

**Fill in this information to identify the case:**

Debtor IEH Auto Parts Holding LLC

United States Bankruptcy 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.**

**Part 1: Identify the Claim**

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



**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor?  No  
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: \_\_\_\_ \_

7. 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).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.  
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

9. Is all or part of the claim secured?  No  
 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 *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.  
 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

10. Is this claim based on a lease?  No  
 Yes. Amount necessary to cure any default as of the date of the petition. \$ \_\_\_\_\_

11. Is this claim subject to a right of setoff?  No  
 Yes. Identify the property: \_\_\_\_\_



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies.	\$ _____

\* 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.

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.

\$ \_\_\_\_\_

**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 5005(a)(2) authorizes courts to 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.**

*Check the appropriate box:*

I am the creditor.

I am the creditor's attorney or authorized agent.

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 understand that an authorized signature on this *Proof of Claim* 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 *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 04/29/2023  
MM / DD / YYYY

/s/Kyle Kemmer, Esquire  
Signature

**Print the name of the person who is completing and signing this claim:**

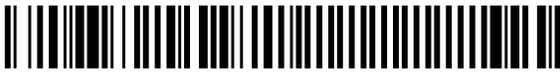
Name Kyle Kemmer, Esquire  
First name Middle name Last name

Title Attorney

Company Shelsby and Leoni  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address \_\_\_\_\_

Contact phone \_\_\_\_\_ Email \_\_\_\_\_



# KCC ePOC Electronic Claim Filing Summary

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

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

## STATE OF DELAWARE UNIFORM COLLISION REPORT

Report #: <b>32-21-084125 - 000</b>		Agency: <b>32</b>	
Date and Time of Collision: <b>11/01/2021 - 11/01/2021 at 16:00</b>			
Grid: <b>088354</b>		Sector: <b>22</b>	Latitude: <b>39.73211</b>
Reporting Officer: <b>OFF REIF</b>		Badge #: <b>13091</b>	
		County: <b>New Castle</b>	Zip Code: <b>19808</b>
		Longitude: <b>-75.62614</b>	

Injuries Involved: <b>None Involved</b>
Location of First Unstable Situation: <b>On Roadway</b>
Location of First Harmful Event: <b>On Roadway</b>
First Harmful Event: <b>Stopped Motor Vehicle (Collision with person, vehicle, or object not fixed)</b>
Primary Contributing Circumstance: <b>Driver inattention, distraction, or fatigue</b>
Manner of Impact: <b>Front to rear</b>

### Crash Location

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

### Collision Circumstances

Lighting Condition: <b>Daylight</b>	Road Condition: <b>Dry</b>
Weather Conditions: <b>Clear</b>	
Environment Contributing Circumstances: <b>None</b>	
Roadway Contributing Circumstances: <b>None</b>	
Road Junction: <b>Through Roadway</b>	

### Driver of Vehicle - 001

Involvement: <b>Driver</b>			
Full Name: <b>KENDRA NICOLE WATKINS</b>			
License #: [REDACTED]		License Class: <b>D</b>	
Gender: <b>Female</b>	Race: <b>White</b>	Ethnicity: <b>Not Hispanic/Latino</b>	Birth Date: [REDACTED]
Address: [REDACTED]			
City: [REDACTED]	State/Country: [REDACTED]	Zip Code: [REDACTED]	
Cell Phone: [REDACTED]			
Seating Position: <b>Front Seat - Left Side (Driver's Side)</b>			
Driver Distraction: <b>Unknown</b>			
Condition at Time of Crash: <b>Apparently Normal</b>			
Driver Action: <b>Operating vehicle in inattentive, careless, negligent, erratic, reckless or aggressive manner</b>			
Occupant Protection: <b>Shoulder and Lap Belt Used</b>		Ejection: <b>Not Ejected</b>	
Airbag: <b>Not Deployed</b>			
Vehicle: <b>001</b>	Vehicle Style: <b>Passenger Car</b>	Total Occupants: <b>1</b>	

