Fill in this information to identify the case:						
Debtor	IEH Auto Parts Holding LLC					
United States Ba	nkruptcy Court for the: Southern	District of Texas (State)				
Case number	23-90054					

Official Form 410 Proof of Claim

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Pa	art 1: Identify the Clair	n					
1.	Who is the current creditor?	A.A., a minor child - Elveria Griffin, parent Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor					
2.	Has this claim been acquired from someone else?	No Yes. From whom?					
3.	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? See summary page Contact phone 302-995-6210 Contact email kkemmer@mslde.com Uniform claim identifier for electronic payments in chapter 13 (if you us	Where should payments to the creditor be sent? (if different) Contact phone Contact email se one):				
4.	Does this claim amend one already filed?	NoYes. Claim number on court claims registry (if known)	Filed on				
5.	Do you know if anyone else has filed a proof of claim for this claim?	 No Yes. Who made the earlier filing? 					

2390054230429000000000002

Proof of Claim

Par		out the Claim as of the Date the Case Was Filed
	Do you have any number you use to identify the	No No
	debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:
′. ł	How much is the claim?	See summary page Does this amount include interest or other charges? No
		Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
	What is the basis of the	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
C	claim?	Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
		Limit disclosing information that is entitled to privacy, such as health care information.
		See summary page
	s all or part of the claim	No
5	secured?	Yes. The claim is secured by a lien on property.
		Nature or property:
		Real estate: If the claim is secured by the debtor's principle residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> .
		Motor vehicle
		Other. Describe:
		Basis for perfection: Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
		Value of property: \$
		Amount of the claim that is secured: \$
		Amount of the claim that is unsecured: \$(The sum of the secured and unsecured amount should match the amount in line 7.
		Amount necessary to cure any default as of the date of the petition: \$
		Annual Interest Rate (when case was filed)%
		Fixed
		Variable
	s this claim based on a ease?	No No
		Yes. Amount necessary to cure any default as of the date of the petition.
11. 	s this claim subject to a right of setoff?	No
'		Yes. Identify the property:

