

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: Class UNSECURED NON PRIORITY Amount \$580.00 10560764 This Space is for Court Use Only
Name of Debtor: (see attached for complete list of debtors) K MART CORPORATION	Case Number: 02-02474	
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): <div style="text-align: right; margin-right: 100px;">11 2335753</div> PEOTONE FIRE PROTECTION 7550 W JOLIET RD PEOTONE, IL 60468	<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.	
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 <input type="checkbox"/> replaces this claim <input type="checkbox"/> amends a previously filed claim, dated _____	
1. Basis for Claim <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: _____ Unpaid compensation for services performed from _____ to _____ <div style="display: flex; justify-content: space-between; width: 100%;"> (date) (date) </div>	
2. Date debt was incurred: 10/15/01	3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ _____ If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> 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. <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 <u>at time case filed</u> 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 \$4,650), 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). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> 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). <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)().	
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.		RECEIVED TRUMBULL SERVICES BANKRUPTCY APR -9 AM 10:31 CC 2704 4/9/02
Date 4/4/02	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): John Young, Chief John Young	

FIRE REPORT NO 200110456-00

PRINTED ON 12/03/01 AT 11:22

34. Area of Fire Origin :

35. Equipment Involved in Ignition :

36. Form of Heat Ignition :

37. Type of Material Ignited :

38. Form of Material Ignited :

39. Method of Extinguishment :

40. Level of Fire Origin :

41. Estimated Total Dollar Loss : DAMAGE CLASS:

42. Number of Stories :

43. Construction Type :

44. Extent of Flame Damage :

45. Extent of Smoke Damage :

46. Detector Performance :

47. Sprinkler Performance :

48. Type of Material Generating Most Smoke :

49. Avenue of Smoke Travel :

50. Form of Material Generating Most Smoke :

51. Year of Mobile Property:

52. Make:

53. Model:

54. Serial Number:

55. License Number:

56. Year of Equipment Involved in Ignition:

57. Make:

58. Model:

59. Serial Number:

60. Officer in Charge (Name/Position/Assignmnt): W SCHREIBER DC

61. Date : 10/15/01

62. Member Making Report (if different):

63. Date:

FIRE REPORT NO 200110456-00

PRINTED ON 12/03/01 AT 11:22

UNIT	TYPE	DISPATCH	RESPOND	ON-SCENE	TRANSPORT	AT HOSP.	AVAILABLE
ENG14	E	23:28:54					23:29:17
SQD14	SQ	23:29:17					00:51:30
SQD15	SQ	00:51:30	00:51:34	01:09:07			01:51:48

Response area: PE-01 23:28:43

*RURAL RESPONSE (MJL) 23:28:49

TAC CHANNEL 1 ASSIGNED (MJL) 23:28:55

Nature changed from: 1600 BOUDREA/ HAZ-MAT (MRS) 00:52:01

PEOTONE HAZ MAT WAS ON STANDBY AT THE REQUEST OF MANTENO FIRE, (MRS) 00:52:35

NOW ENROUTE TO LOCATION WHERE VEHICLE IN QUESTION WAS RELOCATED. (MRS) 00:53:00

SQD15 Available out of station 01:51:48 (MRS) 01:51:48

***Additional Notes Added 10/16/01 On Port 011 at 07:35

***Notes Added by SCHREIBER, WILLIAM P

UPON ARRIVAL AT THE HOME OF A GENTLEMAN THAT WAS THE RISK MANAGER FOR K MART DISTRIBUTION. THE PACKAGE IN QUESTION WAS FOUND IN A SHIPPING CONTAINER FROM OVER SEAS. EMPLOYEES HAD OPENED THE PACKAGE, TOUCHED THE MATERIAL ETC. RISK MANAGEMENT TRIED TO FIND OUT WHAT IT WAS BUT COULD NOT AS OF THIS WRITING. RISK MANAGEMENT THEN DRESSED OUT IN LEVEL C AND DOUBLE PACKAGED THE MATERIAL AND PLACED IT IN HIS CAR TO BE TAKEN TO A LAB. SHERIFFS OFFICE WANTED THE PACKAGE FOR EVIDENCE AND CALLED US TO THE HOME TO PLACE IN A CONTAINER SO THEY COULD TAKE IT TO THE CRIME LAB. WE RECONNEED THE SITUATION FOUND THE DOUBLE BAGGED CONTENTS IN THE BACK OF AN SUV. DONNING LEVEL D INCLUDING SCBA & RUBBER GLOVES WE PLACED THE DOUBLE BAGGED PACKAGE IN A 5 GALLON BUCKET WITH A LID. WE THEN DUCT TAPED THE LID DOWN AND GAVE THE BUCKET TO DEPUTY

