

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION**

**PROOF OF CLAIM
Chapter 11**

In Re Kmart Corporation, et al.

**Case Numbers 02-02462 through
02-02499**

Your claim is scheduled as follows:

Name of Debtor: (see attached for complete list of debtors)

Case Number:

Class

KMART CORPORATION

02-02474

UNSECURED NON PRIORITY

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.

Amount

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

- Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- Check box if you have never received any notices from the bankruptcy court in this case.
- Check box if the address differs from the address on the envelope sent to you by the court.

CONTINGENT, DISPUTED,
UNLIQUIDATED

SCHULD, JOAN
C/O MOORE, O'BRIEN, JACQUES & YELENAK 11 2970780
GARRETT MOORE, ESQUIRE
700 WEST JOHNSON AVE
SUITE 207
CHESHIRE, CT 06410-1135

10100688

This Space is for Court Use
Only

If address differs from above, please complete the following:

Creditor Name:

Telephone: #

Address:

City/St/Zip:

Account or other number by which creditor identifies debtor:

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

1. Basis for Claim

- Goods sold
- Services performed
- Money loaned
- Personal injury/wrongful death
- Taxes
- Other

- Retiree benefits as defined in 11 U.S.C. §1114(a)
- Wages, salaries, and compensation (fill out below)
Your SS #: _____
Unpaid compensation for services performed from _____ to _____ (date) (date)

2. Date debt was incurred:
August 24, 1999

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 250,000.00

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, 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 \$4,650), earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- Contributions to an employee benefit plan - 11 U.S.C. §507(a)(4).
- Up to \$ 2,100 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)(_____).

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.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

This Space is for Court Use Only

2634
4-9-02

Date
04/04/02

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):

Gregory E. O'Brien, Esq.

Gregory E. O'Brien

4008192-00
BANKRUPTCY ID

JOAN SCHULD
SUMMARY OF MEDICAL SPECIALS
D.O.I.: 8/24/99

1.	Griffin Hospital 8/25/99	\$ 137.35
2.	R.O. Hillsman, M.D. 10/04/99 -1/29/01	\$ 3,120.00
3.	Southbury Diagnostic Imaging Ctr. 2/01/00	\$1,066.00
4.	Quest Diagnostics 11/03/99	\$ 474.00
5.	Total Rehab (Phys. Therapy) 5/12/00-10/19/01	\$9,410.00
6.	Bruce Brennan, M.D. 9/30/99 office call	\$ 75.00
6.	Med-Aid (air cast)	\$ 52.00
7.	Enzo Sella, M.D. 7/14/00	\$ 120.00
8.	CVS (prescriptions) 8/25/99-10/12/00	\$ 459.64
9.	Tribury Orthopedics 5/10/01 (Dr. Bellner)	\$ 150.00
10.	Superior Medical Equipment 7/14/00 (lumbar brace)	\$ 35.00

11.	Allen's Plumbing Supply 8/10/00 (shower head)	\$ 24.26
12.	William S. Lewis, M.D. 12/31/01 (shoulder and arm fall 11/30/01 weak ankle) 1/22/02	\$1,250.00 \$ 200.00
13.	Total Physical Therapy 1/16/02-1/28/02 (shoulder)	\$ 360.00 -
<hr/> TOTAL (1-02)		\$16,933.25



ORTHOPAEDIC SURGEON
DR. R. O. HILLSMAN, M.D., P.C.

1183 New Haven Road
Naugatuck, CT 06770
Phone 203-729-6335
Fax 203-729-6713

FINAL RATING

PATIENT: Joan Schuld

DATE: October 9, 2000

Ms. Schuld is a pleasant woman born in 1953 who presented in the past for evaluation of accident and injuries due to a slip and fall trauma which occurred last August in KMart in Southbury. The date of the trauma was 8-24-99. At that time she was walking in a KMart on a rubbery slippery substance that was leaking from a place mat caused her to fall. She as a result stated injury to her ankle with a result of a fracture and was placed in a cast. She was casted all total including her air cast for approximately 12 weeks. She has residual ankle weakness she states as a result of her injury and for her left ankle and she has had residual difficulty with walking, shopping and performing her daily activities. She used to run with her puppies and her many pets at home but can not do this at this time because her left ankle frequently gives out. She notes stiffness when sitting for long periods of time and she has had difficulty traveling this summer on vacation requiring frequent stops to stretch her limb. She also describes weakness in the muscles of the left foot. She has difficulty performing her housework and her family and relatives have been cleaning her house. The patient states that she has been much more limited since the

Fellow, American Academy of Orthopaedic Surgeons
Board Certified Orthopaedics, A.B.O.S.

