

# **PART I - CLAIMANT INFORMATION - GENERAL**

United States Bankruptcy Court for the District of Delaware	CONTAMINANT-RELATED PERSONAL INJURY PROOF OF CLAIM
Exide Technologies et al Case Number 02-11125 (KJC) Jointly Administered	
<p>This form should be used to assert a CONTAMINANT-RELATED PERSONAL INJURY CLAIM against any of the Debtor(s). To assert such a claim, YOU MUST COMPLETE AND EXECUTE THIS FORM SO THAT IT IS ACTUALLY RECEIVED BY THE DEBTORS' CLAIM AGENT BANKRUPTCY MANAGEMENT CORPORATION, AT P O BOX 1063 EL SEGUNDO CALIFORNIA 90245 <b>FOR MAIL DELIVERIES</b> OR 1330 E FRANKLIN AVENUE, EL SEGUNDO CALIFORNIA 90245 <b>FOR HAND DELIVERY OR COURIER DELIVERY</b> ON OR BEFORE 4 00 P M PREVAILING EASTERN TIME ON JULY 15, 2004 (THE 'CONTAMINANT BAR DATE') OR YOU WILL BE FOREVER BARRED FROM ASSERTING THE CLAIM</p>	
<p><input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach a copy of statement giving particulars</p> <p><input type="checkbox"/> Check box if you have never received any notices from the Bankruptcy Court in this case</p> <p><input checked="" type="checkbox"/> Check box if your current address differs from the address on the envelope sent to you by the Bankruptcy Court and/or Bankruptcy Management Corporation</p> <p><input type="checkbox"/> Check here if this claim</p> <div style="margin-left: 300px;"> <input type="checkbox"/> Replaces  <input type="checkbox"/> Amends a previously filed claim, dated _____         </div>	
Name of Debtor against which this claim is asserted <i>Exide Tech.</i>	
Name of Claimant (the person or other entity to whom the debtor owes money or property) <i>Kmart</i>	
Name and address where notices should be sent <i>Kmart c/o THAY</i>	
<i>Po Box 5058, Troy, MI 48007-5058</i>	
Telephone Number <i>248 463 7969</i>	
E-Mail Address	
Claimant's Age	
Birth Date	
Social Security Number	

**FILED**

**JUL 15 2004**

**BMC**



1 Were you ever employed by any of the Debtors?

☐ Yes ☐ No

2 If yes, with which Debtor(s) were you employed?

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3 If yes, does your claim relate to a workplace exposure?

☐ Yes ☐ No

4 Please identify each of the methods used to determine your source of contaminant-related claim (check as many as applicable)

☐ Testing of home residence property for contaminants (describe)

☐ Testing of primary child care location(s) for contaminants

☐ Testing of daycare, preschool location for contaminants

☐ Testing of school for contaminants

☐ Other (describe)

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5 Dietary Information

a Did you consume food from metal containers? \_\_\_\_\_

What kinds? How often? \_\_\_\_\_

b Were you fed baby formula? What brands? \_\_\_\_\_

c Did you take calcium supplements or antacids? \_\_\_\_\_

What brands? How often? \_\_\_\_\_

6 Consumer Product Information

a Do you use cosmetics or personal care products such as hair dyes? What brands?

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b Did you use crayons or chalk as a child? What brands?

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c Have you ever been exposed to lead paint? What brands?

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d Have you ever been tested for lead paint? By whom? What were the results?

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7 Hobbies

Please describe your hobbies and those of others residing with you during your childhood

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8 Tobacco Use

Do you smoke? Did others smoke in your presence when you were a child? Did they reside with you?

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9 Employment – Related source of exposure

Please describe the nature and location of the employment and source of the contaminant exposure

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10 Diagnosis of Contaminant-Related Injury

a Please describe the circumstances of your first becoming aware of contaminants as the cause of an injury Describe who first related this possibility to you and the specific questions asked If written materials were used please attach a copy, if you do not have one, please identify the materials you were given, describe who provided them, and the authors

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b What steps did you take following your first becoming aware of the possibility of a contaminant-related personal injury

☐ followed instructions of \_\_\_\_\_  
(provide name address)

☐ sought medical attention

☐ saw family doctor

☐ went to clinic I normally use

☐ referred by \_\_\_\_\_

☐ other \_\_\_\_\_

c Provide name of family doctor \_\_\_\_\_

d Provide name of clinic normally used \_\_\_\_\_

e Provide name of doctor to whom you were referred \_\_\_\_\_  
If you do not have this information, provide information about the person who made the referral \_\_\_\_\_

f Contaminant-Related Testing

☐ If your claim is based on a medical examination, please obtain all medical records and attach them to the claim