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

Report #: **32-21-084125 - 000**

Registration: [REDACTED]	State/Country: Delaware	Expires: 12/21/2022
VIN: [REDACTED]		
Model Year: 2014	Make: Toyota	Model: Yaris or Yaris IM
Vehicle Color: Red		
First Event: Motor Vehicle In Transport (Collision with person, vehicle, or object not fixed)		
Most Harmful Event: Stopped Motor Vehicle (Collision with person, vehicle, or object not fixed)		
Posted/Statutory Speed Limit: 25 (mph)	Maneuver/Action Taken: Stopped in Traffic	
Traffic Control Device: Traffic Control Signal	Inoperative/Missing: No	
Trafficway: Two-Way, Divided, Unprotected Median	Direction Traveled: Northbound	
Gross Vehicle Weight Rating: 10,000 lbs or less		
Equipment Failure: None		
Extent of Damage/Removal: No Damage		
Insurance Status: Insured		
Insurance Company: ACE AMERICAN INSURANCE COMPANY		
Insurance Policy #: 15AH2531220A	Expires: 12/01/2021	
Owner Business Name: DL PETERSON TRUST		
Owner 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 #: [REDACTED]	License Class: D		
Gender: Female	Race: Black/African American	Ethnicity: Not Hispanic/Latino	Birth Date: [REDACTED]
Address: [REDACTED]			
City: [REDACTED]	State/Country: [REDACTED]	Zip Code: [REDACTED]	
Cell Phone: [REDACTED]			
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			
Occupant Protection: Shoulder and Lap Belt Used		Ejection: Not Ejected	
Airbag: Not Deployed			
Vehicle: 002	Vehicle Style: Passenger Car	Total Occupants: 3	
Registration: [REDACTED]	State/Country: Delaware	Expires: 10/27/2023	
VIN: [REDACTED]			
Model Year: 2019	Make: Jeep	Model: Grand Cherokee, Grand Cherokee	
Vehicle Color: Black			
First Event: Motor Vehicle In Transport (Collision with person, vehicle, or object not fixed)			
Most Harmful Event: Motor Vehicle in Transport (Collision With Person, Motor Vehicle, or Non-Fixed Object)			
Posted/Statutory Speed Limit: 25 (mph)	Maneuver/Action Taken: Stopped in Traffic		

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

Traffic Control Device: <b>Traffic Control Signal</b>	Inoperative/Missing: <b>No</b>
Trafficway: <b>Two-Way, Divided, Unprotected Median</b>	Direction Traveled: <b>Northbound</b>
Gross Vehicle Weight Rating: <b>10,000 lbs or less</b>	
Equipment Failure: <b>None</b>	
Extent of Damage/Removal: <b>No Damage</b>	
Insurance Status: <b>Insured</b>	
Insurance Company: <b>GEICO SECURE INSURANCE COMPANY</b>	
Insurance Policy #: <b>6064304588</b>	Expires: <b>12/01/2021</b>
Owner Name: [REDACTED]	
Owner Address: [REDACTED]	
City: [REDACTED]	State/Country: [REDACTED] Zip Code: [REDACTED]

**Passenger of Vehicle - 002**

Involvement: <b>Passenger</b>			
Full Name: <b>A [REDACTED] A [REDACTED]</b>			
Gender: <b>Male</b>	Race: <b>Black/African American</b>	Ethnicity: <b>Not Hispanic/Latino</b>	Birth Date: [REDACTED]
Address: [REDACTED]			
City: [REDACTED]	State/Country: [REDACTED]	Zip Code: [REDACTED]	
Seating Position: <b>Second Seat - Right Side</b>			
Injury Status: <b>Suspected Minor Injury</b>		Primary Area of Body Injury: <b>Thorax (chest)</b>	
Occupant Protection: <b>Shoulder and Lap Belt Used</b>		Ejection: <b>Not Ejected</b>	
Airbag: <b>Not Deployed</b>			

**Passenger of Vehicle - 002**

Involvement: <b>Passenger</b>			
Full Name: <b>T [REDACTED] W [REDACTED]</b>			
Gender: <b>Male</b>	Race: <b>Black/African American</b>	Ethnicity: <b>Not Hispanic/Latino</b>	Birth Date: <b>08/18/2008 - 13 years old</b>
Address: [REDACTED]			
City: [REDACTED]	State/Country: [REDACTED]	Zip Code: [REDACTED]	
Seating Position: <b>Second Seat - Left Side</b>			
Injury Status: <b>Suspected Minor Injury</b>		Primary Area of Body Injury: <b>Thorax (chest)</b>	
Occupant Protection: <b>Shoulder and Lap Belt Used</b>		Ejection: <b>Not Ejected</b>	
Airbag: <b>Not Deployed</b>			

