

**UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF KENTUCKY  
LOUISVILLE DIVISION**

**IN RE: YAMAHA MOTOR CORP.  
RHINO ATV PRODUCTS  
LIABILITY LITIGATION**

**Master File No. 3:09-MD-2016-JBC  
MDL No. 2016**

\_\_\_\_\_

**MDL Civ. No. 3:09-CV-\_\_\_\_\_**  
**Transferor Civ. No. \_\_\_\_\_**

**THIS DOCUMENT RELATES  
TO: \_\_\_\_\_**

**JENNIFER B. COFFMAN,  
U.S. DISTRICT JUDGE**

*Contains Confidential Information – Subject to Confidentiality Order*

**PLAINTIFF FACT SHEET**

**CASE INFORMATION**

1. List the Plaintiffs in the case you filed. \_\_\_\_\_
2. List the Defendants in the case you filed. \_\_\_\_\_
3. On what date was the case filed. \_\_\_\_\_
4. Identify the attorney representing you:  
Name. \_\_\_\_\_  
Firm. \_\_\_\_\_  
Address. \_\_\_\_\_  
Telephone. \_\_\_\_\_  
Facsimile. \_\_\_\_\_  
E-mail. \_\_\_\_\_
5. Are you completing this Fact Sheet in a representative capacity (e.g. on behalf of the estate of the deceased person or an incapacitated individual or minor injured in the Subject Incident on which this case based)?  Yes  No  Do Not Know/Recall.

6. If you are completing this Fact Sheet in a representative capacity, name of the representative. \_\_\_\_\_
7.  Male  Female
8. City and State where Representative resides. \_\_\_\_\_  
\_\_\_\_\_
9. In what capacity are you representing the decedent/minor/incapacitated individual? \_\_\_\_\_  
\_\_\_\_\_
10. What is your relationship to decedent or represented individual? \_\_\_\_\_  
\_\_\_\_\_
11. Were you appointed by a court?  Yes  No  Do Not Know/Recall
12. If you represent a decedent's estate, state the date of the death of the decedent. \_\_\_\_\_  
\_\_\_\_\_
13. If you represent a decedent, did the Subject Incident cause the decedent's death?  Yes  
 No  Do Not Know/Recall
14. If you represent a decedent's estate, identify all their living children and provide their addresses or the addresses of their attorneys, if applicable, and the children's ages. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are completing this Fact Sheet in a representative capacity, please respond to the remaining questions with respect to the person who was injured in the Subject Incident. If the individual is deceased, please respond as of the time immediately prior to his or her death unless a different time period is specified. For the remaining questions of the fact sheet "you" or "your" means the person injured in the Subject Incident on which this case is based.

### **PERSONAL INFORMATION**

15. Your Name. \_\_\_\_\_
16.  Male  Female
17. Your Maiden or other names used or by which you have been known during the last ten (10) years and the dates during which you were known by such names. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
18. List each address at which you have resided during the last ten (10) years and the time period in which you resided at each location, beginning with your current address:

Current Address: \_\_\_\_\_

Dates: \_\_\_\_\_

Previous Address #1: \_\_\_\_\_

Dates: \_\_\_\_\_

19. Age at time of Subject Incident. \_\_\_\_\_
20. Date of Birth. \_\_\_\_\_
21. Social Security Number. \_\_\_\_\_
22. Driver's License Number. \_\_\_\_\_
23. Weight at time of Subject Incident. \_\_\_\_\_
24. Height at time of Subject Incident. \_\_\_\_\_
25. Marital Status: Are you currently married?  Yes  No. If yes, please identify your current spouse. \_\_\_\_\_  
\_\_\_\_\_
26. Were you married at the time of the Subject Incident?  Yes  No  Do Not Know/Recall. If yes, please identify your spouse's name, date of birth and occupation. \_\_\_\_\_  
\_\_\_\_\_
27. Identify any individuals who resided with you at the time of the Subject Incident and their relationship to you. \_\_\_\_\_  
\_\_\_\_\_
28. Loss of Consortium: Has anyone filed a loss of consortium or other derivative claim arising from the Subject Incident?  Yes  No  Do Not Know/Recall. If yes, please provide the Name of the individual, their date of birth, their relationship to you, and the nature of their claim. \_\_\_\_\_  
\_\_\_\_\_
29. Educational Background: List any schools or training you received beyond high school, the dates of attendance, your major or the type of training you received and the degree or certificate received and the date each was obtained. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
30. Military Service: Have you ever served in any branch of the military?  Yes  No  Do Not Know/Recall. If yes, please provide the branch and dates of service, and indicate whether you were discharged for a medical or physical reason or were dishonorably discharged and what the condition or reason for discharge was. If you are claiming mental or emotional injuries as result of the Subject Incident, indicate if you were discharged for psychiatric or emotional condition. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PREVIOUS LEGAL MATTERS**