☐ If you have ever had blood or other samples tested for lead or other contaminants, please attach the test results for each test or identify the medical professional or place where the test was taken (examples: doctor's office, school nurse, public health clinic, private clinic, or other)

☐ Other testing (describe) \_\_\_\_\_

location of testing \_\_\_\_\_

person/firm conducting test \_\_\_\_\_

## PART II: CLAIM OF COGNITIVE INJURY

11 If you claim that your contaminant-related exposure caused sub clinical impairments to your cognitive or developmental functions, resulting in decreased academic performance, please provide a medical evaluation documenting this claim

12 If the claim is based on studies correlating contaminant-related exposure to lower scores on IQ tests, please indicate the extent of IQ loss determined by medical evaluation, and attach copies of each IQ test performed on the claimant

a Family information for claimants based on cognitive or developmental injury

(i) Father's Name \_\_\_\_\_

(ii) Father's Address \_\_\_\_\_

(iii) Father's Telephone \_\_\_\_\_

(iv) Father's Date of Birth \_\_\_\_\_

- (v) Father's Employment History (please identify each of your father's employers by business name, workplace address, dates employment (beginning/end) and description of each job held)

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- (vi) Father's education

Highest grade completed \_\_\_\_\_

School Name (secondary) \_\_\_\_\_

College  
(if applicable) \_\_\_\_\_

Graduate school degree  
(if applicable) \_\_\_\_\_

Other education  
(please describe) \_\_\_\_\_

- (vii) Any special education needs/learning disability? (describe)

\_\_\_\_\_

- (viii) Mother's Name \_\_\_\_\_

- (ix) Mother's Address \_\_\_\_\_

- (x) Mother's Telephone \_\_\_\_\_

- (xi) Mother's Date of Birth \_\_\_\_\_

- (xii) Mother's Employment History (please identify each of your mother's employers by business name, workplace address, dates of employment (beginning/end) and description of each job held)

\_\_\_\_\_

\_\_\_\_\_

- (xiii) Mother's education

Highest grade completed \_\_\_\_\_

School Name (secondary) \_\_\_\_\_

College  
(if applicable) \_\_\_\_\_

Graduate school degree  
(if applicable) \_\_\_\_\_

Other education  
(please describe) \_\_\_\_\_

(xiv) Any special education needs/learning disability? (describe)

\_\_\_\_\_

b How many brothers? \_\_\_\_\_

c How many sisters? \_\_\_\_\_

d For **each** brother or sister, please provide the following

(i) Name of brother/sister \_\_\_\_\_

(ii) Date of Birth \_\_\_\_\_

(iii) Father's Name \_\_\_\_\_

(iv) Mother's Name \_\_\_\_\_

(v) Did this brother/sister live with you?

☐ Yes ☐ No

(vi) If Yes What years? \_\_\_\_\_

(vii) Highest grade completed \_\_\_\_\_

(viii) Year completed \_\_\_\_\_

(ix) Occupation(s) Employers name and address, and years worked

\_\_\_\_\_

(x) If a brother or sister was ever tested for exposure to the same contaminants which are the subject of this claim, please provide the results of that testing for each brother or sister

\_\_\_\_\_

\_\_\_\_\_

(xi) If other children lived with you, please provide the same information for **each** such child

\_\_\_\_\_

\_\_\_\_\_

13 Please describe any other injuries sustained from exposure to contaminants Attach any medical evaluation of your injury

\_\_\_\_\_

\_\_\_\_\_

### **PART III: CHILD CLAIMANT INFORMATION FROM PARENT/GUARDIAN**

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14 If this claim is being submitted on behalf of a minor child please be sure that the child's parents and/or guardians review and sign it Please provide the following information

(i) Who provides daily care for the child? Identify each caregiver from birth to 7 years of age

(ii) If not both parents, please explain why

Have both parents ever had joint custody and responsibility for care of the child? \_\_\_\_\_

(iii) When and where?

