

United States Bankruptcy Court For the District of Delaware	THIS SPACE IS FOR COURT USE ONLY																								
<input type="checkbox"/> Blitz Acquisition Holdings, Inc., Case No. 11-13602 (PJW) <input checked="" type="checkbox"/> Blitz U.S.A., Inc., Case No. 11-13603 (PJW) <input type="checkbox"/> Blitz RE Holdings, LLC, Case No. 11-13604 (PJW) <input type="checkbox"/> LAM 2011 Holdings, LLC, Case No. 11-13605 (PJW) <input type="checkbox"/> Blitz Acquisition, LLC, Case No. 11-13606 (PJW) <input type="checkbox"/> MiamiOK, LLC f/k/a F3 Brands LLC, Case No. 11-13607 (PJW)	<div style="font-size: 2em; font-weight: bold; margin: 0;">RECEIVED</div> <div style="font-size: 1.2em; font-weight: bold; margin: 5px 0;">OCT 10 2013</div> <div style="font-size: 0.8em; font-weight: bold; margin: 0;">KURTZMAN CARSON CONSULTANTS</div>																								
<p style="text-align: center;"><b>PROOF OF CLAIM FOR BLITZ PERSONAL INJURY CLAIMS</b></p> <p>In order to assert a Blitz Personal Injury Claim against Blitz U.S.A., et. al (collectively "Blitz U.S.A.") you must complete and execute this Proof of Claim and return it to the Claims Agent by <u>October 14</u> 2013 or be forever barred from asserting the claim. (See Instruction No. 1 for the definition of a Blitz Personal Injury Claim).</p>																									
<input type="checkbox"/> Mark this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach a statement providing details. <input type="checkbox"/> Mark this box if your claim replaces a previously filed claim. Date of previously filed claim: _____ <input type="checkbox"/> Mark this box if your claim amends a previously filed claim. Date of previously filed claim: _____ <input type="checkbox"/> Mark this box if you assert that your claim is entitled to priority under 11 U.S.C. § 507(a). Describe basis for priority: _____ <input type="checkbox"/> Mark this box if you assert that your claim is secured under 11 U.S.C. § 506(a). Describe basis for secured claim: _____																									
<b>1. INJURED PERSON (All fields must be completed)</b>																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 45%;">Name (Last, First, Middle):</td><td>Jacob C. Nix</td></tr> <tr><td>Contact Person:</td><td>Melinda Cook- Mother</td></tr> <tr><td>Street Address:</td><td>9197 Confederate Hwy. / P. O. Box 614</td></tr> <tr><td>City, State and Zip:</td><td>Ehrhardt, SC 29081</td></tr> <tr><td>Telephone:</td><td>803-824-9360</td></tr> <tr><td>Social Security Number:</td><td>654-22-9249</td></tr> <tr><td>Email Address:</td><td>mball@pmped.com</td></tr> <tr><td>Date of Birth (mm/dd/yyyy):</td><td>10-28-2005</td></tr> <tr><td>Date of Death (mm/dd/yyyy):</td><td></td></tr> <tr><td colspan="2"><b>IF DECEASED, ATTACH COPY OF DEATH CERTIFICATE</b></td></tr> <tr><td>Date of Injury (mm/dd/yyyy):</td><td>11-5-2010</td></tr> <tr><td>Medicare No. (if applicable):</td><td></td></tr> </table>		Name (Last, First, Middle):	Jacob C. Nix	Contact Person:	Melinda Cook- Mother	Street Address:	9197 Confederate Hwy. / P. O. Box 614	City, State and Zip:	Ehrhardt, SC 29081	Telephone:	803-824-9360	Social Security Number:	654-22-9249	Email Address:	mball@pmped.com	Date of Birth (mm/dd/yyyy):	10-28-2005	Date of Death (mm/dd/yyyy):		<b>IF DECEASED, ATTACH COPY OF DEATH CERTIFICATE</b>		Date of Injury (mm/dd/yyyy):	11-5-2010	Medicare No. (if applicable):	
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Medicare No. (if applicable):																									
<b>2. CLAIMANT (if different from Injured Person)</b>																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 45%;">Name (Last, First, Middle):</td><td>Alice B. Hazel as GAL for Jacob C. Nix</td></tr> <tr><td>Contact Person:</td><td>Alice B. Hazel</td></tr> <tr><td>Address:</td><td>P.O. Box 662</td></tr> <tr><td>City, State and Zip:</td><td>Hampton, SC 29924</td></tr> <tr><td>Telephone:</td><td>803-943-2242</td></tr> <tr><td>Tax ID or Social Security Number:</td><td></td></tr> <tr><td>Date of Birth:</td><td></td></tr> <tr><td>Relationship to Injured Person:</td><td>GAL for Jacob C. Nix</td></tr> </table>		Name (Last, First, Middle):	Alice B. Hazel as GAL for Jacob C. Nix	Contact Person:	Alice B. Hazel	Address:	P.O. Box 662	City, State and Zip:	Hampton, SC 29924	Telephone:	803-943-2242	Tax ID or Social Security Number:		Date of Birth:		Relationship to Injured Person:	GAL for Jacob C. Nix								
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Relationship to Injured Person:	GAL for Jacob C. Nix																								