- 31. Have you been convicted of a felony within the last ten (10) years?  Yes  No
- 32. Have you been convicted of a misdemeanor involving lying, cheating or stealing within the last 10 years?  Yes  No
- 33. If yes to question 31 or 32, please identify the charge for which you were convicted, the court in which you were convicted, and the criminal action number assigned to the matter. \_\_\_\_\_  
\_\_\_\_\_
- 34. Have you ever filed a lawsuit or made a claim involving personal injuries other than this case?  Yes  No. If yes, identify the Court, the case name and names of adverse parties, civil action number if filed. \_\_\_\_\_  
\_\_\_\_\_
- 35. Have you submitted a claim including workers' compensation, social security or any other form of disability for injuries in the last ten (10) years or ever submitted a claim for disability on the part of your body that you claim was injured in the Subject Incident?  Yes  No  Do Not Know/Recall. If yes, list the claims submitted, the entity with which the claim was filed, the year and location where the claim was filed, the claim number, nature of the disability, period of disability and the status of the claim. \_\_\_\_\_  
\_\_\_\_\_
- 36. Did you have Medical Insurance pay any of the expenses you incurred as a result of the Subject Incident?  Yes  No  Do Not Know/Recall. If yes, please provide the name of your insurer and your policy number and indicate whether any claim was submitted for payment of charges arising from the Subject Incident and if so, the status of the claim. \_\_\_\_\_  
\_\_\_\_\_
- 37. Did Medicare or Medicaid pay any of the expenses incurred you as a result of the Subject Incident?  Yes  No  Do Not Know/Recall. If yes, identify if it was Medicare or Medicaid and provide the total amount paid by Medicare or Medicaid as of the current date. \_\_\_\_\_  
\_\_\_\_\_
- 38. Other than this case, have you or has someone on your behalf made a claim or filed a lawsuit concerning the Subject Incident or the injuries you claim to have sustained as a result of the Subject Incident.  Yes  No. If yes, identify the other persons or entities against whom the claim was made or lawsuit was filed, the date of the claim or lawsuit, where the claim or lawsuit was filed and the status of the claim or lawsuit. \_\_\_\_\_  
\_\_\_\_\_

39. Did you receive any loans from lawsuit advance companies based on this lawsuit?  Yes  No  Do Not Know/Recall. If yes, please identify the lawsuit advance company, the terms of the loan and the loan amount received. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
40. Identify every person and/or entity with a financial interest in this lawsuit. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**VEHICLE INFORMATION**

41. Subject Rhino Model and Year. \_\_\_\_\_
42. Subject Rhino VIN or, if no VIN is available, the date of purchase, name of purchaser and dealer where purchased. \_\_\_\_\_  
 \_\_\_\_\_
43. List owners of Subject Rhino other than yourself (name and address) beginning with the first purchaser and ending with the current owner; and the date on which each one acquired the Subject Rhino. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
44. Did you purchase the Subject Rhino from a dealer?  Yes  No  Do Not Know/Recall. If yes, please identify the dealer. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
45. If the answer to question 44 is no, identify the dealer from whom the original owner purchased the Subject Rhino. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
46. Do you currently have possession of the Subject Rhino?  Yes  No  Do Not Know/Recall. If not, identify who has it and where is it located? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
47. Identify all individuals or entities who have had possession of the Subject Rhino since the Subject Incident, the dates that each person or entity had possession of the Subject Rhino and the location where the Subject Rhino was stored. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
48. Did the Subject Rhino have any modifications, alterations or accessory components prior to the date of purchase?  Yes  No  Do Not Know/Recall. If yes, please identify the modifications, alterations and/or accessory components, who made the modifications

and/or alterations and/or added the accessory components and the reason for the modifications, alterations and/or accessory components. \_\_\_\_\_

\_\_\_\_\_

49. Did anyone at the dealership or the individual who sold you the Subject Rhino if not a dealer, provide you with any written materials regarding the Yamaha Rhino.  Yes  No  Do Not Know/Recall. If yes, please identify the Bates numbers for those materials. \_\_\_\_\_

