IN THE SUPERIOR COURT OF THE VIRGIN ISLANDS

DIVISION OF ST. CROIX

IN RE RED DUST CLAIMS	MASTER CASE NO. SX-15-CV-000620

DEFENDANTS' REPORT TO COURT

In accordance with the Court's December 11, 2017 Order, defendants St. Croix Alumina, LLC, Arconic Inc. (fka Alcoa Inc.), Glencore Ltd., Century Aluminum Company, and St. Croix Renaissance Group (collectively, "Defendants") report as follows:

Through a meet and confer exchange, counsel for all parties have agreed on a form of questionnaire to be completed by plaintiffs. That form is attached as Exhibit A.¹

However, the meet and confer process (described in more detail below) did not result in a consensus discovery plan. Defendants therefore submit their proposed discovery plan, which is comprised substantially of the steps set forth in Defendants' filing of July 28, 2017 prior to the August 2, 2017 preliminary Rule 16 conference. As of the date of this filing, counsel for Plaintiffs have not provided an alternative discovery plan, and have only provided one substantive comment on Defendants' plan, as discussed below. For that reason, Defendants request that the Court enter the Proposed Order (Exhibit B).

The Meet and Confer Process

On December 15, Defendants initiated the meet and confer process, suggesting topics and procedures for meeting and conferring, per the Court's Order. Numerous emails were

¹ Exhibit A incorporates two non-substantive clarifications which Defendants can, if necessary, delete from the questionnaire.

subsequently exchanged among counsel. On December 30, Defendants provided a proposed questionnaire to Plaintiffs' counsel, and Plaintiffs' counsel promptly responded with comments. By December 31, the parties were in agreement on the substantive content of the questionnaire, and Defendants undertook to create a final questionnaire incorporating the comments and edits of Plaintiffs' counsel. The final version (Exhibit A) was provided to Plaintiffs' counsel on January 15, 2018.

Progress was not as fast or productive on the issue of the actual discovery plan. In Defendants' December 15 email initiating the meet and confer process, Defendants advised that their discovery plan proposal remained as set forth at pages 5-7 of their Preliminary Rule 16 report, which was attached. Defendants requested that Plaintiffs' counsel promptly engage on that issue, if Plaintiffs were not agreeable to the discovery plan Defendants proposed. As of December 31, Plaintiffs' counsel had not provided any substantive comments or alternative to Defendants' discovery plan.

Therefore, on December 31, Defendants advised Plaintiffs' counsel that Defendants would be providing a proposed order that tracks the discovery plan outlined in at pages 5-7 of their Preliminary Rule 16 report.

On January 1, 2018, Plaintiffs' counsel replied as follows:

The plaintiffs do not agree to your discovery plan as it is not in keeping with VI law. This is not a case where plaintiffs need expert's, for instance. [typo in original email]

On January 1, 2018, Defendants responded as follows, requesting either detailed comments on Defendants' discovery plan, or an alternative plan:

Defendants are attempting to comply with the Court's order to meet and confer. You have had our discovery plan since last August, and have not engaged on it substantively beyond your comment about experts (with which we disagree). If you have further comments or an alternative plan to propose, please provide either

or both. If you have nothing further, we will timely report to the Court on our efforts to meet/confer and the status of the progress we have made to date.

As noted above, as of the date of this filing, counsel for Plaintiffs have not provided an alternative discovery plan, and have not provided any further comments on Defendants' plan.

Defendants' Discovery Plan

As was determined in the *Henry* case, managing and resolving the claims of the 1,376 plaintiffs through a "class" or "representative" proceeding is legally inappropriate as well as impractical. The parties and the Court are therefore faced with the challenge of moving these individual claims forward as expeditiously and fairly as possible, with the minimum burden on the Court.

The *Henry* case (which lasted more than 15 years)—and which attempted to resolve on a representative basis the claims of a group that allegedly included many of these 1,376 plaintiffs—gave these same Plaintiffs' counsel the opportunity to hand-select approximately twenty individuals as "representative" or "bellwether" plaintiffs. These were, presumably, plaintiffs' "best" cases. Seventeen of the cases were fully discovered, medical examinations were conducted, experts were designated and deposed, and ultimately, the personal injury claims of all seventeen named plaintiffs were resolved by summary judgment in favor of defendants, as affirmed on appeal by the Third Circuit Court of Appeals.