15 Please identify each address at which the claimant has spent more than 10 days during the period from 0-7 years (0-84 months) Include residences, day care centers homes providing child care/babysitting services schools, relatives homes and any other place where the child has spent significant time Identify the persons responsible for care at each location Use additional pages as needed

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### **PART IV: SUPPORTING DOCUMENTATION**

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16 You must attach medical records relating to the diagnosis/-es claimed and medical data provided in Part III Please use the checklist below and indicate which medical documents you are submitting with this form Submit all records for all such tests performed in the last two years

☒ Medical records and/or report containing a statement of diagnosis for conditions claimed and all testing performed

☐ Neurological testing (EEG)

☐ Neurological testing/other (describe)

☐ PET scans

☐ Other

## PART V• LITIGATION

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17 Has any contaminant-related lawsuit ever been filed on behalf of this injured party?

☐ Yes ☒ No

*If Yes, answer the rest of this section If No, skip to Part VI*

a Give the two-letter mail code of the state/province where this suit is or was pending \_\_\_\_\_

b Give the Court in which the case was filed \_\_\_\_\_

c Give the case number \_\_\_\_\_

d Has a judgment or verdict been entered?

☐ Yes ☐ No

e If Yes provide the verdict amount and the names of each defendant to the litigation

*Verdict Amount* \_\_\_\_\_

*Defendants(s)* \_\_\_\_\_

f Who represents you or represented you in the matters?

\_\_\_\_\_

## PART VI• SETTLEMENTS

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18 Has any contaminant-related personal injury claim been submitted on behalf of the injured party to any bankruptcy trust or other claim facility or entity?

☐ Yes ☐ No

19 Who represented you in the matter?

\_\_\_\_\_

20 Has any such claim been settled?

☐ Yes ☐ No

*If Yes please provide aggregate amount of settlements*

21 Has the injured party settled any contaminant-related personal injury claim with any of the Debtors?

☐ Yes ☐ No



If Yes, answer the rest of this section If No, skip to Part VII

22 Date of settlement \_\_\_\_\_  
Month Day Year

23 Were there any others named in the lawsuit?

☐ Yes ☐ No

24 Were others named in separate lawsuits, claims or demands for the same injury?

☐ Yes ☐ No

If Yes please identify (a) the court in which the case was filed (b) the case number (c) the names of all defendants to the lawsuit claim or demand and (d) the date of filing

25 If the matter is settled or concluded, please describe when and how the matter was settled or concluded, including, the total amount of such settlement and the amounts paid by each defendant Attach any final documents, releases, etc \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

26 Please check all that apply regarding the status of the settlement

☐ Release executed by or on behalf of injured party and submitted to any of the Debtors prior to April 15, 2002

If yes please attach executed release

☐ Settlement agreement executed by or on behalf of injured party and submitted to any of the Debtors prior to April 15 2002

If yes please attach executed settlement agreement

☐ Settlement paid in full

If Yes amount \$ \_\_\_\_\_

Date of Payment

Month Day Year

☐ Settlement paid in part

If Yes amount \$ \_\_\_\_\_

Month Day Year

Settlement documents submitted to any of the Debtors or on behalf of the injured party

Date of Submission

Month Day Year

Date of Execution

Release executed by or on behalf of injured party and any of the Debtors  
authorizing additional claim for certain diseases manifesting after date of  
settlement (known as a limited disease release)

\_\_\_\_\_  
Month Day Year

## PART VII DEPENDENT OR RELATED PARTY CLAIM

- ☛ This section is to be completed only by dependents or related parties (such as spouse or child) of an injured party who believes he/she has a current contaminant-related claim against any of the Debtors that does not involve physical injury to him/herself based on his/her own exposure. If a dependent or related party has a current claim against any of the Debtors for containment-related damages that does involve physical injury to him-/herself based on his/her own exposure to contaminants, then such dependent or related party is considered a separate "injured party" and he/she or the legal representative must fill out a separate Exide Contaminant-Related Personal Injury Proof of Claim Form.
- ☛ This section is to be used by only one dependent or related party. If you wish to submit more than one dependent or related-party claim, please photocopy this page prior to filling it out and complete a separate page for each person making a claim.
- ☛ This claim form must be signed by the dependent or related party or the person filing the claim on his/her behalf (such as the personal representative or his/her attorney).

27 Dependent or Related Party Name

\_\_\_\_\_  
Last Name First Name MI

28 Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State/Province Zip Code/Postal Code

\_\_\_\_\_  
Country (if not U S)

29 Social Security Number

30 Financially Dependent ☐ Yes ☐ No

31 Date of Birth

\_\_\_\_\_  
Month Day Year

32 Relationship to Injured Party ☐ Spouse ☐ Child ☐ Other specify

33 Injured Party Name

\_\_\_\_\_  
Last Name First Name MI

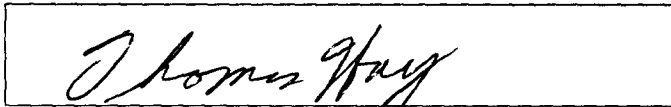
Please state the nature of the claim specifically, providing any test information required You must include all available information responding to the previous parts of this Form

Claimant stepped in puddle of  
Battery acid which splashed on  
his arms. Claim was settled  
for \$1800.00.