\_\_\_\_\_

50. Did you review any written materials regarding the Yamaha Rhino prior to the Subject Incident?  Yes  No  Do Not Know/Recall. If yes, please identify the Bates numbers for those materials. \_\_\_\_\_

\_\_\_\_\_

51. Did anyone at the dealership or the individual who sold you the Subject Rhino if not the dealer, make any statements to you or anyone acting on your behalf about the Subject Rhino.  Yes  No  Do Not Know/Recall. If yes, please identify the individuals who made the statements, if the individuals were employed by a dealership, the date on which the statements were made and the statements made. \_\_\_\_\_

\_\_\_\_\_

52. Was the Subject Rhino modified or altered in any respect or accessories added at any time from the date of purchase to the date of the Subject Incident?  Yes  No  Do Not Know/Recall. If yes, please identify what modifications and/or alterations were made or accessories added, by whom, on what date and the reason for the modifications, alterations and/or accessory components. \_\_\_\_\_

\_\_\_\_\_

53. Did the Subject Rhino have doors on it at the time of the Subject Incident?  Yes  No  Do Not Know/Recall. If yes, identify the date on which the doors were installed, by whom and what manufacturer made the doors. \_\_\_\_\_

\_\_\_\_\_

54. What was the mileage on the Subject Rhino on the date of purchase? \_\_\_\_\_

\_\_\_\_\_

55. What was the mileage on the Subject Rhino at the time of the Subject Incident? \_\_\_\_\_

\_\_\_\_\_

56. Has the Subject Rhino been operated since the Subject Incident?  Yes  No  Do Not Know. If yes, please identify each post –Incident operator, describe the amount of

post-Incident operation (*e.g.*, number of time used, how long and under what circumstances) and state whether the Subject Rhino has been involved in any accidents or damaged in any way since the Subject Incident. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

57. Has the Subject Rhino been videotaped or photographed since the Subject Incident?  Yes  No  Do Not Know/Recall. If yes, please identify each individual who videotaped or photographed the Subject Rhino and the date of each videotaping or photography. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

58. Was the Subject Rhino modified or altered in any respect (including repairs) or accessories added or removed at any time after the date of the Subject Incident?  Yes  No  Do Not Know/Recall. If yes, list the modifications and/or alterations and/or repairs were made or accessories were added or removed, by whom, on what date and what was the reason for the modifications, alterations and addition or removal of accessory components. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

59. Are there any parts, components or accessories not currently on the Subject Rhino that were on the Subject Rhino at the time of the Subject Incident?  Yes  No  Do Not Know/Recall. If yes, please identify the parts, components or accessories, who possess it and where it is located. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## USE AND MAINTENANCE HISTORY

60. Did you participate in any training programs or education programs or take any classes regarding the operation of the Yamaha Rhino prior to the Subject Incident?  Yes  No  Do Not Know/Recall. If yes, please identify the programs or classes you took, the instructors who provided the programs or taught the classes, where the programs or classes were given and the date of the programs or classes. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

61. Other than the driver, identify all individuals (names and address) who operated the Subject Rhino from the date of purchase to the date of Subject Incident. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

62. Was the Subject Rhino serviced, repaired or brought in for maintenance at any time from the date of purchase to the date of the Subject Incident?  Yes  No  Do Not Know/Recall. If yes, identify the type of service, repair or maintenance, the name or entity who performed it, where it was performed and on what date. \_\_\_\_\_  
\_\_\_\_\_

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**INCIDENT INFORMATION**

63. Were you the driver or passenger?  Driver  Passenger

64. Identify the driver's name and address (if different from you). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

65. Did the driver have a valid driver's license at the time of the Subject Incident?  Yes  
 No  Do Not Know/Recall. If yes, please provide the state of issuance and license  
number. \_\_\_\_\_  
\_\_\_\_\_

66. Age of the driver at the time of the Subject Incident. \_\_\_\_\_  
\_\_\_\_\_

67. Was anyone else in the Subject Rhino other than you and the driver at the time of the  
Subject Incident?  Yes  No  Do Not Know/Recall. If yes, for each occupant of  
the Subject Rhino other than you, please provide his/her name, address, seating position  
and age at the time of the Subject Incident. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

