person;
  - (b) Whether any of the persons listed above has suffered from cancer, bronchitis, emphysema, or any other respiratory, pulmonary or cardiovascular condition or any other serious health condition or illness if known;
  - (c) If deceased, the date, place, and cause of death for each person listed above, if known;
  - (d) Whether any of the persons listed above has been exposed to asbestos-containing materials, and if so, the details of such exposure.

ANSWER:

4. Please state the highest grade or last school or educational facility attended by plaintiff, including the dates of attendance and degree attained, if applicable. (Include technical, vocational training and correspondence courses.)

ANSWER:

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MILITARY SERVICE

5. If plaintiff ever served in the armed forces of any country, please state the following:
- (a) Country served;
  - (b) Inclusive dates of service;
  - (c) Branch of service;
  - (d) Rank attained;
  - (e) Type of duty;
  - (f) Where duty was performed;
  - (g) When plaintiff was discharged;
  - (h) Type of discharge; and
  - (i) Plaintiff's serial number.
  - (j) If ever rejected by the armed forces, state the date and reasons.

ANSWER:

OTHER LAWSUITS, PROCEEDINGS, ETC.

6. If plaintiff was ever party to any lawsuit (excluding this lawsuit), arbitration or administrative agency action involving personal injury or illness, please state the following:
- (a) The names and addresses of all plaintiffs, defendants and other parties, and each of their attorneys;
  - (b) The location and court, tribunal, arbitration board or administrative agency where each lawsuit, arbitration, or administrative agency action was filed;
  - (c) The cause or identifying file number;
  - (d) The approximate date of filing;
  - (e) The circumstances, nature and extent of the injuries or illnesses claimed; and
  - (f) The present status of each lawsuit, arbitration or administrative agency action, including the decision, award or ruling, if any.

ANSWER:

INCOME

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- 1 7. For each of the past ten (10) years of plaintiff's working life, please state the following:
- 2 (a) The amount of all income plaintiff received;
- 3 (b) The sources of all income plaintiff received (e.g., itemized as to each individual
- 4 source);
- 5 (c) For each full time job, plaintiff's employer, type of work, base rate of pay and
- 6 overtime rate of pay, and the number of hours per week which plaintiff normally
- 7 worked, including how much of this was compensated as overtime; and
- 8 (d) For each part time job, plaintiff's employer, type of work, plaintiff's rate of pay
- 9 received for such work, and the total hours or days plaintiff worked part time.

10 ANSWER:

11 EXPERT WITNESSES

- 12 8. For each expert witness plaintiff expects to call at trial, please state the following:
- 13 (a) The name, address, and occupation of each expert witness;
- 14 (b) The subject matter on which such expert witness is expected to testify;
- 15 (c) The substance of the facts and opinions to which such expert witness is expected
- 16 to testify; and
- 17 (d) A summary of the grounds for each such opinion.

18 ANSWER:

19 SMOKING HISTORY

- 20 9. If plaintiff smoked or used tobacco products during his/her lifetime, please describe
- 21 his/her smoking history in detail (e.g., give specific information about the time period
- 22 plaintiff smoked, amount smoked, whether or not plaintiff inhaled, type of tobacco
- 23 product, brand names, etc.)

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EMPLOYMENT

- 10. For each employer for whom plaintiff ever worked (including self-employment and part time employment) please identify:
  - (a) In chronological order, the beginning and ending dates of each period of employment;
  - (b) The place of each such employment;
  - (c) The nature of the business for each such employment; and
  - (d) Plaintiff's particular title or job description or function for each such employment.

ANSWER:

ASBESTOS EXPOSURE/JOBSITES

- 11. Identify each job site or ship (referencing its specific location and the dates of plaintiff's employment) at which you claim exposure to asbestos-containing products and plaintiff's occupation or trade at each job site.

ANSWER:

- 12. State separately for each job site or ship enumerated in your response to Interrogatory No. 11, the following:
  - (a) The name and address of plaintiff's employer;
  - (b) The names of each contractor that brought, installed, or used the asbestos or asbestos-containing product on the job site, the date, and the contractor that is related to plaintiff's exposure;
  - (c) The nature of plaintiff's exposure to asbestos containing products (include job title, duties performed, and details as to whether exposure occurred during rip-out, repair, new construction, etc.);

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- 1 (d) The names of the manufacturers, sellers, distributors and/or the brand names of  
2 the asbestos-containing products to which plaintiff was exposed and the dates you  
3 claim plaintiff's exposure to each product;
- 4 (e) The names and addresses of co-workers and supervisors/foremen;
- 5 (f) The name, address and telephone number of every witness who can identify  
6 asbestos-containing product(s) at the site. For each such witness, also please  
7 identify which specific products they will identify at each specific job site. (If  
8 you are relying on a deposition of the witness, please identify the deposition.);
- 9 (g) Whether during the course of that employment plaintiff was advised, warned or  
10 made aware in any manner that exposure to or inhalation of, asbestos dust and  
11 fibers could have an adverse affect on his/her health. If so, for each such advice,  
12 warning or awareness, state who advised plaintiff, where he/she was advised,  
13 when he/she was advised, how he/she was advised, and the nature of the advice,  
14 warning or awareness that plaintiff was given;
- 15 (h) Whether respiratory safety equipment (e.g., masks, respirators, suckers, blowers,  
16 etc.) were either required, made available to plaintiff, or recommended by  
17 plaintiff's employer, supervisor or anyone else at the job site;
- 18 (i) Whether plaintiff's employer provided showers or separate lockers for work and  
19 personal clothing; and
- 20 (j) Whether company sponsored physical examinations were required or made  
21 available to plaintiff by each employer, and if so, the nature and frequency of such  
22 examinations. If known, state the names and addresses of the examining doctor  
23 or facility.