the second	12. Is all or part of the claim entitled to priority under	No No					
priority and party insprotory. For example, in some categories, the aw limits the amount entitled to priority. 11 U.S.C. § 507(a)(1%) or (a)(1)(B). \$		Yes. Chec	k all that apply:	Amount entitled to priority			
Implicitly For Call Sale (Control of Call Sale Strong Call Call Sale (Control Sale	priority and partly			s			
Wages, salaries, or commissions (up to \$15,160°) earned within 180° days before the barkruptcy petition is filed or the debtor's business ends, s	in some categories, the law limits the amount						
Part 3: Sign Below Inte person completing this provide to the appropriate box: I and date it. Press noticitates the appropriate box: I and the creditor: I and the creditor and pay payments received toward the debt. I and the creditor and pay payments received toward the debt. I and the creditor and pay pay	entitled to priority.	days I	before the bankruptcy petition is filed or the debtor's business ends,	\$			
Check the appropriate box: Fort 3: Sign Below The person completing this proof of laim mathematication in this Proof of Claim serves as an acknowledgement that when calculating the anount of the claim, is specifying what a signature is a sis a signature is a		Taxes	or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$			
Amounts are subject to adjustment on 4/01/26 and every 3 years after that for cases begun on or after the date of adjustment. Amounts are subject to adjustment on 4/01/26 and every 3 years after that for cases begun on or after the date of adjustment. So3(b)(9)? No Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. S Pert 3: Sign Below The person completing this proof of claim must sign and date it. I am the creditor. I am the creditor. I am the creditor. I am the creditor. I am the trustee, or the debtor, or their authorized agent. I am the creditor authorized digentue on this <i>Proof of Claim</i> serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor. Bankruptcy Rule 3004. I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the information is true and correct. I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the information is true and correct. I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the information is true and correct. I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the information is true and correct. I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the information is true and correct. I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the information is true and correct. I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the information is true and correct. I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that t		Contri	butions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$			
13. Is all or part of the claim pursuant to 11 U.S.C. § 503(b)(9)? No Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. Sign Below The person completing this proof of claim must sign and date it. FRBP 9011(b). Check the appropriate box: I am the creditor. I am the creditor. I am the creditor. I am the creditor, or their authorized agent. I am the trustee, or the debtor, or their authorized agent. I am the trustee, or the debtor. or their authorized agent. I am the trustee, or the debtor codit for any payments received loward the debt. I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the information is true and correct. Imprisoned for up to 5 years, or both. 18 U.S.C. § 152, 157, and 3571. <i>Signature</i> Print the name of the person who is completing the first mame First name No <i>Signature Signature</i> 18 U.S.C. § 152, 157, and 3571.		Other	. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$			
pursuant to 11 U.S.C.		* Amounts	are subject to adjustment on 4/01/25 and every 3 years after that for cases begun	on or after the date of adjustment.			
Sign Below The person completing this proof of claim must sign and date it. FRBP 901(0). If you file this claim electronically. FRBP 5005(a)(2) authorizes courts to establish local rules a genation. ispecifying what a signature is. Approximate the intermediate the reditor's attorney or authorized agent. ispecifying what a signature is. Approximate to a signature is. If and the reditor is attorney or authorized agent. ispecifying what a signature is. If and the reditor is attorney or authorized agent. ispecifying what a signature is. If and the reditor is attorney or authorized agent. ispecifying what a signature is. If and the an authorized signature on this <i>Proof of Claim</i> and have reasonable belief that the information is true and correct. Ideclare under penalty of perjury that the foregoing is true and correct. Ideclare under penalty of perjury that the foregoing is true and correct. Ideclare under penalty of perjury that the foregoing is true and correct. Ideclare under penalty of perjury that the foregoing is true and correct. Ideclare under penalty of perjury that the foregoing and signing this claim: Name Kyle Kemmer, Esquire Fristhame Midde name Identify the corporate servicer as the company if the authorized	pursuant to 11 U.S.C.	Yes. Indica					
Part 3: Sign Below The person completing this proof of claim must sign and date it. FRBP 9011(b). If you file this claim electronically, FRBP southorizes outhorized agent. I am the creditor's attorney or authorized agent. I am the creditor's attorney or authorized agent. I am the creditor's attorney or other codebtor. Bankruptcy Rule 3004. Southorizes courts I am the trustee, or the debtor, or their authorized agent. I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3004. I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt. I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the information is true and correct. I declare under penalty of perjury that the foregoing is true and correct. I executed on date <u>04/29/2023</u> <u>MM / DD / YVYY</u> /style_Kemmer, Esquire Signature The name of the person who is completing and signing this claim: Name <u>Kyle Kemmer, Esquire</u> Signature Middle name Last name Tile Attorney Shelsby		the ordinar	y course of such Debtor's business. Attach documentation supportir	ng such claim.			
The person completing this proof of claim must sign and date it.		\$					
this proof of claim must sign and date it. FRBP 9011(b). I am the creditor. If you file this claim electronically. FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is. I am the creditor's attorney or authorized agent. A person who files a fraudulent claim could be fined up to 5 years, or both. I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt. I understand that an authorized signature on this <i>Proof of Claim</i> and have reasonable belief that the information is true and correct. I ab U.S.C. §§ 152, 157, and 3571. System <i>Mil / DD / YYYY Listy Le Kemmer</i> , <i>Esquire</i> Firstname Name Kyle Kemmer, Esquire Firstname Name Kyle Kemmer, Esquire Firstname Tile Attorney Company <u>Shelsby and Leoni</u> Identify the corporate servicer as the company if the authorized agent is a servicer.	Part 3: Sign Below						