## PART VIII SIGNATURE PAGE

**All claims must be signed by the injured party or the person filing on his/her behalf  
(such as the personal representative or attorney)**

- 1 I have reviewed the information submitted on this Form and all documents submitted in support of my claim. To the best of my knowledge, the information is accurate and complete.
- 2a I hereby authorize and request each medical professional listed in this claim form and all other parties with custody of any documents or information concerning the injured party's medical history and treatment disclose any and all records concerning the injured party's medical history, diagnoses and treatment to the Debtors or their representatives.
- 2b I hereby authorize the release of the injured party's Social Security Number for use in comparing information provided separately to other trusts or claims facilities to verify the completeness and accuracy of the information contained in this form.
- 2c I hereby authorize and consent to the production and release of any and all documents that I have not attached to this Form that support my claim.



**SIGNATURE OF INJURED PARTY,  
REPRESENTATIVE, OR ATTORNEY**

07 14 2004  
Month Day Year

**IF THE SIGNATURE IS NOT THAT OF THE INJURED PARTY,  
PLEASE PRINT THE NAME OF THE SIGNATORY ABOVE AND INDICATE THE  
RELATIONSHIP TO THE INJURED PARTY**

**THE PENALTY FOR SUBMITTING A FRAUDULENT CLAIM  
IS A FINE OF UP TO \$500,000 OR  
IMPRISONMENT FOR UP TO 5 YEARS, OR BOTH 18 U S C §§ 152, 3571**

**KEEP A COPY OF THIS PROOF OF CLAIM FORM AND ALL ATTACHMENTS FOR YOUR  
FILES AND MAIL AN ORIGINAL PROOF OF CLAIM FORM AND COPIES OF ALL  
ATTACHMENTS TO **BANKRUPTCY MANAGEMENT CORPORATION, AT P O BOX 1063,  
EL SEGUNDO, CALIFORNIA 90245 FOR MAIL DELIVERIES OR 1330 E FRANKLIN AVENUE,  
EL SEGUNDO, CALIFORNIA 90245 FOR HAND DELIVERY OR COURIER DELIVERY****

J. WALKER



Kmart Customer Incident Center  
Sedgwick Claims Management Services, Inc  
P.O. Box 5058, Troy MI 48007 5058  
Phone (248) 463 7577  
Fax (248) 463 6637

## SETTLEMENT AGREEMENT

This Settlement Agreement is entered into on July 28, 2003, by and between Kmart Corporation and its debtor affiliates (collectively, "Kmart") and \_George Gasperic\_ (the "Claimant")

1.

1 Agreed Claim In settlement of Claimants' claim against Kmart, evidenced by Administrative Expense Request Form Number 48687, in the asserted amount of \$2000 00 (the "Administrative Expense"), Claimant shall have an allowed claim in the amount of \$1800 00\_ against Kmart in case number [Relevant case number] (the "Allowed Claim")

2 Limited Release of Kmart Except with respect to the Allowed Claim, Claimant, for him/herself and his/her heirs, executors, administrators, successors, and assigns, does hereby and forever release, acquit, and discharge Kmart from any and all claims, actions, causes of actions, liens, demands, rights, damages, costs, loss of services, expenses and compensation whatsoever which Claimant now has or which may hereafter accrue on account of or in any way arising from the occurrences alleged in the Administrative Expense Request Form

3 General Release of Third Parties Claimant, for him/herself and his/her heirs, executors, administrators, successors, and assigns, does hereby and forever release, acquit, and discharge [ **Insert Employee Name, Vendor, Landlord or other third party, if applicable**], and all agents, affiliates, employees, independent contractors, and servants of Kmart from any and all claims, actions, causes of actions, liens, demands, rights, damages, costs, loss of services, expenses and compensation whatsoever which Claimant now has or which may hereafter accrue on account of, or in any way arising from or relating to, the Administrative Expense Request Form, or otherwise, whether known or unknown, foreseen or unforeseen

