



Q2. State the names and addresses of any eye witnesses to all or part of the occurrence, indicate their location with respect to the accident, and describe what each witness saw.

A2: Ray Daniels  
904 Cherokee Trail  
Frederick, Maryland

Jackie Daniels  
11804 Browningsville Road  
Monrovia, Maryland 21770

J.W. & Donna Tramell  
P.O. Box 390  
Beverly, West Virginia 26253

Pat Daniels  
c/o Linda Daniels  
Apt. 1M Gateway Apt.  
Elkins, West Virginia 26241

Mr. Larry Daniels  
Route 1  
Beverly, West Virginia 26253

To the best of my knowledge and memory, Ray, Pat and I were standing in front of a cold fireplace in the cabin. Ray first poured a small portion of his powder on the hearth and set his flask on the kitchen table. He tried to test it but it didn't light. Then I poured a few grains of powder from my flask on the same hearth. I walked back away from the hearth and placed my flask down on the ground. I went over to light the match to the powder and immediately thereafter there was an explosion. The back part of my foot was blown off. At the time, Ray was in the room with me and was thrown off balance by the explosion. Donna was in the kitchen at the sink and heard the explosion while J.W. was in the bathroom. Everyone heard the explosion and Ray was present to observe my actions.

Q3. State the names and addresses of all persons who were at or near the scene of the accident, including all persons who arrived at the scene within three hours of the occurrence, and describe what each person saw.

A3: Elkins Ambulance Driver - Randy Sharp, Run #49057  
4 Randolph Avenue  
Elkins, West Virginia 26241

In addition, to those named in question number 2, the above individual was present at the scene. He was the ambulance driver who arrived later. When the ambulance driver came, he found Forbes on the floor in front of the fireplace covered with a blanket, he took his vital statistics and had him moved to a stretcher and took him to the hospital.

Prior to the arrival of the ambulance, Larry Daniels came in, saw Forbes laying on the ground and bleeding profusely, covered him with a blanket and started first aid.

Q4. State the names and addresses of any persons who investigated the cause or circumstances of the accident for you.

A4: William C. Horsey, P.E.  
1636 Alston Road  
Towson, Maryland

My attorneys at Kornblut & Sokolove

Q5. State the names and addresses of any persons who have given you signed statements or recorded statements concerning the occurrence.

A5: None

Q6. State the names and addresses of all doctors, hospitals or other health care providers who have examined you or treated you for injuries received in the accident, the dates of each examination or treatment, and specify which of said doctors will be called as witnesses at the trial of this matter.

A6: Dr. Steven Lester  
301 Orchard Street  
Elkins, West Virginia 26241

Dr. Stephen Shapiro  
Orthopedics  
501 N. Frederick Avenue  
Gaithersburg, Maryland 20879

Representatives of Davis Memorial Hospital  
Elkins, West Virginia

At the present time, Plaintiff does not know which, if any, of the above individuals will be called as witnesses nor is Plaintiff required to reveal such trial tactics and therefore objects to this question on those grounds.

Q7. State the facts that are known to each of the doctors or other health care providers named in Answer to Interrogatory 6 above regarding your injuries and state precisely the diagnosis, prognosis and course of treatment given by each.

A7: Plaintiff objects to this question as it is requesting information beyond the scope of that required to be provided for expert witnesses and as such, the question does not distinguish between those facts known and relied upon by experts versus other individuals. However, without waiving said objection, Plaintiff is providing a copy of the medical records in this case. They reveal the seriousness, diagnosis, prognosis and course of treatment provided by each treating physician.

Q8. Identify each such expert witness you intend to call at trial and state the subject matter of his/her testimony, the substance of the facts and opinions to be testified to, and give a summary of the grounds for each opinion. Attach to your Answers hereto copies of all written reports received by you or your attorney(s) from these experts.

A8: William C. Horsey, P.E.  
1636 Alston Road  
Towson, Maryland

A copy of Mr. Horsey's written report is attached hereto. In addition, the notes and reports of Plaintiff's doctors are also included. Plaintiff is still obtaining care and treatment and therefore reserves the right to add and amend to his medical records in this case.

Q9. State whether you had consumed any alcoholic beverages, narcotics, drugs, sedatives or tranquilizers within forty-eight (48) hours prior to the said occurrence, the place(s) where such substance(s) were consumed, and the nature and the amount thereof.

A9: None

Q10. Describe in detail the nature of any present complaints that you have as a result of the injuries allegedly received in the accident and state the basis, for any claim that you will suffer permanent disfigurement or disability.