sign and date it. I am the creditor. FRBP 9011(b). I am the creditor's attorney or authorized agent. If you file this claim electronically. FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is. I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt. I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the information is true and correct. I declare under penalty of perjury that the foregoing is true and correct. I declare under penalty of perjury that the foregoing is true and correct. I declare under penalty of perjury that the foregoing is true and correct. I declare under penalty of perjury that the foregoing is true and correct. I declare under penalty of perjury that the foregoing is true and correct. I declare under penalty of perjury that the foregoing is true and correct. I declare under penalty of perjury that the foregoing is true and correct. I declare under penalty of perjury that the foregoing is true and correct. I declare under penalty of perjury that the foregoing is true an		Check the approp	iate box:				
If you file this claim I am the creditor's attorney or authorized agent. If you file this claim I am the creditor's attorney or authorized agent. Stops(a)(2) authorizes courts to establish local rules I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3004. Image: Specifying what a signature is. I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. Image: Approx who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. I am a euthorized signature on this <i>Proof of Claim</i> serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt. I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the information is true and correct. I declare under penalty of perjury that the foregoing is true and correct. I declare under penalty of perjury that the foregoing is true and correct. Executed on date <u>04/29/2023</u> <u>MM / DD / YYYY</u> /s/kyLe Kemmer, Esquire Signature Name Kyle Kemmer, Esquire First name Middle name Last name Title <u>Attorney</u> Company <u>Shelsby and Leoni</u> Leoni Identify the corporate servicer as the company if the authorized agent is a servicer. Shelsby and Leoni	sign and date it.	I am the creditor.					
electronically, FRBP S005(a)(2) authorizes courts be establish local rules specifying what a signature is. A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571. <i>Last name Last name Last name</i> MM / DD / YYYY <i>Last name</i> Name <u>Kyle Kemmer, Esquire</u> Signature Title Attorney Company <u>Shelsby and Leoni</u> Identify the corporate servicer as the company if the authorized agent is a servicer.		I am the creditor's attorney or authorized agent.					
to establish local rules specifying what a signature is. I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt. 1 bus S.c. §§ 152, 157, and 3571. I declare under penalty of perjury that the foregoing is true and correct. 2 I declare under penalty of perjury that the foregoing is true and correct. 3571. I declare under penalty of perjury that the foregoing is true and correct. 1 I declare under penalty of perjury that the foregoing is true and correct. 1 I declare under penalty of perjury that the foregoing is true and correct. 2 I declare under penalty of perjury that the foregoing is true and correct. 3 Structure 1 I declare under penalty of perjury that the foregoing is true and correct. 1 Bayes or both. 18 U.S.C. §§ 152, 157, and 3571. I declare under penalty of perjury that the foregoing is true and correct. 1 Min / DD / YYYY I declare under penalty of the person who is completing and signing this claim: Name	electronically, FRBP	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.					
A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the information is true and correct. I budgetstand that an authorized signature on this <i>Proof of Claim</i> and have reasonable belief that the information is true and correct. I base examined the information in this <i>Proof of Claim</i> and have reasonable belief that the information is true and correct. I declare under penalty of perjury that the foregoing is true and correct. I declare under penalty of perjury that the foregoing is true and correct. I declare under penalty of perjury that the foregoing is true and correct. I declare under penalty of perjury that the foregoing is true and correct. I declare under penalty of perjury that the foregoing is true and correct. I declare under penalty of perjury that the foregoing is true and correct. I declare under penalty of perjury that the foregoing is true and correct. Executed on date <u>04/29/2023</u> <u>MM / DD / YYYY</u> /s/KyLe Kemmer, Esquire Signature Print the name of the person who is completing and signing this claim: Name Kyle Kemmer, Esquire First name Middle name Title Attorney Company Shelsby and Leoni Identify the corporate servicer as the company if the authorized age	to establish local rules specifying what a signature	I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.					
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the information is true and correct. 18 U.S.C. §§ 152, 157, and 3571. I declare under penalty of perjury that the foregoing is true and correct. Executed on date <u>04/29/2023</u> <u>MM / DD / YYYY</u> /s/KyLe Kemmer, Esquire Signature Signature Print the name of the person who is completing and signing this claim: Name Name Kyle Kemmer, Esquire First name Middle name Title Attorney Company Shelsby and Leoni Identify the corporate servicer as the company if the authorized agent is a servicer.	-						
imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571. I declare under penalty of perjury that the foregoing is true and correct. Executed on date <u>04/29/2023</u> <u>MM / DD / YYYY</u> /s/KyLe Kemmer, Esquire Signature <u>Print the name of the person who is completing and signing this claim:</u> <u>Name</u> <u>Kyle Kemmer, Esquire</u> <u>First name</u> <u>Middle name</u> <u>Last name</u> <u>Title</u> <u>Attorney</u> <u>Company</u> <u>Shelsby and Leoni</u> <u>Identify the corporate servicer as the company if the authorized agent is a servicer. </u>	fraudulent claim could be						
18 U.S.C. §§ 152, 157, and 3571. Executed on date 04/29/2023 MM / DD / YYYY /s/KyLe Kemmer, Esquire Signature	imprisoned for up to 5						
Signature Print the name of the person who is completing and signing this claim: Name Kyle Kemmer, Esquire First name Middle name Title Attorney Company Shelsby and Leoni Identify the corporate servicer as the company if the authorized agent is a servicer.	18 U.S.C. §§ 152, 157, and	Executed on date	<u>04/29/2023</u> MM / DD / YYYY				
Name Kyle Kemmer, Esquire First name Middle name Last name Title Attorney Company Shelsby and Leoni Identify the corporate servicer as the company if the authorized agent is a servicer.			er, Esquire				
First name Middle name Last name Title Attorney Company Shelsby and Leoni Identify the corporate servicer as the company if the authorized agent is a servicer.		Print the name of	the person who is completing and signing this claim:				
Company <u>Shelsby and Leoni</u> Identify the corporate servicer as the company if the authorized agent is a servicer.		Name		name			
Identify the corporate servicer as the company if the authorized agent is a servicer.		Title	Attorney				
Address		Company		:			
		Address					
Contact phone Email		Contact phone	Email				