4 Claimant's Reliance Claimant hereby declares and represents that the injuries alleged to have been sustained in the Administrative Expense Request Form are or may be permanent and progressive and that recovery therefrom may be uncertain and indefinite, and that in entering into this Settlement Agreement, it is understood and agreed that the Claimant relies wholly upon his/her own judgments, beliefs, and knowledge of the nature, extent, effect, and duration of said injuries and liability therefore without reliance upon any statement or representation of the parties released hereby or their representatives, physician, or surgeon employed by them



Kmart Customer Incident Center  
Sedgwick Claims Management Services Inc  
P.O. Box 5058 Troy MI 48007 5058  
Phone (248) 463 7577  
Fax (248) 463 7577

5 Claimant's Indemnity Claimant agrees to save harmless and indemnify the parties hereby released, to the extent of such releases, from any and all expenses, including any/all medical liens, arising because of any claim which may hereafter be presented by anyone for loss and damage or personal injury as a result of the occurrences alleged in the Administrative Expense Request Form

6 No Admission It is understood and agreed that this Settlement Agreement is a compromise of a doubtful and disputed claim, and that this Agreement and payment, if any, on the Allowed Claim are not to be construed as an admission of liability by the parties hereto, and that such parties deny liability therefore and intend by this Settlement Agreement merely to avoid litigation

George Harperic 8/2/03  
Claimant Date

Sally Lock 7/31/03  
Kmart Corporation Date

JUL 28 2003 12 23PM ROBERT LATCH

ALLEGHENY GENERAL HOSPITAL  
P O BOX 400531  
PITTSBURGH, PA 15268-0531

FORWARDING SERVICE REQUESTED

CUSTOMER SERVICE  
MONDAY-FRIDAY 8 30AM-6 00PM  
1-800-547-0540

ADDRESSEE

000000164800  
GEORGE J GASPERIC  
4805 DEARBORN ST  
PITTSBURGH PA 15224

IF PAYING BY MASTERCARD, DISCOVER, VISA CHECK CARD USE		No 4433		FILL OUT BELOW	
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA	<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS	
CARD NUMBER			AMOUNT		
SIGNATURE			EXP DATE		
ACCOUNT NO	STATEMENT DATE	PAYMENT DATE	TOTAL AMOUNT PAID		
150016929310	04/21/03	301 00			
PATIENT NAME GEORGE J GASPERIC					

MAKE CHECKS PAYABLE TO

ALLEGHENY GENERAL HOSPITAL  
PO BOX 400531  
PITTSBURGH, PA 15268-0531

05964678 Q245

☐ Please check if above address is incorrect  
and indicate change on reverse side

TO ENSURE PROPER CREDIT, DETACH AND RETURN THIS PORTION IN THE ENCLOSED ENVELOPE

PATIENT NAME	PATIENT ACCOUNT NO	STATEMENT DATE	ADMIT DATE	DISCHARGE DATE	PATIENT TYPE
GEORGE J GASPERIC	150016929310	04/21/03	04/02/03	04/02/03	OUTPATIENT

DATE	DESCRIPTION	DEBIT	CREDIT	BALANCE
04/02/03	SILVER SULFADIAZNE CRM 1& 25GM	21 00	0 00	21 00
04/02/03	ER LVL 2 ACCIDENT	280 00	0 00	280 00

*Jennifer Walker*

I have Received your offer. I accept the offer  
will you please send Release Back to me with  
is the medical Bill. *George Gasperic* 15212

PAGE NO 1

Payments and charges received after the statement date will be reflected on the next statement

MESSAGES

The remaining balance on this account is your responsibility Please pay the balance due upon receipt of this statement

Payment due upon receipt of statement

CURRENT ACCOUNT BALANCE

301 00

0 00

BALANCE NOW DUE FROM PATIENT GUARANTEE

301 00

Thank you for choosing  
West Penn Allegheny Health System  
for your healthcare needs



# Kmart Customer Incident Information

**3529 Big Kmart**

996 WEST VIEW PARK DRIVE  
PITTSBURGH, PA 15229

Store Stamp

JENNIFER

Dear Kmart Customer,

We want you to have a positive experience every time you visit our store. If you have experienced an accident or loss of any kind while visiting us, please provide the information requested below. This information will help us meet our goal of continuous improvement in the operation of our store. It will also help us in contacting you to make sure we are providing the service you expect.

Please take the white copy of this document for your records. If after leaving the store you wish to provide further information or have any questions about your incident, please call the Kmart Customer Incident Center at 1-248-463-7577.

We are sorry you had an unpleasant experience while our guest. We look forward to serving you better in the future.