- ☒ Date Stamped Copy Returned
- ☐ No self addressed stamped envelope
- ☐ No copy to return



3. ATTORNEY INFORMATION (if applicable)

Name:	Mark D. Ball
Firm:	Peters, Murdaugh, Parker, Eltzroth & Detrick, P.A.
Address:	P.O. Box 457/ 101 Mulberry St. East
City, State and Zip:	Hampton, SC 29924
Telephone No.:	803-943-2111 ext. 8227
Email Address:	mball@pmped.com

4. LITIGATION INFORMATION (If lawsuit has been commenced against Blitz U.S.A., Miami Ok, LLC f/k/a F3 Brands LLC, or any other party such as retailer)

Court Where Case Filed:	Court of Common Pleas Allendale County
Case Number:	2013-CP-03-
Filing Date:	9-30-13
List all Named Plaintiffs in Lawsuit:	Alice B. Hazel as GAL for Jacob Nix
List all Named Defendants in Lawsuit:	Blitz U.S.A., Inc., Fred's Inc., Tiger Express Varnville, LLC, & James Nix
Status of Case (Active, Stayed, Settled, etc.)	Active/Stayed

5. DESCRIPTION OF OCCURRENCE (use additional sheets if necessary)

Date of Occurrence:	11-1-2010
Time of Occurrence:	between 6:00 p.m. & 7:00 p.m.
Location of Occurrence (Provide Address):	685 Pedro Road Varnville, SC 29944
Was Location Claimants' Residence? (Yes or No):	No
If Not, Identify Owner of Location and Relationship to Injured Person:	Aunt: Pamela Gail Hadwin Uncle: Marlon Scott Hadwin
Provide a Description of Manner in which Occurrence Took Place:	Claimants father was pouring kerosine on a pizza box where a fire had been in the yard. While pouring kerosine out of the Blitz 5gal container it exploded out of his hand and caught Jacob C. Nix on fire who was walking up behind his father as well as three other children. None of the other children were seriously burned.
Was there a Police or other Official Incident Report or Investigation? (Yes or No):	DSS & Varnville Fire Department
<b>IF YES, ATTACH ALL COPIES OF OFFICIAL REPORTS OR INVESTIGATIONS - AN NEPA 921 INVESTIGATION IS REQUIRED BY TRAINED INVESTIGATOR</b>	Copies of reports will be provided.
Amount Claimed (Do NOT Include Claims for Medical Treatment or Lost Wages)	\$15,000,000.00

