

# **EXHIBIT 2**

**IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF ILLINOIS**



This Document Relates to:

[member case name and number]

IN RE: PARAQUAT PRODUCTS  
LIABILITY LITIGATION

)  
)  
) Case No. 3:21-md-03004-NJR3:21-md-  
) 03004-NJR  
)  
) MDL No. 3004  
)  
)  
)

**PLAINTIFF'S FACT SHEET**

This Plaintiff's Fact Sheet is a legal document. You are required to provide the following information regarding yourself, or for each individual on whose behalf you are asserting potential legal claims. Each question must be answered to the best of your ability taking into account the Plaintiff's physical and mental condition at the time that the Plaintiff or the representative is completing this form.

In completing this Fact Sheet, you are under oath and must provide information that is true and correct to the best of your knowledge including using documents in your possession. If you do not know the answer, please indicate that in response to the question. In answering the questions below, you should never guess. You may supplement your responses if you learn that they are incomplete or incorrect.

For each question where the space provided does not allow for a complete answer, please attach additional sheets so that all answers are complete. If you attach additional sheets, clearly label the sheets according to the question to which each sheet pertains. Please do not leave any questions unanswered or blank. If a question does not apply, please respond "Not Applicable" or "N/A."

You must complete this Fact Sheet for any claim that you wish to assert against the Syngenta or Chevron Defendants.

After completing this Fact Sheet, you must sign the Fact Sheet on the last page. Your signature certifies that you have answered this Fact Sheet under oath, that your answers are true and accurate to the best of your knowledge.

If you have any questions about this Fact Sheet, you should speak with your attorneys.

**I. REPRESENTATIVE CAPACITY**

- A. If you are completing this Fact Sheet in a representative capacity of the Plaintiff/Decedent on whose behalf this action was filed, please complete the following:

1. Your Name (First, Middle, Last): \_\_\_\_\_
2. Home address: \_\_\_\_\_
3. Your relationship to the person upon whose behalf you have completed this Fact Sheet (*e.g.*, parent, guardian, estate administrator):  
\_\_\_\_\_

**[If you are completing this Questionnaire in representative capacity, please respond to the following questions on behalf of the person who you represent.]**

## **II. PERSONAL INFORMATION**

- A. Full Name (First, Middle, Last): \_\_\_\_\_
- B. Maiden Name: \_\_\_\_\_
- C. Date of birth: \_\_\_\_\_
- D. Social Security Number: \_\_\_\_\_
- E. Medicare, Medicaid, and/or Tricare Claim numbers: \_\_\_\_\_
- F. Race: \_\_\_\_\_
- G. Ethnicity (Hispanic/Non-Hispanic): \_\_\_\_\_
- H. Identify the following information for every place you have lived for the last ten (10) years for at least one year, through the present. If you claim that you were exposed to paraquat at any place you lived for less than a year, please include that address as well.

Address (or best approximation)	Years you lived at address (ex. 1/1998-6/2002)	All Persons who lived at address and relationship to you	Paraquat exposure? (Y/N)

### **III. EMPLOYMENT HISTORY**

- A. Identify 25 years of employment history by either: (1) every place of employment for the last 25 years; or (2) if you are retired, every place of employment for the 25 years before you retired.

<b>Employer Name</b>	<b>Approximate Date Range of your Employment (Month/Year)</b>	<b>City/State</b>	<b>Supervisor Name(s)</b>	<b>Brief Description of Job Responsibilities</b>	<b>Paraquat Exposure? (Y/N)</b>

- B. Have you ever applied for worker's compensation, social security disability benefits, private disability benefits, or state or federal benefits?

Yes \_\_\_\_\_ No \_\_\_\_\_

- C. If yes, then as to each application, please provide the following information, including the dollar amount of benefits (if any) received:

<b>Approximate date claim was filed</b>	<b>Name of agency</b>	<b>Nature of claimed injury or disability</b>	<b>Ultimate disposition of claim</b>	<b>Amount of benefits received, if any</b>

#### **IV. UNION MEMBERSHIP**

**A.** Have you ever been a member of any labor union?

Yes \_\_\_\_\_ No \_\_\_\_\_

**B.** If yes, state the name and address of each such union, job to which it applied, and the approximate date range of your membership.

<b>Name of Union</b>	<b>City/State where Union is located</b>	<b>Job to which it pertained</b>	<b>Approximate date range in year(s) of membership</b>

#### **V. MILITARY SERVICE**

**A.** Have you served in the military in any capacity?

Yes \_\_\_\_\_ No \_\_\_\_\_

**B.** If yes, identify the branch of the military, the highest rank attained, the years of service, and the locations where you were stationed.

<b>Branch of military</b>	<b>Highest rank attained</b>	<b>Approximate date range of service (Month/Year)</b>	<b>Locations stationed</b>

## **VII. LITIGATION HISTORY**

- A. Have you ever filed a civil lawsuit? (This does not apply to this pending suit or other suits relating to domestic relationships, divorces, or child custody.)

Yes \_\_\_\_\_ No \_\_\_\_\_

- B. If yes, then as to each lawsuit, separately state the nature of the case and claims, where the case was filed, and your attorney's name.

---

## **VIII. FAMILY HISTORY**

- A. To the best of your recollection and knowledge, identify all of the following diseases that your parents, siblings, grandparents, or child of yours has been diagnosed with. (Check all that apply)

Disease	Parent, Sibling, Grandparent, or Child with Diagnosis?
1. Parkinson's Disease	<input type="checkbox"/>
2. Parkinsonism	<input type="checkbox"/>
3. Alzheimer's Disease	<input type="checkbox"/>
4. Dementia	<input type="checkbox"/>
5. Lewy Body Dementia	<input type="checkbox"/>
6. Huntington's Disease	<input type="checkbox"/>
7. Wilson's Disease	<input type="checkbox"/>
8. Tourette Syndrome	<input type="checkbox"/>
9. Ataxia	<input type="checkbox"/>
10. Chorea	<input type="checkbox"/>
11. Dystonia	<input type="checkbox"/>
12. Multiple System Atrophy	<input type="checkbox"/>
13. Myoclonus	<input type="checkbox"/>
14. Progressive Supranuclear Palsy	<input type="checkbox"/>
15. Tardive Dyskinesia	<input type="checkbox"/>
16. Crohn's Disease	<input type="checkbox"/>
17. Glioblastoma	<input type="checkbox"/>
18. Colorectal Cancer	<input type="checkbox"/>