ANSWER:

13. If you contend plaintiff was exposed to asbestos or asbestos products under  
14 circumstances outside of plaintiff's employment, please state the following:
- 15 (a) The physical location, place and circumstances of this exposure;
- 16 (b) The trade name, manufacturer, product type, and product contents to which  
17 plaintiff was exposed;
- 18 (c) The dates you contend plaintiff came into contact with each such product; and
- 19 (d) The names and addresses of all persons who have knowledge or witnessed this  
20 exposure.

ANSWER:

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### UNION MEMBERSHIP

14. If plaintiff was ever a member of any professional association, labor union or other trade, labor or employment organization, please state the following:
- (a) The name and address of such union or labor organization, including local designation and dates of membership;
  - (b) The type of work that plaintiff was authorized to perform by virtue of this membership;
  - (c) Whether plaintiff received any newspapers, newsletters or other publications from this union or labor organization and if so, the title(s) of the publications, and the time period, including dates during which plaintiff received such publications;
  - (d) Whether or not plaintiff was ever informed during meetings or through publications offered by the union of possible hazards associated with plaintiff's job, and specifically those hazards associated with exposure to asbestos dust; and
  - (e) Whether or not there were any medical screening programs offered or encouraged by plaintiff's union, and whether plaintiff took part in any such program. If plaintiff took part, list the names of the facilities where the examinations took place and the names of the participating physicians, if known.

ANSWER:

### RETIREMENT

15. If plaintiff was retired from full time employment, please state the following:
- (a) The date upon which plaintiff retired from full time employment;
  - (b) The reasons for plaintiff's retirement; and
  - (c) The nature and amount of any benefits received as a result of plaintiff's retirement.

ANSWER:

### ASBESTOS-RELATED DOCUMENTS



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2 16. Provide the following with respect to the asbestos-related disease which forms the basis  
of this lawsuit. (Do not refer defendants to plaintiff's medical records. Provide specific  
answers.):

- 3 (a) Nature of asbestos-related disease;  
4 (b) Date disease was diagnosed;  
5 (c) Physician or health care facility diagnosing the asbestos-related condition; and  
6 (d) Physicians or health care facilities which provided care or treatment for the  
asbestos-related condition after diagnosis.

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10 ANSWER:

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20 HEALTH CARE PROVIDERS

21 17. With respect to each doctor or health care provider who examined or treated plaintiff for  
any respiratory condition during his/her lifetime or for any other health condition during  
the last 25 years of plaintiff's life, state the following:

- 22 (a) The name and address of each such doctor or health care provider;  
23 (b) The reasons that plaintiff was seen by each doctor or health care provider;  
(c) The type of examination or nature of treatment that was given to plaintiff by each  
doctor or health care provider; and  
(d) The date or dates on which plaintiff was examined or treated by each doctor or  
health care provider.

16 ANSWER:

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20 WORKERS' COMPENSATION/DISABILITY CLAIMS

21 18. If plaintiff filed a state or federal workers' compensation claim, a social security claim or  
a disability claim with any other entity for benefits as a result of his/her alleged asbestos-  
related disease or for any other reason, please state the following:

- 22 (a) The date the claim was filed and its nature (i.e., Washington Department of Labor  
& Industries claim, Federal Department of Labor claim, Longshoreman's claim,  
23 Social Security, etc.);

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- (b) The file number of the claim(s);
- (c) The status of plaintiff's claim(s) (i.e., whether you are receiving benefits, your claim(s) have been denied, etc.); and
- (d) The nature of the disability for which plaintiff filed the claim.

ANSWER:

SPECIAL DAMAGES

19. Please state the following for each and every special damage amount (including wage loss, if any, and medical bills) which you allege as a result of plaintiff's asbestos-related injury:
- (a) Special damage amount;
  - (b) Basis for this amount; and
  - (c) Whether you have any documentation to support this special damage amount. (If so, please provide the documentation.)

ANSWER:

20. If you claim you were exposed to asbestos-containing parts or products in a motor vehicle, for each claimed exposure:
- (a) Identify the machine or motor vehicle for which the asbestos-containing part or product was (or was intended to be) a component, including the year, make, model number, or other identifying classification.
  - (b) Identify the asbestos-containing part or product, including the type of product, manufacturer of product, and model or product number.
  - (c) Identify the circumstances under which the exposure took place, including date, time, and location.
  - (d) Identify the procedure, task, or circumstances that resulted in your exposure to the asbestos-containing part or product.

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- 21. For each **new** asbestos-containing part or product identified in Interrogatory 38(b), above:
  - (a) State whether the part or product was purchased by you or provided to you.
  - (b) Describe the packaging of the part or product, including the size of the box (if any); the color(s) of the packaging and/or any printing or pictures thereon; any identifying marks on the part or product itself; and a description of the logo (if any).
  - (c) Identify the point of purchase (by store name and address) or provision (by location where it was provided to you, and name of the person providing it), and the date and time of purchase or provision.

ANSWER:

- 22. For each **used** asbestos-containing part or product identified in Interrogatory 38(b):
  - (a) State whether the part or product was obtained by you or provided to you.
  - (b) State where the part or product came from, including:
    - i. If it was removed from another motor vehicle, the make, model, and year of the motor vehicle from which the part or product came (if other than the motor vehicle you were working on, identified in Interrogatory 38(a), above);
    - ii. If it was obtained from a person or entity (such as, but not limited to, a friend, a store, or a junkyard), the name and address of the person or entity from whom it was obtained.
  - (c) Describe any identifying marks on the part or product, including but not limited to color, logo, or words or phrases engraved on the product.
  - (d) If you believe the part or product was original equipment to the motor vehicle, state the basis for this belief.

ANSWER:

