

Brent A. Lance  
THE LANCE LAW FIRM  
5520 Saint Charles Street  
Cottleville, Missouri 63304  
Telephone: (636) 498-1100  
Facsimile: (636) 498-1102

Attorney for Creditor Michael Logan

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK**

-----X  
In re : Chapter 11 Case No.  
: :  
MOTORS LIQUIDATION COMPANY, et al., : 09-50026 (REG)  
f/k/a General Motors Corp., et al. :  
: (Jointly Administered)  
Debtors. :  
-----X

**CREDITOR MICHAEL LOGAN'S RESPONSE IN OBJECTION TO  
DEBTORS' NINTH OMNIBUS OBJECTION TO CLAIMS**

TO THE HONORABLE ROBERT E. GERBER,  
UNITED STATES BANKRUPTCY JUDGE:

COMES NOW Creditor, MICHAEL LOGAN, by and through counsel, THE LANCE LAW FIRM, and respectfully objects to Debtors' claim that the abovementioned creditor's proof of claim did not include sufficient documentation to ascertain the nature or validity of these claims on in objection, states as follows:

1. A proof of claim was prepared and mailed on behalf of Creditor Michael Logan to The Garden City Group, Inc., Attn: Motors Liquidation Company, P.O. Box 9386, Dublin, Ohio 43017-4286, on October 31, 2009.

2. The abovementioned proof of claim provided the proper name of the creditor, the name and contact information of the attorney representing the creditor concerning his claim,

information that the amount of the claim was in disputed, the last four digits of creditor's social security number and creditor's signature.

3. Although the creditor's Basis of Claim was not filled out on the proof of claim, creditor did provide a copy of the Worker's Compensation Claim for Compensation which was filed on behalf of the creditor with the Missouri Division of Workers' Compensation. A copy of said Claim for Compensation as well as an acknowledgment of the claim filed by creditor from the Missouri Division of Compensation has been enclosed. Said claim clearly identifies creditor's claim as a workers' compensation claim against the Debtor.

4. Debtor has not been prejudiced due to the failure of the proof of claim form to indicate the basis of the claim as additional documentation mentioned above provided information needed to ascertain the basis of creditor's claim. The creditor would be severely and unjustly damaged if his otherwise valid workers' compensation claim against debtor was disallowed and expunged by this Court.

WHEREFORE, the Creditor respectfully requests an order denying the relief requested by Debtor with respect to this Creditor and such other and further relief as is just.

Dated: Cottleville, Missouri  
January 12, 2010

Respectfully submitted,

**THE LANCE LAW FIRM**

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BRENT A. LANCE, #123581  
Attorney for Creditor  
5520 Saint Charles Street  
St. Charles, MO 63304  
TEL: (636) 498-1100  
FAX: (636) 498-1102

## CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true copy of the foregoing was mailed via U.S. Mail, postage prepaid, this \_\_\_\_ day of January, 2010, to the following parties:

- Weil, Gotshal & Manges LLP, attorneys for Debtors, 767 Fifth Avenue, New York, New York, 10152 (Attn: Harvey R. Millers, Esq., Stephen Karotkin, Esq., and Joseph H. Smolinsky, Esq.);
- The Debtors/c/o Motors Liquidation Company, 500 Renaissance Center, Suite 1400, Detroit, Michigan 48243 (Attn: Ted Stenger);
- General Motors, LLC, 300 Renaissance Center, Detroit, Michigan 48265 (Attn: Lawrence S. Buonomo, Esq.);
- Cadwalader, Wickersham & Taft LLP, attorneys for United States Department of the Treasury, One World Financial Center, New York, New York 10281 (Attn: John J. Rapisardi, Esq.);
- The United States Department of the Treasury, 1500 Pennsylvania Avenue NW, Room 2312, Washington DC 20220 (Attn: Joseph Samarias, Esq.);
- Vedder Price P.C., attorneys for Export Development Canada, 1633 Broadway, 47<sup>th</sup> Floor, New York, New York 10019 (Attn: Michael J. Edelman, Esq and Michael L. Schein, Esq.)
- Kramer Levin Naftalis & Frankel LLP, attorneys for the statutory committee of unsecured creditors, 1177 Avenue of the Americas, New York, New York 10036 (Attn: Thomas Moers Mayer, Esq., Amy Canton, Esq., Adam C. Rogoff, Esq., and Gregory G. Plotko, Esq.);
- The Office of the United States Trustee for the Southern District of New York, 33 Whitehall, 21<sup>st</sup> Floor, New York, New York 10004 (Attn: Diana G. Adams, Esq);
- The U.S. Attorney's Office, S.D.N.Y., 86 Chambers Street, Third Floor, New York, New York 10007 (Attn: David S. Jones, Esq. and Matthew L. Schwartz, Esq.)