A10: As a result of the accident, a large part of my heel was blown off. Of course, this will not come back. As a result of this injury, I am restricted from doing various tasks both for pleasure and work, without significant pain. For example, I cannot run, hike or even walk on an uneven yard without pain let alone climbing a mountain or hills to go hunting. I used to enjoy playing volley ball which is now out of the question because of the pain. I must wear a large foot insert and, given my already large foot, it is very difficult finding shoes that fit. In fact, I usually have to go to a specialty shoe store just to find shoes. I have been taken off of my job which required me to climb poles and now work essentially as a ditch digger. I can no longer go hunting unless it is in an area where a 4-Wheel drive vehicle can take me. Since I still try to work hard, the pain builds up to the point that I need to give my foot a rest, spend a lot of time with my foot up on a foot-rest and am therefore unable to enjoy many of the fun things I used to do with my family. Clearly, with the heel missing and the attendant pain, I suffer from permanent disfigurement and disability.

Q11: If you claim to have lost time or income from employment as a result of the injuries sustained in this accident, state precisely the dates of absence from employment, the amount of wages lost on account thereof and the names and addresses of the employees from whom said wages or income would have been received, and the nature of your occupation.

A11: As a result of this accident, I lost 55 days of work with Pepco from December 19, 1988 to March 6, 1989. My loss of days amounted to \$8,980.40 in wages and given my past history, \$3,061.00 in anticipated overtime pay. I work very hard for my employer and need to support my family so I went back to work early, in spite of the pain, thus reducing my lost days and lost wages.

Q12. If you claim to have sustained a loss in future earning capacity because of the occurrence set forth in your Complaint, please state with particularity, exactly what future monetary loss you are claiming.

A12: At the present time, it is difficult for me to provide this answer pending future consultation with my doctors and employer. Clearly, my capability to work longer overtime hours has been compromised by the accident. Moreover, my promotion abilities as a ditch digger are less likely than in my previous job. It is my intention to attempt to quantify these figures and provide them to counsel when they become available.

Q13. Give an itemized statement of all items of all monetary loss or damage suffered by you as a result of the accident complained of, including medical and other expense, but excluding loss of earnings stated above.

A13: Please see records and medical expenses as compiled and included with these answers.

Q14. State whether you have been involved in any accident in which you received injuries, either prior to or subsequent to the incidents complained of in your Complaint, and, if so, state the date and place of each accident, including a full description of same; and the names and addresses of any physician, medical practitioner, hospital, or any other institution involved in an examination or treatment of said injuries.

A14: None which are relevant to this matter. Back in 1976, I had knee surgery performed at the Washington Hospital Center. Again, in January of 1987 I injured the knee at work during a snow storm. My knee was placed in a cast for a few weeks and thereafter, I returned to work. The records of this accident are with the Kaiser Health Plan. I believe the treating physician was a Dr. Sharon. Neither of these injuries to my knee were permanent in nature.

Q15. If you were afflicted with or suffering from any medical condition, including illness, injury, ailment, infirmity, impairment or disability, for the five year period before and during the alleged occurrence, provide a full and complete description of any such condition, including its nature, extent and severity; state the duration of time in months and days, that you had any such condition prior to the alleged occurrence; state any medical or hospital examinations, treatment or care you received for any such condition; state the names and addresses of any doctor or hospital involved with any examination, treatment or care of any such conditions; state the dates of each and every such examination, treatment and/or care for any such condition; and state your entire medical history as it relates in any way to any such condition.

A15: None except those noted in the answer to Interrogatory number 14.

Q16. If you are claiming that the occurrence which is the subject of your Complaint aggravated any pre-existing physical or mental condition, state the exact degree of the condition prior to the accident, and explain in detail the manner in which your condition was aggravated.

A16: Not Applicable

Q17. State whether you have ever been a party to a personal injury suit or filed a worker's compensation claim in any jurisdiction at any time prior to or subsequent to the incident set forth in your Complaint, and if so, state the name of each person, court, board or tribunal to which, or before which the action or claim was made or filed, the file number for each such action or claim, including where applicable, each judgment, disability rating, or award, and the amount and date of each such judgment or award.

A17: None

Q18. If it will be your contention at the trial of this matter that a written or oral admission against interest has been made by this party or any agent, representative or employee of this party, or any other party, state the substance of each such admission, the place and date when that admission was made and identify the person making the statement, the person to whom it was made, and all documents concerning that statement.

A18: None

Q19. Do you claim that the defendant was in breach or violation of any statute, ordinance, or any other law or regulation? If so, please set forth with particularity the exact citation of the statute, code or ordinance which you claim were breached, and how such a breach contributed to the occurrence set forth in your Complaint.

A19: Objection, this Interrogatory calls for a legal conclusion and is also privileged as it requires the Plaintiff to reveal his attorney's work product.

Q20. Please give the substance of any and all conversations, communications or statements made by or between you and any agent or employee of the defendant, Connecticut Valley Arms, Inc., or any other party to this action relative to the alleged occurrence.