## 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.

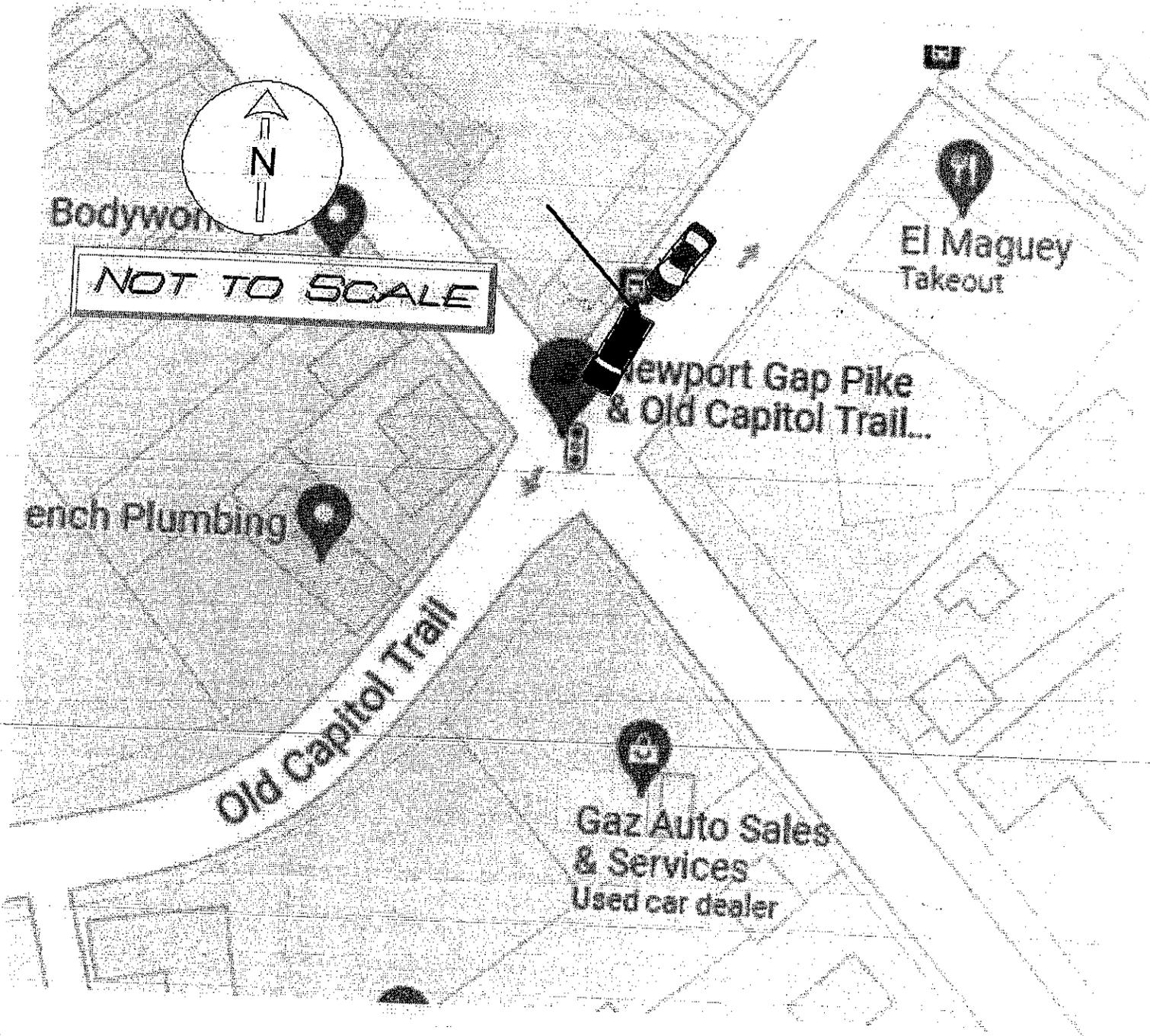
I made contact with the reporting person, Ayesha McNair (B/F/NH [REDACTED]). Ayesha advised she was on Old Capital Trail, stopped at the red light in her 2019 Jeep ([REDACTED]), turning left on to Newport Gap Pike. Ayesha advised while stopped, she felt a car drive into the back of her vehicle. Ayesha 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 [REDACTED]). Kendra advised she 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.