68. Did the driver have vehicle and/or homeowners' insurance at the time of the Subject  
Incident?  Yes  No  Do Not Know/Recall. If yes, what is the name of the  
insurer and policy number? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

69. Had the driver consumed any alcohol or drugs during the 24 hours prior to the Subject  
Incident?  Yes  No  Do Not Know/Recall If yes, please specify the  
substance(s) and amount(s) consumed and how many hours prior to the Subject Incident  
the consumption occurred. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

70. If you were not the driver, had you consumed any alcohol or drugs during the 24 hours  
prior to the Subject Incident?  Yes  No  Do Not Know/Recall If yes, please  
specify the substance(s) and amount(s) consumed and how many hours prior to the  
Subject Incident the consumption occurred. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

71. Was any blood sample taken from you or any other occupant or any other testing undertaken of you or any other occupant of the Subject Rhino to determine the presence of alcohol, drugs or any other substance after the Subject Incident?  Yes  No  Do Not Know/Recall. If yes, please identify the individual(s) from whom the sample(s) was/were taken, who or what entity took the samples, and any results of the testing of the samples for alcohol, drugs or any other substances. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
72. Did the driver take any medication (prescription or over the counter), chemical, dietary supplement, appetite suppressant or herbal remedy at any time during the twenty-four (24) hour period preceding the Subject Incident that potentially affected the driver's perception and/or ability to operate the Rhino?  Yes  No  Do Not Know/Recall. If yes, for each medication, identify the substance, the trade name if any, the date and time taken, the amount taken, on whose advice it was taken and the reason for taking the medication. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
73. If you were not the driver, then did you take any medication (prescription or over the counter), chemical, dietary supplement, appetite suppressant or herbal remedy at any time during the twenty-four (24) hour period preceding the Subject Incident that potentially affected your perception?  Yes  No  Do Not Know/Recall. If yes, for each medication you took, identify the substance, the trade name if any, the date and time taken, the amount taken, on whose advice it was taken and the reason for taking the medication. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
74. Date and time of Subject Incident. \_\_\_\_\_  
 \_\_\_\_\_
75. Location of the Subject Incident (Please provide GPS coordinates of the approximate location where the Subject Incident took place if available). \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
76. For what purpose were you riding the Subject Rhino at the time of the Subject Incident? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
77. What were the weather and light conditions (*e.g.* daylight, after dark etc.) at the time the Subject Incident occurred? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
78. What was the type of surface on which the Subject Rhino was traveling where the Subject Incident occurred (*e.g.* asphalt pavement, loose dirt etc.) and was the surface wet or dry? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

79. What was the terrain at the site of the Subject Incident (*e.g.* flat, on a slope etc.)? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
80. Has the Subject Incident scene changed at all since the Subject Incident occurred other than by natural causes?  Yes  No  Do Not Know/Recall. If yes, in what way? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
81. Has the Subject Incident scene been videotaped or photographed since the Subject Incident?  Yes  No  Do Not Know/Recall. If yes, please identify each individual who videotaped or photographed it and on what date. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
82. Was there anything in the cargo bed of the Subject Rhino at the time of the Subject Incident?  Yes  No  Do Not Know/Recall. If yes, please specify. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
83. Identify every person present at the Subject Incident scene including all bystanders and emergency responders. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
84. Did anyone give you any oral instructions, explanations or information concerning the safety and operation of the Yamaha Rhino prior to the Subject Incident?  Yes  No  Do Not Know/Recall. If yes, identify the individual(s), his/her address, the entity who employed the individual at the time he or she gave the verbal instruction and describe the information you received verbally. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
85. Did you review any warning labels mounted on the Subject Rhino prior to the Subject Incident?  Yes  No  Do Not Know/Recall. If yes, please specify. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
86. Were you wearing your seatbelt at the time when the Subject Incident started to happen?  Yes  No  Do Not Know/Recall.
87. Is the seat belt in the Subject Rhino in the same condition as it was at the time of the Subject Incident (*e.g.* has it been removed from the Subject Rhino or cut)?  Yes  No  Do Not Know/Recall. If no, please describe the changes to the seat belt. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
88. Were you wearing any protective gear at the time of the Subject Incident such as a helmet, goggles, boots etc.?  Yes  No  Do Not Know/Recall. If yes, please

describe each piece of protective gear you were wearing and identify who has each protective gear. \_\_\_\_\_  
\_\_\_\_\_

