



IN THE CIRCUIT COURT OF KANAWHA COUNTY, WEST VIRGINIA

IN RE: WATER CONTAMINATION LITIGATION CIVIL ACTION NO. 16-C-6000

THIS DOCUMENT APPLIES TO ALL CASES

**ORDER APPROVING AGREED PLAINTIFF FACT SHEET FOR
NON-CLASS REPRESENTATIVE PLAINTIFFS AND NON-FILED CASES**

The Court has reviewed the *Parties' Motion for Review of the Agreed Plaintiff Fact Sheet for Non-Class Representative Plaintiffs and Non-Filed Cases* (Transaction ID 59338511).

Finding good cause shown, the Court **GRANTS** the motion and approves the attached *Personal Plaintiff Fact Sheet* and *Business Plaintiff Fact Sheet*. The agreed Plaintiff Fact Sheet shall be completed by all non-class-representative Plaintiffs with filed cases by **September 7, 2016**. The agreed Plaintiff Fact Sheet shall be completed in all non-filed cases by **October 7, 2016**.

It is so **ORDERED**.

ENTER: August 8, 2016.

/s/ Alan D. Moats
Lead Presiding Judge
Water Contamination Litigation

IN THE CIRCUIT COURT OF KANAWHA COUNTY, WEST VIRGINIA

IN RE: WATER CONTAMINATION LITIGATION

Civil Action No. 16-C-6000

THIS DOCUMENT RELATES TO _____

PERSONAL PLAINTIFF FACT SHEET

1. Claimant Information:

Name	Birth date

Current Address:	Address at time of spill: If same, please mark "Same."

Telephone	Home	Cell

2. Please list the complete names and dates of birth of **ALL** individuals living in your household at the time of the spill incident on January 9, 2014:

Name	Date of Birth

Please answer the following questions for all individuals in your household at the time of the spill incident on January 9, 2014. Attach additional pages if necessary.

3. The spill occurred on January 9, 2014, and the Governor of the State of West Virginia declared a State of Emergency that afternoon informing residents that they should not drink the water or cook, clean, wash or bathe in the water.

On what day were you informed that you could begin using the water again for these purposes?

On what day did you begin using the water again for these purposes? If it was later than when you were informed that you could begin using the water again, explain the reasons.

4. Following the spill on January 9, 2014, did your water have a noticeable odor?

_____ Yes _____ No

Please describe the odor.

On what day did you no longer notice this odor in the water? _____

5. If you claim damages resulting from the spill, set forth the amount of all damages claimed, including:

Purchases of bottled water \$ _____

Repair/replacement of pipes, appliances \$ _____

Purchase of water filters \$ _____

Travel costs to purchase bottled water, repair, replacement of appliances, filters, etc., \$ _____

Travel and other costs associated with alternative bathing, hygienic care \$ _____

Costs associated with alternative housing such as hotels, motels, or other shelters. \$ _____

Costs associated with the purchase of paper plates, napkins, plastic silverware, etc. \$ _____

Ongoing costs associated with the water spill. \$ _____

6. LOST WAGES

If you claim lost wages, please indicate the following:

a. Name and address (use location where you normally worked) of your employer:

b. Your effective hourly wage: \$ _____

c. The total hours lost as a result of the spill: _____

g. Total amount of lost wages: \$ _____

7. Do you claim physical or psychological injury and medical costs associated with the spill incident?

_____ Yes _____ No

If you claim a psychological injury, please describe the injury:

Please identify the medical costs associated with any psychological treatment:

\$ _____

If you claim a physical injury, please describe the injury:

Please identify the medical costs for treatment of skin or other bodily ailments:

\$ _____

Please identify any surgical costs associated with the spill:

\$ _____

Has any physician stated that any of your medical or psychological conditions were connected with the spill?

____ Yes

____ No

If yes, please indicate the name(s) and addresses of each physician who provided treatment:

8. Were you delayed in receiving any medical or surgical treatment as a result of the spill?

____ Yes

____ No

Date

Signature of Claimant

Print Name of Claimant

Please attach documentation you have in your possession relating to your damage claims and/or injury claims. You may be asked for additional information in the future to document any claims you identify in this submission.