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KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (888) 802-7207 | International (781) 575-2107

Debtor:		
23-90054 - IEH Auto Parts Holding LLC		
District:		
Southern District of Texas, Houston Division		
Creditor:	Has Supporting Doc	umentation:
A.A., a minor child - Elveria Griffin, parent		g documentation successfully uploaded
Shelsby and Leoni, P.A. c/o Kyle Kemmer, Esquire	Related Document S	
221 Main Street		
	Has Related Claim:	
Wilmington, DE, 19804	No	
Phone:	Related Claim Filed I	By:
302-995-6210		
Phone 2:	Filing Party:	
	Authorized age	ent
Fax:		
302-995-6121		
Email:		
kkemmer@mslde.com		
Other Names Used with Debtor:	Amends Claim:	
	No	
	Acquired Claim:	
	No	
Basis of Claim:	Last 4 Digits:	Uniform Claim Identifier:
Personal Injury resulting from Motor vehicle accident. See attached supporting documentation.	No	
Total Amount of Claim:	Includes Interest or (Charges:
Unliquidated Personal Injury Claim	None	
Has Priority Claim:	Priority Under:	
No		
Has Secured Claim:	Nature of Secured A	mount:
No	Value of Property:	
Amount of 503(b)(9):	Annual Interest Rate	:
No	A	
Based on Lease:	Arrearage Amount:	
No	Basis for Perfection:	
Subject to Right of Setoff:	Amount Unsecured:	
No		
Submitted By:		
Kyle Kemmer, Esquire on 29-Apr-2023 4:27:31 p.m. Easterr	Time	
Title:		
Attorney		
Company:		
Shelsby and Leoni		

STATE OF DELAWARE UNIFORM COLLISION REPORT

	Report #: 32-21-084125 - 000 Agency: 32
	Date and Time of Collision: 11/01/2021 - 11/01/2021 at 16:00
	Grid: 088354 Sector: 22 Latitude: 39.73211 Longitude: -75.62614
i i	Reporting Officer: OFF REIF Badge #: 13091

Injuries Involved: None Involved

Location of First Unstable Situation: On Roadway

Location of First Harmful Event: On Roadway

First Harmful Event: Stopped Motor Vehicle (Collision with person, vehicle, or object not fixed)

