

United States Bankruptcy Court

NORTHERN DISTRICT OF ILLINOIS Division

Ch 7 Ch 13 Ch 11 PLEASE CHECK CHAPTER

Name of Debtor KMART CORPORATION

Case Number 02-02474

PROOF OF CLAIM

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)

CARLTON PAUL ANGEL

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.

Name and Address Where Notices Should be Sent

700 FIUME RUN Apt 103 NEWPORT NEWS VIRGINIA 23602 Telephone No. 757-833-7436

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.

Creditor #

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor:

Check here if this claim amends replaces a previously filed claim dated:

1. BASIS FOR CLAIM

- Goods sold, Money loaned, Taxes, Retiree benefits as defined in 11 U.S.C. § 1114 (a), Services performed, Personal injury/wrongful death, Other

Wages, salaries, and compensation (Fill out below) Your social security number Unpaid compensation for services performed from to (date) (date)

2. DATE DEBT WAS INCURRED:

3. IF COURT JUDGMENT, DATE OBTAINED:

4. Total Amount of Claim at Time Case Filed:

\$ 3,500.00

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 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 above, if any: \$

6. 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 \$4650)*, 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 \$2100* 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 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

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. ANY ATTACHMENT MUST BE 8-1/2" BY 11"

9. DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and an additional copy of this proof of claim.

THIS SPACE IS FOR COURT USE ONLY

KP 1006 4/1/02

Date 03/28/02

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) Carlos P. Angel

**JANET WEISS
CLAIMS ADJUSTER
YOUR FILE# 20011077448**

DEAR JANET WEISS

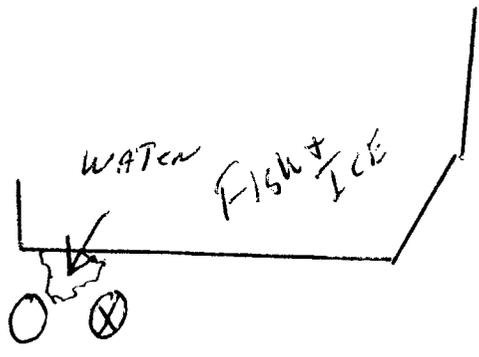
**THIS LETTER IS IN RESPONSE TO YOUR LETTER ON January 18, 2002
MRS WEISS, NEITHER THE EMPLOYEES OR MY SELF SAW THE WATER
WHERE I SLIPED.AND THE LADDY MEAT CUTTER WAS GOING TO GET
A MOP FOR THE FISH AREA WHERE THE ICE WAS MELTING.AFTER I FELL I
PRESUME IT WAS THE BOSS YELLED (SOME ONE GET A MOP).
AND EVERYONE DISAPPEARED THE ONLY ONE THAT HELPED ME WAS A
MAN IN THE PRODUCE SECTION. IT WAS NOT ONLY ENBARASSINS BUT
AWKWARD. YOU CAN REACH ME AT 757-833-7436 IF YOU HAVE ANY MORE
QUESTIONS. I AM IN CLOSING A DIAGRAM TO SHOW YOU WHAT HAPPENED**

**THANK YOU
CARL ANGEL**

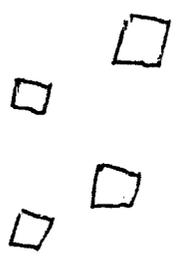
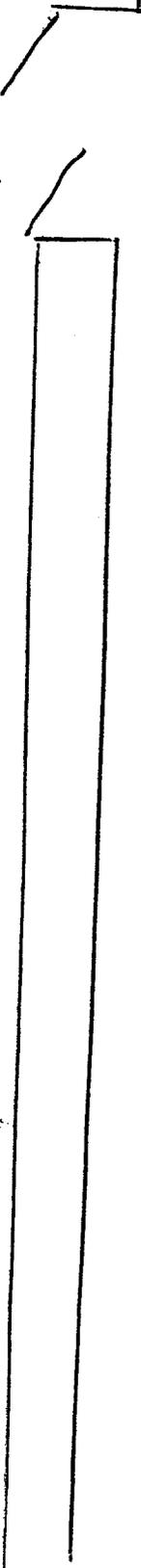
@ 15 MC

