

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF SOUTH CAROLINA
CHARLESTON DIVISION**

IN RE: Aqueous Film-Forming Foams (AFFF)
Products Liability Litigation

MDL No. 2873

EXHIBIT 1

**TO CASE MANAGEMENT ORDER NO. 5
RE: INDIVIDUAL PLAINTIFF PERSONAL INJURY
FACT SHEET**

***IN RE: Aqueous Film-Forming Foams (AFFF)
Products Liability Litigation***

In completing this Plaintiff Fact Sheet, you are under oath, subject to the penalties of perjury, and must provide information that is true and correct to the best of your knowledge. If you are filling this form out on behalf of someone who has died, is incapacitated, or is a minor, the questions relate to the deceased person, incapacitated person, or minor asserting claims in the lawsuit. You” or “Your” shall refer to either the plaintiff who is seeking recovery for alleged personal injury/bodily injury or the person responding to the question below, depending on context of the question. Where information is requested, you are required to provide to the defendant the information available to you, including information available to you in a representative capacity if you are completing this Plaintiff Fact Sheet for another (e.g., for an incapacitated adult or minor). If you cannot recall all the details requested, please provide as much information as you can. Materials prepared by your attorneys for use in the litigation (Attorney Work Product) are not required to be produced. You must complete the Plaintiff Fact Sheet in accordance with the requirements and guidelines set forth in the applicable Case Management Order. To the extent that any response requires additional space, please insert additional space or information or attach a continuation sheet referencing the question at issue. **ALL ASPECTS OF THIS PLAINTIFF FACT SHEET ARE DESIGNATED AS CONFIDENTIAL AND COVERED BY THE PROTECTIVE ORDER.**

I. CASE INFORMATION

1. Caption: _____ Date: _____

2. Docket No.: _____

3. Plaintiff’s attorney’s name, law firm, address, phone, and email:

II. PLAINTIFF INFORMATION

- 4. Name of Plaintiff: _____
- 5. Date and Place of Birth: _____
- 6. Current Height and Weight: _____
- 7. Gender: _____
- 8. If Currently Married:
 - a. Spouse's Name: _____
 - b. Spouse's Occupation: _____
- 9. Are you making a loss of consortium claim in this case? Yes No
- 10. If you are completing this Fact Sheet in a representative capacity (on behalf of the estate of a deceased person, an incapacitated adult, or a minor), state:
 - a. Your name and address: _____

 - b. Your relationship to the deceased or the incapacitated/minor Plaintiff:

 - c. Deceased Plaintiff's date of death and cause of death stated on the death certificate (if applicable):

11. Current and Prior Residences since 1970:

Current or Prior Address	Dates Lived At This Address	Did You Own or Rent/Lease this Property?	Source of Water (Municipal or Private Well)
		<input type="checkbox"/> Own <input type="checkbox"/> Rent/Lease	
		<input type="checkbox"/> Own <input type="checkbox"/> Rent/Lease	
		<input type="checkbox"/> Own <input type="checkbox"/> Rent/Lease	
		<input type="checkbox"/> Own <input type="checkbox"/> Rent/Lease	
		<input type="checkbox"/> Own <input type="checkbox"/> Rent/Lease	

12. Have you ever served in a branch of the military? Yes No

If yes, please provide the following additional information:

a. Which branch of service? _____

Duty Station	Rank(s)	Date	General Description of Duties

b. Did your duties at any time include use of, training in use of, or exposure to firefighting foams? Yes No

If yes, describe the product(s) used, date(s) and frequency of use, the manner of use or training in use, and any instructions provided and protective equipment utilized:

c. Date of discharge: _____

13. Have you ever been employed, trained as, or volunteered as a firefighter? Yes No

If yes, please provide the following additional information:

a. Which fire departments and fire stations did you work/volunteer at, with the corresponding dates of service for each?

b. Did your duties at any time include use of, training in use of, or exposure to firefighting foams? Yes No

If yes, describe the product(s) used, date(s) and frequency of use, the manner of use or training in use, and any instructions provided and protective equipment utilized:

14. Have you ever worked in a facility that handled per- or polyfluoroalkyl substances (“PFAS,” an umbrella term that includes, among other substances, perfluorooctane sulfonate (PFOS) and/or perfluorooctanoic acid (PFOA)) or products containing PFAS?

Yes No Unsure

If yes, describe the product(s) used, date(s) and frequency of use, the manner of use or training in use, and any instructions provided and protective equipment utilized:

15. Other than the present lawsuit, have you in the past five years been a Plaintiff in any lawsuit or made any claim related to any alleged bodily injury or illness (including for disability or worker’s compensation)?