Sincerely,

Your Kmart Store Management

## TO BE COMPLETED BY CUSTOMER

Customer name George Gasperic Customer's Street Address 2530 STRAUBS LANE  
City PGH State PA Zip 15224 Phone (412) 322 1790  
Customer's employer X X Customer's sex M  
Customer's Date of Birth 12/29/77 Customer's Social Security Number 200-58-0736  
If injury to a child Child's name \_\_\_\_\_ Child's age \_\_\_\_\_ Parent's name \_\_\_\_\_

## Customer's Description of Incident:

Date of incident 4/2/03 Location of incident West View Kmart Store 3529  
Time of incident 12:30 PM What happened? was walking down aisle. saw BATTERY didn't see PUDDIE. continued walking & talking w/ friend. stepped in PUDDIE PUDDIE splashed upward onto arms 15-30 seconds later began BURN ITCH VERY BADLY. AFTERWARD went to see manager!

Do you wish to be contacted? Yes Date reported 4/3/03 Signature of Customer X George Gasperic

5 inc

Yellow copy - for Store Records- retain four years





# Kmart Customer Incident Investigation

3529 Kmart

996 W VIEW PARK DR  
PITTSBURGH, PA 15229

Store Stamp

**TO BE COMPLETED BY LOSS PREVENTION MANAGER OR MANAGER IN CHARGE:**

Name of Customer

George Gusperic

Date of Incident

4/2/03

Time of Incident

9:15 PM

Type of Incident (circle one)

- fall inside building due to liquid (non product)
- fall inside building due to spilled product
- fall inside building due to hangar
- fall inside building due to
- fixture/pallet/display
- fall inside building due to other condition
- fall outside building due to ice/snow/liquid
- fall outside building due to tripping
- fall outside building due to other condition
- struck by falling merchandise
- struck by other falling object
- contact with sharp object
- shopping cart fall from caused bodily injury
- shopping cart struck by caused bodily injury
- shopping cart other cause of bodily injury

- shopping cart damaged vehicle in parking lot
- shopping cart damaged vehicle outside parking lot
- burn not caused by defective product
- burn caused by hot food product
- electrical shock
- gas exposure
- ran into fixture
- ran into other object
- automatic door accident
- escalator/elevator/walkalator accident
- exposure to disease (not involving food)
- lifting/pulling/bending

- hit by stock replenishment equipment cart/pallet jack
- hit by forklift
- hit by automobile or truck
- injury/illness due to food prepared at store
- product defect caused bodily injury
- product defect caused property damage
- amusement ride
- false arrest by Loss Prevention associate
- false arrest by non Loss Prevention associate
- false EAS alarm
- theft of property inside store
- theft of property outside store
- criminal conduct inside store caused bodily injury
- criminal conduct outside store caused bodily injury
- not classified

Location of Incident

Automotive dept

Nature of injury or damage observed

Customer has burns on his arm due to battery acid

Part of body involved

Arms

Store's description of incident (what, where, when, how, why)

Customer stated he stepped in battery acid and it splashed onto his arms while walking through department.

Kmart associate first aware of incident.

Name

Rene Henry

Clock Number

Phone

(412) 931-3700

Kmart associates who saw incident or arrived shortly after

Name

Kevin Polding

Clock Number

401

Phone

(412) 931-3700

Name

Clock Number

Phone

Non-associates who saw incident or arrived shortly after

Name

Address

Name

Address

Continued on reverse side

**3529 Kmart**996 W VIEW PARK DR.  
PITTSBURGH, PA 15229

Kmart associate who inspected scene after incident.

Name Kevin Polking Clock Number 401 Phone 412 931-3700What inspection showed, if anything: There was a battery on floor with a bottle of acid on  
floor. No signs of spilled liquid.**For fall down incidents.**

- Who was the first associate on the scene after the incident? Kevin Polking  
(Have that associate complete a Witness Statement on the green form)
- If there was an unusual condition at the scene of the incident
  - Describe the condition including, if applicable, size, shape, color and location Bottle of battery acid
  - Was any store associate aware of the condition before the incident? Yes or No No If so, who was aware and when did he/she become aware \_\_\_\_\_
  - Who was the last associate in the area of the incident before the it occurred and how many minutes was it before the incident occurred? Kevin Polking 20 minutes
  - What was the cause of the condition? Either battery fell from rack or was dropped
  - When was the condition created? Within 20 minutes of incident
  - Who corrected the condition, if applicable? Kevin Polking
  - Was the area guarded by an associate, warning sign or object? If so please describe Yes, Buggy across aisle until cleaned up
- What was the type and general condition of the customer's footwear? \_\_\_\_\_
- Take photos of the scene of the accident if they would assist in understanding what occurred

**For incidents involving falling merchandise:**

- Who was the first associate on the scene of the accident?  
(Please have that person complete a green Witness Statement form)
- Describe the merchandise that is said to have fallen, including make, model, type of packaging, size of container and weight
- Take a photograph of the merchandise and fixture involved
- What is the name of the associate last in the area before the incident occurred, and how many minutes was that before the incident?