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KURTZMAN CARSON CONSULTANTS

6. PRODUCT AND PURCHASE INFORMATION	
Brand Name of Product:	Blitz USA Inc.
Model Number:	50833
Description of Product:	Red gas container.
If a Gas Container, Size of Gas Container:	1+ GALLON <input type="checkbox"/> 5 GALLON <input checked="" type="checkbox"/> 2+ GALLON <input type="checkbox"/> OTHER <input type="checkbox"/>
Name of Store Where Product Purchased:	Freds Super Dollar
Location of Store:	Varnville, South Carolina
Date of Purchase:	
ATTACH ANY PROOF OF PRODUCT IDENTIFICATION (STORE RECEIPT, CREDIT CARD RECEIPT, PICTURE OF THE PRODUCT PURCHASED BEFORE OR AFTER INCIDENT, SWORN STATEMENT DESCRIBING AND IDENTIFYING THE PRODUCT AS A BLITZ PRODUCT AND POINT OF PURCHASE IF KNOWN, ETC.)	Photos of the product are attached Affidavit of owner of gas can attached
7. MEDICAL INFORMATION AND TREATMENT (Make copies and fill out this section of the form for each treatment provider)	
Date of First Treatment:	11-5-2010
Hospital / Treatment Facility:	HRMC
Address:	595 Carolina Ave West
City, State, ZIP:	Varnville, SC 29944
Treating Physician Name:	ER Physician: Sonny Park
Dates of Treatment:	11-5-10
Address:	595 Carolina Ave West
City, State, ZIP:	Varnville, SC 29944
Telephone No.:	803-943-2771
Describe Injury and Diagnoses:	Thermal Burns
Total Amount of Medical Bills to Date:	\$2,853,486.29

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<b>6. PRODUCT AND PURCHASE INFORMATION</b>	
Brand Name of Product:	
Model Number:	
Description of Product:	
If a Gas Container, Size of Gas Container:	1+ GALLON <input type="checkbox"/> 5 GALLON <input type="checkbox"/> 2+ GALLON <input type="checkbox"/> OTHER <input type="checkbox"/>
Name of Store Where Product Purchased:	
Location of Store:	
Date of Purchase:	
ATTACH ANY PROOF OF PRODUCT IDENTIFICATION (STORE RECEIPT, CREDIT CARD RECEIPT, PICTURE OF THE PRODUCT PURCHASED BEFORE OR AFTER INCIDENT, SWORN STATEMENT DESCRIBING AND IDENTIFYING THE PRODUCT AS A BLITZ PRODUCT AND POINT OF PURCHASE IF KNOWN, ETC.)	
<b>7. MEDICAL INFORMATION AND TREATMENT (Make copies and fill out this section of the form for each treatment provider)</b>	
Date of First Treatment:	11-5-2010
Hospital / Treatment Facility:	Life Net/ Rocky Mountain Holdings, LLC
Address:	P.O. Box 713375
City, State, ZIP:	Cincinnati OH 45271-3375
Treating Physician Name:	Crew: Doyle, RN, Edwards, EMT-P, Rossi
Dates of Treatment:	11-5-2010
Address:	
City, State, ZIP:	
Telephone No.:	888-636-4438
Describe Injury and Diagnoses:	Thermal Burns  Life Net transported Jacob Nix from HRMC to  Joseph M. Still Burn Center/ Augusta GA
Total Amount of Medical Bills to Date:	\$2,853,486.29

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PAC 1101410v.8  
PAC 1101410v.14

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<b>6. PRODUCT AND PURCHASE INFORMATION</b>	
Brand Name of Product:	
Model Number:	
Description of Product:	
If a Gas Container, Size of Gas Container:	1+ GALLON <input type="checkbox"/> 5 GALLON <input type="checkbox"/> 2+ GALLON <input type="checkbox"/> OTHER <input type="checkbox"/>
Name of Store Where Product Purchased:	
Location of Store:	
Date of Purchase:	
ATTACH ANY PROOF OF PRODUCT IDENTIFICATION (STORE RECEIPT, CREDIT CARD RECEIPT, PICTURE OF THE PRODUCT PURCHASED BEFORE OR AFTER INCIDENT, SWORN STATEMENT DESCRIBING AND IDENTIFYING THE PRODUCT AS A BLITZ PRODUCT AND POINT OF PURCHASE IF KNOWN, ETC.)	
<b>7. MEDICAL INFORMATION AND TREATMENT (Make copies and fill out this section of the form for each treatment provider)</b>	
Date of First Treatment:	11-5-2010
Hospital / Treatment Facility:	Joseph M Still Burn Centers, Inc. Wound Center
Address:	3675 J. Dewey Gray Circle, Suite 300
City, State, ZIP:	Augusta GA 30909-1868
Treating Physician Name:	Dr. Mullins
Dates of Treatment:	11-5-2010
Address:	
City, State, ZIP:	
Telephone No.:	706-863-9595
Describe Injury and Diagnoses:	Thermal Burns
Total Amount of Medical Bills to Date:	\$2,853,486.29

