

UNITED STATES BANKRUPTCY COURT - DISTRICT OF NEW YORK XXXXXXXXXX NoDist ILLINOIS		PROOF OF CLAIM - Chapter □ 13 □ 11 □ 7 □ Other
Name of Debtor KMART CORPORATION	Case Number 02B02474	(This space for court use.)
<small>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. Section 543.</small>		
Name of Creditor (The person or other entity to whom the debtor owes money or property) Massy, Michael c/o LAUB LAW CENTER 3390 Keitzke Lane Reno NV89502	<input type="checkbox"/> 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. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	ORIG TO: Kmart c/o Trumbull Services CC: Skadden Arpts etal CC: Kmart Customer Incident Ct
Name & address where notices should be sent: Massy c/o LAUB LAW 3390 Keitzke Lane Reno Nevada 89502 Telephone number: 775-332-0600	Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated _____	
Account or other number by which creditor identifies debtor: Massy (NV00-0016)	1. BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input checked="" type="checkbox"/> Personal injury/wrongful death slip & fall <input type="checkbox"/> Taxes STORE # 3110 (date) _____ To _____ (date) _____ <input type="checkbox"/> Other Reno Nevada Incident Claim # 240138	
2. Date debt was incurred: Apr 25, 2000		3. If court judgment, date obtained: _____
4. Total amount of claim at time case filed: \$ 6,000 (attached Kmart Incident Report If all or part of your claim is secured or entitled to priority, also complete item 5 or 6 below. & Medical Billings Check this box if claim includes interest, or other charges in addition to the principal amount of the claim. Attach an itemized statement of all interest or additional charges.		
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____	6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions up to \$4,300* 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) <input type="checkbox"/> Contributions to an employee benefit plan- 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease or rental of property Or services for personal, family or household use- 11 U.S.C. § 507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child- 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8) <input type="checkbox"/> OTHER-Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>*Amounts are subject to adjustment on 4/1/98 and every three years thereafter with respect to cases commenced on or after the date of adjustment.</small>	
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 8. Supporting documents: Attach copies 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. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. see attached (10pgs) 9. Date-Stamped copy: To receive an acknowledgment of the filing of your claim, enclose & stamped, self-addressed envelope and a copy of this proof of claim.		(This space for court use) KP 714 3/21/02 APR 21 PM 12:26 BANKRUPTCY
Date: 3/15/02 Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach conv of power of attorney if any): Michael Laub, Attorney for Claimant		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 & 3571		

ORIGINAL

LAKE TAHOE OFFICE
(530) 544-1333



RENO OFFICE
3390 Kietzke Lane
Reno, NV 89502
(775) 332-0600 FAX: (775) 332-0605
CARSON CITY, NV
(775) 883-1415

REPLY TO: RENO

August 8, 2001

SETTLEMENT DEMAND

FILE COPY

Resubmitted
with
Proof of
Claim
3/15/02

Denise Berry
Cambridge Integrated Services, Inc.
P. O. Box 6111
Covina, CA 91723

RE: Our Client : Mike Massy (NV00-0016)
Your Insured : K-Mart
Claim # : 240138
Date of Loss : 4/25/00

Dear Ms. Berry:

As you are aware, this office represents the interests of Mike Massy in connection with the injuries he sustained as a result of slipping on water at the front check stand at the K-Mart on Peckham Street, Reno, Nevada. Mr. Massy has completed treatment for his injuries; therefore, we are submitting the following demand based on the information set forth below.

LIABILITY:

On or about April 25, 2000, Mr. Massy was an invitee in the K-Mart on Peckham Street in Reno, Nevada. Mr. Massey slipped and fell on water located at the front check stand. Mr. Massy reported an injury to his knee at the time of making the report. I enclose a copy of the K-Mart customer Incident Investigation Report and statements for your review and file.

INJURIES:

Mr. Massy presented to Steven G. Sykes, D.C., on May 5, 2000 for examination and treatment of injuries sustained in a fall at

1 of 10 pgs

Denise Berry
Cambridge Integrated Services, Inc.
August 8, 2001
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K-Mart on April 25, 2000. Mr. Massy related exiting the check-out stand and slipping on a puddle of liquid. Mr. Massy presented with complaints of neck pain with radiation into the back of his left arm and numbness; upper back pain (left shoulder blade area); and right knee pain.

Dr. Sykes performed a variety of orthopedic, neurological and chiropractic tests during his examination of Mr. Massy. X-rays were obtained of the cervical spine. Dr. Sykes diagnosed the following:

1. Traumatic cervical sprain/strain;
2. Cervicobrachial syndrome;
3. Thoracic sprain/strain; and
4. Pain in the thoracic spine.