19. Lung Cancer	<input type="checkbox"/>
20. Ovarian Cancer	<input type="checkbox"/>
21. Gaucher's Disease	<input type="checkbox"/>
22. Any other neurodegenerative disease	<input type="checkbox"/>
23. Any other neurological disease or disease of the brain, spine or nerves	<input type="checkbox"/>

## **IX. MEDICAL SERVICES**

- A.** If you have been diagnosed with Parkinson's Disease, please identify the name(s) of any and all Health Care Providers<sup>1</sup> who have diagnosed you with or treated you for it. For each provider identified, provide the following information:

<b>Provider Name</b>	<b>Date(s) of Medical Care, Services, Consultation</b>	<b>City/State of Practice</b>

- B.** If you have been diagnosed with Parkinsonism, please identify the name(s) of all Health Care Providers who have diagnosed you with or treated you it. For each provider identified, provide the following information:

<b>Provider Name</b>	<b>Date(s) of Medical Care, Services, Consultation</b>	<b>City/State of Practice</b>

<sup>1</sup> For the purposes of this Fact Sheet, "Health Care Provider" is defined as physical therapist or physical therapy department, rehabilitation specialist, physician, osteopath, homeopath, chiropractor, or other persons or entities involved directly in the evaluation, diagnosis, care, and/or treatment of your physical health.

--	--	--

- C.** If you have been diagnosed with or treated for renal failure or kidney failure or any other injury you claim as an injury in this lawsuit, please identify the name(s) of all Health Care Providers who have diagnosed you with or treated you for that injury. For each provider identified, provide the following information:

Provider Name	Injury/Diagnosis	Date(s) of Medical Care, Services, Consultation	City/State of Practice

- D.** Prior to your involvement in this litigation, have you undergone genetic testing, including, but not limited to genetic testing related to your Parkinson's disease or Parkinsonism diagnosis?<sup>2</sup>

Yes \_\_\_\_\_ No \_\_\_\_\_

- E.** If yes, identify the results of that testing.

\_\_\_\_\_

- F.** To the best of your knowledge and recollection, identify (1) the names of all primary Health Care Providers you have seen in the 25 years prior to your symptoms and/or diagnosis with the injury(ies) you are claiming in this litigation; (2) any neurologists you have seen in your lifetime; (3) the names of any Health Care Providers you have seen in relation to any brain or head injury; (4) the names of any Health Care Providers you have seen in relation to any chemical or toxic exposure; and (5) the names of all Health Care Providers you have seen for any serious illness or injury since the time you began treatment for the injury(ies) you are claiming in this lawsuit. To the extent you received care at a hospital or other

<sup>2</sup> For purposes of this Fact Sheet, "genetic testing" excludes genetic testing that was performed only for genetic variants associated with breast cancer, ovarian cancer, pancreatic cancer, prostate cancer, or Lynch syndrome, as well as genetic testing that did not include testing for any specific genetic variants but instead solely examined your likely ancestry and/or ethnicity.



institution, provide the name of the hospital or other institution. For each provider or entity identified, provide the following information.

<b>Provider Name</b>	<b>Approximate Date(s) of Medical Care, Services, Consultation</b>	<b>Nature of Medical Care, Services, Consultation</b>	<b>Name and Location of Facility</b>

## **XI. FARMING HISTORY**

- A.** Please provide the following information for all years in which you were actively engaged in farming or the application of Agricultural Chemicals.<sup>3</sup>

<b>City/ State</b>	<b>Business Name (if applicable)</b>	<b>Your Role</b>	<b>Year(s)</b>	<b>Acres</b>	<b>Crops Planted or Harvested</b>	<b>Agricultural Chemicals Used</b>	<b>Identity of All Persons Actively Engaged in Farming or Application of Agricultural Chemicals at Location (incl. Supervisors)</b>

<sup>3</sup> For the purposes of this Fact Sheet, “Agricultural Chemicals” is defined as any and all herbicides, pesticides, and insecticides used at each of the locations identified in your responses.

**B.** Have you ever been a member of an agricultural or farming organization?

Yes \_\_\_\_\_ No \_\_\_\_\_

**C.** If yes, state the name and city/state of each organization and the years of your membership in each such organization.

---

## **XII. TRAINING, CERTIFICATION, LICENSING**

**A.** Identify all formal training, certification or licensing you have received regarding Agricultural Chemicals of any kind, including but not limited to Paraquat, as well as the dates and provider of such training, certification or licensing. "Formal" training includes instruction or tutorial provided by an employment supervisor.

<b>Type of Training / Certification / Licensing</b>	<b>Year</b>	<b>Provider of Training/Certification/Licensing</b>

**B.** Have you ever been licensed to apply Restricted Use Pesticides?

Yes \_\_\_\_\_ No \_\_\_\_\_

**C.** If yes, provide the following information for each license received.

<b>Issuing State</b>	<b>Type of License</b>	<b>Years for Which License was Active</b>	<b>Type of Training Related to License</b>	<b>Year of Training/License</b>	<b>Provider of Training</b>

### **XIII. PARAQUAT PURCHASE HISTORY**

A. Did you ever purchase paraquat?

Yes \_\_\_\_\_ No \_\_\_\_\_

B. If yes, provide the following information with respect to each year you purchased paraquat.

<b>Year</b>	<b>Product Name</b>	<b>Manufacturer Name</b>	<b>Number of Purchases</b>	<b>Amount Purchased</b>	<b>Seller or Distributor</b>

C. If you purchased paraquat, what are the benefits that you understood paraquat had at the time(s) that you purchased it?

\_\_\_\_\_

D. If you purchased paraquat, why did you choose to purchase paraquat?

\_\_\_\_\_

E. If you purchased paraquat, were there alternatives available when you purchased paraquat? If so, please list. \_\_\_\_\_

### **XIV. PARAQUAT USE AND EXPOSURE**

This section requires you to provide information about your exposure to paraquat during mixing, loading, or application of the product, as well as during field reentry or other potential instances of exposure. Each potential type of exposure (*e.g.*, mixing/loading, application, reentry) is treated separately to allow you to provide information as accurately as possible.