SHERIFF BRAD O KEEFE. ALL EMPLOYEES THAT CAME IN CONTACT WITH THIS MATERIAL WERE TAKEN TO ST. MARYS FOR EVALUATION. BACK AT THE DISTRIBUTION CENTER MANTENO FIRE CLOSED DOWN THE DOCK IN QUESTION UNTIL RESULTS CAME BACK FROM THE TESTS.

FIRE REPORT NO 200110456-00

PRINTED ON 12/03/01 AT 11:22

1. Date of Incident : 10/15/01 DOW: 2
2. Alarm Time (military time) : 23:28:54
3. Arrival Time (military time) : 01:09:07
4. In Service Time (military time) ... : 01:51:48

5. Type of Situation Found : 57 COVER ASSIGNMENT, MOVE-UP
6. Type of Action Taken : 8 FILL IN, MOVE-UP, TRANSFER
7. Mutual Aid : 2 MUTUAL AID GIVEN
8. Given by/Received from : 43 MANTENO FIRE
9. Fixed Property Use : 411 ONE-FAMILY DWELLING YEAR ROUND
10. Ignition Factor :

11. Address of Incident : 17 MANTENO GRID: PE-01
12. Zip Code : 60950
13. Census Tract :

14. Occupant's Name : K MART DIST
15. Occupant's Telephone Number :
16. Occupant's Room or Apartment Number : Permit#:

17. Owner's Name :
18. Owner's Address :
19. Owner's Telephone Number :

20. Method of Alarm from Public : 1 TELE OR 911 DIRECT TO DISPATCH
21. District (Station Number) : 14
22. Shift : A
23. Number of Alarms : 1

24. Fire Service Personnel Responded . : 008
25. Number of Engines Responded : 000
26. Aerial Apparatus Responded : 000
27. Number of Other Vehicles Responded : 001

28. Fire Service Injuries : 000
29. Other Injuries : 000
30. Fire Service Fatalities : 000
31. Other Fatalities : 000

32. Complex :
33. Mobile Property Type Code :

**PEOTONE FIRE PROTECTION DISTRICT
BILLING INFORMATION**

Incident Number 200110456
Date of Service 10/15/2001

Name K-Mart Distribution
Address 333 S. Spruce, Manteno, Ill. 60950
Date of Birth
Phone #
Insurance Company
Insurance #

Nature Haz Mat Response
Unit # (s) Squad 15
Incident Location 5800 West, 120000 North Rd., Manteno

Vehicle Year
Vehicle Make
License Number
Serial Number

Call Received 23:28
Enroute Scene 23:42
Arrived Scene 0:00
Call Completed 1:51
Total Time 2

	Quantity In Hours			
Engine 14	0	\$	-	\$ 125.00
Engine 15	0	\$	-	\$ 125.00
Squad 14	0	\$	-	\$ 125.00
Squad 15	2	\$	250.00	\$ 125.00
Ambulance 14	0	\$	-	\$ 125.00
Ambulance 15	0	\$	-	\$ 125.00
Truck 14	0	\$	-	\$ 125.00
Tanker 14	0	\$	-	\$ 125.00
Brush 14	0	\$	-	\$ 125.00
Car 14	0	\$	-	\$ 125.00
Car 15	0	\$	-	\$ 125.00
Other Mutual Aid (Manteno)	0	\$	-	\$ 125.00
Personnel Hours	2	\$	70.00	\$ 35.00
Mutual Aid Personnel Hours	0	\$	-	\$ 35.00
	Personnel			
Total Number Of Personnel	4	\$	280.00	
Mutual Aid Personnel (Manteno)	0	\$	-	
	Additional Equipment			
Other Equipment Charges		\$	50.00	
Total Charges		\$	580.00	