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PAC 1101410v.14

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OCT 16 2013

KURTZMAN CARLSON CONSULTANTS

6. PRODUCT AND PURCHASE INFORMATION	
Brand Name of Product:	
Model Number:	
Description of Product:	
If a Gas Container, Size of Gas Container:	1+ GALLON <input type="checkbox"/> 5 GALLON <input type="checkbox"/> 2+ GALLON <input type="checkbox"/> OTHER <input type="checkbox"/>
Name of Store Where Product Purchased:	
Location of Store:	
Date of Purchase:	
ATTACH ANY PROOF OF PRODUCT IDENTIFICATION (STORE RECEIPT, CREDIT CARD RECEIPT, PICTURE OF THE PRODUCT PURCHASED BEFORE OR AFTER INCIDENT, SWORN STATEMENT DESCRIBING AND IDENTIFYING THE PRODUCT AS A BLITZ PRODUCT AND POINT OF PURCHASE IF KNOWN, ETC.)	
7. MEDICAL INFORMATION AND TREATMENT (Make copies and fill out this section of the form for each treatment provider)	
Date of First Treatment:	11-5-2010
Hospital / Treatment Facility:	Doctors Hospital of Augusta
Address:	3651 Wheeler Road
City, State, ZIP:	Augusta GA 30909
Treating Physician Name:	
Dates of Treatment:	11-5-2010- Present
Address:	
City, State, ZIP:	
Telephone No.:	
Describe Injury and Diagnoses:	Thermal Burns
Total Amount of Medical Bills to Date:	\$2,853,486.29

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PAC 1101410v.8  
PAC 1101410v.14

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OCT 10 2013

KURTZMAN CARLSON CONSULTANTS

Set forth any liens asserted by any entity on any recovery anticipated for your injury or damage. Identify the entity holding such lien, the address and contact information for the entity and the amount of the asserted lien.	South Carolina Department of Health & Human Services Division of Accountability and Collection P. O. Box 100127 Columbia, SC 29202 \$2,853,486.29 currently.
<b>ATTACH ALL COPIES OF MEDICAL BILLS AND MEDICAL RECORDS, INCLUDING LABORATORY REPORTS, RELATING IN ANY WAY TO THE INJURY</b>	

**8. EMPLOYMENT INFORMATION (If Claiming Lost Wages)**

Employer Name at Date of Injury:	
Address:	
City, State, ZIP:	
Telephone No.:	
Email Address:	
Dates Missed Work:	
Nature of Employment:	

**9. SIGNATURE/AUTHORIZATION**

NOTE: THIS PROOF OF CLAIM MUST BE SIGNED BY THE CLAIMANT OR CLAIMANT'S AUTHORIZED AGENT

Signature of Claimant or Authorized Agent

Print Name of Signatory

If by Authorized Agent, Print Title of Agent  
 Attorney

Date  
 10/9/13

Telephone Number of Signatory  
 (803) 943-2111

By signing this proof of claim, you certify under penalty of perjury pursuant of 28 U.S.C. § 1746 that:

"I have the full power and authority under applicable non-bankruptcy or bankruptcy law to submit this proof of claim on behalf of the claimant listed on this proof of claim"

"A product manufactured or distributed by Blitz U.S.A. or MiamiOK, LLC f/k/a F3 Brands LLC or with respect to which Blitz U.S.A. or MiamiOK, LLC f/k/a F3 Brands LLC has legal liability was used in the incident which gave rise to the injuries listed in this proof of claim or that the injury occurred on premises owned or occupied by the Debtors."

A Proof of Claim Form is an official court document that may be used as evidence in any legal proceeding regarding your claim. The penalty for presenting a fraudulent claim is a fine of up to \$500,000 or imprisonment for up to five years or both under 18 U.S.C. §§ 152 & 3571.