A. Have you ever personally mixed and/or loaded paraquat?

Yes \_\_\_\_\_ No \_\_\_\_\_

**If no, please move on to XIV.F.**

**B.** For each time you mixed and/or loaded Paraquat, provide the following information to the best of your knowledge and recollection.

Employer and job title			
Approximate date range			
Frequency of mixing/loading during this period			
Name of Farm/Ranch and City/State			
Mixing method			
Loading method			
Name(s) of paraquat products used during period			
Name(s) of product manufacturer (if known)			
Formulation <sup>4</sup>			
Strength or Concentration <sup>5</sup>			
Quantity of Concentrate Mixed or Loaded			
Other product(s), if any, mixed with product			
Name of individual or entity that sold or provided product			
Did you purchase this paraquat product yourself? (Y/N)			
Do you possess records of purchase of this paraquat product? (Y/N)			
Name of person or entity holding license to use Restricted Use Pesticides			
Issuing state for license to use Restricted Use Pesticides			
License number			
Names and of others who witnessed you mixing and/or loading			

<sup>4</sup> For example, liquid formulation or granules.

<sup>5</sup> For example, 240 g/l or 360 g/l.

- C. If you answered yes to XIV.A, did you wear personal protective equipment during every instance you mixed and/or loaded paraquat?

Yes \_\_\_\_\_ No \_\_\_\_\_

- D. If no, please state the approximate number of times you mixed and/or loaded paraquat without wearing any personal protective equipment.

\_\_\_\_\_

- E. For each instance you wore personal protective equipment while mixing and/or loading paraquat, please identify which, if any, of the following you wore: (Check all that apply)

Personal Protective Equipment	Applicable?
1. Dust/Mist Filtering or NIOSH/MSHA-Approved Pesticide Respirator	<input type="checkbox"/>
2. Rubber or Waterproof Gloves	<input type="checkbox"/>
3. Chemical-resistant or Waterproof Footwear and Socks	<input type="checkbox"/>
4. Chemical-resistant Headgear for Overhead Exposure or Face Shield	<input type="checkbox"/>
5. Disposable Suit/Coveralls	<input type="checkbox"/>
6. Long-sleeved Shirt	<input type="checkbox"/>
7. Long Pants	<input type="checkbox"/>
8. Protective Eyewear	<input type="checkbox"/>
9. Rubber or Waterproof Apron	<input type="checkbox"/>
10. Any Other Form of Personal Protective Equipment	<input type="checkbox"/>

1. If you checked the box for "Any Other Form of Personal Protective Equipment" above, please describe the personal protective equipment used.

\_\_\_\_\_

- F. Have you ever personally applied paraquat?

Yes \_\_\_\_\_ No \_\_\_\_\_

**If no, please move on to XIV.K.**

- G. If yes, for each time you applied paraquat, provide the following information to the best of your knowledge and recollection.

Employer and job title			
------------------------	--	--	--

Approximate Year(s)			
Frequency of application during this period			
Name of Farm/Ranch and City/State			
Average quantity applied			
Total acreage to which product was applied			
Application method & duration			
Purpose			
Crops and weeds to which product was applied			
Equipment used			
Nozzle type			
Application pressure			
Boom or application height			
Name(s) of paraquat products used during period			
Name(s) of product manufacturer (if known)			
Formulation <sup>6</sup>			
Strength or Concentration <sup>7</sup>			
Tank Mix <sup>8</sup>			
Name of individual or entity that sold or provided paraquat product			
Did you purchase this paraquat product yourself? (Y/N)			
Do you possess records of purchase of paraquat product? (Y/N)			
Name of person or entity holding license to use Restricted Use Pesticides			
Issuing state for license			

---

<sup>6</sup> For example, liquid formulation or granules.

<sup>7</sup> For example, 240 g/l or 360 g/l.

<sup>8</sup> Identify all components of the tank mixture containing paraquat, including but not limited to adjuvants, surfactants, spray modifiers, utility agents, or other pesticides.

License number			
Names and of others who witnessed you applying paraquat			

**H.** If you answered yes to XIV.F, did you wear any personal protective equipment during every instance you applied paraquat?

Yes \_\_\_\_\_ No \_\_\_\_\_

**I.** If no, please state the approximate number of times you applied paraquat without wearing any personal protective equipment.

\_\_\_\_\_

**J.** For each instance you wore personal protective equipment while applying paraquat, please identify which, if any, of the following you wore: (Check all that apply)

Personal Protective Equipment	Applicable?
1. Chemical-resistant or Waterproof Footwear and Socks	<input type="checkbox"/>
2. Chemical-resistant Headgear for Overhead Exposure or Face Shield	<input type="checkbox"/>
3. Dust/Mist Filtering or NIOSH/MSHA-Approved Pesticide Respirator	<input type="checkbox"/>
4. Disposable Suit/Coveralls	<input type="checkbox"/>
5. Long-sleeved Shirt	<input type="checkbox"/>
6. Long Pants	<input type="checkbox"/>
7. Protective Eyewear	<input type="checkbox"/>
8. Rubber or Waterproof Apron	<input type="checkbox"/>
9. Rubber or Waterproof Gloves	<input type="checkbox"/>
10. Any Other Form of Personal Protective Equipment	<input type="checkbox"/>

1. If you checked the box for “Any Other Form of Personal Protective Equipment” above, please describe the personal protective equipment used.

\_\_\_\_\_

**K.** Do you claim you were exposed to spray mist or drift from paraquat applied by another person?

Yes \_\_\_\_\_ No \_\_\_\_\_

**If no, please move on to XIV.P.**

- L.** For each time you were exposed to spray mist or drift from paraquat applied by another person, provide the following information to the best of your knowledge and recollection.