Primary Contributing Circumstance: Driver inattention, distraction, or fatigue

Manner of Impact: Front to rear

Crash Location

Officer Defined Location: On OLD CAPITOL TRAIL 26.40 Feet North East From NEWPORT GAP PIKE SR62 1.03 Miles from Elsmere Municipality

Collision Circumstances

	Lighting Condition: Daylight Road Condition: Dry Weather Conditions: Clear	Charles and the second s
- 1		
	Environment Contributing Circumstances: None	
Concession of the	Roadway Contributing Circumstances: None	
	Read Junction: Through Roadway	
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Driver of Vehicle - 001

Involvement: Dr	iver			New York Construction of the Construction of t			
Full Name: KEN	DRA NICOLE WAT	ZINIC	and a second				
License #:	Whiteho full resurre a figure			and a standard and a standard in the second standard in the standard in the standard in the standard standard and the standard in the standard			
A CONTRACT OF A		e Class: D		мания на политика и полно на п			
Gender: Female	Race: White	Ethnicity:	Not Hispanic/Latino	Brith Date:			
Address:							
City:	State/Country:	The Contract of Co	Zip Code:				
Cell Phone:		Contraction of the second at the second					
Seating Position: I	Front Seat – Left Side (Driver's S	(afit				
	Driver Distraction: Unknown						
Condition at Time o	f Crash: Apparently No	rmal					
Driver Action: Op	erating vehicle in inat	entive car	10 000 months	19 Ph. Charles V. Martins Martin S. Mar			
Driver Action: Operating vehicle in inattentive, careless, negligent, erratic, reckless or aggressive manner Occupant Protection: Shoulder and Lap Belt Used Ejection: Not Ejected							
Airbag: Not Depl			Ejection: Not Ejected	an management of the second			
annes warmen ogn det detrogen ges bis her her tillerer av	Non-sectore characteristic a size appropriate a consecutive sector approximate descent and a sector of the second	an and a subscription in the subscriptin in the subscription in the subscription in th	NATION SHOOT PATTY & Subscript of the free reading property of the free many				
Vehicle: 001	Vehicle Style: Passeng	er Car	Total Occupants: 1	3389992489924974824978824978926484848492497897894949269898254897824849789789789789789787878787878787878787			
	··· ··· •·						

Parietration: Delaware Expires: 12/21/2022
VIN: 0120 Model Year: 2014 Make: Toyota Model: Yaris or Yaris IM
Visite to Transport (Collision with person, venicie, or object not mean
Stopped Motor Vehicle (Collision with person, volicity of only
Most Harmful Event: Stopped Attention Taken: Stopped in Traffic Posted/Statutory Speed Limit: 25 (mph) Maneuver/Action Taken: No
Postedy statisticy of the Control Signal Inoperative/Missing: No
Traffic Control Device:
Gross Vehicle Weight Rating: 10,000 lbs or less
Gross venere wegar rearing
Equipment Faintres: Non Damage Removal: No Damage
Insurance Status: Insured Insurance Company: ACE AMERICAN INSURANCE COMPANY
Insurance Company. TATA H2531220A Expires: 12/01/2021
Insurance Folicy 7. Total DL PETERSON TRUST
Address 3315 Old Capitol TRL
City: WILMINGTON State/Country: Delaware Zip Code: 19808
Driver of Vehicle - 002
Involvement: Driver
Full Name: AYESHA MARIE MOON MCNAIR License Class: D
License #: Birth Date:
Gender: Female Race: Black/African American Elinity, recently
Address:
City: Line Country: Line Country: Line Country: City: Line Country: City: City
Seating Position: Front Seat Left Side (Driver's Side)
Driver Distraction: None
Condition at Time of Crash: Apparently Normal
Driver Action: No Contributing Action
Injury Status: Suspected Minor Injury Injury Status: Shoulder and Lap Belt Used Ejection: Not Ejected
Occupant Protection. On our and a second sec
Airbag: Not Deployed Vehicle: 002 Vehicle Style: Passenger Car Total Occupants: 3
Vehicle: 002 Vehicle Style: 1 Historig L
VIN: Model Year 2019 Make: Jeep Model: Grand Cherokee, Grand Cherokee
Model year: 2017
Vehicle Color: Black First Event: Motor Vehicle In Transport (Collision with person, vehicle, or object not fixed)
First Event: Motor Vehicle In Transport (Collision With Person, Motor Vehicle, or Non-Fixed Object) Most Harmful Event: Motor Vehicle in Transport (Collision With Person, Motor Vehicle, or Non-Fixed Object)
Most Harmful Event: Motor Venicle in Transport (Company Maneuver/Action Taken: Stopped in Traffic
Posted/Statutory Speed Limit: 25 (mph) Maneuver/Action Taken: Stopped In Traine

