

Exhibit E

MUST BE FILED
ONLINE OR
POSTMARKED
NO LATER THAN
<<DATE>>

In re: East Palestine Train Derailment
United States District Court for the Northern
District of Ohio
Case No. 4:23-cv-00242

For Office Use
Only

INDIVIDUAL CLAIM FORM

CLASS MEMBER INFORMATION

Current Resident:

<<Address1>>

<<Address2>>

<<City>>, <<ST>> <<Zip>>-<<Zip+4>>

If you have moved since 2-3-23, provide name and current mailing address:

First Name MI Last Name

Address 1 Unit/Apartment #

Address 2

City State Zip

I. Direct Payment

All claimants must complete Section I. Please submit only one Claim Form per household.

➤ Physical address on February 3, 2023, if different than above (CANNOT BE A P.O. BOX):

Street Address

City State Zip

➤ Email address: _____ Telephone #: _____

➤ Did you ___ live, ___ work, or ___ own property within 20-miles of the derailment site ("Class Area") on February 3, 2023? **Please select all that apply.**

➤ Proof of residence/ownership/employment within 20-miles of the derailment site on February 3, 2023. Select an option and attach a copy of one of the following documents

showing your address **that covers February 2023** to this form (driver’s license is not sufficient proof of residence):

- Gas Bill (attach a copy)
 - Electric Bill (attach a copy)
 - Other Utility Bill (attach a copy)
 - Pay Stub (attach a copy)
 - Other (such as lease or bank account statement) (describe and attach a copy):
-

A. Residents / Property Owners

Complete **only** if you lived or owned property in the Class Area as identified above.

- Number of people physically residing in your household on 2/3/23: Adults
 Children (under the age of 18)
- Number of adults physically residing in your household on 2/3/23 born before 2/3/1958:
- Were you evacuated/displaced from your residence? Yes No. If you answered “yes”, please provide the dates and address(es) to which you were evacuated or stayed during your displacement:

- Total number of days you were displaced from your residence? days
- Date you permanently returned to your residence: / /
- Acreage of property you owned in within 20-miles of the derailment:
- Was your residence, property, and/or personal property physically damaged? Yes
 No
- If you answered “yes” to the previous question, select the applicable damage and provide itemized details regarding the type, cost, and extent of the damage to your residence, property, and/or personal property:

Type of Damage	Description of Damage (attach additional pages as necessary)
<input type="checkbox"/> Fire/water/smoke damage	
<input type="checkbox"/> Structural damage	
<input type="checkbox"/> Contamination	
<input type="checkbox"/> Other damage	

- **Claim for Extraordinary Loss or Damage.** If you believe you have experienced extraordinary losses or damages that are supported by dated documentation, you may submit a claim for additional compensation. Such a claim must itemize or list those losses or damages for evaluation by the Settlement Administrator. These claims will undergo detailed review by the Settlement Administrator and must be accompanied at the time of submission by all dated documentary evidence. **Submission of a claim for extraordinary loss or damage will significantly delay payment of your award, if any, and there is no guarantee that your claim will be approved or that you will receive an award greater than you might otherwise receive under the Direct Payment process (attach additional pages as necessary).**

B. Employees

Complete *only* if you worked within 20-miles of the derailment as identified above.

- Name and contact information of employer on 2/3/23:

- Average daily salary or wage as of 2/3/23: _____
- Total number of days missed from work on or after 2/3/23 as a result of the derailment:
_____ days
- Why the derailment resulted in missed time from work:

Complete the items in Section II ONLY IF you were physically located within 10 miles of the derailment site between 2/3/23 - 4/26/24 and are seeking a Personal Injury Payment. If you are not making a claim in Section II, skip to Section III.

II. Personal Injury Payment

*For those who choose to participate, a Personal Injury Payment is available only to eligible Settlement Class Members who were physically located within 10 miles of the derailment site between 2/3/23 - 4/26/24. If you are eligible, it is your decision whether to seek this Personal Injury Payment, and **you are not required to participate to otherwise receive any other benefits under the Settlement.** Those choosing to submit a Personal Injury Claim Form **must also** return a separately completed Individual Settlement and Final Agreement to Release Personal Injury Claims (“Personal Injury*

Release") for **each household member** claimed below. A copy of the Personal Injury Release is included with this Claim Form, and additional copies may be obtained by visiting the East Palestine Settlement Center or website www.EastPalestineTrainSettlement.com.