As discussed with the Court at the Preliminary Rule 16 conference, the many differences among the seventeen named plaintiffs meant they could not represent a "class," but some common themes emerged during discovery and litigation, including the following, which provide the justification for Defendants' discovery plan:

 No plaintiff was able to offer sufficient proof of medical causation to successfully oppose motions for summary judgment.

- Plaintiffs and their exposure experts were unable to prove any exposure to a
 harmful substance as a result of the hurricane, much less exposure to a dose
 sufficient to cause harm.
- No plaintiff presented admissible evidence of a permanent medical condition resulting from the alleged exposure during and after the hurricane: the claims were of transient, common conditions such as rashes or conjunctivitis (and with regard to these symptoms, a contemporaneous on-island investigation by the United States Center for Disease Control concluded that an epidemic of the same symptoms caused by the coxsackie virus started shortly before the hurricane and peaked thereafter).
- Most plaintiffs had not sought medical care for the alleged conditions caused by
 the hurricane, which—even at the time *Henry* was filed, only months after the
 hurricane (as opposed to now, 20 years later)—made it extraordinarily difficult
 for experts reliably to opine on causation.

The agreed questionnaire (Exhibit A) will provide some of the preliminary information Defendants and the Court need to start evaluating the above issues for the plaintiffs in these cases, which is essential to determining which ones (if any) should go forward, if (and how) they can be resolved pre-trial, and, if not otherwise resolved, how they can be tried?

Henry proved that allowing Plaintiffs' counsel to select "representative" plaintiffs will not advance the ball. Nor will discovering and trying some handful of cases, regardless of who selects them; that would be a process destined to last decades.

Following receipt of the completed questionnaires, Defendants remain willing (and prefer) to follow the traditional path and commence discovery from all 1,376 plaintiffs now.

Defendants are prepared to start that process as soon as the questionnaires start coming in, and pursue it with dispatch, as anticipated by the rules of procedure. Completing the process for all plaintiffs may take a few years, but in the interim period, it should involve minimal burden on the Court, as Defendants may propound written discovery to some or all plaintiffs, subpoena medical and property records, depose plaintiffs, depose treating physicians, complete medical examinations,² and designate and depose experts. At that point, the cases will be ready for dispositive motions and/or trial.

In the event the Court wishes to consider other—and possibly more expeditious—ways for Defendants and the Court to learn necessary details about the claims, and from that, make decisions about next steps, Defendants make the suggestions set forth below, based on experiences in other litigations involving hundreds of personal injury plaintiffs.

Alternative Discovery Proposal

Defendants propose either full, open discovery of all plaintiffs (as discussed above), or the following as an alternative:

- 1. All plaintiffs shall respond, under oath, to the agreed questionnaire (Exhibit A) within a time frame set by the Court. Plaintiffs who do not do so will be dismissed. Because this is a process that will be completed by the actual plaintiffs, not counsel, Defendants propose a period of 120 days for all plaintiffs to complete the questionnaire.
- 2. From the group of plaintiffs which remain: Use a neutral computer program to randomly order all remaining plaintiffs. The first 150 plaintiffs on the list (from

² In *Henry*, the parties litigated and resolved an appropriate protocol for medical examinations, so that process should not have to be repeated here.

different family groups³) each will be required to offer evidence of the medical efficacy of his/her case before proceeding further, comprised specifically of the following:

- a. Declaration(s) or affidavit(s) by a qualified medical expert regarding each individual plaintiff's alleged injuries, which shall affirm the chemicals or toxic substances to which that plaintiff was exposed; the date or dates, place, duration, and dose of exposure to each; the method of exposure to each; the resulting personal injuries (including onset, duration, and severity); the personal injuries which the plaintiff has an increased chance of developing; the basis for the expert's opinion that such injuries were caused by (or are likely to be caused by) the claimed exposure).
- b. In addition, with respect to any real or personal property damage claims, each plaintiff shall provide specific information concerning each plaintiff's real and personal property that was allegedly damaged. All statements required to be produced pursuant to this Paragraph 2 will be due 90 days after the completion of the questionnaires.
- 3. As before, anyone among the 150 randomly selected plaintiffs who does not complete the process set forth in Paragraph 2 will be dismissed. If plaintiffs are dismissed as a result of this provision or for any other reason, additional plaintiffs will be added, in the order they appear on the initial random list, to keep the number moving through the discovery process at 150.

³ No more than one person from each family group should be included to assure maximum coverage on property damage claims.

Defendants' Report to Court Page 7

4. With respect to those among the 150 randomly selected plaintiffs remaining after any

dismissals pursuant to Paragraph 3 (including any added pursuant to Paragraph 3),

Defendants will be entitled to obtain medical records and conduct one hour

depositions.