Approved On: 11/08/2021 Approved By: Kevin P Mackie

Traffic Control Device: Traffic Contr		
Taffarray Two Was Dista	Ol Signal Inoperative/Missing: No	алан арал анан алан алан алан араа араа
7. afficway? Two-Way, Divided, Un	approtected Median Direction Traveled: Northbound	**************************************
Gross Vchicle Weight Rating: 10,000 lb	os or less	
Equipment Failure: None		and a second
Extent of Damage/Removal: No Damag		References provide a constraint of the state of the second s
Insurance Status: Insured		***************************************
		анала на правити страна и продоку протоко странита с со с
Insurance Company: GEICO SECUR	E INSURANCE COMPANY	
	Expires: 12/01/2021	Wardward and Lance .
Owner Name:		
		Starbit (Starbit Starbit Handberg and Starbit Starbit Starbit Starbit Starbit Starbit Starbit Starbit Starbit St

-		÷	P	assen	ger	of	Veh	iicle	- 002
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Involvement: Passenger		
Full Name: A A	Manuary 1999 1999 1999 1999 1999 1999 1999 19	new with out of the state of the second s
Gender: Male Race: Black/African	American Ethnicity: Not Hispanic/Latino Birth Date	
Address:	Birth Date:	W. Harrow,
City: State/Country:	Zip Cole:	10.70 January (* 1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (19
Scating Position: Second Seat – Right Side Injury Status: Suspected Minor Injury		 Celebrary and a second an analysis of the contract of the contrac
Occupant Protection: Shoulder and Lap Belf	Primary Area of Body Injury: Thorax (chest)	MM-100-1-1-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0
Airbag: Not Deployed	Used Ejection: Not Ejected	
	Passangor of Volt 1 000	

Passenger of Vehicle - 002

a soonget of venicle - 002	
Involvement: Passenger	
	-
Gender: Male Race: Black/African American Ethnicity: Not Hispania (attack	-
Address: Black/African American Ethnicity: Not Hispanic/Latino Birth Date: 08/18/2008 - 13 years old	
City: Zip Code:	minimum
Seating Position: Second Seat - Left Side	
Injury Status: Suspected Minor Injury Primary Area of Body Johnson (The States of Body	1
	<u> </u>
Airbag: Not Deployed	

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Narrative - Report Sequence: 000

On 11-01-2021 at approximately 1600 hours, I was dispatched to Christiana Medical Center (CMC) in reference to a motor vehicle collision with a person injured.

I made contact with the reporting person, Ayesha McNcair (B/F/NH **Content**). Ayesha advised she was on Old Capital Trail, stopped at the red light in her 2019 Jeep (**Content**), turning left on to Newport Gap Pike. Ayesha advised while stopped, she felt a car drive into the back of her vehicle. Ayesha advised herself and the operator of the vehicle behind her exited their vehicles, made contact with each other, and decided to pull into a parking lot adjacent to the intersection to phone the police. Ayesha advised the other operator advised she was adjusting her seat when her foot slipped off the breaks, causing her to drive into the back of Ayesha's vehicle. Ayesha advised she called the police and a Trooper from Delaware State Police (DSP) responded to the scene. Ayesha advised the two drivers exchanged information and went about their way. Ayesha advised her back started to hurt, so she called back to 911 dispatch advising she would be responding the CMC and requested an officer meet her there. Ayesha advised her lower back was hurting. She also advised her son and nephew, who were in the vehicle, are also complaining of back and chest pain.