Mr. Massy treated with Dr. Sykes from May 5, 2000 through July 5, 2000. Treatment consisted of mild spinal manipulation, Cryotherapy, moist hot packs and intersegmental vertebral traction. Mr. Massy was discharged from formal medical care on July 5, 2000.

MEDICAL SPECIALS

Mr. Massy incurred a total of \$1,925.00 in medical expenses for the treatment of his injuries. Due to the nature of Mr. Massy's injuries, it is likely that he may experience future exacerbations of his injuries, or other symptoms of pain. This amount does not contemplate future specials, which may possibly be incurred. These future specials should be carefully considered in your evaluation of this claim.

Steven G. Sykes, D.C.	\$ 1,925.00
TOTAL	\$ 1,925.00

Denise Berry
Cambridge Integrated Services, Inc.
August 8, 2001
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CONCLUSION:

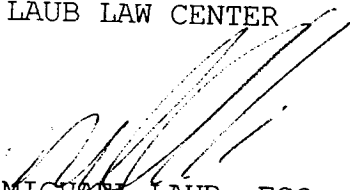
Based on the above, demand is hereby made for settlement of this matter on behalf of Mike Massy. In view of the physical and emotional trauma incurred by my client, the pain he suffered and may suffer in the future, we are seeking an amicable settlement that is fair and reasonable.

Upon receipt and review of the enclosed information, please contact me at (775) 332-0600. We look forward to speaking with you, and hope to settle this matter in the near future.

Thank you for your anticipated attention and response regarding this matter.

Very truly yours,

LAUB LAW CENTER



MICHAEL LAUB, ESQ.

MAL:ccl

Enclosures: As stated



Kmart Customer Incident Information

Store Stamp

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 our Store Team Manager.

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

Store Phone Number: 875-0800

TO BE COMPLETED BY CUSTOMER:

Customer name: MIKE MASTY Customer's Street Address: 3495 LAKESIDE FID
City: DEVO State: VA Zip: 22909 Phone: 775-329-9271
Customer's employer: SFRT-SS MART CARP Customer's sex: M
Customer's Date of Birth: 7/27/62 Customer's Social Security Number: 567-53-0662
If injury to a child: Child's name: 4/25/00 Child's age: 4 Parent's name:

Customer's Description of Incident:

Date of incident: 4/25/00 Location of incident: IN FRONT OF CHECK STAND #3
Time of incident: 6:30 PM What happened? While waiting at the check stand, I turned
the corner stepped in some spilled liquid & fell
injuring my knee

Do you wish to be contacted? no

Date reported: 4/25/00

Signature of Customer: [Signature]

Yellow copy - for Store Records- retain four years



Kmart Customer Incident Investigation

Store Stamp

TO BE COMPLETED BY LOSS CONTROL MANAGER OR MANAGER IN CHARGE:

Name of Customer: MIKE MASSEY Date of Incident: 4/25/00 Time of Incident: 6:30pm

Type of incident (circle one):

- | | | | |
|---|----------------------------|----------------------------------|--|
| <input checked="" type="radio"/> 1 fall inside building | 6 collision involving cart | 11 caught in equipment/machinery | 21 injury/damage due to product |
| <input type="radio"/> 2 fall outside building | 7 burn | 12 exposure to disease | 22 amusement ride |
| <input type="radio"/> 3 struck by falling object | 8 electrical shock | 13 lifting/pulling/bending | 30 false arrest/ malicious prosecution |
| <input type="radio"/> 4 contact with sharp object | 9 contact with gas | 14 struck by moving vehicle | 40 theft of property |
| <input type="radio"/> 5 fall from shopping cart | 10 struck against object | 20 food consumption | 41 injured by criminal conduct |
| | | | 50 not classified |

Incident location (circle one):

- | | | | | | |
|---|--------------------------|-------------------|-----------------------|---|---------------------|
| <input checked="" type="radio"/> 1 garden shop-inside | 10 appliances | 19 floral | 37 meat | 46 deli | 55 sidewalk outside |
| <input type="radio"/> 2 garden shop-outside | 11 photo | 20 ladies apparel | 38 bakery | <input checked="" type="radio"/> 47 checkouts | 56 loading dock |
| <input type="radio"/> 3 electronics | 12 health/beauty | 21 mens apparel | 39 produce | 48 service desk | 57 arcade |
| <input type="radio"/> 4 sporting goods | 13 cosmetics | 22 boys apparel | 40 seafood | 49 vestibule | 58 outside trailer |
| <input type="radio"/> 5 auto service | 14 pharmacy | 23 girls apparel | 41 dairy | 50 restroom | 59 midway |
| <input type="radio"/> 6 auto accessories | 15 housewares | 24 infants | 42 frozen food | 51 layaway | 60 mezzanine |
| <input type="radio"/> 7 furniture | 16 stationery | 25 shoes | 43 freezer/coolers | 52 stockroom | 61 pet supply |
| <input type="radio"/> 8 toys | 17 household cleaners | 26 jewelry | 44 wet grocery | 53 office/lounge | 62 not classified |
| <input type="radio"/> 9 hardware | 18 restaurant/food court | 27 home fashions | 45 dry grocery/pantry | 54 parking lot | |

Nature of injury or damage observed: twisted knee

Part of body involved: Knee

Was a pink slip for first aid treatment given? NO If so, by whom? _____

Store's description of incident (what, where, when, how, why) Customer slipped on water at front checkouts. He says that he twisted his knee, but refused medical care and walked normally out the door.