89. Identify all other articles of clothing including footwear that you were wearing at the time of the Subject Incident other than the items identified in Question 88, who currently has them and where they are. \_\_\_\_\_  
\_\_\_\_\_

90. Had the driver operated or ridden in the Subject Rhino or any other Yamaha Rhino before the Subject Incident?  Yes  No  Do Not Know/Recall If yes, on how many occasions? \_\_\_\_\_  
\_\_\_\_\_

91. If other than you, had the driver participated in any training or educational programs regarding the operation of a Rhino prior to the Subject Incident?  Yes  No  Do Not Know/Recall. If yes, identify the program, the instructor of the program, where the program was given and on what date. \_\_\_\_\_  
\_\_\_\_\_

92. Approximately what speed was the Subject Rhino traveling at the time of the Subject Incident and was the Subject Rhino in 2-wheel drive or 4-wheel drive? \_\_\_\_\_  
\_\_\_\_\_

93. Was the Subject Rhino speeding up, slowing down or at a steady speed immediately prior to the Subject Incident? Please specify. \_\_\_\_\_  
\_\_\_\_\_

94. Did any law enforcement agency respond to the Subject Incident or investigate the Subject Incident?  Yes  No  Do Not Know/Recall. If yes, please identify each law enforcement agency that responded to the Subject Incident or investigated the Subject Incident? \_\_\_\_\_  
\_\_\_\_\_

95. Were any citations, traffic tickets or warnings issued to the driver as a result of the Subject Incident?  Yes  No  Do Not Know/Recall. If yes, please indicate the name of the issuing authority and how the matters were resolved. \_\_\_\_\_  
\_\_\_\_\_

96. Name(s) and address(es) of anyone who saw or heard the Subject Incident. \_\_\_\_\_  
\_\_\_\_\_

97. Identify any individuals, not previously identified in this Fact Sheet, (name and address) including former spouses with factual knowledge of the Subject Rhino or the Subject

Incident. \_\_\_\_\_  
\_\_\_\_\_

98. Other than statements made to your counsel, have you made any written or oral statements about the Subject Incident.  Yes  No  Do Not Know/Recall. If yes, then identify every person or entity to whom the statements were made, when the statements were made and list the substance of the statements. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INJURY INFORMATION**

99. Was one of your limbs injured as a result of the Subject Incident?  Yes  No. If yes, which limb (e.g. right foot, left hand etc.)? \_\_\_\_\_  
\_\_\_\_\_

100. List any other physical injuries which you claim resulted from the Subject Incident. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

101. Which hand do you write with? \_\_\_\_\_

102. Was any part of your body amputated as a result of the Subject Incident?  Yes  No  Do Not Know/Recall.. If yes, indicate at what point the part was amputated. \_\_\_\_\_  
\_\_\_\_\_

103. If a body part was amputated, have you received a prosthesis?  Yes  No  Do Not Know/Recall.

104. If you received a prosthesis, have there been any complications with the prosthesis?  Yes  No  Do Not Know/Recall. If yes, list the complications. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

105. List any mental or emotional injuries which you claim resulted from the Subject Incident. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

106. Did you visit a doctor, emergency room, clinic, or other facility as result of the Subject Incident?  Yes  No  Do Not Know/Recall If yes, identify each doctor, emergency room, hospital, clinic and/or other medical facility visited, the dates of treatment and what was the examination or treatment provided (if you require additional space, please continue on an additional sheet of paper). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

107. Have you undergone physical therapy as a result of the Subject Incident?  Yes  No  Do Not Know/Recall. If yes, identify the period of time was physical therapy prescribed, who provided it and the type of treatment provided. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

108. Have you sought treatment by a mental health professional as a result of the Subject Incident?  Yes  No. If yes, identify each mental health professional, the dates of treatment and the type of treatment provided. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

109. Has a healthcare provider indicated that future treatment is likely to be necessary as a result of the Subject Incident?  Yes  No  Do Not Know/Recall. If yes, what additional treatment has been recommended, and by what provider(s)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CURRENT OR PRIOR MEDICAL CONDITION**

110. Other than the injuries you are claiming as a result of the Subject Incident, do you currently suffer from any physical injuries, illnesses or disabilities?  Yes  No  Do Not Know/Recall. If yes, identify the injury, illness, or disability, symptoms, date(s) of onset date of diagnoses and by whom it was first diagnosed. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