Name: Joan Schuld

Page 2

trauma. She has pain on a scale of 1-10 at approximately 6 or 7. Most constantly she has an acquired therapy intermittently and the moist and inclement weather has increased therapy pattern. She denies any prior history of accidents of the left foot or ankle preceding the trauma. The patient at this time is not receiving any active therapy.

FAMILY HISTORY: Father deceased at 79 years of age of myocardial infarction angina. Her mother is in good health. She has 1 brother age 57 in good health.

SOCIAL HISTORY: She smokes 1 pack of cigarettes per day and does not use any drugs. She does not drink. She is a full time homemaker. She is a high school graduate.

PREVIOUS SURGERIES: None.

ALLERGIES: Unknown.

REVIEW OF SYSTEMS: Negative for diabetes, rheumatoid arthritis, gout, seizures or ulcers. The patient has no history of cancer or thyroid disease or any major medical problems. MRI of the left ankle 2-1-00 reveals intact ligaments, some mild degenerative change about the area of the ankle mortis. No evidence of any osteochondritis dissecans lesion. The patient had x-rays additionally of the hips. No evidence of any acute fracture or dislocation. Bone study performed on 10-7-99 was requested. We have no record of it having been performed.

CLINICAL EXAMINATION:

The patient is approximately 5'8" and 170 pounds. Blood pressure 122/81, pulse 77 and regular, respirations 16, temperature 98.6. The patient demonstrates about the lower extremities a normal gait. There is no frank analgia. There is no evidence of any echymosis or swelling by measure of the left foot or ankle complex. Dorsalis pedis

posterior pulses are +2 and intact. There is some protuberance over the area of the medial aspect of the navicular bone. There is no tightness at this time in the area. The posterior tibialis tendon demonstrates good functioning. There is no extra lateral toe sign. There is some tenderness over the area of the sinus tarsi of the left ankle. The draw test is negative. Neurodermatomal sensations are intact. Pulses are +2 dorsalis pedis posterior tibialis deep perineal sensations are intact. Push-off at this time remains painful. Dorsiflexion and internal rotation lacks full by the terminal 5 degrees. Plantar flexion is intact. The hips demonstrate a full range of motion. Negative pelvic compression test. Negative Patrick's and Faber's testings. No evidence of any abnormalities about the hips. Leg lengths are equal.

DIAGNOSIS:

1. Left ankle post traumatic sinus tarsi injury.
2. Hip strain resolved, left superior pubic line.

RECOMMENDATIONS:

The patient at this time has described an injury resulting from this fall in the KMart in Southbury. She has had injury to the MIP in the area of the sinus tarsi. She has had appropriate work-up. We did request a bone scan that was not obtained by the patient of her own valition. She elected not to proceed with that study. She had a course of study she may require in the future and internittent therapy depending on periods of remission and exascerbation. She has in my opinion demonstrated some significant limitation of function.

Name: Joan Schuld

Page 4

In my opinion, from an orthopaedic standpoint, based upon the injury of 8-24-99 to the area of the left foot and ankle complex.

Permanency achieved is that of:

7.5% **Left Foot/Ankle**

A handwritten signature in black ink, appearing to read "Dr. R. Hillsman", with a horizontal line extending to the right from the end of the signature.

Dr. R. Hillsman, M.D., P.C.

ROH/cc

REGINA HILLSMAN, M.D., P.C.

BOARD CERTIFIED ORTHOPAEDIC SURGEON
1183 NEW HAVEN ROAD
NAUGATUCK, CT 06770
Phone: 203 729-6335
FAX: 203 729 6713

CONSULTATIVE FOLLOW-UP

PATIENT: JOAN SCHULD
DATE: 01 29 01

Mrs. Schuld returns at this time. She has continued to have pain in the left talus complex. The therapy did not relieve her of any significant pain. She has continued to have significant pain about the area of the lateral ankle complex, as well as the medial malleolar site. She has had extensive therapy to date, which she has not responded to. She has had a non-helpful MRI, which has not led us to the source of her persistent pain despite an adequate conservative treatment protocol.

