



2017 TAKATA AIRBAG
RESTITUTION FUND

TAKATA AIRBAG INJURY TRUST

TRF



TAKATA AIRBAG INDIVIDUAL RESTITUTION FUND AND TORT COMPENSATION TRUST FUND

ATTACHMENT A

**SUPPORTING DOCUMENTATION CHECKLIST FOR
PERSONAL INJURY CLAIMS ONLY**



SUPPORTING DOCUMENTATION CHECKLIST FOR PERSONAL INJURY CLAIMS

ATTACHMENT A

To complete your Takata Airbag Individual Restitution Fund and Tort Compensation Trust Fund (“TATCTF”) Personal Injury Claim Form (“Claim Form”), you must submit supporting documents. This checklist will help you determine the documents that you must submit. On all medical records that you supply, you must identify the pages or sections of the records that support your claim (for example, by highlighting, flagging, bookmarking, etc.). The Special Master/Trustee cannot review claims without supporting documents. All capitalized terms in this Attachment that are not otherwise defined incorporate the definitions in the Claim Form.

****SUBMIT COPIES ONLY; RETAIN YOUR ORIGINAL DOCUMENTS.****

I. PROOF OF CLAIMANT’S ELIGIBILITY

As explained in detail in the Claim Form Instructions, an IRF Claim, Trust Claim and POEM Claim each has its own eligibility requirements. Please carefully review the Instructions in the Claim Form.

To establish eligibility to bring an IRF Claim, Trust Claim, or POEM Claim, you must submit at least one document from the list in this Section I, as applicable to your claim:

- 1) To establish that the Takata Airbag Inflator Defect occurred within the United States or any of its territories or possessions, you must submit at least one of the following:
 - Police or other first responder reports reflecting the date and place of the accident, including without limitation, crash reports, collision reports, dispatch reports, 911 call records and transcripts, investigative report forms, witness statements, ambulance records and accident reconstruction reports
 - Insurance reports
 - Hospital records reflecting the date and place of accident
- 2) To establish that the Claimant was injured in a vehicle registered in the United States or any of its territories or possessions, you must submit:
 - Vehicle registration in effect at the time of the Takata Airbag Inflator Defect accident
- 3) To establish that you are a United States citizen or permanent resident of the United States or any of its territories or possessions, you must submit at least one of the following:
 - Valid United States Passport
 - Certified Copy of Birth Certificate
 - Certificate of Citizenship
 - Certificate of Naturalization
 - Permanent United States Residence Card or Alien Registration Receipt Card
- 4) If you are submitting an International Trust Claim only, you must submit documents demonstrating: (a) you could have asserted your claim in a complaint filed in any court in the United States or any of its territories or possessions against one or more of the Takata entities which were Debtors in the bankruptcy case (for purposes of this analysis, as if the Takata Chapter 11 Bankruptcy Cases had not been filed); and (b) such complaint, if filed, would have withstood challenge on a motion to dismiss (or other dispositive motion) upon the grounds of lack of jurisdiction (e.g., lack of subject matter jurisdiction) and/or on forum selection grounds (e.g., under the *forum non conveniens doctrine*).



II. TAKATA AIRBAG INFLATOR DEFECT (RUPTURE OR AGGRESSIVE DEPLOYMENT)

DOCUMENTS REQUIRED FOR ALL CLAIMS: Documentation indicating the Vehicle Identification Number (“VIN”) of the vehicle involved in the Takata Airbag Inflator Defect accident

Please submit as many of the following types of documents as possible to prove that the Claimant’s personal injuries were caused by the rupture or aggressive deployment of a Takata PSAN Airbag Inflator. The documents submitted must be sufficient to demonstrate that the Claimant’s personal injuries were caused by the Takata Airbag Inflator Defect. No single document listed below is required, unless otherwise indicated.

A report contemporaneous with the time of the accident caused by the Takata Airbag Inflator Defect, such as a police, ambulance, EMT, witness, or other contemporaneous report, including any attachments, photographs, or supplemental reports

Other contemporaneous third-party accident reports, including reports by a fire department, insurance adjuster, towing company, ambulance/paramedic, employer (if a company-owned vehicle was involved), or workers’ compensation report, if the Claimant was on the job at the time of the accident

Proof of the Takata PSAN Airbag Inflator type, if available

Auto repair records, including dealer warranty repair records and/or independent mechanical repair records (related to the Takata Airbag Inflator Defect)

If the vehicle’s Takata airbag was replaced prior to the alleged accident, provide dealer/mechanical repair records regarding the repair, including the date(s) of repair

Other documents showing that the Takata PSAN airbag inflator deployed during the accident

FOR RUPTURE CLAIMS

For claims that the Takata PSAN airbag inflator ruptured, you must submit evidence relating either to the vehicle or to the Claimant, as follows:

Vehicle-related required evidence includes:

Ruptured inflator canister or metal/mesh fragments; or

Photographs of ruptured inflator canister or metal/mesh fragments; or

Airbag cushion with evidence of cuts consistent with inflator rupture; or

Photographs of airbag cushion with evidence of cuts consistent with inflator rupture

Claimant-related required evidence includes:

Photographs of injuries consistent with an inflator rupture; or

Medical records documenting removal of metal fragments embedded in the Claimant’s body; or

Medical records identifying injuries consistent with inflator rupture

FOR AGGRESSIVE DEPLOYMENT CLAIMS

For claims that the Takata PSAN airbag inflator aggressively deployed, you must submit all of the following:

Evidence of a delayed deployment of a Takata PSAN dual-stage inflator

Evidence of over-pressurization of the inflator

Evidence that the Claimant’s injuries were caused by interaction with the airbag as it was deploying



II. TAKATA AIRBAG INFLATOR DEFECT (RUPTURE OR AGGRESSIVE DEPLOYMENT)

Evidence that the injuries were enhanced such that they were greater than the typical injuries a person in the crash would receive from an airbag deploying normally

To establish the compensability of your claim, the vehicle and inflator must be produced for inspection, if available.

If the vehicle is not available for inspection, you must provide:

A statement explaining why it is not available

If the vehicle and inflator are not available for inspection, provide as many of the following as possible:

Evidence of expansion/yielding of the housing of the inflator canister, deformed inflator mounting hardware, or charred airbag cushion

Photographs or documentation of the interior and exterior of the vehicle and inflator in their post-accident condition

Evidence of belt use, seat occupant position, or steering wheel position

Information from the subject accident scene confirming an airbag deployment

For POEM claims only, the Supplemental Restraint System (“SRS”) Electronic Control Unit, or equivalent electronic unit, readout or interpretation, if available

III. PERSONAL INJURY - ALL INJURIES AND ALL CLAIM TYPES

You must submit contemporaneous proof of your personal injury and treatment by a medical professional for injuries caused by the Takata Airbag Inflator Defect.

Please submit as many of the following types of documents as possible that indicate your injury/injuries. The documents submitted must be sufficient to show that the Takata Airbag Inflator Defect was a contributing cause of the claimed injuries. The documents listed in this Section apply to all types of injuries and all claim types.

Hospital admission records with dates of admission and discharge

Hospital out-patient records with dates of treatment

Clinic records with dates of treatment

Laboratory and diagnostic test (e.g. X-ray, CAT Scan) results with dates of admission

Physician office visit records with dates of treatment

Ambulance records with dates of transport

Police reports providing details about the accident and any injuries and/or the provision of medical treatment

Photographs and/or videos of the accident and/or the Claimant’s injuries after the accident occurred, including the dates of the photographs and/or videos

Insurance benefit summaries

Physical therapy records with dates of treatment

Government agency determinations (including Social Security Administration evaluation)

Documentation indicating all out-of-pocket medical expenses

Life Care Plan, if applicable

Documentation from a medical provider indicating all expected future medical expenses, including expenses associated with a Life Care Plan, if applicable

Other report supporting the claim that the Takata Airbag Inflator Defect was a contributing cause of the claimed injuries



IV. PERSONAL INJURY (POEM CLAIMS ONLY)

The list of documents below applies **ONLY** to POEM claims and only to certain injuries listed in the Valuation Schedule in the TDP. The documents listed below are **REQUIRED** for each type of injury listed, unless otherwise indicated. Additional documents may be submitted to support your claim. The “Group” designations below correspond to the Groups listed in the Valuation Schedule in the TDP. Any injuries included in the Valuation Schedule that are not listed below do not require specific medical documentation and may be proven with the documents listed above in Section III.

Group 1: Lacerative Injuries

Neck or Back Injuries: A medical opinion of a board-certified physician confirming a neck or back injury or aggravation to existing neck or back injury must be submitted. For nerve-related vertebrae damage, medical documentation from a board-certified neurologist or neurosurgeon on the severity of the injury must be submitted.

Limb Lacerative Injuries: For sensory and/or autonomic impairment or weakness or neuropathy, a diagnosis of a board-certified neurologist or neurosurgeon must be submitted. Scar severity ratings prepared by a qualified medical professional may be submitted; scar severity rating scales include, but are not limited to, the Stony Brook, Vancouver, the Manchester Scar Scale, and the POSAS scales.

Permanent eye injury not resulting in any degree of legal blindness: For a permanent eye injury, including but not limited to permanent diminished vision, a diagnosis by a board-certified ophthalmologist must be submitted. Evidence of eye injury severity based on 2015 AIS or Ocular Trauma Score (“OTS”) may also be submitted.