Approximate date			
Address of Home, Business, or Name of Farm/Ranch and City/State			
Did you work or live at location where product was applied? (Y/N)			
Basis for believing product applied was paraquat			
Years of exposure			
Person or entity applying product (if known)			
Relationship to person applying product, if any			
Application method			
Equipment used			
Crops and/or weeds to which product was applied			
Purpose			
Equipment used			
Nozzle type			
Application pressure			
Boom or application height			
Name(s) of paraquat products used during period			
Name(s) of product manufacturer (if known)			
Formulation <sup>9</sup>			
Strength or Concentration <sup>10</sup>			
Tank Mix <sup>11</sup>			

<sup>9</sup> For example, liquid formulation or granules.

<sup>10</sup> For example, 240 g/l or 360 g/l.

<sup>11</sup> Identify all components of the tank mixture containing paraquat, including but not limited to adjuvants, surfactants, spray modifiers, utility agents, or other pesticides.



Name of individual or entity that sold or provided paraquat product			
Did you purchase this paraquat product yourself? (Y/N)			
Do you possess records of purchase of paraquat product? (Y/N)			
Name of person or entity holding license to use Restricted Use Pesticides			
Issuing state for license			
License number			
Names and of others who witnessed spray mist or drift from application			

**M.** Did you wear any personal protective equipment during every instance you were exposed to paraquat by spray mist or drift?

Yes \_\_\_\_\_ No \_\_\_\_\_

**N.** If no, please state the approximate number of instances you were exposed to paraquat by spray mist or drift during which you did not wear any personal protective equipment.

---

- O. For each instance you were exposed to paraquat by spray mist or drift while wearing personal protective equipment, please identify which, if any, of the following you wore: (Check all that apply)

Personal Protective Equipment	Applicable?
1. Chemical-resistant or Waterproof Footwear and Socks	<input type="checkbox"/>
2. Chemical-resistant Headgear for Overhead Exposure or Face Shield	<input type="checkbox"/>
3. Dust/Mist Filtering or NIOSH/MSHA-Approved Pesticide Respirator	<input type="checkbox"/>
4. Disposable Suit/Coveralls	<input type="checkbox"/>
5. Long-sleeved Shirt	<input type="checkbox"/>
6. Long Pants	<input type="checkbox"/>
7. Protective Eyewear	<input type="checkbox"/>
8. Rubber or Waterproof Apron	<input type="checkbox"/>
9. Rubber or Waterproof Gloves	<input type="checkbox"/>
10. Any Other Form of Personal Protective Equipment	<input type="checkbox"/>

1. If you checked the box for “Any Other Form of Personal Protective Equipment” above, please describe the personal protective equipment used.

---

- P. To the best of your recollection and knowledge, did you ever enter or reenter fields within 48 hours of paraquat being sprayed in those fields?

Yes \_\_\_\_\_ No \_\_\_\_\_

**If no, please move on to XIV.Y.**

- Q. If yes, approximately how many times has this occurred (*i.e.*, “entry or reentry occurrences”)?

---

- R. Of those entry or reentry occurrences, approximately how many times did you enter or reenter those fields within 24 hours of paraquat being sprayed in those fields?

---

- S. Of those entry or reentry occurrences, approximately how many times did you enter or reenter those fields within 12 hours of paraquat being sprayed in those fields?

---

- T.** For each entry or reentry occurrence, explain generally the purpose of that entry or reentry.
- 

- U.** For each entry or reentry occurrence, provide the following information.

Year	City/State	Frequency of Entry or Reentry	Estimated Duration of Entry or Reentry	Application Method & Duration	Crops and Weeds	Applicator Names and Applicator Nos. <sup>12</sup>	Names of Others Who Witnessed Reentry

- V.** Did you wear any personal protective equipment during each and every entry and reentry occurrence?

Yes \_\_\_\_\_ No \_\_\_\_\_

- W.** If no, please state the approximate number of entry or reentry occurrences during which you did not wear any personal protective equipment.
- 

---

<sup>12</sup> Please list the names of all individuals who applied the paraquat and their certification numbers.

- X.** For each entry and reentry occurrence where you wore personal protective equipment, please identify which, if any, of the following you wore: (Check all that apply)

Personal Protective Equipment	Applicable?
1. Chemical-resistant or Waterproof Footwear and Socks	<input type="checkbox"/>
2. Chemical-resistant Headgear for Overhead Exposure or Face Shield	<input type="checkbox"/>
3. Dust/Mist Filtering or NIOSH/MSHA-Approved Pesticide Respirator	<input type="checkbox"/>
4. Disposable Suit/Coveralls	<input type="checkbox"/>
5. Long-sleeved Shirt	<input type="checkbox"/>
6. Long Pants	<input type="checkbox"/>
7. Protective Eyewear	<input type="checkbox"/>
8. Rubber or Waterproof Apron	<input type="checkbox"/>
9. Rubber or Waterproof Gloves	<input type="checkbox"/>
10. Any Other Form of Personal Protective Equipment	<input type="checkbox"/>

1. If you checked the box for “Any Other Form of Personal Protective Equipment” above, please describe the personal protective equipment used.

---

- Y.** Do you claim that you were exposed to paraquat on any other occasions or through any means not described or accounted for above?

Yes \_\_\_\_\_ No \_\_\_\_\_

**If no, please move on to XV.**

**Z.** If yes, please provide the following information for those instances of exposure to the best of your knowledge and recollection.

<b>Date (s)</b>	<b>City/ State</b>	<b>Duration of exposure (Month/ Year)</b>	<b>Type of exposure (e.g. dermal, inhalation, etc.)</b>	<b>Brief description of manner in which you were exposed to paraquat</b>	<b>Name(s) of others who witnessed your exposure</b>

**AA.** For every instance in which you claim that you were exposed to paraquat on other occasions or through means described in this section, did you wear any personal protective equipment?

Yes \_\_\_\_\_ No \_\_\_\_\_

**BB.** If no, please state the approximate number of occurrences during which you did not wear any personal protective equipment.

