

**California General Interrogatories  
(Personal Injury)**

**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. “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.
5. “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.
6. “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.

7. “IDENTIFY” as it relates to an employer means to state the employer's name, address and telephone number.
8. “IDENTIFY” as it relates to a person means to provide the name, place of employment, job title, address and telephone number for each person.
9. “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.
10. “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 YOU worked on board.
11. “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 YOU worked continuously at a WORKSITE.
12. “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.
13. “RESPONSIBLE PARTY” means any person, business organization, or enterprise, including but not limited to the defendants in this action.
14. “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.
15. “WORKSITE” means any LOCATION where YOU worked at any time.
16. “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.



ASBESTOS or ASBESTOS-CONTAINING MATERIAL and for each complaint, symptom, adverse reaction or other injury, please state:

- A. The date on which YOU first became aware of signs of the complaint, symptom, adverse reaction or injury;
- B. The date each such complaint, symptom, adverse reaction or injury ceased to affect YOU;
- C. Any physical change in YOUR appearance occasioned by such complaint symptom, adverse reaction or injury;
- D. Each part of YOUR 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 YOU have lost any time from work as a result of YOUR asbestos-related injury or medical condition;
- H. If such injury has resulted in lost time from work, please state the date on which YOU 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. Have YOU been advised that YOU are suffering from an asbestos-related disease? If “yes”, state:

- A. The nature of the asbestos-related disease(s);
- B. The date and time YOU were first advised;
- C. The name, address, and telephone number of the physician and/or other persons who so informed YOU;

D. The name, address and telephone number of the physician who made the evaluation;

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 YOUR relatives, employer or anyone acting in YOUR behalf who was so advised. Please include the date when such persons were so advised;

K. State the names and addresses of any other physician or practitioners subsequently affirming or making the state 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.

23. Have YOU ever smoked tobacco products of any type? If “yes”, state:

A. The dates and time periods during which YOU have smoked;

D. If YOU have ever smoked cigarettes. Please state the average number of packs per day YOU smoked;

26. 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.)

<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:

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Job Sites:

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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)

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Description of Job Duties:

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Job Sites:

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

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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:

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Job Sites:

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

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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:

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Job Sites:

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

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

34. Are YOU receiving any form of disability pension? If so, state:

C. The anticipated duration of the disability.

35. Have YOU ever been discharged from or ever voluntarily left a position due to health problems? If “yes”, state in detail the time, name of employer, place and circumstances. 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.

36. Were YOU ever exposed to RAW ASBESTOS or ASBESTOS-CONTAINING MATERIAL(S) outside of YOUR 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).

37. State whether you assert a claim for loss of income and, if so, state fully and in detail the year and YOUR annual earnings for each of the last ten years in which YOU were employed.

38. Have YOU incurred any hospital expenses to date as a result of the injuries, complaints, etc. which YOU attribute to YOUR alleged exposure to asbestos? If “yes”, state the total hospital expenses incurred and itemize each charge if more than one hospital is involved.

39. Have YOU incurred any medical expense (other than hospitalization) or have any medical expenses been incurred on YOUR behalf to date as a result of the injuries,

complaints, etc. which YOU attribute to YOUR alleged exposure to asbestos? If “yes”, state the total medical expenses incurred, itemizing each such charge.

41. Have YOU 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”, state:

A. The illness, injury or injuries for which YOU 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.

42. Have YOU lost or do YOU claim any wage or earning loss as a result of YOUR alleged exposure to asbestos? If so, state:

A. How much time was lost from work or employment, listing the dates involved and the name and address of the employer;

B. The gross amount of salary or earnings which YOU received each pay day, stating the intervals of such paydays (e.g., weekly, bi-monthly, monthly);

C. State the gross amount of salary or earnings actually lost due to the exposure;

D. If self-employed. state the total time lost from business, listing the dates involved and loss to YOU, stating the nature of such loss and how incurred; and

E. Of the sum stated in YOUR response to subpart D of this interrogatory, state YOUR net loss.

43. Have YOU incurred any expense or financial loss including property damage, other than as listed above which YOU attribute in any degree to YOUR exposure to

asbestos products? If so, state such financial losses, expenses and property damage, giving the dates incurred and the amounts involved and the nature of each such expense or loss.

45. Have you ever given a deposition or other testimony under oath? If so, state for each such deposition or testimony:

A. The date(s) it was given;

B. The name of the court or other body before which it was given; the identity of the proceeding including name, docket or other number, and venue or location.

49. Have YOU received any payments or reimbursements or have any payments been made on YOUR behalf from any source as a result of YOUR alleged exposure to asbestos, including without limitation settlements with defendants in this action, potential defendants, a bankrupt company, or any RESPONSIBLE PARTIES? If so, for each payment please state:

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

B. Total amount of payments from all sources; and

C. 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.

50. Do YOU have in YOUR possession or under YOUR control a Social Security office listing of 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. 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.

## **PART 2**

1. For each of YOUR 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 YOUR employers;
  - E. YOUR job title(s);
  - F. Each kind of work YOU performed at the WORKSITE.
  - G. Whether there was one or more OCCASIONS when YOU worked with or around RAW ASBESTOS or ASBESTOS-CONTAINING MATERIALS(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 YOU 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 YOUR 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 YOUR 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 YOUR 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. Whether YOU 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 YOU performed regarding each RAW ASBESTOS or ASBESTOS-CONTAINING MATERIAL(S) including whether the work was performed indoors or outdoors;

11. Whether YOU allege any exposure to asbestos from RAW ASBESTOS or ASBESTOS-CONTAINING MATERIAL(S) other than those YOU personally installed, removed, disturbed or handled YOURself during the OCCASION. If “yes”:

a. Describe specifically the work YOU 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;

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 YOU 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.