Loss of Vision in One Eye: Documentation of diagnosis of uncorrectable legal blindness in one eye at the time of evaluation by a board-certified ophthalmologist must be submitted.

Loss of Vision in Two Eyes: Documentation of diagnosis of uncorrectable legal blindness in both eyes at the time of evaluation by a board-certified ophthalmologist must be submitted.

Group 2: Traumatic Brain Injury (“TBI”) Type

Mild TBI (Concussion): (1) Diagnosis of a TBI by a board-certified or treating physician; and (2) supporting medical documentation establishing the degree and severity of the TBI must be submitted.

Moderate TBI: (1) Diagnosis of a moderate TBI and supporting medical documentation establishing the degree and severity of the TBI by a board-certified neurologist, neuropsychiatrist, or neuropsychologist; and (2) a Life Care Plan written by a qualified medical professional where applicable for claims being made for current or future attendant care calculated to present value must be submitted.

Severe TBI: (1) Diagnosis of a severe TBI and supporting medical documentation establishing the degree and severity of the TBI by a board-certified neurologist, neuropsychiatrist, or neuropsychologist; and (2) a Life Care Plan written by a qualified medical professional where applicable for claims being made for current or future attendant care calculated to present value must be submitted.

Group 3: Other Laceration-Related Injury

Larynx or Vocal Cord Injury: Larynx, trachea, or vocal cord injury (including injuries that result in partial loss of voice) must be confirmed by a medical opinion of a board-certified physician. Level of severity of laryngeal trauma may be documented on the Schaefer Classification system. Permanent loss of voice must be supported by diagnosis by a board-certified ear, nose, and throat (“ENT”) physician.

Vascular Complications: Diagnosis of injury caused by loss of blood or damage to circulatory system must be confirmed by a medical opinion of a board-certified physician.

Nerve Damage, Facial or Limb Paralysis: Medical documentation of the severity and permanency of the injury by a board-certified neurologist or neurosurgeon must be submitted.



IV. PERSONAL INJURY (POEM CLAIMS ONLY) (CONTINUED)

Group 4: Hearing Injury

Non-Permanent Hearing Injury: Tinnitus, inner ear pain, temporary hearing loss, balance issues, or other ear related injuries, such as eardrum damage, must be supported by documentation from a qualified physician.

Permanent Hearing Injury: Permanent moderate to severe tinnitus, inner ear pain, slight, mild, or moderate hearing loss, mildly or moderately diminished speech recognition, balance issues, or other ear related injuries, such as eardrum damage, must be confirmed by a board-certified ENT physician.

Permanent Hearing Loss or Impairment: Permanent diminishment of hearing and/or reduced speech recognition must be confirmed by a board-certified ENT physician. Classification by an ENT physician of severity of hearing loss using recognized dB scale and evidence of ongoing speech/hearing therapy may be submitted.

Stackable Injury Types Not in a Group

Non-permanent eye injury: Non-permanent eye injury diagnosed by a physician, including but not limited to non-permanent diminished vision, must be submitted. Claimant may submit evidence of eye injury severity based on 2015 AIS or OTS.

Internal Injuries: Damage to the internal organs, such as collapsed lung, spleen, kidney, damage to diaphragm, etc. must be confirmed by a medical opinion of a board-certified physician.

Injury to Pregnancy: Miscarriage, complications to pregnancy, or injury to fetus must be confirmed by a medical opinion of a board-certified obstetrician.

Other Injury Types:

Bystander: Documentation, including but not limited to medical records, reports, or affidavits, to support any bystander liability claim must be submitted.

Loss of consortium: Documentation, including but not limited to medical records, reports, or affidavits, to support any loss of consortium claim must be submitted.

V. LEGAL REPRESENTATIVE AND LAWYER INFORMATION (IF APPLICABLE)

For Claimants with a Legal Representative other than a lawyer, court approval or other legal authorization to file the Claim Form on behalf of the Claimant must be submitted. For information about Legal Representatives, please see FAQs at www.takataairbaginjurytrust.com/faq.

For Claimants represented by a lawyer, a document indicating the Claimant's retention of the lawyer, signed by the Claimant (or Claimant's Legal Representative), must be submitted. A form for this purpose is attached to this document.

A claim filed on behalf of a minor or incompetent adult must include proof of representative capacity (submit one of the following):

Power of Attorney

Documentation of Guardianship

Appointment as Guardian or Attorney ad litem

Documentation of custodial parent status

Claimant's Birth Certificate

Other equivalent, as required by the law of the resident state of the Claimant



VI. CLAIMANT'S EMPLOYMENT HISTORY

(ONLY FOR POEM CLAIMS AND/OR EXTRAORDINARY CIRCUMSTANCES REVIEW BASED ON LOSS OF EARNINGS)

If you are submitting a POEM Claim that includes a claim for lost earnings, and/or if you are requesting an Extraordinary Circumstances Review for recovery of Special Damages based on Loss of Earnings, please submit as many as the following types of documents as needed to demonstrate your employment history for the three years preceding the accident, and the source, amount, nature and time period for past earnings. If you are not submitting these types of claims, you do not need to submit the below documents.

