

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

**Products Liability Litigation**

**Amended Personal Injury Plaintiff Fact Sheet**

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

**ALL ASPECTS OF THIS PLAINTIFF FACT SHEET ARE DESIGNATED AS**

**CONFIDENTIAL AND COVERED BY THE PROTECTIVE ORDER.**

**I. CASE INFORMATION**

1. Caption<sup>1</sup>: \_\_\_\_\_

2. Docket No.1: \_\_\_\_\_

3. Plaintiff's law firm, address, phone, and email:

---

---

---

---

---

4. Name of Plaintiff: \_\_\_\_\_

5. Date of Birth (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

6. Current Height \_\_\_\_ ft. \_\_\_\_ in.

7. Current Weight: \_\_\_\_ lbs.

8. Gender: ☐ Male ☐ Female ☐ Non-Binary/Other

<sup>1</sup>Case caption and docket information must be provided for your individual case in this MDL. A PFS providing case information from when the case was pending before any other court prior to transfer or identifying the master MDL case caption and/or docket number will be deemed deficient.

9. Spouse's Name (if currently married): \_\_\_\_\_

10. Does your Complaint allege a claim made by your spouse for "loss of consortium"

(a claim that he or she has been deprived of the benefits of a family relationship with you due to your injuries)? ☐ Yes ☐ No

11. Are you completing this Plaintiff Fact Sheet in a representative capacity (on behalf of the estate of a deceased person, an incapacitated adult, or a minor)? ☐ Yes ☐ No

If Yes, please provide the following information:

a. Your name: \_\_\_\_\_

Your date of birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Your relationship to the plaintiff: \_\_\_\_\_

b. Are you acting on behalf of a deceased individual? ☐ Yes ☐ No

If so, state their date of death: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

State their cause of death (if you know): \_\_\_\_\_

c. Are you answering on behalf of a person under the age of 18? ☐ Yes ☐ No

If so, state their date of birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

d. If you answered No to 11.b and 11.c above, state the reason you are acting on behalf of the plaintiff:

---

---

---

---

12. List your residences since 1970, regardless of whether you claim exposure to AFFF at the location, beginning with most recent. Provide as much information as you are able about each residence:

Street Address of Residence	City	State	Zip Code	Name of Water Provider	Year Start (Approx)	Year End (Approx)

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

If Yes, please provide the following information:

a. Which branch(es) of service?

☐ Air Force ☐ Army ☐ Coast Guard ☐ Marine Corps ☐ Navy ☐ Space Force

b. Identify all bases where you were stationed during your service.

Base Name	US State	Country	Year Start (Approx)	Year End (Approx)	Lived on Base (Y/N)

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

d. Date of discharge: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

If Yes, please provide the following additional information:

a. Which fire department(s) and fire station(s) did you work/volunteer at, with the corresponding dates of service for each?

Fire Department Name	Station(s)	City	State	Year Start (Approx)	Year End (Approx)

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

15. Other than the present lawsuit, have you in the past five years been a Plaintiff in any lawsuit or made any claim related to any alleged bodily injury or illness (including for disability or worker's compensation)? ☐ Yes ☐ No ☐ Unsure

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

---

---

---

---

---

16. Do you allege exposure to AFFF through drinking water? ☐ Yes ☐ No

If Yes, please complete questions 16.a – 16.e below and provide the information requested therein:

a. Identify the address(es) at which you claim exposure to AFFF-contaminated water, the water provider or private well which services that address, and the years in which you allege exposure began and ended:

Street address of Location of contaminated water	City	State	Zip Code	Name of Water Provider	Year Start (Approx)	Year end (Approx)

Provide all information above to the best of your ability. If you do not recall the details of any of the information above, such as precise addresses, the name of your water provider or the years in which you resided at a residence, provide as much detail as you can or your best estimate.

b. Produce records or other information in your possession that documents that you worked, lived, attended school, or otherwise were exposed to water at each of the address(es) identified above.

c. Produce documents, testing data and/or other information in your possession that demonstrates that the water district(s) or private well that you identified above is or was at any time contaminated with PFOA and/or PFOS. You may use publicly available information to respond to this question provided you or your counsel produce a copy of any such information on which you rely or identify, by bates number, a previously produced document.

d. Identify the locations(s) at which you believe AFFF was used in a manner which resulted in the exposure you allege occurred at the addresses listed in response to question I6 (a) above. Identify all AFFF products which you believe were used at such location, if known. Provide as much detail as possible:

Location of AFFF USE	Product	Manufacturer

e. If you have any additional information in response to Questions 1-4 above that you have not already provided, including supporting documents, please provide that information below and/or produce such supporting documents.

---



---



---



---

17. Do you allege direct exposure to AFFF? ☐ Yes ☐ No

If Yes, please complete questions 17.a – 17.f below:

a. Do you claim direct exposure to AFFF through your work or training as a firefighter? ☐ Yes ☐ No

b. Do you claim direct exposure to AFFF through your military services?  
☐ Yes ☐ No

c. Identify the location(s) where you claim you were exposed to AFFF directly

Street Address of Location	City	State	Zip Code	Name of Location (i.e. Name of Fire Department, Airport, Fire Training Facility, Military Site, etc.)	Type of location	Year Start (Approx)	Year End (Approx)

d. In what way(s) did this alleged direct exposure occur (you may check all that apply):

i. Sprayed foam: ☐ Yes ☐ No

ii. Handling of foam containers: ☐ Yes ☐ No

iii. Accidental release of foam: ☐ Yes ☐ No

iv. Foam discharge from fixed system: ☐ Yes ☐ No

v. Spill of AFFF concentrate: ☐ Yes ☐ No

vi. Cleaning AFFF-related equipment: ☐ Yes ☐ No

vii. Other (describe below): ☐ Yes ☐ No

---



---



---



---

e. Identify all AFFF products to which you were directly exposed, if known. If you do not recall exact answers to any of the questions below, provide as much detail as possible:

Product name	Manufacture	Location of exposure	Duration/ frequency of exposure

f. Produce documents or other information in your possession that evidence the alleged direct exposure.

18. Do you allege exposure to PFAS containing Turnout Gear? ☐ Yes ☐ No

If Yes, you are required to complete the separate Turnout Gear Specific Fact Sheet pursuant to CMO 5F.

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

If yes, provide all documents related to such test(s), including but not limited to all test results.

20. Please indicate alleged injuries claimed in your lawsuit:

Kidney Cancer: ☐ Yes ☐ No

Testicular Cancer: ☐ Yes ☐ No

Thyroid Disease: ☐ Yes ☐ No

Ulcerative Colitis: ☐ Yes ☐ No



Pregnancy-Induced Hypertension: ☐ Yes ☐ No

High Cholesterol: ☐ Yes ☐ No

Liver Cancer: ☐ Yes ☐ No

Thyroid Cancer: ☐ Yes ☐ No

Other (Unlisted) Injury\* (1 per line): ☐ Yes ☐ No

1) \_\_\_\_\_

2) \_\_\_\_\_

\* Only check or list the primary injury or injuries you are alleging and directly claiming in this action. Do not include any injuries which exist solely as damages or as a direct result of one of the listed injuries above. For example, a plaintiff alleging kidney cancer should not separately list treatments for kidney cancer (such as a nephrectomy to remove the kidney or chemotherapy, etc.), secondary injuries which occurred as a direct result of kidney cancer or its treatment (such as metastasis of the cancer to other organs or injuries/sequela from any chemotherapy, etc.), or damages caused by kidney cancer (such as pain and suffering, emotional distress, fatigue, inability to sleep, or other impacts from their injury). Damages and/or direct result secondary injury allegations resulting from the injury or injuries checked above are preserved for future discovery and trial and are beyond what is being sought in this PFS at this time.

\*\*Please refer to Second Amended Case Management Order No. 28 for the requirements specific to unlisted injuries.

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

Physician Name	Specialty	Practice Name/Facility	Address	Approximate dates of treatment	Condition treated or diagnosed

22. Produce medical records in your possession, including all records available to you upon request to your healthcare provider(s): (1) that evidence the diagnosis of your injury (if available) and/or (2) that evidence the injuries claimed above.

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

Name	Address	Relationship	Information they may possess

24. Do you presently or have you ever smoked tobacco or used smokeless tobacco products?

☐ Yes ☐ No

If Yes, please complete questions 24.a – 24.h below:

a. During the time that you used tobacco products, how many packs of cigarettes did you smoke per day on average?

None ☐

Half pack or less ☐

Between a half pack and a full pack: ☐

More than a full pack: ☐

b. How many years (approximately) did you smoke the amount of cigarettes indicated above in response to Question 24.a.? \_\_\_\_\_

c. What year did you last smoke cigarettes? \_\_\_\_\_

d. During the time that you used smokeless tobacco products, how many cans/pouches of smokeless tobacco did you use per day on average?

None ☐

Half can/pouch or less ☐

Between a half can/pouch and a full can/pouch: ☐

More than a full can/pouch: ☐

e. How many years (approximately) did you use smokeless tobacco as indicated above in response to Question 24.d.? \_\_\_\_\_

f. What year did you last use smokeless tobacco? \_\_\_\_\_

g. Have you consumed tobacco in any other form on a regular basis? ☐ Yes ☐ No

If so, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

h. What brand or brands of tobacco products have you consumed?  
\_\_\_\_\_

25. Please indicate the damages you sustained from the personal injury(ies) identified above.

Provide your best estimate of damages incurred as of the date you complete this PFS. If you are unable to provide any estimate for your damages list Unsure or To Be Determined.

No amount need be entered for pain and suffering:

a. Pain and suffering ☐ Yes ☐ No

b. Out-of-pocket medical expenses ☐ Yes ☐ No \$ \_\_\_\_\_

c. Lost wages/business ☐ Yes ☐ No \$ \_\_\_\_\_

d. Other (describe below) ☐ Yes ☐ No \$ \_\_\_\_\_

---

---

---

---

---

---

---

26. Produce any and all records in your possession that evidence the amount of damages, if any, identified in response to Question 25.b-d above, such as medical bills, receipts, invoices, employment records, or other similar documents.