\_\_\_\_\_  
Brent A. Lance

**SECOND INJURY FUND CLAIM:** IF YOU ARE NOT FILING A CLAIM AGAINST THE SECOND INJURY FUND, PLEASE PROCEED TO BOX 13.

11. ONLY CHECK APPROPRIATE BOX(ES) IF YOU ARE FILING A CLAIM AGAINST THE SECOND INJURY FUND FOR ANY OF THE FOLLOWING:

- PERMANENT PARTIAL DISABILITY
  UNINSURED EMPLOYER - MEDICAL AID/DEATH BENEFITS  
 PERMANENT TOTAL DISABILITY
  SECOND JOB WAGE LOSS

12. IF YOU ARE FILING A CLAIM AGAINST THE SECOND INJURY FUND BASED UPON A PRE-EXISTING DISABILITY, YOU NEED TO PROVIDE THE FOLLOWING INFORMATION, IF AVAILABLE:

DATE OF PREVIOUS INJURY/DISEASE

PART(S) OF BODY AFFECTED BY PREVIOUS INJURY/DISEASE

2008  
2009

Bi-lateral Carpal tunnel syndrome  
Knee Injury

**SECOND JOB WAGE LOSS:**

12. IF YOU ARE FILING A CLAIM AGAINST THE SECOND INJURY FUND FOR SECOND JOB WAGE LOSS, PLEASE PROVIDE THE EMPLOYER NAME, MAILING ADDRESS, CITY, STATE, ZIP CODE, AND COUNTY FOR SECOND JOB WAGE LOSS IN BOX 10.

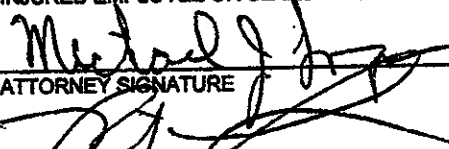

13. DID INJURY RESULT IN DEATH?  YES  NO 13A. DATE OF DEATH \_\_\_/\_\_\_/\_\_\_

IF DEATH OCCURRED, EMPLOYEE'S DEPENDENTS (SPOUSE, MINOR CHILDREN, OTHER PERSONS DEPENDENT ON EMPLOYEE).

IF YOU NEED TO LIST DEPENDENTS IN ADDITION TO THESE LISTED BELOW, PLEASE ATTACH A SEPARATE SHEET.

14. NAME	DATE OF BIRTH	RELATIONSHIP		
MAILING ADDRESS	CITY	STATE	ZIP CODE	
14A. NAME	DATE OF BIRTH	RELATIONSHIP		
MAILING ADDRESS	CITY	STATE	ZIP CODE	
14B. NAME	DATE OF BIRTH	RELATIONSHIP		
MAILING ADDRESS	CITY	STATE	ZIP CODE	

CLAIM IS HEREBY MADE FOR ALL COMPENSATION AS PROVIDED IN THE MISSOURI WORKERS' COMPENSATION LAW, RELATING TO INJURY (OR DEATH) OF THE EMPLOYEE BY ACCIDENT ARISING OUT OF AND IN THE COURSE OF THE EMPLOYMENT.

15. INJURED EMPLOYEE OR CLAIMANT'S SIGNATURE 		16. EMPLOYEE/CLAIMANT TELEPHONE NO. 314-769-7099	17. DATE 08/20/09	
18. ATTORNEY SIGNATURE 		18A. ATTORNEY NAME (type or print) Brent A. Lance		18B. BAR NUMBER 45002
19. ATTORNEY PHONE NUMBER 636-498-1100	19A. ATTORNEY FAX NUMBER 636-498-1102	19B. ATTORNEY E-MAIL ADDRESS (optional) lancelawfirm@yahoo.com		
20. ATTORNEY MAILING ADDRESS 5520 St. Charles Street		20A. CITY Cottleville	20B. STATE MO	20C. ZIP CODE 63304

LINES 15 & 18 MUST BE SIGNED IN BLACK INK - NOT TYPED.



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
 DIVISION OF WORKERS' COMPENSATION  
 P.O. Box 58  
 Jefferson City, MO 65102-0058

INJURY NUMBER

**CLAIM FOR COMPENSATION**

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NOTE: This form must be completed in its entirety and must be typed or hand printed in black ink.

SUBMIT AN ORIGINAL AND THREE COPIES.

ORIGINAL CLAIM

AMENDED CLAIM

SECOND INJURY FUND ONLY

Please read instructions before completing this form.