Form W-2 (Wage and Tax Statement)

IRS Form 1099

Tax Returns

Social Security Administration Work History Report

Documents evidencing all other sources of compensation, including incentive pay, bonuses, overtime, commissions, tips, shift differentials, longevity and honoraria

VII. EXTRAORDINARY CIRCUMSTANCES REVIEW

In order to process an Extraordinary Circumstances Review, we must receive certain additional supporting documentation to substantiate the information provided in your Claim Form. In addition to the documentation listed above, you must submit as many types of documents as possible to demonstrate the extraordinary circumstances concerning the accident. Please submit the documents listed below, to the extent applicable to the claim.

Documentation that demonstrates a loss of vision resulting in blindness in both eyes

Documents indicating an injury rated 5 or 6 on the Abbreviated Injury Scale

Documents indicating a moderate or severe TBI

Documents indicating over 50% loss of use of limb or hand

Documents indicating permanent injury to a fetus that survives to childhood

Documents indicating spinal injury resulting in partial or full paralysis

Documents indicating an injury or combination of injuries not contemplated by the Claim Form, the Valuation Schedule and/or the Scheduled Claim Process in the TDP

Documentation that demonstrates Special Damages (meaning economic damages related to the Claimant's injuries, including but not limited to, funeral costs, lost earning capacity, and past and future medical care supported by a qualified expert, which exceed \$1.5 million in net present value); see also documents listed above in Section VI

Documentation that demonstrates a permanent profound hearing loss considering the Specific Adjustment Criteria identified for permanent hearing loss in the TDP

Other documentation that demonstrates unique circumstances, injury type, severity, or numerosity, and/or other extraordinary circumstances

Life Care Plan (if applicable)

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TAKATA AIRBAG INDIVIDUAL RESTITUTION FUND AND TORT COMPENSATION TRUST FUND POWER OF ATTORNEY FORM

This form may be used to document a lawyer's representation in connection with Claim Forms filed with the Individual Restitution Fund ("IRF") and/or the Takata Airbag Tort Compensation Trust Fund ("TATCTF"). A lawyer may sign a Notice of Claim, but may not sign a Claim Form or HIPAA Authorization Form. Those documents must be signed by the injured person or the Legal Representative. If the person filing the Claim Form is represented by a lawyer, this form may be used to document the representation.

An attorney may submit this form electronically or by hard copy for the Claimant if the attorney or the attorney's firm has a power of attorney, retainer agreement or other document signed by the Claimant authorizing the attorney or the firm to pursue on behalf of the Claimant any claims for compensation from the IRF or TATCTF. An attorney or firm that does not already have such a document may have the Claimant or the Legal Representative sign this Power of Attorney Form to satisfy that requirement. **An attorney may not sign this Form.**

A. Claimant Information (Information concerning the injured person)

Name of Injured Person:

(First)

(Middle)

(Last)

Social Security Number, Alien Registration Number or USCIS Number:

Current Address:

Street

City

State (Province) Zip Code (Postal Code) Country

B. Legal Representative Information (If applicable)

Name of Legal Representative:

(First)

(Middle)

(Last)

Social Security Number, Alien Registration Number or USCIS Number:

Current Address:

Street

City

State (Province) Zip Code (Postal Code) Country

Type of Legal Representative (Guardian, Conservator, etc.):



IRF AND TATCTF POWER OF ATTORNEY FORM (CONTINUED)

C. Attorney Information

Law Firm Name:

Attorney Name:

(First)

(Middle)

(Last)

Law Firm Address:

Street

City

State (Province) Zip Code (Postal Code) Country

Attorney Phone Number:

Attorney Email Address:

D. Signature

I certify to the IRF and TATCTF that the attorney(s) at the law firm identified in Section C are authorized to pursue on my behalf any claims for compensation from the IRF and TATCTF and to execute on my behalf any Notice of Claim Form that must be submitted on my behalf under penalty of perjury in support of a claim and I understand that the Claims Administrator will treat such signature as my signature. I authorize the Special Master/Trustee, the Claims Administrator and the Future Claimants' Representative to communicate directly with such attorney(s) and other representatives of the law firm and understand that the Special Master/Trustee, the Claims Administrator and the Future Claimants' Representative will not communicate with me in any manner without express written permission from the attorney(s) at the law firm.

Signature of Injured Person or Legal Representative:

Date:

(mm/dd/yyyy)

Name of Injured Person or Legal Representative:

(First)

(Middle)

(Last)