



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
WRONGFUL DEATH CLAIMS ONLY**



SUPPORTING DOCUMENTATION CHECKLIST FOR WRONGFUL DEATH CLAIMS

ATTACHMENT A

To complete your Takata Airbag Individual Restitution Fund and Tort Compensation Trust Fund (“TATCTF”) Wrongful Death 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. **References to “you” or “your” in this document refer to information concerning the Legal Representative, not the Decedent.**

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

I. PROOF OF DECEDENT’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 the claim on behalf of the Decedent:

- 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 Decedent suffered wrongful death 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 the Decedent was 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

Death Certificate

Please submit as many of the following types of documents as possible to prove that the Decedent’s death was caused by the rupture or aggressive deployment of a Takata PSAN Airbag Inflator. The documents submitted must be sufficient to demonstrate that the Decedent’s death was 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 Decedent 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 Decedent, 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

Decedent-related required evidence includes:

Photographs of injuries suffered before death, consistent with an inflator rupture; or

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

Medical records identifying injuries prior to death that are 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



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

Evidence that the Decedent's death was caused by interaction with the airbag as it was deploying

Evidence that the Decedent's 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. WRONGFUL DEATH - ALL CLAIM TYPES

Please submit as many of the following types of documents as possible that relate to the claim. No single document is required, but the documents submitted must be sufficient to show that the Decedent's death was caused by the Takata Airbag Inflator Defect. The documents listed in this Section apply to all claim types.

Copy of autopsy findings

Ambulance records with dates of transport

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

Photographs and/or videos of the accident and/or the Decedent after the accident occurred, including the dates of the photographs and/or videos

Insurance benefit summaries

Documentation confirming Decedent's spouse and/or marital status at the time the Takata Airbag Inflator Defect occurred

Proof of the Decedent's dependent(s) at the time the Takata Airbag Inflator Defect occurred, if applicable (e.g., Decedent's tax return for the year immediately preceding the year the Takata Airbag Inflator Defect occurred)

Decedent's will, including the Decedent's will beneficiaries (if applicable)

Other reports or records supporting the claim that the Takata Airbag Inflator Defect was a contributing cause of the Decedent's death

If the Decedent received medical treatment prior to death, please submit as many of the following documents as possible.

Hospital admission records with dates of treatment

Contemporaneous documentation of all post-accident treatment received, such as clearly defined medical records or explanation of benefits



III. WRONGFUL DEATH - ALL CLAIM TYPES

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

Documentation indicating all out-of-pocket medical expenses

Documentation of all demands for reimbursement and all liens asserted by government healthcare programs (e.g., Medicare, Medicaid, Veterans Administration healthcare benefits, TRICARE, Indian Health Services, etc.)

IV. LEGAL REPRESENTATIVE AND LAWYER INFORMATION (IF APPLICABLE)

The Decedent's Legal Representative is the person with legal authority to file a claim on behalf of the Decedent and/or the Decedent's estate. For Legal Representatives of the Decedent, other than lawyers, court approval or other legal authorization to file the Claim Form on behalf of the Decedent must be submitted. For information about Legal Representatives, please see FAQs at www.takataairbaginjurytrust.com/faq. Examples of the type of documentation that can be submitted are listed below (please note that a Power of Attorney signed by the Decedent is NOT sufficient):

Appointment as Administrator of Decedent's Estate

Appointment as Executor of Decedent's Will

Court approval or authorization

For Legal Representatives represented by a lawyer, a document indicating the retention of the lawyer, **signed by the 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):

Documentation of Guardianship

Appointment as Guardian or Attorney ad litem

Documentation of custodial parent status

Decedent's Birth Certificate

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

V. DECEDENT'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 the Decedent's 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



VI. EXTRAORDINARY CIRCUMSTANCES AND INDIVIDUAL 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 Decedent's accident. Please submit the documents listed below, to the extent applicable to the Decedent's claim:

Documentation that demonstrates prolonged suffering prior to death

Documentation that demonstrates Special Damages (meaning economic damages related to the Decedent's death, 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 V

Documentation that demonstrates unique circumstances not contemplated by the IRF Methodology or TDP

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

A. Decedent Information (Information concerning the person who suffered wrongful death)

Name of Decedent:

(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, Executor of Decedent's Will, 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 Legal Representative:

Date:

(mm/dd/yyyy)

Name of Legal Representative:

(First)

(Middle)

(Last)