ITEM NUMBER(S) AMENDED

**EMPLOYEE INFORMATION**

1. INJURED EMPLOYEE'S NAME LAST Logan		FIRST Michael	INITIAL OR MIDDLE NAME	1A. MAILING ADDRESS (ALSO INCLUDE STREET ADDRESS) 2423 McLaran		
1B. CITY St. Louis	1C. STATE MO	1D. ZIP CODE 63136		2. SOCIAL SECURITY NO.	3. DATE OF ACCIDENT OR OCCUPATIONAL DISEASE May 21, 2004	
4. AVERAGE WEEKLY WAGE MAX	5. TIME OF ACCIDENT <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.		6. PLACE OF ACCIDENT (City, County, State, Zip) Wentzville, St. Charles County, Missouri 63385			
7. PART(S) OF BODY INJURED Knee and Body as a Whole						
8. DESCRIBE WHAT THE EMPLOYEE WAS DOING AND HOW THE INJURY OCCURRED. Employee/claimant, while acting in the course and scope of employment was exiting a Van traveling down the assembly line while performing his job duties and attempted to step out of the Van onto the concrete while the Van was moving on the assembly line and twisted his knee causing the injuries to the abovenamed body parts and working on the assembly line was the prevailing factor causing the abovementioned medical condition.						

**EMPLOYER INFORMATION** - If additional employers need to be listed or if you need more space, attach additional sheets.

9. EMPLOYER(S) AGAINST WHOM THIS CLAIM IS FILED. THIS IS THE EMPLOYER IN WHOSE EMPLOYMENT THE INJURY OR OCCUPATIONAL DISEASE OCCURRED. FOR SECOND JOB WAGE LOSS BENEFITS LIST EMPLOYER SEPARATELY IN BOX 10.						
EMPLOYER A:			MAILING ADDRESS			
General Motors			1500 East Exit A			
CITY			STATE	ZIP CODE		
Wentzville			MO	63385		
EMPLOYER B:						
MAILING ADDRESS						
CITY			STATE	ZIP CODE		
EMPLOYER C:						
MAILING ADDRESS						
CITY			STATE	ZIP CODE		

10. ADDITIONAL STATEMENTS				DIVISION USE ONLY		

BE SURE TO COMPLETE NEXT PAGE.



STATE OF MISSOURI  
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
**DIVISION OF WORKERS' COMPENSATION**

3315 WEST TRUMAN BLVD, P.O. BOX 58, JEFFERSON CITY, MO 65102 (573) 751-4231

NOVEMBER 13, 2009

DOCKET LOCATION: ST CHARLES

09-038885

BRENT A LANCE  
5520 ST CHARLES ST  
COTTLEVILLE, MO 63304

Injury No : 09-038885  
Injury Date : 05-21-2009  
Insurance No. : A918106330000101181

Employee . . . . : MICHAEL J LOGAN  
2423 MCLARAN  
ST LOUIS, MO 63136  
\*Insurer . . . . : GENERAL MOTORS CORP  
c/o SEDGWICK CLAIMS MANAGEMENT SER  
PO BOX 14607  
LEXINGTON, KY 40512-4607  
\*Employer . . . . : GENERAL MOTORS CORP  
1500 E RT A  
WENTZVILLE, MO 63385-3630

The Division has received and processed the Claim for Compensation (WC-21) for the above injury. Copies of the claim are being sent to each employer and insurer, or third-party administrator if applicable.

It is the Employer's responsibility to prepare and file with the Division of Workers' Compensation, an Answer to Claim for Compensation (WC-22) within thirty (30) days of the date of this letter. In most cases the employer's workers' compensation insurance carrier or third party administrator will hire an attorney to file an Answer on behalf of the Employer. The Answer (WC-22) must be completed in triplicate and returned to the Jefferson City address indicated above.

Your attention is called to the regulation, 8 CSR50-2.010(8)(B), which states as follows.

"Unless the Answer to Claim for Compensation is filed within thirty (30) days from the date the Division acknowledges receipt of the claim or any extension previously granted, the statements of fact in the Claim for Compensation shall be deemed admitted for any further proceedings."

If, after filing the above Answer, you wish to have this case set on the docket please make a written request on the appropriate Division form which is available on our website [www.dolir.mo.gov/wc](http://www.dolir.mo.gov/wc).

**DIVISION OF WORKERS' COMPENSATION**

WC-143 (01-06)  
CLAIM-ON-REPORTED-CASE  
SC

Please visit our website at [www.labor.mo.gov/wc](http://www.labor.mo.gov/wc)