A20: Prior to the time I purchased the flask in question, I had never used or purchased one before. When I bought the flask at the store, I did not have any specific discussions with the individuals working there except to inquire where the black powder flasks were located. After the injury, I went back to the same store to see if I could purchase a properly made flask. I spoke to a gentlemen at the store who identified himself as the store manager. I asked him questions about the flask and how to properly place and keep the powder in the flask without leaking. He told me that he was "not sure how to put the powder in the flask-that he only sold them".

Q21. Did you have any knowledge of the existence of the alleged defect, or defective condition, prior to the alleged occurrence of if so, state how you acquired such knowledge and also how long you knew of the alleged defect or defective condition, that might become a danger to you.

A21: No

Q22. Please provide a chronological description of your activities 8 hours prior to and during the incident in question. Include a detailed description of what occurred during the incident in question.

A22: I worked 7:30 a.m. to 4:30 p.m. at PEPCO. Drove to Kaiser Ridge Restaurant and arrived at approximately 6:30 p.m. for dinner. I left at approximately 7:30 p.m. and drove to Beverly, West Virginia to the hunting cabin. I unloaded the gear from the truck. At approximately 11:00 p.m. I was testing the gun powder for dryness as described above. After I poured a tiny portion of the powder from the CVA flask, I released the lever to close the spout and moved the flask back behind me about five feet away. Apparently, the lever stuck open creating a small powder fuse. When I light the match to test the powder it apparently ignited the

fuse causing the flask to explode. A part of the flask shot through my shoe, blew off the heel of the shoe and my foot causing, among other things, a deep wound to the bone. I was then taken to Davis Memorial Hospital.

Q23. Please provide the factual basis for your contention that this defendant is strictly liable for Plaintiff's injuries.

A23: Objection, this question calls for a legal conclusion and as such, Plaintiff is not required to provide an answer thereto. However, without waiving that objection, Plaintiff points to the facts previously provided to Defendant contained in the Complaint and the previous answers to these Interrogatories.

Q24. Please provide the factual basis for your contention that this defendant was negligent in connection with the occurrence.

A24: Objection, this question calls for a legal conclusion and as such, Plaintiff is not required to provide an answer thereto. However, without waiving that objection, Plaintiff points to the facts previously provided to Defendant contained in the Complaint and the previous answers to these Interrogatories. In addition, it is clear that the manufacturer and/or design of said flask was accomplished in such a poor fashion and below any reasonable standard of safety, among other things, that placing such a product on the market would constitute negligence, at an absolute minimum.

Q25. State the names and current addresses of all persons not previously identified in your answers to the preceding Interrogatories who have personal knowledge of any facts pertaining to this action, and state for each such person the knowledge possessed by each individual.

A25: Dianne Coup

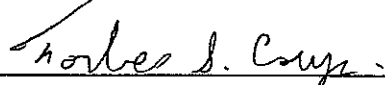
Ms. Coup will testify as to various facts relating to Plaintiff's pain and suffering, injuries, damages, the effect said injuries had on Plaintiff's activities and other issues regarding the effect the accident had on the Plaintiff. Plaintiff reserves

the right to call other witnesses as they become known through the pendency of this case, through discovery, and as identified by other parties in this case.

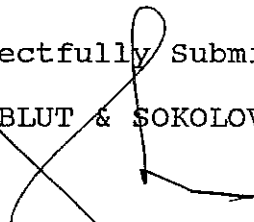
Q26. Please indicate the date and place where the CVA gunpowder flask was purchased and provide a complete description of the gunpowder flask, including any identifying marks, numbers and markers on the flask purchased.

A26: The flask was purchased in December of 1988 from the Rockville Trading Post, Rockville, Maryland. The flask itself is available for inspection by Defendant at the offices of Plaintiff's attorney. Other similar flasks purchased from the Rockville Trading Post subsequent to the accident are also available for Defendant's inspection at Plaintiff's attorney's office.

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE MATTERS AND FACTS SET FORTH IN THE FOREGOING ANSWERS TO INTERROGATORIES ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

  
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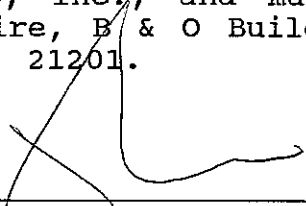
Respectfully Submitted,  
KORNBLUT & SOKOLOVE

  
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Robert D. Sokolove  
Two Wisconsin Circle  
Suite 1000  
Chevy Chase, Maryland 20815  
(301) 652-9333

Attorney for Plaintiff

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a copy of the foregoing Answers to Interrogatories were hand-delivered this 26th day of June, 1990, to: Douglas A. Datt, Esquire, Gleason and Flynn, Chartered, 751 Rockville Pike, Suite 15A, Rockville, Maryland 20852, Attorney for Defendant, Connecticut Valley Arms, Inc., and mailed, postage prepaid to: Kevin H. Brown, Esquire, B & O Building, 2 North Charles Street, Baltimore, Maryland 21201.

  
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Robert D. Sokolove