---

- CC.** For each occurrence where you wore personal protective equipment, please identify which, if any, of the following you wore: (Check all that apply)

Personal Protective Equipment	Applicable?
1. Chemical-resistant or Waterproof Footwear and Socks	<input type="checkbox"/>
2. Chemical-resistant Headgear for Overhead Exposure or Face Shield	<input type="checkbox"/>
3. Dust/Mist Filtering or NIOSH/MSHA-Approved Pesticide Respirator	<input type="checkbox"/>
4. Disposable Suit/Coveralls	<input type="checkbox"/>
5. Long-sleeved Shirt	<input type="checkbox"/>
6. Long Pants	<input type="checkbox"/>
7. Protective Eyewear	<input type="checkbox"/>
8. Rubber or Waterproof Apron	<input type="checkbox"/>
9. Rubber or Waterproof Gloves	<input type="checkbox"/>
10. Any Other Form of Personal Protective Equipment	<input type="checkbox"/>

1. If you checked the box for “Any Other Form of Personal Protective Equipment” above, please describe the personal protective equipment used.

---

## **XV. ACUTE PARAQUAT EXPOSURE**

- A.** Do you claim that you swallowed paraquat or that paraquat got in your mouth?

Yes \_\_\_\_\_ No \_\_\_\_\_

- B.** If yes, please identify the approximate month(s)/year(s) when this happened, describe the circumstances, and indicate whether you took an adsorbent (e.g., activated charcoal, bentonite, Fuller’s Earth).

---

- C.** Do you claim that you got paraquat in your eyes?

Yes \_\_\_\_\_ No \_\_\_\_\_

- D.** If yes, please identify the approximate month(s)/year(s) when this happened, describe the circumstances, indicate whether you rinsed your eyes with clean water, and for how long you rinsed your eyes with clean water.

---

- E.** Do you claim you got paraquat directly on your skin?
- Yes \_\_\_\_\_ No \_\_\_\_\_
- F.** If yes, please identify the approximate month(s)/year(s) when this happened, describe the circumstances, indicate whether you immediately washed the affected area with soap and water, and for how long you washed the affected area with soap and water.
- \_\_\_\_\_
- G.** Do you claim you got paraquat on your clothing?
- Yes \_\_\_\_\_ No \_\_\_\_\_
- H.** If yes, please identify the approximate month(s)/year(s) when this happened, describe the circumstances, and indicate whether you immediately removed the contaminated clothing and washed the affected area with soap and water. -
- \_\_\_\_\_
- I.** Have you ever been treated for paraquat poisoning?
- Yes \_\_\_\_\_ No \_\_\_\_\_
- J.** If yes, identify the provider of that treatment, the month(s)/date(s) of such treatment, and a description of such treatment.
- \_\_\_\_\_

#### **XVI. SYMPTOMS WITHIN 24 HOURS OF PARAQUAT EXPOSURE**

- A.** Did you experience any symptoms within 24-hours after mixing, loading, applying, or being exposed to paraquat? Yes \_\_\_\_\_ No \_\_\_\_\_
- B.** If yes, identify any symptoms you experienced within 24-hours that you claim were caused by exposure to paraquat.
- \_\_\_\_\_

#### **XVII. USE OF OTHER INDUSTRIAL/AGRICULTURAL CHEMICALS**

- A.** To the best of your knowledge and recollection, identify all the following industrial or Agricultural Chemicals you have ever used, handled, applied, disposed of, or were otherwise exposed to at any time in your life. Check all that apply.

<b>Industrial/Agricultural Chemicals</b>	<b>Applicable?</b>
1. 2,4-D ( <i>i.e.</i> , Crossbow, Curtail, Weedar, Weedone)	<input type="checkbox"/>
2. 2, 4, 5, -T ( <i>i.e.</i> , Agent Orange, Esteron, Trinoxol)	<input type="checkbox"/>

<b>Industrial/Agricultural Chemicals</b>	<b>Applicable?</b>
3. Acephate ( <i>i.e.</i> , Bonide, Martin's Surrender, Orthene)	<input type="checkbox"/>
4. Acetochlor ( <i>i.e.</i> , Harness, Keystone, SureStart, Surpass, Volley, Warrant)	<input type="checkbox"/>
5. Alachlor ( <i>i.e.</i> , Lasso)	<input type="checkbox"/>
6. Aldrin ( <i>i.e.</i> , Octalene)	<input type="checkbox"/>
7. Arsenic/Arsenate	<input type="checkbox"/>
8. Atrazine	<input type="checkbox"/>
9. Bidrin	<input type="checkbox"/>
10. Boric Acid	<input type="checkbox"/>
11. Calcium Arsenate	<input type="checkbox"/>
12. Carbaryl (Sevin)	<input type="checkbox"/>
13. Chlordane	<input type="checkbox"/>
14. Chloropicrin ( <i>i.e.</i> , Chlor-O-Pic, Metapicrin, Timberfume, Tri-Clor)	<input type="checkbox"/>
15. Chlorothalonil ( <i>i.e.</i> , Bravo, Daconil 2787, Echo, Exotherm Termil, Nopocide, Repluse, Tuffcide)	<input type="checkbox"/>
16. Chlorpyrifos ( <i>i.e.</i> , Dursban, Lorsban)	<input type="checkbox"/>
17. Copper Hydroxide ( <i>i.e.</i> , Champ, Kocide, NuCop)	<input type="checkbox"/>
18. Crop Oil	<input type="checkbox"/>
19. Cyanazine (Bladex)	<input type="checkbox"/>
20. DDT	<input type="checkbox"/>
21. DEET	<input type="checkbox"/>
22. Diazinon	<input type="checkbox"/>
23. Dicamba ( <i>i.e.</i> , Banvel, Clarity, Sterling Blue)	<input type="checkbox"/>
24. Dichloropropene ( <i>i.e.</i> , Telone)	<input type="checkbox"/>
25. Dieldrin	<input type="checkbox"/>
26. Dimite	<input type="checkbox"/>
27. Dinoseb/ Dinitro ( <i>i.e.</i> , Preemerge, Sinox PE, Dow General)	<input type="checkbox"/>
28. Diquat	<input type="checkbox"/>