**KEEP A COPY OF THIS PROOF OF CLAIM FORM AND ALL ATTACHMENTS FOR YOUR FILES AND MAIL THE ORIGINAL PROOF OF CLAIM FORM AND COPIES OF THE ATTACHMENTS TO:**

Blitz Claims Processing Center.

RECEIVED

OCT 10 2013

KURTZMAN/CHASON CONSULTANTS

LAW OFFICES  
**PETERS, MURDAUGH, PARKER, ELTZROTH & DETRICK**

JOHN E. PARKER  
\* CLYDE A. ELTZROTH, JR.  
J. PAUL DETRICK  
DANIEL E. HENDERSON  
MARK D. BALL  
RANDOLPH MURDAUGH, IV  
RONNIE L. CROSBY  
R. ALEXANDER MURDAUGH  
BERT G. UTSEY, III  
RANDOLPH MURDAUGH, III  
GRAHAME E. HOLMES  
LEE D. COPE  
MATTHEW V. CREECH  
LEAGUE B. CREECH  
STEVEN D. MURDAUGH  
WILLIAM F. BARNES, III  
AUSTIN H. CROSBY

\* INACTIVE

PROFESSIONAL ASSOCIATION  
101 MULBERRY STREET EAST  
P.O. BOX 457  
HAMPTON, SOUTH CAROLINA  
29924-0457

RANDOLPH MURDAUGH, SR.  
(1887-1940)  
RANDOLPH MURDAUGH, JR.  
(1915-1998)  
J. ROBERT PETERS, JR.  
(1927-2008)

TELEPHONE  
(803) 943-2111  
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(866) 943-2113  
FACSIMILE  
(803) 943-3943  
(803) 914-2014  
WEBSITE  
[www.pmped.com](http://www.pmped.com)

October 9, 2013

Mark D. Ball  
Direct Dial: (803) 943-2111  
Email: [mball@pmped.com](mailto:mball@pmped.com)

Blitz Claims Processing Center  
c/o Kurtzman Carson Consultants  
2335 Alaska Avenue  
El Segundo, CA 90245

**Re: Alice B. Hazel as GAL for Jacob C. Nix v. Blitz U.S.A., Inc., Fred's Inc., Tiger  
Express Varnville, LLC & James Nix**

Dear Sir or Madam:

Please find enclosed the Proof of Claim for Blitz Personal Injury Claims. Thank you for your cooperation with this matter.

With kind regards, I am

Sincerely,



Mark D. Ball

MDB/srt



STATE OF SOUTH CAROLINA

COUNTY OF ALLENDALE

ALICE B. HAZEL AS GAL FOR JACOB C.  
NIX,

Plaintiff,

v.

BLITZ U.S.A., INC., FRED'S INC., TIGER  
EXPRESS VARNVILLE, LLC & JAMES NIX,

Defendants.

IN THE COURT OF COMMON PLEAS

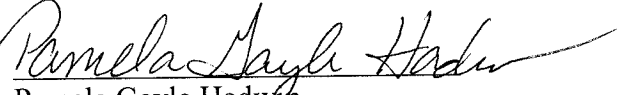
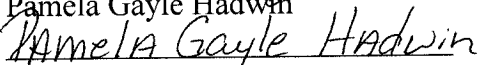
CIVIL ACTION NO.: 2013-CP-03-

***AFFIDAVIT OF PAMELA GAYLE HADWIN***

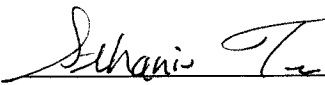
Personally appeared before me, Pamela Gayle Hadwin, the undersigned who upon being duly sworn states:

1. That she is Pamela Gayle Hadwin; that she resides at 611 Charles Street, Varnville, South Carolina 29944; that she is greater than eighteen (18) years of age;
2. That in that in the fall of 2009, she purchased a red 5 gallon gas can from Fred's located in Varnville, South Carolina; that the can was the same can that was involved in the explosion which injured her nephew, Jacob Nix; that at the time of the explosion the gas can was in the same condition as at the time of the incident; that the can as never used for gas but instead was used exclusively for kerosene.

I the undersigned acknowledged that after being placed under oath I make the above declaration of my own knowledge and belief and the statements herein are true to the best of my knowledge and belief. I further recognize, declare and verify that I am making the above declarations under the penalty of perjury that the foregoing is true and correct.

