Fill in this information to identify the case:					
Debtor	IEH Auto Parts Holding LLC				
United States Ba	Inkruptcy 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 Claim	m	
1.	Who is the current creditor?	Ayesha McNair Name of the current creditor (the person or entity to be paid for this clair Other names the creditor used with the debtor	n)
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 (see summary page for notice party informat: Uniform claim identifier for electronic payments in chapter 13 (if you use	•
4.	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)	·
5.	Do you know if anyone else has filed a proof of claim for this claim?	 No Yes. Who made the earlier filing? 	

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:
7. H	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:

12. Is all or part of the claim entitled to priority under	No No		
11 U.S.C. § 507(a)?	Yes. Chec	ck all that apply:	Amount entitled to priority
A claim may be partly priority and partly		estic support obligations (including alimony and child support) under S.C. \S 507(a)(1)(A) or (a)(1)(B).	\$
nonpriority. For example, in some categories, the law limits the amount		\$3,350* of deposits toward purchase, lease, or rental of property rvices for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$
entitled to priority.	days	es, salaries, or commissions (up to \$15,150*) earned within 180 before the bankruptcy petition is filed or the debtor's business ends, never is earlier. 11 U.S.C. § 507(a)(4).	\$
	Taxe	s or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$
	Cont	ributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$
	Othe	r. 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)?	days befo	cate the amount of your claim arising from the value of any goods receive the date of commencement of the above case, in which the goods ary course of such Debtor's business. Attach documentation supportin	have been sold to the Debtor in
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.	$ \begin{array}{ c c } & I \text{ am the true} \\ \hline & I \text{ am a guara} \\ I \text{ understand that the amount of the } \\ I \text{ have examined } \\ I \text{ declare under per } \\ \hline & \text{Executed on date} \\ \hline \\ \hline \\ \frac{/s/KyLe Kemm}{Signature} \\ \end{array} $	ditor. ditor's attorney or authorized agent. attee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. antor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. an authorized signature on this <i>Proof of Claim</i> serves as an acknowled, a claim, the creditor gave the debtor credit for any payments received to the information in this <i>Proof of Claim</i> and have reasonable belief that the enalty of perjury that the foregoing is true and correct. $\frac{04/29/2023}{MM / DD / YYYY}$	ward the debt. e information is true and correct.
	7001633		
	Contact phone	Email	

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 Docu			
Ayesha McNair	Yes, supporting documentation successfully uploaded			
Shelsby and Leoni, P.A. c/o Kyle Kemmer, Esquire	Related Document St	atement:		
221 Main Street	Has Related Claim:			
Wilmington, DE, 19804	No			
United States	Related Claim Filed B	v:		
Phone:		y.		
302-995-6210	Filing Party:			
Phone 2:	Authorized agent			
F aur				
Fax:				
302-995-6121				
Email: kkemmer@mslde.com				
Disbursement/Notice Parties:				
A.A., a minor child - Elveria Griffin, parent	TW a minor of	hild - Ayesha McNair, parent		
Shelsby and Leoni, P.A. c/o Kyle Kemmer, Esquire		eoni, P.A. c/o Kyle Kemmer, Esquire		
221 Main Street	221 Main Stree			
Wilmington, DE, 19804	Wilmington, DE	E. 19804		
United States	United States			
Phone:	Phone:			
302-995-6210	302-995-6210			
Phone 2:	Phone 2:			
Fax:	Fax:			
302-995-6121	302-995-6121			
E-mail:	E-mail:			
kkemmer@mslde.com	kkemmer@msl	de.com		
-	-			
Other Names Used with Debtor:	Amends Claim:			
	No			
	Acquired Claim:			
	No			
Basis of Claim:	-	Uniform Claim Identifier:		
Personal Injury resulting from Motor vehicle accident. See attached supporting documentation.	No			
Fotal Amount of Claim:	Includes Interest or C	harges:		
Unliquidated Personal Injury Claim	None			
Has Priority Claim:	Priority Under:			
No				
Has Secured Claim:	Nature of Secured An	nount:		
No	Value of Property:			
Amount of 503(b)(9): No	Annual Interest Rate:			
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 4:07:08 p.m. Eastern	n Time			
Fitle:				
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 и полно на полно на полно и 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 PG-00-17 Mart 1949 (Pr. 1950)			
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 characterized of size appropriate and the construction of the sector of th	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, Rooman
Address:
City: Line Country: Zip Code:
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
Zafficway: 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		in the hand we provide a close of the state of the second se
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:		
		Sarah (Sarah Kalendar) - Ang Kalendar (Kalendar) - Ang Kalendar (Kalendar) - Ang Kalendar (Kalendar) - Ang Kale

-		÷	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:	1977) January (* 1979) 1979 1979 1979 1979 1979 1979 197
Scating Position: Second Seat – Right Side Injury Status: Suspected Minor Injury		 Celebrary and a second s
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

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	Harrison and
City: Zip Code:	-
Seating Position: Second Seat - Left Side	
	-
	Į
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.