CLINICAL EXAMINATION

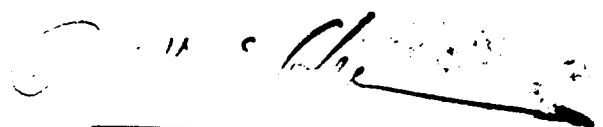
There is swelling about the area of the lateral and medial aspects of the talus complex. Subtalar motion is intact. There is no extra lateral toe sign. There is good functioning about the posterior tibial tendon. There is some weakness in function of the peroneal evertus. There is tenderness about the deltoid ligament site, as well as the lateral talus complex. Dorsalis pedis and posterior tibialis pulses are +2 and intact. Deep peroneal nerve sensation is intact. The Thompson's test is negative. There is full functioning of the Achilles tendon.

DIAGNOSES

1. Post traumatic osteochondritis dissecans
2. Probable cartilaginous lesion in the area of the left foot ankle complex and/or post traumatic talar lesion.

RECOMMENDATIONS

In my opinion, the persistence of pain warrants careful exam under anesthesia with arthroscopic surgery of the ankle. The patient would like to discuss that with her family. She would also like to have clearance from her insurance company to proceed. Reassess in a time frame of one week. Significant limitation of function persists. It is my opinion that her current pain complex results from a fall down injury occurring on 8/24/99.



R. Hillsman, M.D., P.C.

RH/cp

RETURN DATE: July 11, 2000 : SUPERIOR COURT
JOAN SCHULD : J. D. OF ANSONIA/MILFORD
V. : AT MILFORD
KMART CORPORATION : JUNE 2, 2000

COMPLAINT

1. At all times relevant hereto, the defendant, KMart Corporation, was a foreign corporation organized and existing under the laws of the State of Michigan with a principal place of business located at 3100 West Big Beaver in Troy, Michigan and was authorized to transact business in the State of Connecticut.

2. On August 24, 1999, the defendant owned, operated, managed, maintained, controlled and/or possessed the premises known as KMart Stores located at 100 Main Street North in Southbury, Connecticut.

3. On that date, the plaintiff, Joan Schuld, was lawfully upon the defendant's premises as a business invitee.

4. On that date, as the plaintiff, Joan Schuld, was walking in the kitchen section of the store, she was caused to slip and fall on a wet substance that was on the floor, sustaining the injuries more fully set forth below.

5. Joan Schuld's injuries and losses were caused by the negligence of the defendant, its agents and/or employees in one or more of the following ways:

- a. They failed to properly maintained the floors in the store;
- b. They failed to properly and reasonably inspect the floors in the store;
- c. They failed to remove debris from the floors in the store;
- d. They failed to warn patrons, including Joan Schuld, of the dangerous condition on the premises;
- e. They failed to provide safe and clean floors for patrons.

6. As a result of the negligence of the defendant, its agents and/or employees, Joan Schuld suffered the following injuries, some or all of which may be permanent in nature:

- a. Medial malleolus, nondisplaced fracture;
- b. Posterior tibialis tendon rupture;

- c. Left foot pain;
- d. Left ankle pain;
- e. Left hip pain;
- f. Groin pain; and
- g. Pain and suffering, both mental and physical.

7. As a further result of the negligence of the defendant, its agents and/or employees, Joan Schuld was forced to expend large sums of money for hospital and medical care, medicines, diagnostic tests and therapy, all necessary to her recovery, and may be forced to expend additional sums in the future.

8. As a further result of the negligence of the defendant, its agents and/or employees, Joan Schuld was unable to work, to her financial detriment.

9. As a further result of the negligence of the defendant, its agents and/or employees, Joan Schuld has sustained a loss of earning capacity.

10. As a further result of the negligence of the defendant, its agents and/or employees, Joan Schuld was unable, and remains unable, to participate in and enjoy her usual activities.