111. Do you currently take medication (prescription or over the counter) for the injuries you claim resulted from the Subject Incident?  Yes  No. If yes, for each medication, please identify the medication, its trade name if any, the dosage you take, the first and last dates you took it, where you got it, who advised or suggested you take it and what you are taking it for. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

112. Do you currently take medication (prescription or over the counter) that potentially affects your memory or ability to understand oral or written questions or instructions?  Yes  No. If yes, for each medication, please identify the medication, its trade name if any, the dosage you take, the first and last dates you took it, where you got it, who advised or suggested you take it and what you are taking it for. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

113. Have you sought treatment from, been examined by, consulted with or had any radiological examinations performed by a health care professional or medical provider in the ten (10) year period prior to the Subject Incident on the body part you claim was injured in the Subject Incident.  Yes  No  Do Not Know/Recall. If yes, identify each doctor, emergency room, hospital, clinic and/or other medical facility visited, the reason for the examination, treatment or consultation, what treatment, examination or consultation was performed/provided and the dates of treatment below (if you require additional space, please continue on an additional sheet of paper). \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
114. Were you hospitalized for any serious injury or illness in the ten (10) year period prior to the Subject Incident?  Yes  No  Do Not Know/Recall. If yes, then for each hospitalization, identify the hospital and the physician who was your primary care provider, the reason for your hospitalization, the dates of you hospitalization, and what care and treatment was provided to you. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
115. Have you suffered from any chronic conditions (e.g. arthritis, reflex sympathetic dystrophy syndrome (“RSD”), etc.) prior to the Subject Incident?  Yes  No  Do Not Know/Recall. If yes, please identify the condition, date of onset, health care provider treating the condition and the nature of the treatment. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DAMAGES CLAIMS**

116. Lost Wages/Loss of Earning Capacity: Are you claiming or do you expect to claim that you lost earnings or suffered an impairment of your earning capacity as a result of any condition you claim resulted from the Subject Incident?  Yes  No  Do Not Know/Recall. If yes, complete the following information with respect to your employment for the past ten (10) years.

Employers	Address	Type of Business/ Position	Dates of Employment	Salary	Overtime	Bonus

117. Total Number of Days missed due to your injuries. \_\_\_\_\_
118. Amount of Income Lost to date due to your injuries. \_\_\_\_\_
119. If you are claiming an impairment of your earning capacity, identify the impairment and the health care provider who diagnosed it. \_\_\_\_\_  
 \_\_\_\_\_
120. Medical Expenses: Have you paid or incurred any medical expenses, including amounts billed to or paid by insurers or other third party payors, as a result of the Subject Incident?  Yes  No  Do Not Know/Recall. If yes, please state the total amount of those expenses at this time. \_\_\_\_\_  
 \_\_\_\_\_
121. Other than the individuals previously identified, please identify any individuals with factual knowledge of your injury and/or current medical condition. \_\_\_\_\_  
 \_\_\_\_\_
122. Please identify every lien that exists as a result of the Subject Incident or any of the injuries sustained that you contend to be related to the Subject Incident. \_\_\_\_\_  
 \_\_\_\_\_

**OTHER COMMUNICATIONS**

123. Identify any communications, presentations and/or submissions that have been made by you, or on your behalf or by your counsel to any state government or any state regulatory body or any departments, divisions, staff members or technical experts or personnel of any state government or state regulatory body regarding Yamaha Rhinos or rollover accidents involving Yamaha Rhinos or personal injuries and/or wrongful deaths involving Yamaha Rhinos or the Subject Incident and/or your injuries and claims. Please include the date of the communication, presentation and/or submission, the form to whom it was made and whether you received a response and if so, from whom. \_\_\_\_\_  
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124. Identify any communications, presentations and/or submissions that have been made by you, or on your behalf or by your counsel to the federal government or any federal regulatory body including but not limited to the members of Congress, Senate and the Consumer Product Safety Commission or any departments, divisions, staff members or technical experts or personnel of the federal government or any federal regulatory body regarding Yamaha Rhinos or rollover accidents involving Yamaha Rhinos or personal injuries and/or wrongful deaths involving Yamaha Rhinos or the Subject Incident and/or your injuries and claims. Please include the date of the communication, presentation

and/or submission, the form, to whom it was made and whether you received a response and if so, from whom. \_\_\_\_\_