- Describe the product including type brand name and vendor name Champion car battery
- Fill in the UPC code 017 784444 and Kmart Item # 0851700112 and Selling Price \$5.97
- Photograph the product and attach a copy of the register receipt
- Tag the merchandise as evidence using the yellow evidence sticker and retain in Loss Control Office

Date incident reported to claims office (1-888-673-4437): 4/3/03 Time of telephone report: 1:30 PMCalled in by: John Linville Associate name 403 Clock Number Claim number assigned 666352900446Written report completed by: John Linville Associate name 403 Clock Number Phone number 412 931-3700

Signature of Store Manager who reviewed report

Fax (248)-467-1554

# **EXIDE TECHNOLOGIES Contaminant-Related Personal Injury Proof of Claim Form**

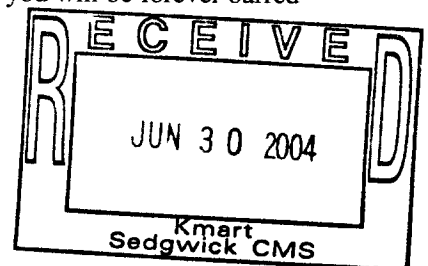
*The United States Bankruptcy Court for the District of Delaware  
In re Exide Technologies et al , Debtors, Case No 02-11125 (KJC)  
(Jointly Administered)*

**SUBMIT COMPLETE CLAIMS TO: Bankruptcy Management Corporation, at P O Box 1063, El Segundo, California 90245 for mail deliveries or 1330 E Franklin Avenue, El Segundo, California 90245 for hand delivery or courier delivery**

“The Debtor” is the following entity

**Exide Technologies, f/k/a Exide Corporation**

If you have a claim against the Debtor for personal injury resulting from exposure to any contaminants (a ‘Contaminant-Related PI Claim ’ which is defined below) as a result of the acts or omissions of any of the Debtors, **THIS PERSONAL INJURY PROOF OF CLAIM FORM MUST BE RECEIVED ON OR BEFORE 4 00 P M PREVAILING EASTERN TIME ON JULY 15, 2004** or you will be forever barred from asserting or receiving payment for your claim



# INSTRUCTIONS FOR FILING THE EXIDE TECHNOLOGIES CONTAMINANT-RELATED PERSONAL INJURY PROOF OF CLAIM FORM

## WHO SHOULD USE THIS CONTAMINANT-RELATED PERSONAL INJURY PROOF OF CLAIM FORM

- 1 You must complete this Contaminant-Related Personal Injury Proof of Claim Form (referred to in this document as the 'Form') if you wish to assert a Contaminant-Related PI Claim against the Debtor as a result of the acts or omissions of the Debtor (or any other person or entity for which the Debtor may be liable) prior to April 15, 2002 (the 'Petition Date') regardless of whether or not any symptoms of such injury have manifested or been diagnosed by a medical professional. Contaminant-Related PI Claims do not include claims for property damage or claims for workers' compensation even if these claims arise from exposure to contaminants.
- 2 A 'Contaminant-Related PI Claim' as used herein shall mean any claim alleging arising out of, or in any way relating to personal injury, including wrongful death for which the Debtor is alleged to be liable, arising out of or relating to exposure to lead, cadmium, arsenic, sulfate, chromium, aluminum, nickel, barium, copper, manganese, beryllium, heavy metals, sulfuric acid or other acidic contaminants or any other toxic or hazardous substances, pollutants, or substances (a "Contaminant") and any claims in any way related to such claims. Contaminant-Related PI Claims include all such claims whether in tort, contract, warranty, restitution, conspiracy, contribution, guarantee, indemnity, subrogation or any other theory of law, equity or admiralty, whether seeking compensatory, special, economic and non-economic, punitive, exemplary, administrative, or any other costs or damages, or whether seeking any legal, equitable or other relief of any kind whatsoever. Contaminant-Related PI Claims include any such claims that have been resolved or are subject to resolution pursuant to any agreement, or any such claims that are based on a judgment or verdict.
- 3 You should NOT use this form for claims other than Contaminant-Related PI Claims. For information about how and when to file other types of claims against the Debtor, please contact Bankruptcy Management Corporation at one of the addresses below or you may call them toll-free at (888) 909-0100.
- 4 Please do not distribute this form to others. Please call Bankruptcy Management Corporation at the toll-free phone number above to request additional forms if they are needed.