Owman meat cutter

□ Other meat cutters
And warrens



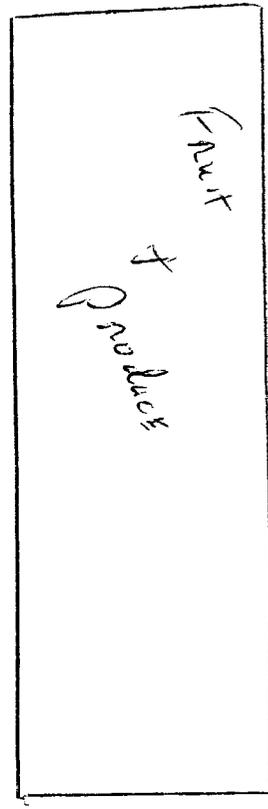
Back Room



X
Hall



↑
BONS



ORTHOPAEDIC SURG & SPORTS MED SPEC.
 751 J CLYDE MORRIS BLVD
 NEWPORT NEWS VA 23601
 (757) 596-1900
 FEDERAL ID #:5415602384235

CARLTON ANGEL
 700 FLUME RUN #103

ACCOUNT #: 47126

NEWPORT NEWS, VA 23602

DATE	CODE	MOD	DR#	DESCRIPTION	DIAG	CHARGES	PYMTS
10/17/01	99203		56	NEW PATIENT-INTERMEDIAT (924.11)		129.00	
10/18/01				PAYMENT -PATIENT -			10.00
11/30/01				PAYMENT -INS -MAMSI LIFE AND HEALTH INS			47.79
11/30/01				ADJUSTMENT -INS -MAMSI/MAMSOVA W-O			71.21
11/29/01	99212		56	ESTABLISHED PATIENT-LIM (924.11)		62.00	
11/30/01				PAYMENT -PATIENT -			10.00
						TOTALS = 191.00	139.00
TOTALS							52.00

CONTUSIONS:

You have a deep bruise (contusion). Contusions are areas of tenderness and swelling in the soft tissues. They are the result of trauma and bleeding in the injured area. Minor trauma will give you a painless bruise; more severe contusions may stay painful and swollen for a few weeks. Treatment includes:

- * Rest the injured area until the pain and swelling are better.
- * Apply ice packs every few hours for 2-3 days, then moist heat.
- * Elevate the injury to reduce swelling.
- * Compression bandages also help reduce swelling and motion.

A hematoma may form in large contusions; this is a collection of blood in the deep tissues. Hematomas are usually reabsorbed by the body naturally, but sometimes they need to be drained. Please see your doctor or go to the emergency room right away if your contusion shows signs of infection (increased redness, swelling, pain), or if the area becomes numb, cold, blue, or much more painful.

Follow up with Dr R Snyder
596-1900

[Handwritten signature]

10.14.01 1125

Add 75 (1
Wed 415

Statement of Injured

Name	Name of Spouse	Telephone #
CARLTON P ANGEL	Claudia Angel	757-833-7436
Address	Occupation	Average Weekly Wage
700 FLAME Run #103	MANAGER	\$ 560 ⁰⁰
Former Address	Date of Birth	Social Security #
	7/16/56	219 647126
Employer's Name, Address, and Phone Number		
POLICE BENEVOLENT ASSOC. 10524 JEFFERSON AVE Newport News VA 757-595-9545		
Height	Weight	Eye Color
6'	450	HAZEL
Glasses/Contacts	Hair Color	Right or Left Handed
Yes	Brown	Right
Any previous injuries?	Explain and provide date(s)	

Date, time, and place of this incident

OCT 14 2001 MORNING 700-800 MEAT SECTION

Describe in detail what you were doing and what happened when you were injured at Kmart

(continue on a separate sheet if necessary)

I HAD JUST ASKED MEAT CUTTER ABOUT THE SALE OF T BONES HE HAD
INFORMED ME THE ONLY ONES THAT WERE LEFT WERE IN THE CASE
I HEADED FOR THE CASE AND SLIPPED AND FELL THE CART HELPED ME FROM
GOING ALL THE WAY DOWN

Name, address, & phone number of witness having knowledge of this incident

Describe your injury in detail

BRUISED + SWOLLEN KNEE + TOWNS

Name, address, & phone number of treating physician Date of 1st visit Number of visits

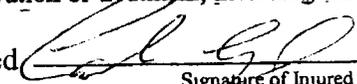
ROBERT SKYDRA 751 JEFFERSON BLVD 10/17/01 2

Are you still treating? How often? Have you missed time from work? Date returned to work

NO 1 DAY OCT 16

If not, when are you expected to return to work? If still disabled, state your present condition

This authorization, or a photo copy hereof, will authorize you to give Sedgwick Claims Management Services or its representative all information you may have regarding my condition while under your observation or treatment, including the history obtained, x-rays and physical findings, diagnosis and prognosis.