I then made contact with the operator of the striking vehicle, Kendra Watkins (W/F/NH **Sector**). Kendra advised she was was driving on Old Capital Trail, when she stopped behind a vehicle at a red traffic light. Kendra advised she was completely stopped, at which time she adjusted her seat, causing her foot to slip off the break and coast into the vehicle in front of her. Kendra advised she made contact with the other driver, a Trooper responded to the scene, they exchanged information and went about their day.

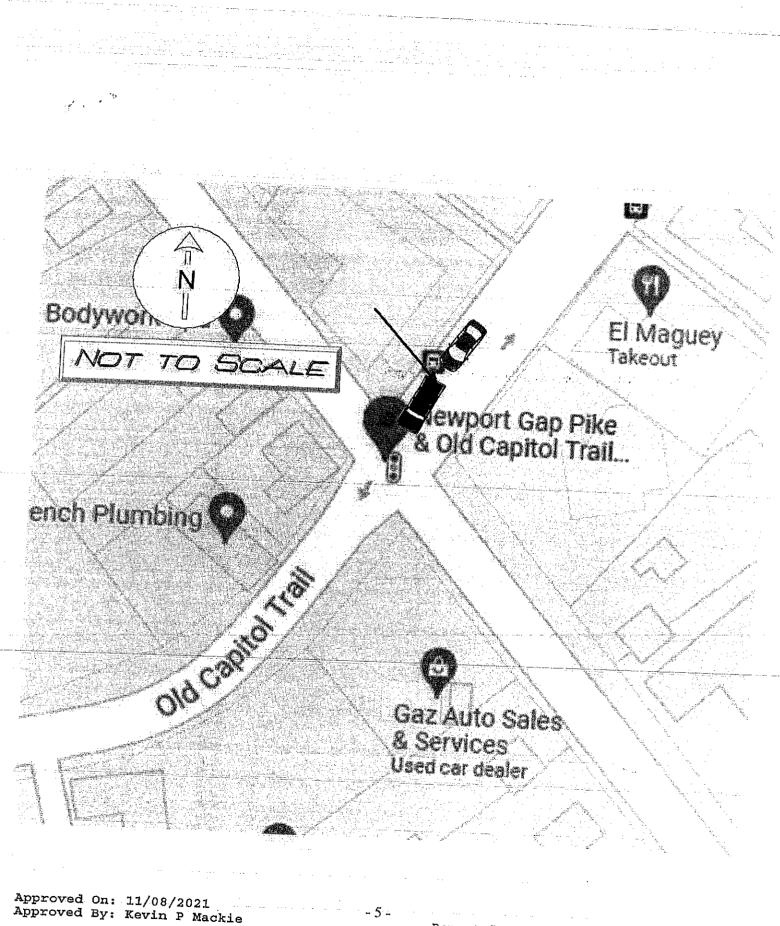
I observed there to be no damage to Ayesha's vehicle. It should be noted that when I made contact with Kendra, she was in Philadelphia, but Kendra advised her vehicle did not sustain any damage during the collision. Due to there being no damage to either vehicle, photographs were not taken.

I conducted a follow up on 11-02-2021 at approximately 1000 hours and made contact with Ayesha. Ayesha advised she and the other occupants suffered minor back and chest strains, and were discharged from CMC without incident.

Both parties were issued a case number reference this. Kendra was issued a verbal warning to remain attentive at all times while operating a motor vehicle.