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125. Identify any communications, presentations and/or submissions that have been made by you, or on your behalf or by your counsel to private safety organizations such as Public Citizen regarding Yamaha Rhinos or rollover accidents involving Yamaha Rhinos or personal injuries and/or wrongful deaths involving Yamaha Rhinos or the Subject Incident and/or your injuries and claims. Please include the date of the communication, presentation and/or submission, the form to whom it was made and whether you received a response and if so, from whom. \_\_\_\_\_

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126. Have you sent or has someone on your behalf sent any instant messages, text messages, picture messages and/or video messages regarding the Subject Rhino or Yamaha Rhinos or the Subject Incident or your injuries?  Yes  No  Do Not Know/Recall. If so, please identify what you use to send those messages and your service provider. \_\_\_\_\_

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127. Have you or someone on your behalf blogged, uploaded or posted any information or videos regarding the Subject Rhino or Yamaha Rhinos or the Subject Incident or your injuries to web pages, social networking sites, blog sites or the internet?  Yes  No  Do Not Know/Recall. If so, please identify the blog, web page, internet site or social networking site, when the posting or uploading or blogging was done, your service provider and what you used. \_\_\_\_\_

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**ADDITIONAL INFORMATION**

128. Have you filed a proceeding in bankruptcy court that may stay this lawsuit or in which you have identified either this lawsuit or expenses which were incurred as a result of the Subject Incident?  Yes  No  Do Not Know/Recall. If so, please identify the Court where filed, when you filed and the case caption. \_\_\_\_\_

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## **DOCUMENT REQUESTS**

1. Copies of all documents relating to the purchase or lease of the Subject Rhino and reflecting repair, service, alteration or modifications of the Subject Rhino.
2. Copies of any documents, materials, or brochures you received in connection with your purchase or use of the Subject Rhino.
3. Copies of any documents, materials or presentations relating to training programs, educational programs or classes you took in connection with your use of a Yamaha Rhino.
4. Copies of any materials you reviewed concerning the Subject Rhino prior to the Subject Incident, including but not limited to the Owner's Manual, advertisements, safety videos, brochures, internet pages and blogs.
5. Copies of any e-mail communications and facsimiles by you regarding the Subject Incident and/or your injuries except those communications to your counsel.
6. If you responded "yes" to question 126, please either produce copies of or, if not reasonably accessible, identify the location of any instant messages, text messages, picture messages and video messages prepared by you or on your behalf regarding the Subject Rhino, Yamaha Rhinos, the Subject Incident, and/or your injuries except those messages to your counsel.
7. If you responded "yes" to question 127, please either produce copies of or, if not reasonably accessible, identify the location of copies of any blogs, web pages, internet postings, videos and posting to social networking sites (including but not limited to postings made on Facebook, MySpace, Bebo, Friendster, hi5, orkut, PerfSpot, Yahoo, LinkedIn, Blogspot, Twitter, YouTube, LiveJournal, Tagged.com; Windows Live Spaces, Blogger, CafeMom, CommonGate, Family 2.0, Famiva or Famster) made by you or on your behalf regarding the Subject Rhino, Yamaha Rhinos, the Subject Incident and/or your injuries as the copies existed at the time of the blogs, uploading or posting.
8. Copies of any available medical records, charts, reports, films (including x-rays, CT scans, MRIs, EEGs and EKGs) and billing records for medical treatment you received for the physical injuries you claim you sustained in the Subject Incident.
9. If you are claiming mental or emotional injuries as a result of the Subject Incident, copies of any mental health records for the past ten (10) years.
10. Copies of any available medical records, charts, reports or notations describing or indicating your physical or, if you are claiming mental or emotional injuries, your mental condition prepared by a medical provider, therapist or any other person having occasion to treat, examine or care for you within the period of ten (10) years before

the date of the Subject Incident for (a) hospitalizations for serious injuries and/ or serious illnesses, or (b) chronic conditions.