Discuss next steps. When the above has been completed, the parties and the Court can

meet to discuss next steps to trial. Obviously, for any plaintiffs moving forward for dispositive

motions or trial, a full deposition may be required, as well as treating (and expert) physician

depositions, medical examinations, and property inspections.

Dated: January 16, 2018

Respectfully Submitted

ANDREW C. SIMPSON

TOX ATTY SAMESUN WOTH PEKURSYON

VI Bar No. 451

Andrew C. Simpson P.C.

2191 Church St., Ste. 5

Christiansted, St. Croix

U.S. Virgin Islands 00820

340.719.3900

asimpson@coralbrief.com

www.coralbrief.com

Attorney for Defendants St. Croix

Alumina, LLC and Alcoa, Inc.

Dated: January 16th, 2018

RICHARD H. HUNTER

V.I. Bar No. 332

Hunter & Cole

1138 King Street, Suite 301

Christiansted, V.I. 00820

Telephone: (340) 773-3535

Facsimile: (340) 778-8241

E-mail: rhunter@huntercolevi.com

Attorney for Defendant Glencore Ltd.

Defendants' Report to Court Page 8

Dated: January 16, 2018

Dated: January 16, 2018

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JOEL H. HOLT, ESQ.

Law Offices of Joel H. Holt

2132 Company Street

Christiansted, V.I. 00820

Tel: (340) 773-8709 Fax: (340) 773-8677 Email: holtvi@aol.com

Attorney for St. Croix Renaissance Group

LLLP

JAMES L. HYMES, ESQ.

P.O. Box 990

St. Thomas, VI 00804-0990

Tel: (340) 776-3470 Fax: (340) 775-3300

Email: jim@hymeslawvi.com

Attorney for Century Aluminum Company

CERTIFICATE OF SERVICE

I hereby certify that on this <u>lle</u> day of January, 2018, I served a copy of the foregoing by mail and email, as agreed by the parties, on:

Lee J. Rohn, Esq.

Lee J. Rohn & Associates 1101 King Street St. Croix, V.I. 00820 Tel: (340) 778-8855 Fax: (340) 773-2953

Email: lee@rohnlaw.com

René P. Tatro, Esq. Juliet A. Markowitz, Esq.

Tatro Tekosky Sadwick LLP 333 S. Grand Ave, Ste. 4270 Los Angeles, CA 90071 Tel: (213) 225-7171

Fax: (213) 225-7151

Email: renetatro@ttsmlaw.com

Carl J. Hartmann, III, Esq.

5000 Estate Coakley Bay, L-6 Christiansted, V.I. 00820

Email: carl@carlhartmann.com

Abendez

IN THE SUPERIOR COURT OF THE VIRGIN ISLANDS DIVISION OF ST. CROIX

IN RE RED DUST CLAIMS		MASTER CASE NO. SX-15-CV-000620
	[PROPOSED] DISCO	OVERY ORDER
	The Court hereby enters the following disco	overy plan:
	DISCOVERY PLAN (A	ALTERNATIVE I)
1.	. All plaintiffs shall respond, under oath, to the	agreed questionnaire (Exhibit A) within 120
	days of this Order. Plaintiffs who do not do so	will be dismissed.
2.	. Discovery shall then proceed as to all plaintiffs	s. Defendants may propound written discovery
	to some or all plaintiffs, subpoena medical ar	nd property records, depose plaintiffs, depose
	treating physicians, complete medical exami	nations, and designate and depose experts.
	Plaintiffs likewise may conduct fact discovery	of defendants.
3.	. The parties shall report to the Court by	as to the progress of such
	discovery, at which time further orders may be	entered by the Court as appropriate.
<u>DI</u>	DISCOVERY PLAN (ALTERNATIVE II)	
1.	. All plaintiffs shall respond, under oath, to the	agreed questionnaire (Exhibit A) within 120
	days of this Order. Plaintiffs who do not do so	will be dismissed.
2.	. From the group of plaintiffs which remain:	A neutral computer program shall be used to
	randomly order all remaining plaintiffs. The	first 150 plaintiffs on the list (from different

¹ The parties shall follow the protocol for medical examinations used in the *Henry* case.

family groups²) each will be required to offer evidence of the medical efficacy of his/her case before proceeding further, comprised specifically of the following:

- a. Declaration(s) or affidavit(s) by a qualified medical expert regarding each individual plaintiff's alleged injuries, which shall affirm the chemicals or toxic substances to which that plaintiff was exposed; the date or dates, place, duration, and dose of exposure to each; the method of exposure to each; the resulting personal injuries (including onset, duration, and severity); the personal injuries which the plaintiff has an increased chance of developing; the basis for the expert's opinion that such injuries were caused by (or are likely to be caused by) the claimed exposure).
- b. In addition, with respect to any real or personal property damage claims, each plaintiff shall provide specific information concerning each plaintiff's real and personal property that was allegedly damaged. All statements required to be produced pursuant to this Paragraph 2 will be due 90 days after the completion of the questionnaires.
- 3. As before, anyone among the 150 randomly selected plaintiffs who does not complete the process set forth in Paragraph 2 will be dismissed. If plaintiffs are dismissed as a result of this provision or for any other reason, additional plaintiffs will be added, in the order they appear on the initial random list, to keep the number moving through the discovery process at 150.

² No more than one person from each family group should be included to assure maximum coverage on property damage claims.

Discovery Order Page 3

4. With respect to those among the 150 randomly selected plaintiffs remaining after any dismissals pursuant to Paragraph 3 (including any added pursuant to Paragraph 3).

Defendants will be entitled to obtain medical records and conduct one hour depositions.

5. <u>Discuss next steps</u>. When the above has been completed, the parties and the Court shall meet

to discuss next steps to trial, which likely will entail, for any plaintiffs moving forward for

dispositive motions or trial, a full deposition, as well as treating (and expert) physician

depositions, medical examinations, and property inspections.

SO ORDERED.			
Datad:	2018		

Douglas A. Brady

Judge of the Superior Court

FIRST INTERROGATORIES / PLAINTIFF QUESTIONNAIRE PROPOUNDED BY DEFENDANTS

TO BE ANSWERED UNDER PENALTY OF PERJURY BY ALL PLAINTIFFS

INSTRUCTIONS

- 1. Please print your answers to this questionnaire in pen (not in pencil).
- 2. Your responses are being given under penalty of perjury. You should give answers that are as complete and accurate as possible. If the space provided is inadequate for your answer, please complete your answer on one of the supplemental pages at the end of this booklet and specify the question number to which you are providing further answers.
- 3. If you do not know an answer, please write, "I do not know." Do your best to not leave any question blank.
- 4. If you are answering this questionnaire on your own behalf, please answer each question with your own information. However, if you are answering this document on behalf of someone else (such as a minor, a deceased person, or an incompetent person), please answer questions 1 through 4 with your information, and the rest of the questions with the other person's information. If you are answering for more than one person, you must complete a separate questionnaire for each individual



GENERAL BACKGROUND

	I am res	ponding on n	ny own behalf		☐ I am	responding	on behalf of	another person
1.	Your	full name:						
2.	Date	of birth:		Age:_		Gende	r: Male	☐ Female
3.	Socia	al Security Nu	mber:					
4.	Curre	ent Mailing Ac	ldress:				Apt #	#:
	City:			Sta	ite:		Zip	
5.	If you	ı are respondi		erson, a	inswer the	remainder of	the questions	on behalf of the
	a.	Full Name:	First		Middle		Last	
		Address:	Street Addres	S			Apt. No.	
			City			State		Zip
	b.			• •		·	<u>-</u>	u are responding:
	c.	State the pe	rson's relations	hip to y	ou:			
	d.	Person's So	cial Security N	umber:				
	e.	☐ Male	☐ Female					
	f.	Date of Birt	h:					
	g.	If the person	n on whose beh	alf you	are respond	ling is deceas	sed, state the f	ollowing:
		Date of Dea	th:			Age at Death	:	
		Cause of De	eath: a copy of the dece th:	dent's de	ath certificate	e if you have it i	n your possessio	n.
			th:spital or facility					

Name of Spouse	Date of Marriage		in which marr vorce, death of	
	known by another name, list mental pages if additional sp			of use. Complet
Name		Date		Date
		T-1	_ to	
			_ to	
			10	
answer on supplement	ce of birth and date of birth of all pages if additional space is born to me, fathered by me, of	f each of your required.	r children. Cor	nplete your
answer on supplement	ce of birth and date of birth or al pages if additional space is	f each of your required. or adopted by	r children. Cor	mplete your
answer on supplement I have no children	ce of birth and date of birth of all pages if additional space is born to me, fathered by me, of	f each of yours required. or adopted by (City, State)	r children. Cor me. (Go to qu	mplete your
answer on supplement I have no children Name	be of birth and date of birth of all pages if additional space is born to me, fathered by me, of Place of Birth	f each of yours required. or adopted by (City, State)	me. (Go to que Date of Birth	nplete your