Industrial/Agricultural Chemicals	Applicable?
29. Diuron (Karmex)	<input type="checkbox"/>
30. Ethephon ( <i>i.e.</i> , Arvest, Bromeflor)	<input type="checkbox"/>
31. Glufosinate ( <i>i.e.</i> , Cheetah, Rely 280)	<input type="checkbox"/>
32. Glyphosate ( <i>i.e.</i> , RoundUp)	<input type="checkbox"/>
33. Hexachlorocyclohexane and/or beta-hexachlorocyclohexane	<input type="checkbox"/>
34. Imazapyr ( <i>i.e.</i> , Arsenal, Contain, Habitat)	<input type="checkbox"/>
35. Insecticides ( <i>i.e.</i> , Orthene, Payload, Malathion, Guthion, Phosdrin, Dursban, Lorsban, Counter, Dylox, Penncap, Phoskil, Imidan, Trithion, Folidol, dibrom/Naled)	<input type="checkbox"/>
36. Lindane	<input type="checkbox"/>
37. Linuron ( <i>i.e.</i> , Londax, Lorox)	<input type="checkbox"/>
38. Maneb, Mancozeb ( <i>i.e.</i> , Agsco, Cover-up, Dithane, Fortuna, Granol, Koverall, Lescro, Manzate, Penncozeb, Roper)	<input type="checkbox"/>
39. Methoxychlor	<input type="checkbox"/>
40. Methyl Bromide ( <i>i.e.</i> , Brom-o-Gas, Profume, Zytox)	<input type="checkbox"/>
41. Metolachlor ( <i>i.e.</i> , Acuron, Brawl, Dual II Magnum, Matador, Prefix, Sequence)	<input type="checkbox"/>
42. Napthalene	<input type="checkbox"/>
43. Nicotine	<input type="checkbox"/>
44. Parathion	<input type="checkbox"/>
45. Pendimethalin ( <i>i.e.</i> , Acumen, Framework, Stealth)	<input type="checkbox"/>
46. Pentachlorophenol	<input type="checkbox"/>
47. Permethrin	<input type="checkbox"/>
48. Phosphorus Paste	<input type="checkbox"/>
49. Potassium cyanate	<input type="checkbox"/>
50. Propanil ( <i>i.e.</i> , Stampede)	<input type="checkbox"/>
51. Propazine	<input type="checkbox"/>
52. Pyrethrin	<input type="checkbox"/>

Industrial/Agricultural Chemicals	Applicable?
53. Radox	<input type="checkbox"/>
54. Ronnel	<input type="checkbox"/>
55. Rotenone	<input type="checkbox"/>
56. Simazine ( <i>i.e.</i> , Princep)	<input type="checkbox"/>
57. Sodium Flouride	<input type="checkbox"/>
58. Strychnine	<input type="checkbox"/>
59. Thallium Sulfate	<input type="checkbox"/>
60. Triclopyr ( <i>i.e.</i> , Crossbow)	<input type="checkbox"/>
61. Trifluralin ( <i>i.e.</i> , Treflan, Trust, Trilin)	<input type="checkbox"/>
62. Any Other Industrial or Agricultural Chemicals	<input type="checkbox"/>

1. If you checked box 62 for “Any other industrial or Agricultural Chemicals” above, please identify the industrial or Agricultural Chemical referenced.

---

- B.** Provide the following information with respect to the other industrial or Agricultural Chemicals that were identified in Section XVI.A above (*i.e.*, questions 1-62 in the above chart) which you used, handled, applied, disposed of, or were exposed to.

Product and manufacturer name	Approximate years of use	Frequency	Quantity Used	Method of use	How you obtained the product	The individual or entity from whom you obtained the product	Names & Location <sup>13</sup> of Others Present

---

<sup>13</sup> The term “location” here refers to the approximate distance between the person(s) present and the applicator.

--	--	--	--	--	--	--	--

- C. Did you wear any personal protective equipment during every instance you used each of the other industrial or Agricultural Chemicals identified above?

Yes \_\_\_\_\_ No \_\_\_\_\_

- D. If no, please state the approximate number of instances you used any of the other industry or Agricultural Chemical products described above during which you did not wear personal protective equipment.

---

- E. For each instance you used any of the other industry or Agricultural Chemicals described above while wearing personal protective equipment, please identify which, if any, of the following you wore: (Check all that apply)

Personal Protective Equipment	Applicable?	With Which (or all) Chemicals Identified Above?
1. Dust/Mist Filtering or NIOSH/MSHA-Approved Pesticide Respirator	<input type="checkbox"/>	
2. Rubber or Waterproof Gloves	<input type="checkbox"/>	
3. Chemical-resistant or Waterproof Footwear and Socks	<input type="checkbox"/>	
4. Chemical-resistant Headgear for Overhead Exposure or Face Shield	<input type="checkbox"/>	
5. Disposable Suit/Coveralls	<input type="checkbox"/>	
6. Long-sleeved Shirt	<input type="checkbox"/>	
7. Long Pants	<input type="checkbox"/>	
8. Protective Eyewear	<input type="checkbox"/>	
9. Rubber or Waterproof Apron	<input type="checkbox"/>	
10. Any Other Form of Personal Protective Equipment (Identify _____)	<input type="checkbox"/>	

- F. Have you ever been employed as an occupational welder or welded for more than 50% of your work day?

Yes \_\_\_\_\_ No \_\_\_\_\_

- G.** If yes, identify the date ranges during which you engaged in welding and for each date range, please provide the following information

Range of Exposure (Years)	Location (City/State)	Frequency	Purpose	Did welding take place in confined space? (Y/N)	Type of welding (i.e. SMAW, GMAW, etc.)	Type of metal involved	Type of equipment used

- H.** Identify all the following substances that you have been exposed to. (Check all that apply)

Substance	Applicable?	Substance Type	Range of Exposure (Years)	Details of Exposure including Circumstances, Duration and Frequency of Exposure
1. Heavy metals ( <i>e.g.</i> , iron, mercury, manganese)	<input type="checkbox"/>			
2. Polychlorinated Biphenyls (PCBs)	<input type="checkbox"/>			
3. Solvents ( <i>e.g.</i> , hydrocarbon solvents like paint thinners, paint removers, cleaning fluids, trichloroethylene (TCE), organic solvents like acetone)	<input type="checkbox"/>			
4. Wood Preservatives	<input type="checkbox"/>			