11. If you claim or expect to claim lost earnings or impairment of earning capacity as a result of any condition you claim resulted from the Subject Incident of the Subject Incident, copies of employment records for the ten (10) years prior to the Subject Incident including evaluations, disciplinary records, testing data, employment and personnel files, pay stubs and other income records.
12. Copies of any worker's compensation records and/or documents reflecting disability benefits that you have received or applied for prior to the Subject Incident or as a result of the Subject Incident.
13. Copies of any welfare, public aid, unemployment compensation or other governmental assistance benefits that you have applied for or received from any governmental agency as a result of the Subject Incident.
14. Copies of Medicaid or Medicare benefits which you have applied for or received for physical injuries (or mental condition if claiming emotional and mental injuries) as a result of the Subject Incident.
15. If you responded "yes" to question 34, copies of any pleadings, depositions and correspondence relating to any claims or lawsuits filed by you or against you for personal injuries including any claims made or lawsuits filed regarding the Subject Incident, aside from this lawsuit and excluding documents that are publicly available and confidential correspondence with an attorney.
16. Copies of any documents related to insurance, including policies and claims you submitted, you had in effect as of the date of the Subject Incident, that covered or may cover you, the Subject Rhino or the property on which the Subject Incident occurred.
17. Copies of all documents relating to monetary payments received by you from any person, entity, lawsuit advance companies, or governmental body as a result of the injuries or medical conditions claimed as a result of the Subject Incident.
19. Copies of all accident, incident or investigative reports regarding the Subject Incident prepared by any responding agency or third party and documents reflecting citations issued by any police agency or governmental agency relating to the Subject Incident including any documents concerning convictions, pleas and/or incarceration.
20. Copies of all photographs, videotapes or digital images taken of the Subject Rhino before, during and after the Subject Incident or any part of the Subject Rhino or of the injuries you sustained in the Subject Incident.
21. Copies of all writings, drawings, photographs, videos, charts, sketches, diagrams, blueprints, plat, samples, maps, plans or renderings you made or your representative made which depict the location or area where the Subject Incident occurred.

22. Any statements that you made regarding the Subject Rhino, the Subject Incident or your injuries including statements made in diaries, journals, date books, appointment books and calendars.
23. Copies of all post-Incident test results for the presence of alcohol, drugs or any other substance in any occupant involved in the Subject Incident.
24. Copies of any statements given to any police officer, fireman, fire investigator or any other public agency or entity regarding the Subject Incident.
25. Copies of all communications including letters, submissions, presentations, testing, raw data, video, written materials, summaries and tangible materials provided by you or on your behalf or by your counsel regarding Yamaha Rhinos, Yamaha Rhino litigation, rollover accidents involving Yamaha Rhinos, personal injuries involving Yamaha Rhinos, the Subject Incident or your injuries to the following:
  - a. any state government or state regulatory body or any departments, divisions, staff members or technical experts or personnel of the state government or any state regulatory body or
  - b. any federal government or regulatory body including but not limited to members of Congress, members of the Senate, the Consumer Product Safety Commission or any departments, divisions, staff members or technical experts or personnel of the federal government or any federal regulatory body; or
  - c. any private safety organization.
26. Copies of any responses to communications including letters, submissions, presentations, testing, raw data, video, written materials, summaries and tangible materials provided by you or on your behalf or by your counsel regarding Yamaha Motor Corporation, U.S.A. or YMUS, Yamaha Motor Manufacturing Corporation of America or YMMC, Yamaha Motor Co., Ltd or YMC, Yamaha Rhinos, Yamaha Rhino litigation, rollover accidents involving Yamaha Rhinos, personal injuries involving Yamaha Rhinos, the Subject Incident or your injuries from the following:
  - a. The federal government or regulatory body including but not limited to members of Congress, members of the Senate, the Consumer Product Safety Commission or any departments, divisions, staff members or technical experts or personnel of the federal government or any federal regulatory body, and/or
  - b. Any state government or state regulatory body or any departments, divisions, staff members or technical experts or personnel of the state government or any state regulatory body; and/or
  - c. Any private safety organizations.

27. If you claim or expect to claim lost earnings or impairment of earning capacity as a result of any condition you claim resulted from the Subject Incident, copies of income records, income tax returns and statements for a period of ten (10) years prior to the Subject Incident and to the present.
28. Copies of all pleadings filed in connection with any bankruptcy proceeding initiated by you or on your behalf which may stay this lawsuit or in which this lawsuit or any expenses incurred as a result of the Subject Incident are identified, excluding documents that are publicly available and confidential correspondence with an attorney.
29. Copy of the death certificate if claiming that your death resulted from the Subject Incident.
30. **ORIGINAL SIGNED** authorizations for the release of relevant medical records, and to the extent a claim for lost wages is made, release of relevant employment records.

**DECLARATION**

I declare under penalty of perjury pursuant to 28 U.S.C. § 1746 that all the information provided in this Fact Sheet is true and correct to the best of my knowledge, information and belief formed after a reasonable inquiry. I understand that I am under an obligation to supplement these responses.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name