10. Have you ever been a plaintiff or a defendant in a civil lawsuit (including a class action suit, small claims matter, or any other civil litigation that involved a claim for personal injuries or property damage)? (If more than one such lawsuit, complete your response on the

	☐ Yes	☐ No (Go to question 11)
	If yes, provide	the information requested below for each such lawsuit.
	a. Name	of action:
	Case N	No.:Court and location:
	Date fi	iled:
	b. Were y	you a plaintiff or defendant? (Check one)
	c. What v	were the circumstances (type) of the action?
1.		n convicted of a felony in the last fifteen years (including any pleas of nolo contendre)?
	Yes	☐ No (Go to question 12)
	If yes, provide needed	e the information requested below for each such conviction. Use extra pages if
	a. Court	and location in which prosecution took place:
		e;
2.	b. Charge	e:
2.	b. Charge	EMPLOYMENT HISTORY
2.	b. Charge Have you ever	EMPLOYMENT HISTORY r worked at the alumina plant on St. Croix?
2.	b. Charge Have you ever Yes a. Dates:	EMPLOYMENT HISTORY r worked at the alumina plant on St. Croix? \[\sum \text{No} \text{(Go to question 13)}
12.	b. Charge Have you ever Yes a. Dates: b. Job title	EMPLOYMENT HISTORY r worked at the alumina plant on St. Croix? \[\sum \text{No} \text{ (Go to question 13)}
12.	b. Charge Have you ever Yes a. Dates: b. Job titl c. Duties For your currethe present, pl	EMPLOYMENT HISTORY r worked at the alumina plant on St. Croix? \[\text{No} \text{ (Go to question 13)} \]

	b.	City/State of employment:
	c.	Start date of employment:
	d.	Duties:
	e.	Nature of business:
14.	Have	you ever been in the military service?
	□ Y	es No (Go to question 16)
	Bran	ch of military:
		the dates served: from to (Month/Year) (Month/Year)
15.	Have	you ever filed a worker's compensation claim for any work related injury or illnesses?
	□ Y	es No (Go to question 16)
		ide the requested information. (Use supplemental pages to provide additional mation if necessary.)
	a.	Name of employer:
	b.	Date of claim:
	c.	Reason for the claim and the nature of the illness:
	d.	Duration and nature of any disability:
16.		you received disability benefits from any source, including an insurance company or rnment program for any illness, from ten years before Hurricane Georges to the present?
	□ Y	es No (Go to question 17)
		ide the requested information. (Use supplemental pages to provide additional mation if necessary.)
	a.	Name of employer if the disability was related to employment:
	b.	Dates benefits received:
	c.	State the reason(s) you received the benefits:
		5

RESIDENCES

Throughout the remainder of this Questionnaire, the term "Plant" is used to refer to the alumina plant on St. Croix.

17.	List any and all addresses you have occupied starting with your current residence and ending with the residence you occupied at the time of Hurricane Georges. Use supplemental pages if necessary (please provide the same information requested below for on the supplemental pages). For any residences you've owned (in whole or in part) at which you claim property damage from materials blown from the Plant, please include the price paid and price for which you sold your residence.
	Number Street Apartment No.
	City State Zip
	Dates of residence:
	Do you:
	Where did your household drinking water come from?
	☐ WAPA ☐ Cistern ☐ Bottled water ☐ Other ☐ Don't know
18.	What documents do you have to show occupancy?
19.	If you claim damages related to exposure to substances blown from the Plant to this property, please specify: Distance/mile(s) from the Plant: Price Paid for real property: Sale Price for real property:
	REAL PROPERTY DAMAGE CLAIMS
20.	In this litigation, are you asserting a claim for damage to real property you own? (If you claim damage to more than one property, use supplemental pages.)
	Yes No (Go to question 29) a. Provide the address of the property that is the subject of your claim.
	b. Use of property (i.e., home, rental, etc.):
	c. State the size of the property:

d.	Type of building (e.g., 3 bed/1 bath)				
e.	Describe any improvements (building	s, etc.) that are on the property:			
g.	Names of any co-owners of the prope	rty:			
h.	Date of purchase:	Purchase price:			
i.	Date of sale:	Sale price:			
j.	Type of alleged damage to the building	g			
k.	Amount of damage you claim:				
1.		ore or after Hurricane Georges, please state the any that performed the appraisal.			
m.	On what date(s) do you claim your ret	al property was damaged by substances blown from			
n.	•	substance(s) from the Plant damaged your real pove? Describe as best you can			
о.		s done to your real property on each of the date(s) the value of that damage. Use extra pages at the			
l. Do y	ou have any photographs or videos of "	red dust" or "red mud" on any of your property?			
	Yes No				
	you get any FEMA, SBA, or insurance age to your residence?	assistance following Hurricane Georges related to			
	Yes No (Go to question 23)	7			

	assistance, what was the assistance for, and what was the dollar amount of the
When did you Plant) on a pr	a first see "red dust" or "red mud" (that you claim came from the Alumina operty on which you lived in St. Croix?
	a first inhale "red dust" or "red mud" (that you claim came from the Alumina
Has any of the	e damage described in response to question no. 20 been repaired in whole or in
☐ Yes	☐ No (Go to question 26)
cleaning, who	e property was cleaned) Examples of "details" include: invoices for repairs or conducted the repairs, when it was does, what areas were repaired or cleaned, pages if needed.
	Alumina (or anyone other than you) arrange to clean your property (including
your cistern)?	,
your cistern)?	
your cistern)? Yes Describe wha	□ No (Go to question 27)
your cistern)? Yes Describe wha	□ No (Go to question 27) t was cleaned. Use extra pages if needed.

28.	Do y	ou have in your possession a sample of the material you claim damaged your real erty?				
	□ Y	es No				
		PERSONAL PROPERTY DAMAGE CLAIMS				
29.	furni	In this litigation, do you claim damage to any personal property you own (clothes, furniture, etc.) from substances blown from the Plant?				
		es				
30.	inclu	Do you have any photographs or videos of any other dust on any of your property, including coal dust, asbestos, etc.?				
		es No				
31.	the P	each item of personal property you claim was damaged by substances blown from clant, provide the following information. (If necessary, use supplemental pages, provide the information below for each item of personal property.)				
	a.	Describe the item:				
	b.	Date item purchased: Purchase price:				
	c.	Date item sold: Sale price:				
	d.	Date item was damaged:				
	e.	Describe the alleged damage to the item:				
	f.	To the best of your knowledge, what substance(s) from the Plant damaged the item? Describe as best you can:				
	g.	Was the item cleaned/repaired? Yes No				
	h.	Was the item replaced? Yes No If yes, replacement price:				

32.	Do y prop	ou have in your possession a sample of the material you claim damaged your personal erty?
	□ Y	es No
		PERSONAL INJURY CLAIMS
33.		is lawsuit, do you claim to have experienced any physical injury or illness because of sure to materials blown from the Plant?
	□ Y	Tes No (Go to question 38)
	a.	Identify at which, if any, of the addresses listed in response to question 20, you allege you were exposed to materials blown from the Plant that caused you physical injury o illness.
	b.	If you allege exposure to materials blown from the Plant that caused you physical injury or illness at any location other than your residence (e.g., school, workplace, etc.), identify each such location by name and street address
	c.	For each address at which you allege exposure, on what date(s) do you claim to have been exposed to substances blown from the Plant?
	d.	To the best of your knowledge, to what substance(s) from the Plant were you exposed on each of the dates listed above? Describe as best you can.
	e.	State the ways in which you believe you were exposed to substances blown from the Plant on each of the dates listed above (by inhaling, by contact with skin, etc.).
	f.	Provide a description of each of your injuries and/or illnesses. (Use the supplemental pages provided if additional space is required; please provide the same information requested below on any supplemental pages needed.)
		Injury or illness:
		Description (symptoms, severity of the symptoms, frequency of symptoms, etc.)

Date symptoms starte	ed:
Date symptoms ended	d:
List any medical expen was paid.	se you claim in this lawsuit including total amount and hov
	Date
	Date
restrictions, and identif	fy which injury/illness caused restrictions, describe fully the dates and duration of the restrictions. Use supplement

