

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION		PROOF OF CLAIM Chapter 11
<b>In Re Kmart Corporation, et al.</b>	<b>Case Numbers 02-02462 through 02-02499</b>	Your claim is scheduled as follows:  <b>Class</b> UNSECURED NON PRIORITY  <b>Amount</b> CONTINGENT, DISPUTED, UNLIQUIDATED  10080919  This Space is for Court Use Only
<b>Name of Debtor</b> (see attached for complete list of debtors) <i>Kmart Corporation</i>	<b>Case Number:</b> 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 2373491</div> HOOK, ALBERTO 9921 LAMBAY COURT MONTGOMERY VILLAGE, MD 20886	<input checked="" 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.	This Space is for Court Use Only
If address differs from above, please complete the following: Creditor Name _____ Telephone # <i>301-963-6972 (h)</i> Address _____ <i>301-556-0300 (w)</i> City/State/Zip _____		
Account or other number by which creditor identifies debtor _____	Check here if <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated _____	
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <i>Kmart Employee hit a customer's vehicle with large hand truck cart.</i>		
<b>2. Date debt was incurred:</b> <i>Kmart's debt was incurred 11/21/2001</i>	<b>3. If court judgment, date obtained:</b> _____	This Space is for Court Use Only
<b>4. Total Amount of Claim at Time Case Filed:</b> <i>\$ 662,455</i> 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.		
<b>5. Secured Claim</b> <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: \$ _____	<b>6. Unsecured Priority Claim</b> <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)( )	
<b>7. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <b>8. Supporting Documents:</b> 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. <b>9. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date: <i>4/08/02</i>	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). <i>Alberto Hook</i>	
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 and 3571.		

A.B. 4-12-02 4969



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ONLY GOOD FOR 60 DAYS**

# SAAB

NAME <del>Marjorie Hook</del>		ADDRESS <del>9921 Tamboe Court - Montgomery, V. 11111</del>		CITY <del>Montgomery, V. 11111</del>	STATE <del>MD</del>	ZIP CODE <del>20886</del>	DATE <del>1/22/02</del>
YEAR <del>2000</del>	MAKE <del>Nissan</del>	MODEL <del>Quest</del>	TAG NO <del>MD M702457</del>	ODOMETER <del>24,600</del>	P H O N E RES BUS <del>301-963-6170</del> <del>201-215-0816</del>		
SERIAL NO		PRODUCTION CODE	R O NO	INS CO		OTHER	
		COLOR CODE					

[illegible]

The above is a quotation based on our inspection, and does not cover additional parts or labor which may be required after the work has been opened up. Occasionally, after work has started, worn, broken or damaged parts are discovered which are not evident on first inspection. Quotations on parts and labor are current and subject to change.

ESTIMATE MADE BY

I AUTHORIZE AND UNDERSTAND THAT, IN THE INTEREST OF PROMPT REPAIR AND FOR CONFORMITY OF APPEARANCE, SOME PARTS LISTED ON ESTIMATE MAY BE REPAIRED IN LIEU OF REPLACEMENT

**CUSTOMER SIGNATURE:**

TOTAL	
TOWING	
SUPPLIES	
TAX	8.75
<b>TOTAL OF ESTIMATE</b>	<b>1662.4</b>

January 22, 2002

Kmart Customer Incident Center  
Sedgwick Claims Management Services, Inc.  
Attention: Mr Leroy Gates, Claims Examiner II  
P O. Box 5058  
Troy, MI 48007-5058

Re. Kmart #4860 Gaithersburg, MD  
Customer: Alberto Hook  
D/I: 11/21/2001

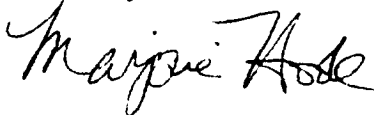
Dear Mr. Gates:

This letter is to confirm receipt of your letter dated December 26, 2001. For whatever reason, I just received this letter about one week ago by mail. I do not know if it was lost, but either way, I was happy to finally hear back from Kmart in reference to the accident my vehicle was involved in (I drive the van, but it is in my husband's name, Alberto Hook).

You will find attached to my letter, an estimate I received for the damage. I do not know how these type of accidents are handled with Kmart. VOB also suggested that I get a car rental for the 3-4 days, while my van is being repaired. I do not know if I will need to get some kind of an "estimate" from Enterprise Cars for you to see how much the additional cost will be on top of the repairs. I need a car to get my children around, as well as get myself to work and back home each day.

Should you have any questions, please feel free to call me anytime during the day at (301) 255-0816, or my husband at (301) 545-4355. Thank you for your prompt attention to this matter

Sincerely,

A handwritten signature in cursive script, appearing to read "Marjorie Hook".

Marjorie Hook  
9921 Tambay Court  
Montgomery Village, MD 20886



## Kmart Customer Incident Information

**4860 Kmart**  
209 KENTLANDS BLVD.  
GAITHERSBURG, MD 20878

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: (301) 208-9091

### TO BE COMPLETED BY CUSTOMER:

Customer name: ALBERTO F. HOOK Customer's Street Address: 9921 TAMMAY CT.

City: MONT. VILLAGE State: MD Zip: 20886 Phone: (301) 963-6928

Customer's employer: INSTITUTIONAL MANAGEMENT SRV. Customer's sex: M

Customer's Date of Birth: 10/21/73 Customer's Social Security Number: \_\_\_\_\_

If injury to a child: Child's name: N/A Child's age: \_\_\_\_\_ Parent's name: \_\_\_\_\_

### Customer's Description of Incident:

Date of incident: 11/21/01 Location of incident: GAITHERSBURG, MD

Time of incident: 4:00 P.M. What happened?: PALLET JACK ROLLED INTO VAN CAUSING DAMAGE TO PASSENGER SIDE SLIDING DOOR. THE PALLET JACK WAS UNMANNED.

MINI-VAN NISSAN QUEST 2000 LIC. TAG M502457

Do you wish to be contacted? YES Date reported: 11/21/01 Signature of Customer: [Signature]

White copy - for Customer



**Kmart Customer Incident Center**

Sedgwick Claims Management Services, Inc.

P.O. Box 5058, Troy, MI 48007-5058

Phone (248) 463 7577

Fax (248) 463 6637

December 26, 2001

Alberto Hook  
9921 Tambay Ct  
Montgomery Village, MD 20886

**Re: Customer: Alberto Hook**  
**D/I: 11/21/2001**  
**Loc/Incident: Kmart #4860 Gaithersburg, MD**

Dear Mr. Hook:

Please be advised that we are currently investigating an accident that occurred at the above Kmart location.

On behalf of Kmart, we would like to apologize for any inconvenience this incident has caused you. We would like to talk with you to see how you are doing. However, we have been unsuccessful at contacting you at the number we have on file and/or we have not received a return phone call from you.

Please contact us toll-free at (888) 562-7855 at your earliest convenience, so we can discuss the incident.

Sincerely,

A handwritten signature in black ink that reads 'Leroy Gates'. The signature is written in a cursive, flowing style.

Leroy Gates  
Claims Examiner II  
Ext. 37982  
Kmart Customer Incident Center