## **XVIII. MISCELLANEOUS MEDICAL INFORMATION**

- A.** Identify all medical conditions that you have been diagnosed with or have been medically treated for. (Check all that apply)

<b>Condition</b>	<b>Applicable?</b>	<b>Month/Year of Diagnosis</b>	<b>Any Medical Treatment?</b>	<b>Month/Year of Treatment</b>	<b>Hospital and/or Treatment Provider</b>
1.	<input type="checkbox"/>				
2. Hepatitis C	<input type="checkbox"/>				
3. Hospitalization for CNS Infection	<input type="checkbox"/>				
4. Hospitalization for Sepsis	<input type="checkbox"/>				
5. Influenza Requiring Hospitalization	<input type="checkbox"/>				
6. Irritable Bowel Syndrome (IBS)	<input type="checkbox"/>				
7. Japanese Encephalitis	<input type="checkbox"/>				
8. Lyme Disease	<input type="checkbox"/>				
9. Measles	<input type="checkbox"/>				
10. Strep Infection Requiring Hospitalization	<input type="checkbox"/>				
11. West Nile virus	<input type="checkbox"/>				

- B.** Have you ever suffered from any head injuries and/or concussions?

Yes \_\_\_\_\_ No \_\_\_\_\_

- C.** If yes, identify the date(s) of the head injury/concussion, the cause of the injury/concussion, and any symptoms experienced from the injury/concussion, and state whether you received medical treatment for that injury/concussion, what diagnosis (if any) made by a doctor following the injury/concussion, and the Health Care Provider of that medical treatment and/or diagnosis.

\_\_\_\_\_

- D.** Have you ever been diagnosed with pulmonary (lung) fibrosis?

Yes \_\_\_\_\_ No \_\_\_\_\_

- E.** If yes, identify the date of the diagnosis and the Health Care Provider who diagnosed you for pulmonary (lung) diagnosis:

---

- F.** If you were diagnosed with pulmonary (lung) fibrosis, did you experience any of the following symptoms: (Check all that apply):

Symptom	Applicable?
1. Shortness of breath	<input type="checkbox"/>
2. Dry, hacking cough	<input type="checkbox"/>
3. Fast, shallow breathing	<input type="checkbox"/>
4. Gradual unintended weight loss	<input type="checkbox"/>
5. Fatigue	<input type="checkbox"/>
6. Aching joints and muscles	<input type="checkbox"/>
7. Clubbing (widening and rounding) of the tips of the fingers or toes	<input type="checkbox"/>
8. Cyanosis (blueish skin in fair-skinned people or gray or white skin around the mouth or eyes in dark-skinned people)	<input type="checkbox"/>

- G.** Have you ever used well water as a water source, whether in your home or elsewhere?

Yes \_\_\_\_\_ No \_\_\_\_\_

- H.** If yes, for each instance where well water was the water source, identify the approximate year(s) of use and the location of the well.

---

- I.** Have you ever used methamphetamines? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide month/year(s) of use: \_\_\_\_\_

- J.** Have you ever used any nicotine products? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please identify which products, approximate months/years of usage and frequency of usage: \_\_\_\_\_

## **XVIX. KNOWLEDGE REGARDING LAWSUIT**

- A. Identify all individuals, entities, publications, or studies from which you obtained any information (whether oral or written) related to your allegation that Parkinson's disease is connected in any way to your use of paraquat or any other chemical, including but not limited to Agricultural Chemicals, that you may have used during your lifetime. Provide a description of the information you obtained. Your response should not include information provided to you by your attorneys but should include (1) any information you obtained prior to your retention of an attorney, (2) any solicitation letters/communications from any attorneys, and (3) any information you obtained independently from your attorneys or their agents.
- 

## **XX. WAGE LOSS**

- A. Have you been unable to work as a result of the injury(ies) you claim this lawsuit?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- B. If yes, please provide the following information:

<b>Month(s)/Year(s) unable to work</b>	<b>Name of Employer</b>	<b>City/State of Employer</b>	<b>If known, approximate lost wage dollar amount</b>

## **XXI. COMMUNICATIONS REGARDING LAWSUIT**

- C. When did you first contact your lawyer about this case? In providing a response, provide an approximate date without divulging attorney-client communication.
- 

## **XXII. DAMAGES**

- A. Based on what you know at this time, do you have any medical expenses or out-of-pocket expenses due to the injury(ies) you have suffered because of your paraquat exposure? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please state the approximate amount of medical expenses or out-of-pocket expenses: \_\_\_\_\_

### **XXIII. RELEVANT PERSONS / WITNESSES**

- B.** Identify any person who has firsthand personal knowledge regarding your paraquat exposure and/or injuries suffered because of your paraquat exposure. For each such person, identify:

1. Name. \_\_\_\_\_
  2. Last known address. \_\_\_\_\_
  3. Relationship to you, if any. \_\_\_\_\_
  4. The case-related subject matter that may be within this person's knowledge, so far as is known to you.
- 

### **XXIV. COMMUNICATIONS WITH DEFENDANTS**

- A.** Have you, or has anyone acting on your behalf, communicated with, interviewed, or obtained statements from any of the Defendants (i.e. Syngenta Crop Protection LLC, Syngenta AG, Chevron USA Inc., or any other Defendant named in your specific lawsuit) regarding allegations in the lawsuit? **This question excludes privileged communications exclusively between you and your counsel, and between your counsel and experts retained in this litigation.**

Yes \_\_\_\_\_ No \_\_\_\_\_

- B.** Have you, or has anyone acting on your behalf, communicated with, interviewed, or obtained statements from any person or any entity about Defendants' business with respect to paraquat, the health effects of paraquat, and/or the usage of and practices associated with paraquat, since the filing of this lawsuit? **This question excludes privileged communications exclusively between you and your counsel, and between your counsel and experts retained in this litigation.**

Yes \_\_\_\_\_ No \_\_\_\_\_



C. If the answer to either question above is yes, please provide the following information:

1. Which (1) Defendant or (2) other person or entity with whom the communication occurred?
2. the month/year of the communication or statement;
3. where (city/state) the communication or statement occurred;
4. who was present during the communication or statement;
5. the matters and things stated by the person in the communication or statement;
6. whether the communication or statement was oral or written and, if oral, whether the communication or statement was recorded and whether any notes or memoranda of the communication or statement were made;  
\_\_\_\_\_  
and
7. who has possession of any writing, recording, notes, or memoranda of the communication or statement.  
\_\_\_\_\_