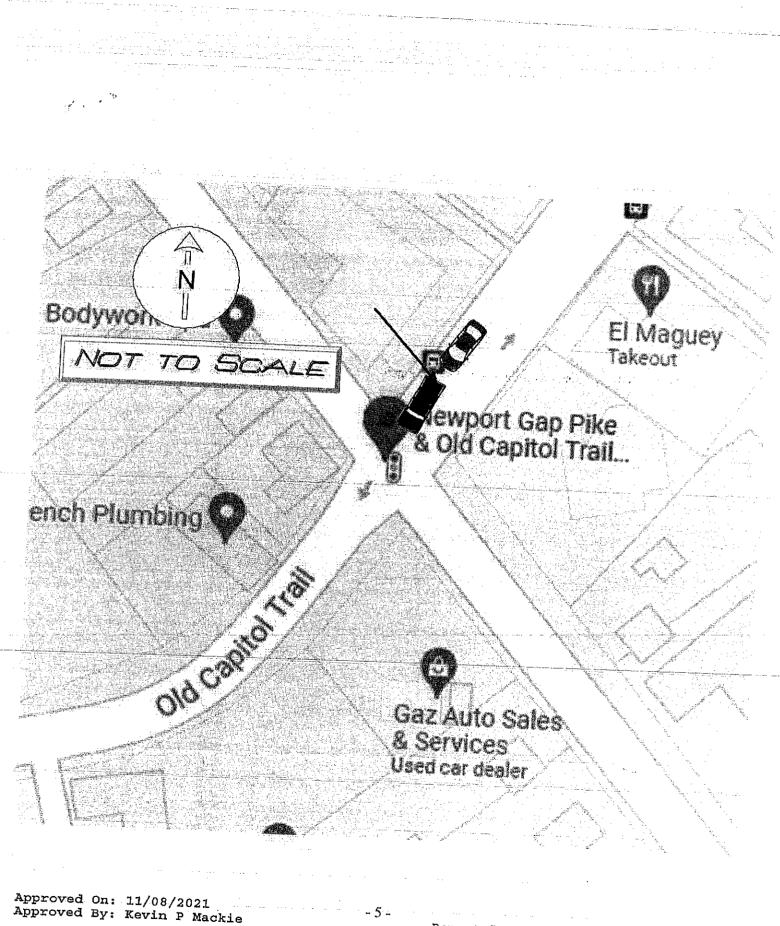
I observed there to be no damage to Ayesha's vehicle. It should be noted that when I made contact with Kendra, she was in Philadelphia, but Kendra advised her vehicle did not sustain any damage during the collision. Due to there being no damage to either vehicle, photographs were not taken.

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.

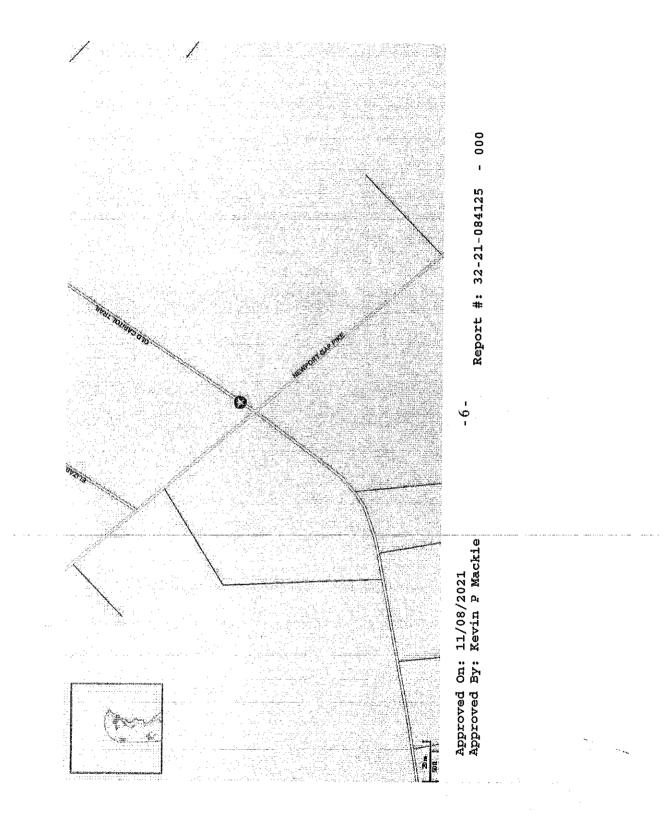
Approved On: 11/08/2021 Approved By: Kevin P Mackie Report #: 32-21-084125 - 000

