FORM B10 (Official Form 10) 2001014

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

Name of Debtor (see attached for complete list of debtors)
K MART CORPORATION

Case Number:
02-02474

Your claim is scheduled as follows
Class
NOT SCHEDULED
Amount
NOT SCHEDULED

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)

09 2306386
ANDRE GIRARD
c/o PETER ROGISSART ATTY
17199 LAUREL PARK DR N STE 406
LIVONIA, MI 48152

☐ 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

If address differs from above, please complete the following:
Creditor Name ANDRE GIRARD
Address
City/St/Zip
Telephone #

10567669
This Space is for Court Use Only

Account or other number by which creditor identifies debtor

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

1 Basis for Claim
☐ Goods sold
☐ Services performed
☐ Money loaned
☒ Personal injury/wrongful death XXXXXXXXX
☐ 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 ____ (date) to ____ (date)

2. Date debt was incurred: 12/17/01

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $15,000.00
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

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FILED
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
APR 15 2002
KENNETH S. GARDNER
MAILROOM - MM

Date 4/12/02

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)
PETER J. ROGISSART ATTORNEY AT LAW

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

6442 SM 4-15-02

Kmart Customer Incident Information

4000 Kmart
29600 FORD RD
GARDEN CITY MI 48135

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:** (734) 425-2450

TO BE COMPLETED BY CUSTOMER:

Customer name: A. GIRARD Customer's Street Address: 6010 BELTON

City GARDEN CITY State: MI Zip: 48135 Phone: 734 422 2326

Customer's employer. _____ Customer's sex. M

Customer's Date of Birth: 09-29-30 Customer's Social Security Number: 375

If injury to a child Child's name: _____ Child's age: _____ Parent's name _____

Customer's Description of Incident:

Date of incident 12-17-01 Location of incident GARDEN CITY MI KMART

Time of incident _____ What happened? CUSTOMER CLAIMS THAT ANOTHER CUSTOMER HIT THE DISPLAY WHICH THEN FELL AND STUCK THE CUSTOMER'S LEFT HAND. THE CUSTOMER STRUCK THE DISPLAY WITH A SHOPPING CART. CUSTOMER A GIRARD CLAIMS THAT ANOTHER CUSTOMER STRUCK THE DISPLAY CAUSING THE DISPLAY TO FALL AND STRIKE CUSTOMER A GIRARD ON THE LEFT HAND & LEFT HIP. LOSS PREVENTION MANAGER CASEY BROWN WROTE DISCRIPTION UPON GIRARD REQUEST

Do you wish to be contacted? YES Date reported 12-17-01 Signature of Customer A. Girard

White copy - for Customer

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