Yes No Unsure

If yes, explain where and when the lawsuit or claim was filed or submitted, the injuries claimed, the names of the adverse parties involved, and the outcome or disposition of the lawsuit or claim:

III. ALLEGED EXPOSURE

16. State (a) all sites or locations where you claim to have been exposed to PFAS; (b) the source or sources of the PFAS to which you were exposed; and (c) the approximate dates of the alleged exposure including, if known, start and end dates or indication that the alleged exposure is “continuing”:

Site/Location of Exposure to PFAS	Source(s) of PFAS	Approximate Dates (Start Date, End Date or Continuing)

17. Have the sites/locations or sources listed above been tested for the presence of any PFAS?
 Yes No Unsure

If yes, attach to this form or provide copies of the test results, referencing this question. If you cannot provide test results, please identify all entities that have performed any such testing if known.

18. Do you have any documents or other information identifying the specific products you were exposed to and how those products reached the site/location where you were exposed (*i.e.* photos of product labels at the site, invoices, shipping labels, identity of witnesses, etc.)? Yes No

If yes, attach to this form or provide copies of any documents you have, referencing this question.

If you have other information that is responsive to this question, that is not contained in actual documents, identify that responsive information below.

19. Identify whether you have used on a daily basis (for at least one year prior to filing your lawsuit during any time period since 1970) any of the following sources of drinking water and list the dates you used each source:

	Ever Used (Y/N/unsure)?	When used/ Frequency of Use	Where obtained
Municipal Water			
Private Well			

Bottled Water			
Water at Place of Employment			

20. If you identified use of a private well in the question above, has a Point of Entry Treatment (POET) system been installed on that well or the property?

Yes No Unsure

If yes, state the date of installation, who installed it, and any results of testing for PFAS since the POET was installed:

21. Have you ever used a water filter (other than a POET system) at your home for your drinking water? Yes No Unsure

If yes, state the dates used, the contaminant(s) the filter was intended to capture (e.g. PFAS, Heavy metals, VOCs, nitrates), the type and manufacturer of the filter, and who furnished/paid for the filter:

22. Have you ever participated in a bottled water replacement program? Yes No

If yes, state the dates you participated, who sponsored and ran the program, and who furnished or paid for the water you received from the program:

23. Have you ever had your blood, serum, or any other tissue tested for the presence of any PFAS? Yes No Unsure

If yes, attach to this form or provide copies of the test results, referencing this question.

For any test for which you do not provide complete documentation, summarize the type of test(s), the dates and locations of the test(s), the test provider, and the for each PFAS detected:

Type of Test	Approximate Date of Test	Test Provider (Doctor, Hospital, or Clinic)	Results

IV. DISEASE OR INJURY ATTRIBUTED TO PFAS EXPOSURE

24. Identify the injuries/damages which you claim to suffer that you allege resulted from exposure to PFAS:

25. Identify the following for each healthcare provider, clinic, and/or hospital with whom you have treated or consulted for the injuries/damages identified in the question above:

Name and Specialty	Address	Approximate Dates of Treatment	Reason for Treatment

26. Other than the healthcare providers identified above, please identify all persons whom you believe possess information concerning your alleged exposures or condition(s). For each person, please state their name, address, relationship to you, and the information you believe they possess:

V. HEALTH AND FAMILY HISTORY

27. Do you currently smoke or chew tobacco? Yes No

a. (If yes) How much? _____/day For how long? _____ yrs.

b. What brand do/did you smoke or chew (or type if other than cigarettes)?

28. Have you ever smoked or chewed tobacco? Yes No

a. (If yes) How much? _____/day Approximate dates? _____

b. What brand do/did you smoke or chew (or type if other than cigarettes)?

VI. WAGES, EARNINGS, OUT-OF-POCKET COSTS, AND OTHER ECONOMIC LOSS

29. Are you claiming damages for lost wages or earnings: Yes No

If yes, for what time period: _____

If yes, what was your range of annual wages during and immediately before this time:

30. Are you claiming damages for out-of-pocket costs, loss of business, lost profits or other economic loss, including loss or diminished value of livestock or any agricultural business? Yes No

If yes, please provide a brief description of the nature of the damages, costs or loss incurred and/or claimed:

31. Other than for any alleged injuries and required surveillance or related sequelae as a result of those injuries that you identified in response to Question 24, are you seeking to obtain medical monitoring? Yes No

AUTHORIZATIONS

Provide SIGNED ORIGINAL copies of the records authorization forms that you are required to provide under the Case Management Order governing plaintiff fact sheets and records authorizations.

RECORDS

Provide those records in your possession which you used and/or relied upon to complete this PFS form and/ or which support and/or relate to your claimed injuries, diseases, and/or damages described herein.

VERIFICATION

I declare under penalty of perjury subject to all applicable laws, that I have carefully reviewed the final copy of this Plaintiff Fact Sheet and verified that all of the information provided is true and correct to the best of my knowledge, information and belief.

Signature of Plaintiff

Print Name

Date