  
Pamela Gayle Hadwin  
  
Printed Name

Sworn to before me this  
1<sup>th</sup> day of October, 13.

  
Notary Public for South Carolina  
My Commission Expires: 3-3-20

STATE OF SOUTH CAROLINA

COUNTY OF ALLENDALE

ALICE B. HAZEL AS GAL FOR JACOB  
C. NIX,

Plaintiff,

v.

BLITZ U.S.A., INC., FRED'S INC., TIGER  
EXPRESS, VARNVILLE, LLC & JAMES  
NIX

Defendant.

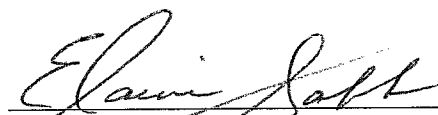
IN THE COURT OF COMMON PLEAS


CIVIL ACTION NO.: 2013-CP-03-

**ORDER APPOINTING  
GUARDIAN AD LITEM**

Upon reading the verified petition of Alice B. Hazel, attached hereto, for the appointment of a  
Guardian ad Litem for Jacob C. Nix, and it appearing to the Court that he is a fit and proper person  
to act as Guardian ad Litem for the said Jacob C. Nix, a minor, it is

ORDERED, that Alice B. Hazel be, and he hereby is appointed as Guardian ad Litem for  
said Jacob C. Nix, with all of the duties and powers of such Guardian ad Litem under the laws of  
this state.

  
ELAINE SABB, CLERK OF COURT  
ALLENDALE COUNTY

TRUE COPY  
10-9-13  
  
ELAINE SABB  
CLERK OF COURT  
ALLENDALE, SC

STATE OF SOUTH CAROLINA

COUNTY OF ALLENDALE

ALICE B. HAZEL AS GAL FOR JACOB  
C. NIX,

Plaintiff,

v.

BLITZ U.S.A., INC., FRED'S INC., TIGER  
EXPRESS, VARNVILLE, LLC & JAMES  
NIX

Defendant.

IN THE COURT OF COMMON PLEAS

CIVIL ACTION NO.: 2013-CP-03-

**PETITION FOR APPOINTMENT  
OF GUARDIAN AD LITEM**

The petitioner alleges:

1. That she is the paternal Aunt of Jacob C. Nix, a minor under the age of eighteen (18) years, and is a citizen and resident of Hampton County, South Carolina.

2. That he has a cause of action against Blitz U.S.A. Inc., Fred's Inc., Tiger Express Varnville, LLC & James Nix for personal injuries, Jacob C. Nix sustained at the home of his Aunt and Uncle in Varnville, South Carolina, and it is desirable that his rights be protected by an action for such injuries to be brought in the Court of Common Pleas for Allendale County, South Carolina.

3. That the petitioner feels and believes that she is a fit and suitable person to act as his Guardian ad Litem for the purpose of bringing such action.

WHEREFORE, petitioner prays that she or some other fit person be appointed as Guardian ad Litem for Jacob C. Nix, with all of the duties and powers of a Guardian ad Litem under the laws of this state to bring an action as aforesaid.

Alice B. Hazel  
ALICE B. HAZEL, PETITIONER

TRUE COPY

FILED 10-9-13  
CLERK OF COURT  
ALLENDALE, SC

STATE OF SOUTH CAROLINA

COUNTY OF ALLENDALE

VERIFICATION

PERSONALLY appeared before me, Alice B. Hazel, who being duly sworn, deposes and says;

That she is the Petitioner in the foregoing action; that she has read the within written Petition for Appointment of Guardian ad Litem, and that the facts contained therein are true of her own knowledge, information or belief.

*Alice B. Hazel*

ALICE B. HAZEL

SWORN to before me this  
2nd day of October, 2013.

*NAB*  
Notary Public for South Carolina  
My Commission Expires: 8-18-18

TRUE COPY  
Date 10-9-13  
*Elaine Sasser*  
ELAINE SASSER  
CLERK OF COURT  
ALLENDALE, SC

# **Additional Supporting Documents on File with KCC**