Kmart associate first aware of incident:

Name Kimberly McKenzie Clock Number: 30 Phone: 775-828-0754

Kmart associates who saw incident or arrived shortly after:

Name Kimberly McKenzie Clock Number: 30 Phone: 775-828-0754
 Name Gravin McIntire Clock Number: 5011 Phone: 775-324-7874

Non-associates who saw incident or arrived shortly after:

Name _____ Address: _____

Name _____ Address: _____

Continued on reverse side

Kmart associate who inspected scene after incident:

Name Anton Burton Clock Number: 49 Phone: 775-827-4265

What inspection showed, if anything:
Water on floor

For fall down incidents:

1. Who was the first associate on the scene after the incident? Kimberly McKenzie
(Have that associate complete a Witness Statement on the green form.)
2. If there was an unusual condition at the scene of the incident:
 - a. Describe the condition including, if applicable, size, shape, color and location: _____
 - b. Was any store associate aware of the condition before the incident? Yes or No: _____ If so, who was aware and when did he/she become aware: _____
 - c. 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? _____
 - d. What was the cause of the condition? _____
 - e. When was the condition created? _____
 - f. Who corrected the condition, if applicable? Anton
 - g. Was the area guarded by an associate, warning sign or object? If so, please describe: _____
3. What was the type and general condition of the customer's footwear? Tennis shoes
4. Take photos of the scene of the accident if they would assist in understanding what occurred.

For incidents involving falling merchandise:

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

For incidents involving product defects:

1. Describe the product including type, brand name and vendor name: _____
2. Fill in the UPC code: _____ and Kmart Item #: _____ and Selling Price: _____
3. Photograph the product and attach a copy of the register receipt.
4. Tag the merchandise as evidence and retain in Loss Control Office.

Date incident reported to claims office (1-888-673-4437): 4/25/00 Time of telephone report: 7:04pm

Called in by: Gravin McIntire 5011 Claim number assigned: 240138

Written report completed by: Gravin McIntire 5011 775-324-7874
Associate name Clock Number Phone number

Signature of Store Manager who reviewed report: _____

code (37) 094-4699-115 9/98

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SIGNED STATEMENT OF WITNESS

Name of Witness Kimberly McKenzie

Home Address 4000 Shimmers Pl. Apt D.

This statement concerns my knowledge of an alleged accident to Someone falling

At Store # 3110 Date of Accident 4/25/00

Following is what I saw and heard: A gentleman came through my line as he was leaving he apparently slipped on a puddle of water, I heard him hit the ground & I asked if he was O.K. and took him to the front (Customer Service) where they called the Manager.

(If more space required, continue on reverse side.)
I have read the above statement and it is true.

Kevin McKenzie
Witness to Signature

Kimberly McKenzie
Signature of Witness
Date 4/25/00

SIGNED STATEMENT OF WITNESS

Name of Witness _____

Home Address _____

This statement concerns my knowledge of an alleged accident to _____

At Store # _____ Date of Accident _____

Following is what I saw and heard: _____

(If more space required, continue on reverse side.)
I have read the above statement and it is true.

Witness to Signature _____

Date _____

Signature of Witness _____

ACCIDENT & REHABILITATION CENTER OF NEVADA
2999 S. VIRGINIA ST
RENO, NV 89502
TELEPHONE (775) 827-5995
FACSIMILE (775) 827-3146

DATE 8-22-00

TO Michael Laub

PROVIDER STEVEN G. SYKES, D.C.
PATIENT NAME Mike Massey
DATE OF INJURY 4-25-00


THIS IS TO CONFIRM THAT THE ABOVE NAMED PATIENT
WAS RELEASED FROM CARE ON OR ABOUT 7-5-00

THE TOTAL BILL FOR SERVICES RENDERED FOR THE
ABOVE DATE OF LOSS IS THE SUM OF \$ 1925.50

PAYMENTS HAVE BEEN RECEIVED TO DATE ON THIS
ACCOUNT IN THE AMOUNT OF \$ 0

BALANCE DUE ON THIS ACCOUNT IS \$ 1925.50

Please advise this office of any information we can provide you with to aid in the settlement of this claim.