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Report #: 32-21-084125

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MEDICAL RECORDS INDEX Ayesha McNair Date of Incident: 11/01/2021

1.	Christiana Care Emergency Dept Steven Kushner, M.D.	11/01/2021
2.	First State Physicians Kevin J. McDermott, D.C.	11/09/2021 - 05/05/2022
3.	Delaware Therapeutics Kevin Hopkins, L.M.T.	11/10/2021 - 03/08/2022
4.	AdvanceXing Pain and Rehabilitation Clinic Selina Y. Xing, M.D.	_ 11/16/2021 - 06/16/2022
5.	Diagnostic Studies – Reports, Imaging Disks, and/or File	ms
	• Christiana Care – CT Scan Cervical Spine	11/01/2021

• Bear MRI and Imaging Center – MRI Lumbar Spine 11/17/2021

Medical Bill Exhibit Ayesha McNair 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	\$2,155.80
First State Physicians	11/09/2021 - 05/05/2022	\$7,389.00
Delaware Therapeutics	11/16/2021 - 03/02/2022	\$2,211.00
AdvanceXing Pain and Rehabilitation Clinic	11/16/2021 - 2/17/22	\$5,121.00
Bear MRI and Imaging Center	11/17/2021	\$2,200.00
HealthLift Pharmacy Services	12/01/21 - 04/18/2022	\$381.74
TOTAL		\$19,458.54

POWER OF ATTORNEY

KNOW ALL PERSONS BY THESE PRESENTS THAT Avesha M. McNair of Wilmington, 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 November 2021

WITNESS

STATE OF DELAWARE SS: COUNTY OF New Castle

(SEAL)

BE IT REMEMBERED, that on this <u>16th</u> day of <u>November</u> , 2021, personally came before me the Subscriber, a Notary Public for the State and County Ayesha M. McNair aforesaid, , 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.

NOTARY PUBLIC

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 и полно на полно на полно и 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: Front Seat - Left Side (Driver's Side)						
	Driver Distraction: Unknown					
Condition at Time o	f Crash: Apparently No	rmal				
Driver Action: Op	erating vehicle in inat	entive car	10 000 months and the second			
Driver Action: Operating vehicle in inattentive, careless, negligent, erratic, reckless or aggressive manner Occupant Protection: Shoulder and Lap Belt Used Election: Not Elected						
	Airbag: Not Deployed					
annes warmen ogn det detrogen ges bis her her tillerer av	Non-sectore characterized of size appropriate and the construction of the sector of th	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 same more			
Vehicle: 001	Vehicle Style: Passeng	er Car	Total Occupants: 1	3389992489924974824978824978926484948484974978978978948978988787849789787849787878978978787878		
	··· ··· •·					

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, Rooman
Address:
City: Line Country: Line Count
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
Zafficway: 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 construction of the anti-extension of the state of the prove with a second construction of the state of the
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:		
		Sarah (Sarah Kalendar) - Ang Kalendar (Kalendar) - Ang Kalendar (Kalendar) - Ang Kalendar (Kalendar) - Ang Kale

-		÷	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:	1977) January (* 1979) 1979 1979 1979 1979 1979 1979 197
Scating Position: Second Seat – Right Side Injury Status: Suspected Minor Injury		 Celebrary and a second recognition of the complete of the contraption of the
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

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	Harrison and
City: Zip Code:	-
Seating Position: Second Seat - Left Side	
	-
	Į
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.