provider with whom or injuries and/or illnesses	nformation for each doctor, hospital, clinic or other health of where you received advice or treatment regarding any of the listed above. Use supplemental pages if necessary; provide pelow on supplemental pages.
provider with whom or injuries and/or illnesses information requested by	where you received advice or treatment regarding any of the listed above. Use supplemental pages if necessary; provide
provider with whom or injuries and/or illnesses information requested b	where you received advice or treatment regarding any of the listed above. Use supplemental pages if necessary; provide pelow on supplemental pages.
provider with whom or injuries and/or illnesses information requested by Name of healthcare produced healt	where you received advice or treatment regarding any of the listed above. Use supplemental pages if necessary; provide pelow on supplemental pages.
provider with whom or injuries and/or illnesses information requested by Name of healthcare produced healt	where you received advice or treatment regarding any of the slisted above. Use supplemental pages if necessary; provide pelow on supplemental pages. Sovider (clinic, hospital, doctor, etc.): me of treating doctor:
provider with whom or injuries and/or illnesses information requested by Name of healthcare produced by Address: If hospital or clinic, name of healthcare produced by the second of th	where you received advice or treatment regarding any of the listed above. Use supplemental pages if necessary; provide pelow on supplemental pages. Evider (clinic, hospital, doctor, etc.): me of treating doctor:
provider with whom or injuries and/or illnesses information requested by Name of healthcare produced and the Address: If hospital or clinic, name and Specialty: Telephone number	where you received advice or treatment regarding any of the slisted above. Use supplemental pages if necessary; provide pelow on supplemental pages. Sovider (clinic, hospital, doctor, etc.): me of treating doctor:

	ed to any of your health problems?	o materials from the Plant caused or	
☐ No	Yes (Who?	When?	
•	of the above health care providers y which one(s) by name:	our regular treating physician? If so,	
other heather the perio	olth care provider with whom or whe do five years before Hurricane Ge	ormation for each doctor, hospital, cere you received advice or treatment orges to the present. (If needed, comroviding all the information requeste	durin plete
Name of	healthcare provider (clinic, hospita	, doctor, etc.):	 ,
Address:			
Specialty	:		
Telephor	ne number		
Dates of	treatment by this doctor or facility:		
	ness treated and treatment (e.g., tes	es, procedures, medications, etc.) pro	vide
	doctor ever told you that exposure ted to any of your health problems?	o materials from the Plant caused or	
☐ No	☐ Yes (Who?	When?	,
i.	er have had any symptoms or cond your eyes (including, but not limited r double vision),	tions impacting: to, blurred vision, cataracts, glauco	ma,

- ii. your ears, nose, mouth or throat (including, but not limited to, chronic earaches, chronic sinus infections, hearing loss, or chronic nosebleeds),
- iii. your skin or musculoskeletal system (including, but not limited to, psoriasis, eczema, osteoporosis, bone deformity, arthritis, chronic back or neck pain, or paralysis),
- iv. your **gastrointestinal system** (including, but not limited to, Crohn's disease, colitis, irritable bowel, diverticulitis, chronic diarrhea, gallstones, pancreatitis, or liver disease (including cirrhosis or hepatitis)) or
- v. your **respiratory system** (including, but not limited to, asthma, chronic cough, emphysema, asbestosis, chronic bronchitis, fibrosis or pneumonia),

please list the conditions and provide the dates of treatment and the name, address, and telephone number of the health care providers who treated your symptoms, conditions, or other problems.

	conditions,	, or other problems.		
m.	Have you	ever had diabetes ("sugar"	')"?	
	□No	Yes		
n.	Have you	ever had hypertension ("pr	ressure")?	
	□No	Yes		
ο.	Have you	ever had a chest or lung x-	ray taken?	
	☐ No	Yes (Where?	When?	
		For what reas	son?)
p.	Did you ev	ver have any allergies to:		
	Yes No		ling when diagnosed/by whom) .)	

	q.	Have you ever had a positive tuberculin test?
		☐ Yes (Date(s)) ☐ No
	r.	Has anyone ever provided any information to you regarding the level of your alleged exposure to materials blown from the Plant which you experienced? If so, state the material or substance, concentration, who provided this information and when they provided the information.
	s.	Have you ever been tested or examined for the effects of any materials from the Plant on your health?
		Yes No (Go to question 34)
		Number of times tested and/or examined:
		Locations where test(s) and/or examination were conducted:
		Person(s) who conducted test(s) and/or examination (including agency name(s) if applicable):
		Date(s) of testing and/or examination:
		Describe the tests (including what samples were taken, etc.) and/or examination and results:
		Do you have a copy of the results? No Yes (If yes, attach a copy of the results to your Questionnaire response.)
34.	Have	e you ever smoked tobacco or anything else?
	Y	res No (Go to question 35)
	a.	Dates (years) of use and frequency of use
		Was there ever a time when you smoked in greater or lesser quantities than the averages described above? If so, describe when and how much you used
35.	—— Have	e you ever lived with anyone who smoked in your home or in your presence?
		es No (Go to question 36)