Lori Renfroe
Office Manager

ACCIDENT & REHABILITATION CENTER
Patient Ledger
08/22/00

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Chart	Date	Prov	Loc	Billing	Diagnosis	Procedure	Amount
10MASSM0-00	(MIKE MASSEY, Home (775)329-9271, Work (775)788-4011) (Insurance ID: , Insurance Phone: (775)332-0600)						
	05/05/00	SS	OF	287381	012	003	118.00
	05/05/00	SS	OF	287381	012	063	175.00
	05/05/00	SS	OF	287381	012	021	18.00
	05/09/00	SS	OF	287381	012	015	36.00
	05/09/00	SS	OF	287381	012	021	18.00
	05/09/00	SS	OF	287381	012	024	21.00
	05/09/00	SS	OF	287381	012	022	24.50
	05/11/00	SS	OF	287381	012	015	36.00
	05/11/00	SS	OF	287381	012	020	18.00
	05/11/00	SS	OF	287381	012	024	21.00
	05/11/00	SS	OF	287381	012	022	24.50
	05/12/00	SS	OF	287381	012	015	36.00
	05/12/00	SS	OF	287381	012	020	18.00
	05/12/00	SS	OF	287381	012	024	21.00
	05/12/00	SS	OF	287381	012	022	24.50
	05/15/00	SS	OF	287381	012	015	36.00
	05/15/00	SS	OF	287381	012	020	18.00
	05/15/00	SS	OF	287381	012	024	21.00
	05/15/00	SS	OF	287381	012	022	24.50
	05/16/00	SS	OF	287381	012	015	36.00
	05/16/00	SS	OF	287381	012	020	18.00
	05/16/00	SS	OF	287381	012	024	21.00
	05/16/00	SS	OF	287381	012	022	24.50
	05/17/00	SS	OF	287381	012	015	36.00
	05/17/00	SS	OF	287381	012	020	18.00
	05/17/00	SS	OF	287381	012	024	21.00
	05/17/00	SS	OF	287381	012	022	24.50
	05/19/00	SS	OF	287381	012	015	36.00
	05/19/00	SS	OF	287381	012	020	18.00
	05/19/00	SS	OF	287381	012	024	21.00
	05/19/00	SS	OF	287381	012	022	24.50
	05/22/00	SS	OF	287381	012	015	36.00
	05/22/00	SS	OF	287381	012	020	18.00
	05/22/00	SS	OF	287381	012	024	21.00
	05/22/00	SS	OF	287381	012	022	24.50
	05/24/00	SS	OF	287381	012	015	36.00
	05/24/00	SS	OF	287381	012	020	18.00
	05/24/00	SS	OF	287381	012	022	24.50
	05/25/00	SS	OF	287381	012	015	36.00
	05/25/00	SS	OF	287381	012	020	18.00
	05/25/00	SS	OF	287381	012	022	24.50
	(Insurance 1 billed 05/29/00)						
	05/31/00	SS	OF	287418	012	015	36.00
	05/31/00	SS	OF	287418	012	020	18.00
	05/31/00	SS	OF	287418	012	022	24.50
	(Insurance 1 billed 06/03/00)						

ACCIDENT & REHABILITATION CENTER
Patient Ledger
08/22/00

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Chart	Date	Prov	Loc	Billing	Diagnosis	Procedure	Amount
	06/05/00	SS	OF	287475	012	015	36.00
	06/05/00	SS	OF	287475	012	020	18.00
	06/05/00	SS	OF	287475	012	022	24.50
	06/08/00	SS	OF	287475	012	015	36.00
	06/08/00	SS	OF	287475	012	020	18.00
	06/08/00	SS	OF	287475	012	022	24.50
(Insurance 1 billed 06/10/00)							
	06/19/00	SS	OF	287582	012	015	36.00
	06/19/00	SS	OF	287582	012	007	42.00
	06/23/00	SS	OF	287582	012	015	36.00
	06/23/00	SS	OF	287582	012	020	18.00
	06/26/00	SS	OF	287582	012	015	36.00
	06/26/00	SS	OF	287582	012	020	18.00
	06/29/00	SS	OF	287582	012	015	36.00
	06/29/00	SS	OF	287582	012	020	18.00
(Insurance 1 billed 06/30/00)							
	07/05/00	SS	OF	287775	012	015	36.00
	08/22/00	SS		287775	012	017	150.00

Patient Debits....	1925.50
Patient Credits...	0.00
Balance.....	1925.50
=====	

STEVEN G. SYKES, D.C

Provider Debits...	1925.50
Provider Credits..	0.00
Provider Balance..	1925.50

Report Debits.....	1925.50
Report Credits....	0.00
Report Balance....	1925.50
=====	

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