## **XXV. BANKRUPTCY**

A. Since you first were exposed to paraquat, have you filed for bankruptcy?

Yes \_\_\_\_\_ No \_\_\_\_\_

B. If yes, please provide the following information:

Date You Filed for Bankruptcy	Court Where Bankruptcy was Filed	Name of Your Bankruptcy Attorney, if any	Case Number	Name of Trustee	Date Bankruptcy was Closed/Finalized

## **XXVI. DOCUMENTS**<sup>14</sup>

Please attach to this Fact Sheet the Documents described below that are in your possession, custody or control. For purposes of this Plaintiff's Fact Sheet, Plaintiff is not required to turn over any attorney-client privileged records or to obtain records from third party entities (such as insurance carriers or Health Care Providers):

- A.** Any and all Documents showing any type of medical care, services, and/or consultation you have received from any Health Care Providers identified above including but not limited to (1) all primary Health Care Providers identified in this form; (2) any neurologists identified in this form; (3) any Health Care Providers you have seen in relation to any brain or head injury identified in this form; (4) any Health Care Providers you have seen in relation to any chemical or toxic exposure identified in this form; and (5) all Health Care Providers you have seen since the onset of Parkinson's disease symptoms identified in this form.
- B.** All Documents related to any genetic testing you have undergone identified above, including any Documents reflecting the results of such testing.
- C.** Documents in your possession sufficient to prove your employment history, including Documents indicating business ownership.
- D.** All Documents related to any training, certification, or licensing that any person or entity, including you or any of your employers or supervisors, have received related to Agricultural Chemicals in any response to Section XVI of this form.
- E.** All Documents (including, without limitation, receipts, invoices, labeling, instructions, warnings, precautions, and marketing materials) relating to your purchase, use, handling, and/or disposal of Agricultural Chemicals, including but not limited to paraquat, and any other chemicals in any response to Section XIV or Section XVI of this form.
- F.** All other Documents related to the farming activities on each farm where you lived or worked, including planting and harvesting records or other land-use records, pesticide application records, pest management records, photographs or videos of the farm, maps of the farm, and any records required to be retained by state or federal law, including records of federally restricted use pesticide applications.
- G.** All Documents and information relating to any industrial hygiene or other air, water, or medical monitoring for any exposure to paraquat or chemicals identified in your responses to Section XVI.
- H.** All Documents reflecting any worker's compensation claims since your first exposure to paraquat and identified in this form.

---

<sup>14</sup> For the purpose of this Fact Sheet, Document is defined as any writing or record of every type that is in your possession, including but not limited to written documents, documents in electronic format, cassettes, videotapes, photographs, charts, computer discs or tapes, and x-rays, drawings, graphs, phone-records, non-identical copies and other data compilations from which information can be obtained and translated, if necessary, by the respondent through electronic devices into reasonably usable form.

- I.** Documents sufficient to show the acreage and crops for each farm you worked on or at, including but not limited to FSA-578 and 1026A Forms, USDA FSA Detailed Acreage History Report Forms, and all records from the Risk Management Agency of the USDA.
- J.** All Documents that you relied upon to learn about the relationship between Parkinson's disease and paraquat.
- K.** All Documents known to you at this time that relate to your claim for economic damages in this lawsuit.
- L.** All Documents, including public records, identifying, referring, or relating to surveillance, investigation, or other information gathering performed by or on behalf of Plaintiff relating to any of the Defendants in this action.
- M.** All investigative reports by you, including but not limited to financial and criminal background checks, concerning Defendants.
- N.** All Documents in your possession that refer or relate to Defendants in this action or Defendants' employees (current or former). This Request includes but is not limited to surveys, questionnaires, promotional materials, or other Documents or materials exchanged between you and Defendants.
- O.** Documents in your possession reflecting, depicting, or describing any piece of farm equipment or implement you used to apply paraquat at any time, including without limitation the tractor, tank, and sprayer (including nozzles). For row crops, this request includes the farm equipment or implement(s) used to prepare or to plant any crop planted on acreage treated with paraquat, including without limitation the planter, drill, any type of cultivator or harrow, and fertilizer application equipment. This request encompasses documents such as, without limitation, photographs, videos, equipment manuals or instructions, proof of purchase, warranties, and/or maintenance or repair records.
- P.** Inspection report created at the time of usage of any equipment or implement responsive to Request O (directly above) that remains in your possession.
- Q.** All Documents identified in your answers to any questions in this Fact Sheet and all Documents on which you relied on responding to any questions in this Fact Sheet.

## **XXVII. REMINDER FOR AUTHORIZATIONS**

If not already provided, please complete, sign, and provide the following Authorizations, as applicable:

- Authorization for Release of Health Information (Attachment A). For this authorization, include an authorization for release of records for all Health Care Providers listed in this Fact Sheet, including those listed in Sections IX and XX.
- Authorization to Disclose Employment Information (Attachment B). For this authorization, include an authorization for release of records for all employers listed in Section III.
- Request Pertaining to Military Records (Attachment C).
- Social Security Administration Consent for Release of Information (Attachment D).
- Authorization to Disclose Workers' Compensation Records (Attachment E) (or other appropriate form).
- Authorization to Disclose Insurance Information (Attachment F).
- Authorization to Disclose Disability Information (Attachment G).
- Request Pertaining to Farm Service Agency Records (Attachment H).

## **XXVIII. VERIFICATION**

Pursuant to 28 U.S.C. § 1746, I declare that all of the information provided in this Plaintiff Fact Sheet is true and correct to the best of my knowledge, information, and belief.

I further declare that I have engaged in the best efforts to identify, locate, and supply all of the information and documents requested in this Plaintiff Fact Sheet. I acknowledge that I have an obligation to promptly supplement the above responses if I learn that they are in some material respect incomplete or incorrect.

I declare under penalty of perjury that the foregoing is true and correct.

---

Name (please print)

---

Signature

---

Date Signed