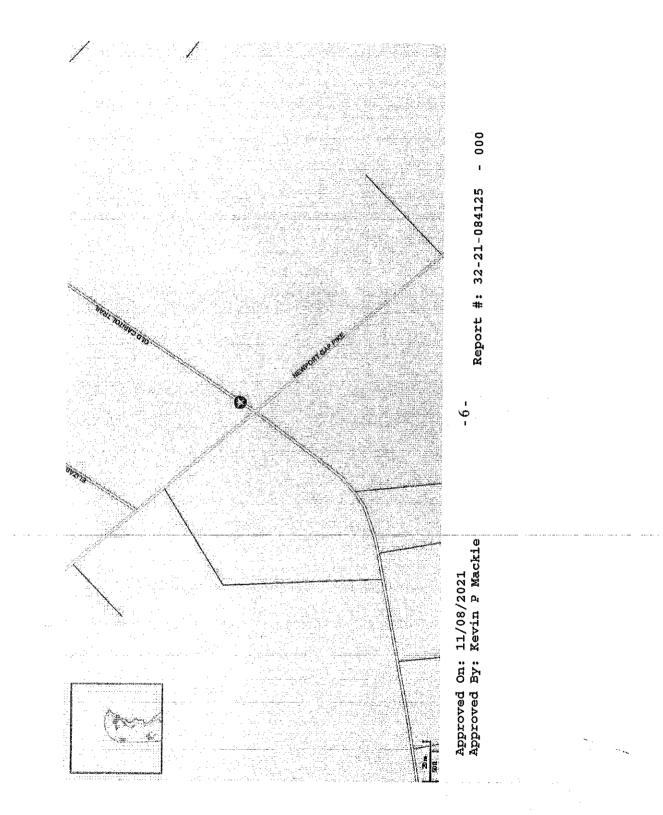
Approved On: 11/08/2021 Approved By: Kevin P Mackie Report #: 32-21-084125 - 000

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Report #: 32-21-084125

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MEDICAL RECORDS INDEX

A.A., a Minor Child (Elveria Griffin, Parent) Date of Incident: 11/01/2021

- 1. Christiana Care Emergency Dept. _____ 11/01/2021 Steven Kushner, M.D.
- 2. First State Physicians 11/09/2021 06/23/2022 Kevin J. McDermott, D.C.
- 3. Diagnostic Studies Reports, Imaging Disks, and/or Films
 - Christiana Care Chest X- Ray
 Christiana Care ECG

11/01/2021 11/01/2021

Medical Bill Exhibit A.A., a Minor Child (Elveria Griffin, Parent) Date of Accident: 11/01/2021

Healthcare Providers	Date(s) of Service	Total Amount Charged by Healthcare Provider
Christiana Care Emergency Department	11/1/2021	\$1,149.19
First State Physicians	11/09/2021 - 05/05/2022	\$5,449.00
TOTAL		\$6,598.19

POWER OF ATTORNEY

KNOW ALL PERSONS BY THESE PRESENTS THAT A A of Milmington, Delaware has made, constituted and appointed, and by these presents does make, constitute and appoint Kyle Kemmer, Esquire of SHELSBY & LEONI, attorney for me, and in my name, place and stead, to do any and all of the following with regard to my November 01, 2021 accident.

To receive and collect amicably or by legal process all monies to which I am entitled now or at any time hereafter;

To make, to endorse, and to accept any drafts drawn to my name without limit as to number or amount;

All and every of which said acts, matters and things I do hereby expressly authorize my said attorney to do in my name and as fully and as effectively as though I were present and acting in person;

And I do hereby ratify and confirm all and every acts, matters, and things which shall be done by my said attorney in my name.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this <u>16th</u> day of <u>November</u>, <u>2021</u>.

WITNESS

STATE OF DELAWARE *
*
SS:
COUNTY OF New Castle *

BE IT REMEMBERED, that on this <u>16th</u> day of <u>November</u>, 20<u>21</u>, personally came before me the Subscriber, a Notary Public for the State and County aforesaid, <u>Elveria Griffin, as parent/legal guardian of a minor</u>, known to me personally to be such and has acknowledged this Power of Attorney to be her/his Act and Deed.

GIVEN under my hand and seal of office the day and year aforesaid.

OTARY PUBLIC

legal guardian of

, a minor

(SEAL)