b.	Who?Years?
c.	What is the amount, on average, they smoked in your presence and overall each day this amount changed over time, provide the average amounts and state the corresponding time periods)?
•	u now, or did you ever drink alcoholic beverages?
_ Ye	es
a.	What year did you start drinking?
b.	How much do/did you drink on an average day?
c.	Do you currently drink?
	Yes No If no, when did you quit?
d.	What do or did you drink? (Check all that apply) Beer Mixed drinks or liquor Wine
e.	Was there ever a time when you drank more or less than the averages described about fso, describe when and how much you drank.
	de the following information concerning your current height and weight.
a.	Current height:feetinches
a. b.	Current height:feetinches Current weight:pounds
a. b.	Current height:feetinches Current weight:pounds
a. b.	Current height:feetinches Current weight:pounds What is the most (excluding pregnancies) and the least you have weighed in the last
a. b. c.	Current height:feetinches Current weight:pounds What is the most (excluding pregnancies) and the least you have weighed in the last five years?

LOST INCOME

е	Do you claim any lost income (whether from work or from renting out a property or anytelese) in this lawsuit?				
	Yes No (Go to question 42)				
39. F	How much income did you lose?				
40. V	What are the dates of the loss?				
	What type of income did you lose (employment, rental, etc.) and who paid you the ncome?				

EMOTIONAL DISTRESS

	Do yo	ou seek compensation in this lawsuit for emotional distress? Yes
;	a.	When did the emotional distress begin?
1	b.	If it has ended, when did the emotional distress end?
(c.	Describe in detail the emotional distress you experienced, including symptoms, severity, frequency, etc.
(d.	Provide the information requested below for each psychiatrist, psychologist, counselor or therapist who has ever treated or examined you, at any time, for any emotional condition or illness. (If needed, complete your response on the supplemental pages by providing all the information requested below for all counselors/therapists.)
	Couns	selor/Therapist
		Name:
		Street address:
		City:State:Zip:
		Date(s) of treatment:
		Diagnosis or conclusion:
		Treatment (including all medications):
		Cost of treatment (including any medications): \$
		than the claims asserted in your above responses to this Questionnaire, do you claim to suffered any other injury or damage for which you seek compensation?
I		es
		ibe each of the other claim(s) that you make in this lawsuit.

TESTING / KNOWLEDGE

14.	Have you ever had any contact with the any governmental agency regarding pollution or dust from the Plant?
	Yes One (Go to question 45)
	Describe your contact with the each agency, including with whom you had contact, when the contact occurred and the substance of the communications:
45.	Has any air, soil, or other testing been done on any property you own or on which you have resided or worked? (Use supplemental pages if needed.)
	Yes One (Go to question 46)
	a. Complete address of property:
	b. Number of times tested:
	c. Person(s) who conducted test(s) (including agency name(s) if applicable):
	d. Date(s) of testing:
	e. Describe the tests, including how samples were taken, equipment used, etc.:
	c. Describe the tests, merading new samples were taken, equipment used, etc
	f. Do you have a copy of the results?
	☐ No ☐ Yes (If yes, attach a copy of the results to your Questionnaire response.)
6.	Have you ever attended a meeting at which the health effects of red mud or bauxite exposure or other Plant emissions were discussed?
	Yes Go to question 47)
	If so, give the date and location of the meeting and a description of the information provided.
47.	Have you ever had any communications with anyone from the Plant?
	Yes No (Go to question 48)

QUESTIONNAIRE PREPARATION
State the name, address and relationship to you of each person who prepared or assisted in t preparation of the responses to this Questionnaire.
Identify any documents reviewed to prepare the responses to this Questionnaire, including t

SUPPLEMENTAL ANSWERS

(For each supplemental answer, please record the question number before providing the supplemental response. Use as many lines as necessary to provide a complete response to the question.)

Question #	Supplemental Answer
<u> </u>	
	<u> </u>
	+
	

QUESTIONNAIRE VERIFICATION

Ι,		(print your full name) declare
under penalty of perjury under the	laws of the U.S. Virgin Isl	lands, that the foregoing Answers to the
Questionnaire are within my perso	onal knowledge and are true	e and correct.
Executed thisday of	, 2018 at	(location)
DATED:	, (Sign your full name)	

QUESTIONNAIRE VERIFICATION BY GUARDIAN

S. Virgin are true
are true
<u></u>
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