If you previously supplied documentation concerning a Proof of Claim filed in the *Freedom Industries Bankruptcy*, you do not have to re-submit documentation that you have already provided. However, please advise if you previously provided documentation for your claim

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BUSINESS PLAINTIFF FACT SHEET

Please fill out a separate form for each individual business or business location affected by the spill incident. Also, remember to fill out a personal form for you and all the members of your household if you were individually affected by the spill. Attach additional sheets if necessary.

1. Name of Business(es):

2. List names of owner(s):

3. Contact person(s) if other than above.

Please provide address, telephone, and email for said contact person.

Name _____
Address _____

Phone _____
Email _____

4. Business Address

5. Mailing address (if different for above)

6. Names of individual, accountant or record keeper, telephone number and email address.

Name	_____
Address	_____ _____
Phone	_____
Email	_____

LOSS OF WATER USAGE

7. The spill occurred on January 9, 2014, and Governor of the State of West Virginia declared a State of Emergency that afternoon informing residents that they should not drink the water or cook, clean, wash or bathe in the water.

On what day were you informed that you could begin using the water again for your business?

On what day did you begin using your water again?

DAMAGE CLAIM

8. Were you ordered to or did you close your business, or did you reduce operations, on any days when it would normally operate as a result of the chemical spill? Describe how many days and for what reason you closed your business or reduced operations.

9. Total lost gross income: \$ _____

Total labor costs avoided as a result of closure or reduced operations: \$ _____

Total other material or other costs avoided as a result of closure or reduced operations: \$ _____

Total lost net income: \$ _____

10. Did you pay employee salaries or wages even though your employees did not work during the spill incident?

_____ Yes _____ No

If yes, please describe below and state the cost incurred \$ _____

11. Did you lose employees or incur other expenses in re-training employees after re-opening?

_____ Yes _____ No

If yes, describe below and state the cost incurred \$ _____

12. Did you incur cleaning costs directly related to the spill event? \$ _____

_____ Yes _____ No

If yes, please state the cost incurred \$ _____

13. Did you incur flushing costs directly related to the spill event?

_____ Yes _____ No

If yes, please describe the basis for and state the cost incurred \$ _____

14. Set forth all other damages and amounts, if any, for:

a. Purchase of bottled water \$ _____

- b. Repair/replacement of pipes, appliances (please specify) \$ _____
- c. Purchase of water filters \$ _____
- d. Repair/ replacement of water filtration systems \$ _____
- e. Lost food items \$ _____
- f. Other (please describe below) \$ _____

15. Did your business suffer long-term losses due to your business not returning to normal after the spill?

_____Yes _____No

If yes, please describe the basis for and state the amounts incurred \$_____

16. Have you, your business, or any representative of your business made any claim to any insurance company for any costs or damages arising from the spill event? Describe the nature and amount of the claim(s), the name and contact information for the insurance company, the claim number, and whether the claim was accepted and paid and in what amount.

17. As a result of the spill incident, did your business:

a. Fail _____ Yes _____ No

b. File bankruptcy _____ Yes _____ No.

If yes, date of bankruptcy filing _____ Type of
Bankruptcy filed: _____

Name, Address and Phone number of bankruptcy attorney:

DOCUMENTATION

Please attach copies of all documents which verify your claim(s) for economic loss, lost profits, net business loss, repair/ replacement of equipment, purchase of replacement water, wages and salaries and all documents which relate to any claims for insurance made relating to the spill event. You may be asked for additional information in the future to document any claims you identify in this submission.

If you previously supplied documentation concerning a Proof of Claim filed in the *Freedom Industries Bankruptcy*, you do not have to re-submit that documentation that you have already provided. However, please advise if you have previously supplied documentation.

Date

Signature of Business Claimant

Title

Business Name

Print Name and Title of Person Signing