## 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 ,<br>Case Number 02-11125 (KJC)<br>Jointly Administered | |

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 **FOR MAIL DELIVERIES** OR 1330 E FRANKLIN AVENUE, EL SEGUNDO, CALIFORNIA 90245 **FOR HAND DELIVERY OR COURIER DELIVERY** 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

☐ 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

☐ Check box if you have never received any notices from the Bankruptcy Court in this case

☑ 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

☐ Check here if this claim

☐ Replaces
☐ Amends a previously filed claim, dated _____

Name of Debtor against which this claim is asserted EXIDE CORPORATION

Name of Claimant (the person or other entity to whom the debtor owes money or property)

KMART CORPORATION

Name and address where notices should be sent

T. BLAKNEY / KMART CORPORATION

3100 W. BIG BEAVER, TROY, MI 48084

Telephone Number 248-463-7935

E-Mail Address

Claimant's Age

Birth Date

Social Security Number

FILED
JUL 15 2004
BMC
Exide Technologies
06371

1 Were you ever employed by any of the Debtors?

☐ Yes ☑ No

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

_____

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)

_____

5 Dietary Information N/A

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 N/A

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

_____

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

_____

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

---

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

---

7 Hobbies N/A

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

---

8 Tobacco Use N/A

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

---

9 Employment – Related source of exposure N/A

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

---

---

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

CLAIMANT ALLEGES BATTERY DISPLAY UNIT CUT HIS FINGER WHILE REMOVING A BATTERY ON DISPLAY.

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 UNKNOWN AT THIS TIME.

☐ saw family doctor

☐ went to clinic I normally use

☐ referred by _____

☐ other _____

c Provide name of family doctor UNK

d Provide name of clinic normally used UNK

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

_____

f Contaminant-Related Testing NO DOCUMENTATION AT THIS TIME,

☐ 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 medial professional or place where the test was taken (examples doctor's office, school nurse, public health clinic, private clinic, or other)

☐ Other testing (describe) UNK

location of testing UNK

person/firm conducting test UNK

## 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 N/A

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

N/A

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)

_____

_____

(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 UNKNOWN

_____

_____

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

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 N/A

(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

_____

_____

_____

_____

_____

## PART IV: SUPPORTING DOCUMENTATION

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

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

☐ 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

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? N/A

☐ 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 inured 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 N/A

*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*

34 Injured Party Social Security Number

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

FINGER CUT BY DISPLAY UNIT WHILE REMOVING A BATTERY. DISPLAY ASSEMBLED BY EXIDE EMPLOYEES/AGENTS.

## 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

Shelly Blakney / Kmart Corp 7 Month 13 Day 04 Year

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

**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**

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

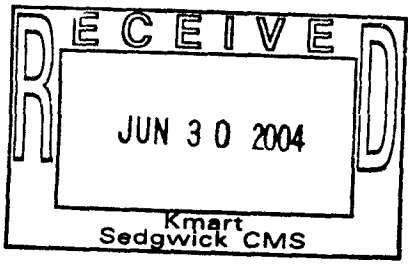
*The United States Bankruptcy Court for the District of Delaware*
*In re Exide Technologies et al , Debtors, Case No 02-11125 (KJC)*
*(Jointly Administered)*

**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

TRK# 8388 7710 2427 0215

90245 -CA-US NJ

# Customer: Seal only when using a FedEx Ship or interNetShip docum

176

500

**FedEx Express** USA Airbill

FedEx Tracking Number 8388 7710 2427

RECIPIENT PEEL HERE

**1 From** This portion can be removed for Recipient's records

Date [illegible] FedEx Tracking Number 838877102427

Sender's Name [illegible] Phone [illegible]

Company KMART [illegible]

Address [illegible] Dept./Floor/Suite/Room

City TROY State [illegible] ZIP [illegible]

**2 Your Internal Billing Reference**

**3 To** Recipient's Name [illegible] Phone [illegible]

Company [illegible]

Address [illegible] We cannot deliver to P O boxes or P O ZIP codes.

To HOLD at FedEx location, print FedEx address

Address Dept./Floor/Suite/Room

City [illegible] State [illegible] ZIP [illegible]

8388 7710 2427

NO POUCH NEEDED
See back for peel and stick application instructions

Form I.D. No. [illegible] Recipient's

**4a Express Package Service** *Packages up* Delivery commitment may be later

- [x] FedEx Priority Overnight — Next business morning
- [ ] FedEx Standard Overnight — Next business afternoon
- [ ] FedEx First Overnight — Earliest next business morning delivery to select locations
- [ ] FedEx 2Day — Second business day
- [ ] FedEx Express Saver — Third business day

FedEx Envelope rate not available. Minimum charge: One pound rate

**4b Express Freight Service** *Packages over 150 lbs.* Delivery commitment may be later in some areas

- [ ] FedEx 1Day Freight* — Next business day
- [ ] FedEx 2Day Freight — Second business day
- [ ] FedEx 3Day Freight — Third business day

Call for Confirmation

Declared value limit $500

**5 Packaging**

- [ ] FedEx Envelope*
- [ ] FedEx Pak* — Includes FedEx Small Pak, FedEx Large Pak, and FedEx Sturdy Pak
- [x] Other

**6 Special Handling** Include FedEx address in Section 3

- [ ] SATURDAY Delivery — Available only for FedEx Priority Overnight and FedEx 2Day to select ZIP codes
- [ ] HOLD Weekday at FedEx Location — Not available for FedEx First Overnight
- [ ] HOLD Saturday at FedEx Location — Available only for FedEx Priority Overnight and FedEx 2Day to select locations

Does this shipment contain dangerous goods?

One box [illegible]

- [x] No
- [ ] Yes — As per attached Shipper's Declaration
- [ ] Yes — Shipper's Declaration not required
- [ ] Dry Ice — Dry Ice 9 UN 1845 ____ kg
- [ ] Cargo Aircraft Only

Dangerous Goods (including Dry Ice) cannot be shipped in FedEx packaging.

**7 Payment** *Bill to* Enter FedEx Account or Credit Card No. below

- [x] Sender — Acct. No. in Section 1 will be billed
- [ ] Recipient
- [ ] Third Party
- [ ] Credit Card
- [ ] Cash/Check

Obtain R A

Total Packages [redacted] Total Weight [redacted] Total Charges

Credit Card Auth

Your liability is limited to $100 unless you declare a higher value. See the FedEx Service Guide for details

**8 Release Signature** *Sign to authorize delivery without obtaining signature*

By signing you authorize us to deliver this shipment without obtaining a signature and agree to indemnify and hold us harmless from any resulting claims

**Questions? Visit our Web site at fedex.com**

or call 1 800 Go FedEx 800 463 3339

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