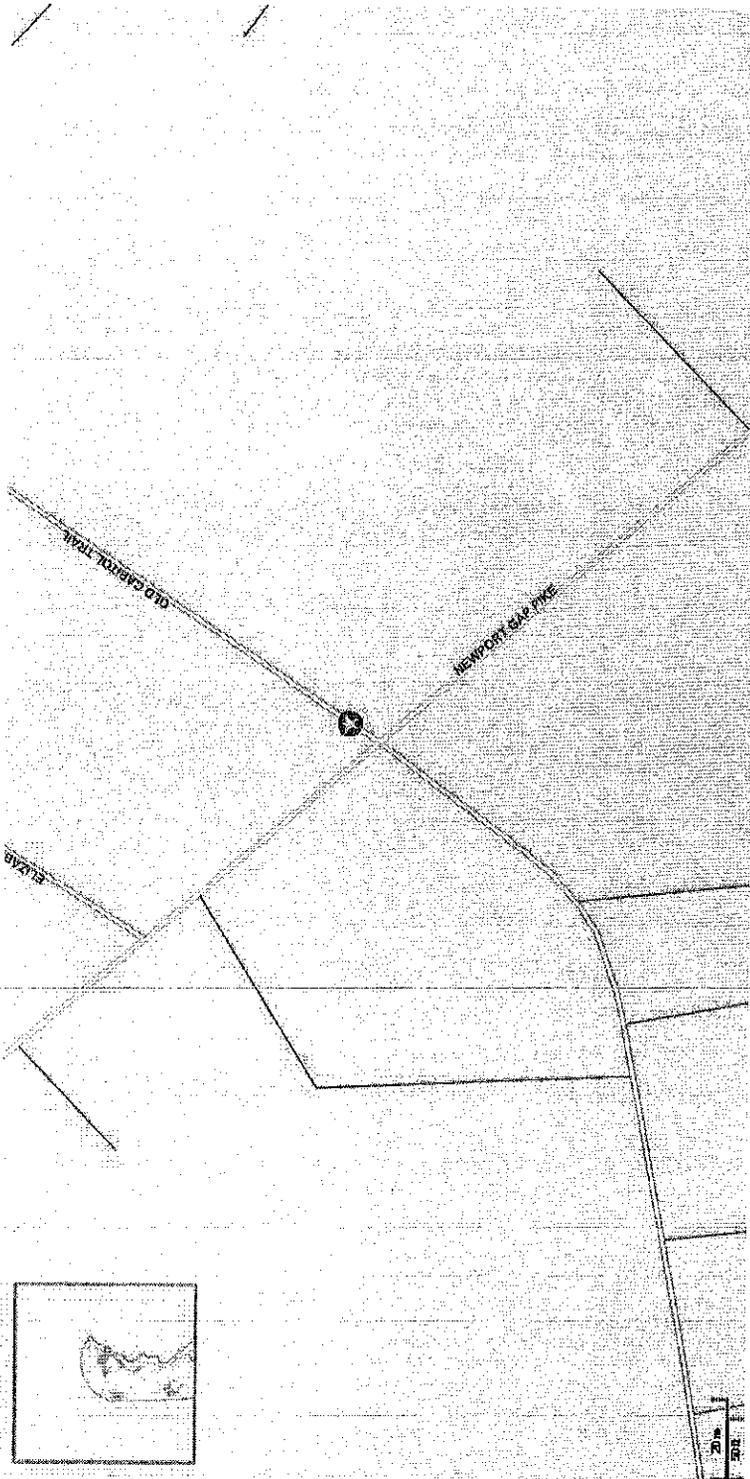
I observed there to be no damage to Ayesha's vehicle. It should be noted that when I made contact with Kendra, she was in Philadelphia, but Kendra advised her vehicle did not sustain any damage during the collision. Due to there being no damage to either vehicle, photographs were not taken.

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



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

- 6 -

Report #: 32-21-084125 - 000

## **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 11/01/2021
  - Christiana Care – ECG 11/01/2021

Medical Bill Exhibit

A.A., a Minor Child (Elveria Griffin, Parent)

Date of Accident: 11/01/2021

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

POWER OF ATTORNEY

KNOW ALL PERSONS BY THESE PRESENTS THAT A [REDACTED] A [REDACTED] of Wilmington, Delaware has made, constituted and appointed, and by these presents does make, constitute and appoint Kyle Kemmer, Esquire of **SHELBY & 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 16th day of November, 2021.

[Signature]  
WITNESS

[Signature]  
as parent/legal guardian of [REDACTED], a minor  
(SEAL)

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

BE IT REMEMBERED, that on this 16th day of November, 2021, personally came before me the Subscriber, a Notary Public for the State and County aforesaid, Elveria Griffin, as parent/legal guardian of [REDACTED] a minor, 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.

[Signature]  
NOTARY PUBLIC