Signed  Signature of Injured

Address 700 FLAME Run #103
NEWPORT NEWS VA 23602

Date 01/16/02

Claim No: 20011077448
Adjuster: J. WEISS

PERMISSION TO OBTAIN MEDICAL INFORMATION

I AUTHORIZE any physician, dentist, chiropractor, hospital, druggist, or any other medical professional or health care provider or any insurance company or any employer to disclose all information regarding medical history of, physical condition of, and injuries to me or Carlton Angel, before, on and after the accident date of 10/14/2001, (Patient's name, if other than me)

10/14/2001. This information may be given to any Claims Personnel of Sedgwick Claims Management Services/Kmart Customer Service Unit.

I UNDERSTAND that this information will be used to determine or to verify the extent of my/his/her loss, and to evaluate my/his/her claim arising out of this accident.

I AGREE that this authorization will remain valid until this claim is concluded, unless revoked by delivery of written notice to the above-named insurance company.

I UNDERSTAND that I (or my representative) am entitled to receive a copy of this authorization.

A photocopy of this form may be accepted as the original.

I (or the patient named above) have received health care for injuries caused by this accident from:

Robert Snyder
Doctor, Dentist, etc.

757-596-1900
Phone #

751 J. CLYDE MORRIS Blvd
Address Newport News VA
23601

Doctor, Dentist, etc.

Phone #

Address

Doctor, Dentist, etc.

Phone #

Address

MARY IMMACULATE
Hospital

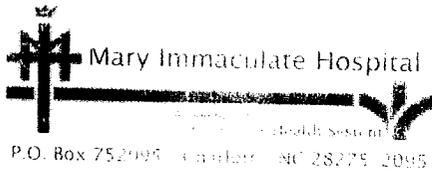
Newport News VA 23602
Address

01/16/02
Date

[Signature]
Signature of Patient, Representative, Parent or Guardian

THIS IS NOT A RELEASE OF CLAIM FOR DAMAGES.

NOTE: IF YOUR STATE HAS PRIVACY LAWS, THIS FORM HAS BEEN DESIGNED TO PROTECT YOUR RIGHTS UNDER THEM.



****auto****5-digit 23602

CARLTON ANGEI
700 FLUME RUN APT 103
NEWPORT NEWS, VA 23602-8901



MIH
7 (770)

November 6, 2001

Patient: Carlton P Angel
Account #: 52649175
Balance: 455.75
Service Date: 10/14/01

Dear Carlton Angel:

Thank you for choosing Bon Secours Health System. We value our community's use of Mary Immaculate Hospital.

Our goal is to keep the guarantor/patient informed as to the status of accounts for which they are responsible and to insure that the billing process is done in a professional and prompt manner. Therefore, acting as a third party, we have billed the insurer shown below.

Although we do not anticipate any delays in payment, if we have any difficulty in processing this claim with the insurer, we will inform you.

Insurer Name: Mamsi Life & He
Address: P O Box 930
City/State/Zip: Frederick, Md 21705

If this information is incorrect, please call our Customer Service Center Toll Free at 1-877-342-1500 during the hours of 8:30 AM to 1:00 PM and 2:00 PM to 5:00 PM Monday through Friday.



Kmart Customer Incident Information

248 643 1000
248 643 1000

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: 874-0170

Cude - Stacey

TO BE COMPLETED BY CUSTOMER:

Customer name: Carlton Angel Customer's Street Address: 700 Glume Run
 City: Newport News State: VA Zip: 23603 Phone: 457-833-7436 ^{Apt 103}
 Customer's employer: _____ Customer's sex: M
 Customer's Date of Birth: 7-16-56 Customer's Social Security Number: 319-64-7124
 If injury to a child: Child's name: N/A Child's age: _____ Parent's name: _____

Customer's Description of Incident:

Date of incident: 10-14-1 Location of incident: MEAT Dept.
 Time of incident: 7:40pm What happened? walking in meat dept. water
on floor. Slipped and fell on right knee. Some redness and
small swelling to knee.

Do you wish to be contacted? yes Date reported: 10-14-1 Signature of Customer: *[Signature]*

White copy - for Customer