

**UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF SOUTH CAROLINA  
CHARLESTON DIVISION**

IN RE: Aqueous Film-Forming Foams (AFFF)  
Products Liability Litigation

MDL No. 2873

**EXHIBIT 2**

**TO CASE MANAGEMENT ORDER NO. 5  
RE: INDIVIDUAL PLAINTIFF PROPERTY DAMAGE  
FACT SHEET**

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

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. For the purposes of this Plaintiff Fact Sheet, “you” and “your” refer to either the plaintiff who is seeking property damage or the person responding to the question below, depending on context of the question. Where information is requested, you are required to provide to the defendant 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. 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: \_\_\_\_\_ Date: \_\_\_\_\_

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

3. Plaintiff’s attorney name, law firm, address, phone, and email:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. PLAINTIFF INFORMATION**

4. Name of plaintiff: \_\_\_\_\_

5. Spouse’s name (if currently married): \_\_\_\_\_

6. If you are completing this Fact Sheet in a representative capacity (on behalf of the estate of a deceased person, an incapacitated adult, or a minor), state:

a. Your name and address: \_\_\_\_\_

\_\_\_\_\_

b. Your relationship to the deceased or the incapacitated/minor plaintiff:

---

c. Deceased Plaintiff's date of death (if applicable):

---

7. If in the past five years you have been a plaintiff in any lawsuit or have made any claim (apart from the present lawsuit) relating to any alleged damage to the property at issue in this action or seeking recovery of other economic loss damages, explain where and when the lawsuit or claim was filed or submitted, the nature of the damages claimed, the names of the adverse parties involved, and the outcome or disposition of the lawsuit or claim:

---



---



---



---



---

**II. PROPERTY DAMAGE OR OTHER ECONOMIC LOSS**

8. Identify the addresses of all properties in connection with which you are seeking property damages, as well as the type of property (e.g., single-family, apartment building, townhouse, office building) and the use of the property (e.g., residential, commercial, agricultural, recreational).

Address	Type	Use

9. For each of the properties listed above, state the nature of the alleged PFAS contamination (e.g. groundwater, well or municipal water, soil, pipes/fixtures, etc.).

Address	Nature of PFAS Contamination

Address	Nature of PFAS Contamination

10. For each of the properties listed above, identify the source or sources of the PFAS which you claim to have caused the alleged contamination; and the approximate dates of the alleged exposure including, if known, start and end dates or indication that the alleged exposure is “continuing”:

Address	Source(s) of PFAS	Approximate Dates (Start Date, End Date or Continuing)

11. Has the air, soil, or water (whether ground water, well water, or other drinking water) of any of the properties listed above or the sources of PFAS listed above been tested for the presence of any PFAS?  Yes  No  Unsure

If yes, attach to this form or provide copies of the test results, referencing this question. If you do not have copies of test results, please identify all entities that have conducted any such testing, if known.

12. Do you have any documents or other information identifying the specific products that you claim to have caused the alleged contamination and/or indicating how those products reached the property or properties at issue (i.e. photos of product labels at the site, invoices, shipping labels, identity of witnesses, etc.)?  Yes  No

If yes, attach to this form or provide copies of those documents, referencing this question.

If you have other information that is responsive to this question, that is not contained in actual documents, identify that responsive information below.

---

---

---

---

---

13. Are you claiming damages for diminished value of real property?  Yes  No

14. Are you seeking any compensation for out of pocket expenses (for sampling, Point of Entry Treatment (POET), other filters, bottled water, other remediation/mitigation, etc.), for business interruption losses, or for other economic losses?  Yes  No

If yes, please identify the type of expense and approximate value being sought:

---

---

---

---

---

**RECORDS**

Provide those records in your possession which you used and/or relied upon to complete this PFS form and provide those records in your possession which reflect the following:

1. Any appraisals of the properties for which you seek recovery within the last 5 years.
2. Any initial listing price and final sale price of the properties within the last 5 years.

**VERIFICATION**

I declare under penalty of perjury subject to all applicable laws, that I have carefully reviewed the final copy of this Plaintiff Fact Sheet and verified that all of the information provided is true and correct to the best of my knowledge, information and belief.

\_\_\_\_\_  
Signature of Plaintiff

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date