## GENERAL INSTRUCTIONS

- 1 This form must be signed by the claimant or authorized agent of the claimant. **THE ORIGINAL OF THIS FORM MUST BE RECEIVED ON OR BEFORE 4 00 PM PREVAILING EASTERN TIME ON JULY 15 2004** (the 'Contaminant Bar Date') by Bankruptcy Management Corporation at one of the addresses below or you shall be forever barred, estopped, and enjoined from (a) asserting any Contaminant-Related PI Claim (or filing a proof of claim with respect to such claims) against the Debtor, its property or its estate and if any such claims are barred, the Debtor and its property shall be forever discharged from all indebtedness, (b) receiving distributions under, any plan or plans of reorganization in the Debtor's chapter 11 cases in respect of such Contaminant-Related PI Claim, notwithstanding that you may later discover facts in addition to, or different from those which you know or believe to be true as of the Contaminant Bar Date and without regard to the subsequent discovery or existence of such different or additional facts, and (c) receiving any distribution in these chapter 11 cases on account of such Contaminant-Related PI Claims or receiving further notices regarding such claims or these chapter 11 cases. Return your completed, executed and original Form to the Debtor's claim agent Bankruptcy Management Corporation, at P O Box 1063 El Segundo, California 90245 **for mail deliveries** or 1330 E Franklin Avenue, El Segundo California 90245 **for hand delivery or courier delivery**. A Form will be deemed filed only when **actually received** by Bankruptcy Management Corporation at one of the above addresses. Forms must be submitted by courier service, hand delivery or mail. Forms may **not** be submitted in person or by e-mail, telecopy or facsimile and Forms transmitted in person or by e-mail,

telecopy or facsimile will not be accepted for filing. If you are returning this form by mail, allow sufficient time so that this form is received on or before the Contaminant Bar Date. Forms that are postmarked before the Contaminant Bar Date but received after the Contaminant Bar Date will not be accepted. Only original forms will be accepted for filing.

- 2 All Forms must be (a) written in English, (b) be denominated in lawful currency of the United States, and (c) indicate the Debtor against which you are asserting a claim.
- 3 All Forms must be signed and dated in the appropriate spaces.
- 4 A separate Form must be completed, executed and filed on account of each Contaminant-Related PI Claim you wish to assert.
- 5 If you cannot fit all information in any particular section or page, please make a copy of that page before filing it out and attach as many additional pages as needed.
- 6 This Form must be filled out completely using BLACK or BLUE ink. Typed responses are also acceptable.
- 7 Mark check boxes with an "X" (example at right) ☒
- 8 Send only original Forms to the Debtor's claims agent at the following address: Bankruptcy Management Corporation, at P O Box 1063, El Segundo, California 90245 **for mail deliveries** or 1330 E Franklin Avenue, El Segundo, California 90245 **for hand delivery or courier delivery**. It is recommended that you make a copy of your completed Form to keep for your records.
- 9 In addition to the completed, original Form, you must provide copies of all supporting documents in your possession relating to your Contaminant-Related PI Claim. Attach copies of all supporting documents or materials, including, but not limited to, medical records and/or claim forms, related or referring to your claim. **DO NOT SEND ORIGINAL DOCUMENTS**. If the documents are not available, explain why not. If the documents are too voluminous to attach, attach a summary of the documents identifying and providing a brief description of each document, identifying the location of the document and who has possession and control of it. If you provide a summary of documents rather than the documents themselves, you are required to consent to the production and release of those documents to the Debtor upon the Debtor's further request.
- 10 You may attach any additional documentation that supports your claim. However, such information will not be a substitute for information provided in the Form itself.
- 11 Be accurate and truthful. This Form is an official court document that may be used as evidence in any legal proceeding regarding your claim. The penalty for presenting a fraudulent claim is a fine up to \$500,000 or imprisonment for up to five years or both. 18 U.S.C. §§ 152 and 3571.
- 12 For additional questions and/or assistance, please contact Bankruptcy Management Corporation at the addresses and/or phone number above.