FORM B10 (Official Form 10) (04/04)

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF INDIANA

PROOF OF CLAIM

Name of Debtor	Case Number	File claim form with
ATA Holdings Corp Chicago Express Airlines, Inc	04-19866	

NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S C §503

Name of Creditor (The person or other entity to whom the debtor owes money or property)
Hazel M Hartman

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars

☐ Check box if you have never received any notices from the bankruptcy court in this case

☒ Check box if the address differs from the address on the envelope sent to you by the court

Name and Address where notices should be sent

Hazel M Hartman
~~5457 Conrad St~~
~~Skokie, IL 60077-2035~~ W 5615 COOL HILL DRIVE
ELKHORN, WI 53121

Telephone Number (847) 561-5449

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor
02 WC 010110

Check here if this claim ☐ replaces ☐ amends a previously filed claim, dated _____

1 Basis for Claim

☐ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☒ Other Worker's Compensation

☐ Retiree benefits as defined in 11 U S C §1114(a)
☐ Wages, salaries, and compensation (fill out below)
Last four digits of SS # _____
Unpaid compensation for services performed from _____ (date) to _____ (date)

2. Date debt was incurred: 01-06-2002

3 If court judgment, date obtained

4. Total Amount of Claim at Time Case Filed: $unliquidated (unsecured) _____ (secured) _____ (priority) unliquidated (Total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges

5. Secured Claim

☐ Check this box if your claim is secured by collateral (including a right of setoff)

Brief Description of Collateral
☐ Real Estate ☐ Motor Vehicle
☐ Other_____

Value of Collateral $_____

Amount of arrearage and other charges at time case filed included in secured claim, if any $_____

6. Unsecured Nonpriority Claim $ unliquidated

☐ Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority

7 Unsecured Priority Claim

☐ Check this box if you have an unsecured priority claim

Amount entitled to priority $_____
Specify the priority of the claim

☐ Wages, salaries, or commissions (up to $4,925),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U S C § 507(a)(3)
☐ Contributions to an employee benefit plan - 11 U S C §507(a)(4)
☐ Up to $ 2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U S C § 507(a)(6)
☐ Alimony, maintenance, or support owed to a spouse former spouse or child - 11 U S C § 507(a)(7)
☐ Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8)
☐ Other Specify applicable paragraph of 11 U S C § 507(a)(__)

**Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment*

8. Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

9. Supporting Documents: Attach copies (not originals) of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages security agreements and evidence of perfection of lien If the documents are not available, explain If the documents are voluminous, attach a summary

10 Copies. File a Proof of Claim on the court's website (www insb uscourts gov) or at the Clerk s Office YOU MUST SERVE A COPY OF THE CLAIM WITH ATTACHMENTS ON THE CASE TRUSTEE If you want a file stamped copy returned, enclose an extra copy and a self-addressed, stamped envelope Do not send original claims, filing parties are required to keep originals for 3 years or until the case is closed whichever is earlier

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FILED
JAN 20 2005
BMC

ATA
00873

Date	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)
1-10-05	Hazel M Hartman - HAZEL M. HARTMAN

022306 *alty for presenting fraudulent claim* Fine of up to $500,000 or imprisonment for up to 5 years, or both 18 U.S C §§ 152 and 3571

ILLINOIS INDUSTRIAL COMMISSION
APPLICATION FOR ADJUSTMENT OF CLAIM (APPLICATION FOR BENEFITS)

ATTENTION Please type or print Complete all questions File three copies of this form.

Workers' Compensation Act X Occupational Diseases Act ___ Fatal case? No X Yes ___ Date of death _____

RECEIVED
FEB 25 02
FEB 25 2002
POTTER & SCHAFFNER

HAZEL HARTMAN,
Employee/Petitioner

Case #
(Office use only)

v

AMERICAN TRANS AIR a/k/a ATA
Employer/Respondent

Location of accident or last exposure: Near Aruba, Netherlands (City / State)

Hazel Hartman	5457 Conrad	Skokie	IL	60077
Injured employee's name [1]	Street address	City	State	Zip code
American Trans Air, a/k/a ATA	7337 W Washington Street	Indianapolis	IN	46231
Employer's name	Street address	City	State	Zip code

Employee information Social Security # 300-50-2959 Male ___ Female X Married X Single ___

Dependents under age 18 0 Birthdate 05 / 28 / 1950 Average weekly wage $ 397 50

Date of accident[2] 01 / 06 / 2002 The employer was notified of the accident orally X in writing X

How did the accident occur? ~~Food~~ BEVERAGE (HH) cart struck Petitioner

What part of the body was affected? Head, neck, MAW

What is the nature of the injury? To be shown Return-to-work date [3] ___/___/___

Is a *Petition for an Immediate Hearing* attached? Yes ___ No X

Is the injured employee currently receiving Temporary Total Disability benefits? Yes X No ___

If a prior application was ever filed for this employee, list the case number and its status _____

ATTENTION, PETITIONER. This is a legal document Be sure all blanks are completed correctly and you understand the statements before you sign this Refer to the Commission's *Handbook on Workers' Compensation and Occupational Diseases* [4] for more information

Signature of petitioner
Hazel Hartman

Date 2 26 / 02

APPEARANCE OF PETITIONER'S ATTORNEY

Please attach a copy of the *Attorney Representation Agreement*

Signature of attorney
Mark S Schaffner

30 North LaSalle Street, #1724
Street address

#1218
Attorney's name and IIC attorney code number [5] (please print)

Chicago IL 60602
City State Zip code

POTTER & SCHAFFNER, P C
Firm name

(312) 759-2500
Telephone number

CERTIFICATE OF SERVICE

The undersigned, an attorney, hereby certifies that a true and correct copy of the attached **Proof of Claim** was served upon all parties of record by depositing the same in a depository as specified on the attached service list, before 5 00 p m on the 19th day of January, 2005, addressed as follows

See Attached Service List

Mark S Schaffner

SERVICE LIST

United States Bankruptcy Court
Southern District of Indiana
Attn Clerk's Office
105 US Courthouse
46 East Ohio Street
Indianapolis, IN 46204
(UPS Next Day- 1Z 5YO F58 01 9454 9105)

BMC Group
Attn ATA Claims Agent
1330 E Franklin Avenue
El Segundo, CA 90245
(UPS Next Day- 1Z 5YO F58 01 9268 1911)

Nancy J Gargula, United State Trustee
101 West Ohio Street
Suite 1000
Indianpolis, IN 46204
(First Class Mail Postage Paid)

James M Carr, Esq
BAKER & DANIELS
300 North Meridian Street
Suite 2700
Indianpolis, IN 46204-1782
(First Class Mail Postate Paid)