Head of Household (Person Completing this Claim Form)

- Name of participating household member: _____
- Date of birth of participating household member: _____
- Physical location between 2/3/23 – 2/8/23, if different from physical address above:

- Do you believe you were exposed to chemicals as a result of the derailment? __ Yes __ No
This is not a condition for participation in the Personal Injury Payment.
- Did you suffer physical symptoms or injuries caused by the derailment? __ Yes __ No
This is not a condition for participation in the Personal Injury Payment.
- If you answered “yes” to the previous question, describe the applicable symptoms or injuries and identify whether you sought medical treatment by a medical professional and/or were formally diagnosed by a medical professional (attach additional pages as necessary). If you leave this question blank, the Settlement Administrator will construe your answer as “no.”:

Description of Symptoms or Injuries	Medical Treatment by Medical Professional (Y/N)	Formal Diagnosis by Medical Professional (Y/N)

- **Claim for Extraordinary Injury.** If you believe you have experienced extraordinary injuries that are supported by dated documentation, you may submit a claim for additional compensation. Such a claim must itemize or list those injuries for evaluation by the Settlement Administrator. These claims will undergo detailed review by the Settlement Administrator and must be accompanied at the time of submission by all dated documentary evidence. **Submission of a claim for extraordinary injury will significantly delay payment of your award, if any, and there is no guarantee that your claim will be approved or that you will receive an award greater than you might otherwise receive under the Personal Injury Payment process (attach additional pages as necessary).**
- **Attach a copy of a valid, government issued identification for this household member.**
- Household Member No. 2**
- Name of participating household member: _____
- Date of birth of participating household member: _____

- Physical location between 2/3/23 – 2/8/23, if different from physical address above:

- Do you believe you were exposed to chemicals as a result of the derailment? Yes No
This is not a condition for participation in the Personal Injury Payment.

- Did you suffer physical symptoms or injuries caused by the derailment? Yes No
This is not a condition for participation in the Personal Injury Payment.

- If you answered “yes” to the previous question, describe the applicable symptoms or injuries and identify whether you sought medical treatment by a medical professional and/or were formally diagnosed by a medical professional (attach additional pages as necessary). If you leave this question blank, the Settlement Administrator will construe your answer as “no.”:

Description of Symptoms or Injuries	Medical Treatment by Medical Professional (Y/N)	Formal Diagnosis by Medical Professional (Y/N)

- **If this household member is over the age of 16, attach a copy of a valid, government issued identification.**

Household Member No. 3

- Name of participating household member: _____

- Date of birth of participating household member: _____

- Physical location between 2/3/23 – 2/8/23, if different from physical address above:

- Do you believe you were exposed to chemicals as a result of the derailment? Yes No
This is not a condition for participation in the Personal Injury Payment.

- Did you suffer physical symptoms or injuries caused by the derailment? Yes No
This is not a condition for participation in the Personal Injury Payment.

- If you answered “yes” to the previous question, describe the applicable symptoms or injuries and identify whether you sought medical treatment by a medical professional and/or were formally diagnosed by a medical professional (attach additional pages as necessary). If you leave this question blank, the Settlement Administrator will construe your answer as “no.”:

Description of Symptoms or Injuries	Medical Treatment by Medical Professional (Y/N)	Formal Diagnosis by Medical Professional (Y/N)

- **If this household member is over the age of 16, attach a copy of a valid, government issued identification.**

Household Member No. 4

- Name of participating household member: _____
- Date of birth of participating household member: _____
- Physical location between 2/3/23 - 2/8/23, if different from physical address above:

- Do you believe you were exposed to chemicals as a result of the derailment? Yes No
This is not a condition for participation in the Personal Injury Payment.
- Did you suffer physical symptoms or injuries caused by the derailment? Yes No
This is not a condition for participation in the Personal Injury Payment.
- If you answered “yes” to the previous question, describe the applicable symptoms or injuries and identify whether you sought medical treatment by a medical professional and/or were formally diagnosed by a medical professional (attach additional pages as necessary). If you leave this question blank, the Settlement Administrator will construe your answer as “no.”:

Description of Symptoms or Injuries	Medical Treatment by Medical Professional (Y/N)	Formal Diagnosis by Medical Professional (Y/N)

- **If this household member is over the age of 16, attach a copy of a valid, government issued identification.**

Household Member No. 5

- Name of participating household member: _____

- Date of birth of participating household member: _____
- Physical location between 2/3/23 - 2/8/23, if different from physical address above:

- Do you believe you were exposed to chemicals as a result of the derailment? __ Yes __ No
This is not a condition for participation in the Personal Injury Payment.
- Did you suffer physical symptoms or injuries caused by the derailment? __ Yes __ No
This is not a condition for participation in the Personal Injury Payment.
- If you answered "yes" to the previous question, describe the applicable symptoms or injuries and identify whether you sought medical treatment by a medical professional and/or were formally diagnosed by a medical professional (attach additional pages as necessary). If you leave this question blank, the Settlement Administrator will construe your answer as "no.":

Description of Symptoms or Injuries	Medical Treatment by Medical Professional (Y/N)	Formal Diagnosis by Medical Professional (Y/N)

- **If this household member is over the age of 16, attach a copy of a valid, government issued identification.**

III. Affirmation and Certification

All claimants must complete Section III.

By signing below and submitting this claim, I, on behalf of myself and the members of my household identified above, swear or affirm under penalty of perjury that neither myself nor any member of my household has been fully compensated for loss, damages, or injury incurred as a result of the February 3, 2023 derailment of Norfolk Southern Train 32N, including the February 6, 2023 "vent and burn" (the "Incident") by any prior insurance payments, and that all information contained herein and all information submitted to the Settlement Administrator is truthful and accurate.

Signature of Claimant

___/___/_____
Date