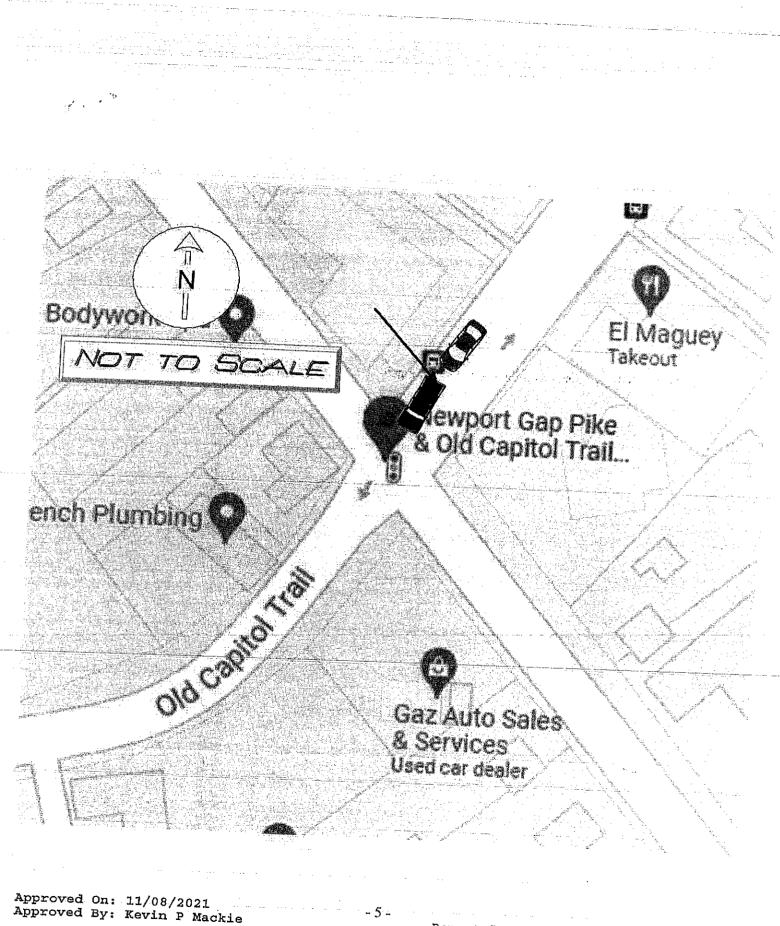
I observed there to be no damage to Ayesha's vehicle. It should be noted that when I made contact with Kendra, she was in Philadelphia, but Kendra advised her vehicle did not sustain any damage during the collision. Due to there being no damage to either vehicle, photographs were not taken.

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.

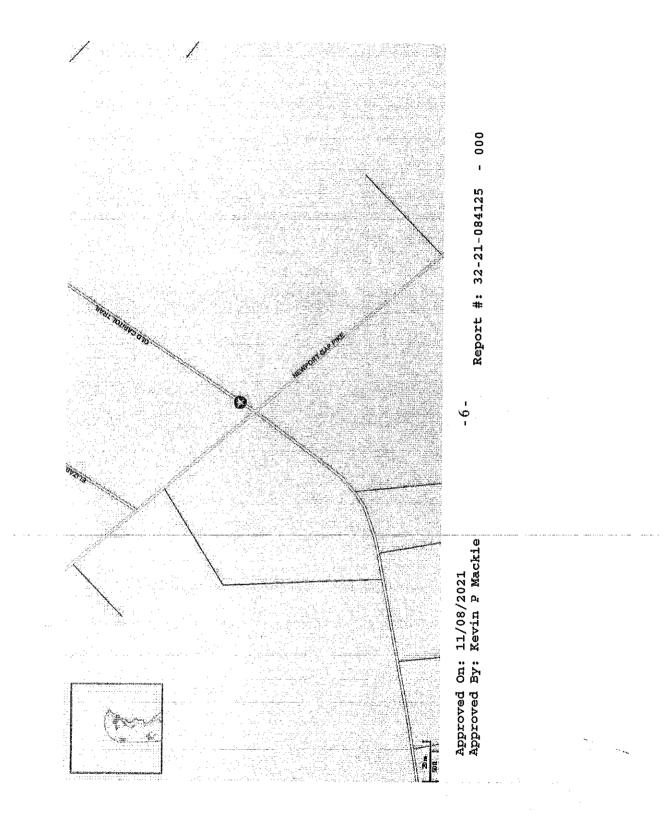
Approved On: 11/08/2021 Approved By: Kevin P Mackie Report #: 32-21-084125 - 000

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Report #: 32-21-084125

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MEDICAL RECORDS INDEX

T.W., a Minor Child (Ayesha McNair, Parent) Date of Incident: 11/01/2021

- Christiana Care Emergency Dept. ______ 11/01/2021
 Steven Kushner, M.D.
 First State Physicians ______ 11/09/2021 05/31/2022 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 T.W., a Minor Child (Ayesha McNair, 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	\$7,417.00
TOTAL		\$8,566.19

POWER OF ATTORNEY

KNOW ALL PERSONS BY THESE PRESENTS THAT <u>W</u> of <u>Wilmington</u>, <u>Delaware</u> has made, constituted and appointed, and by these presents does make, constitute and appoint <u>Kyle Kemmer</u>, 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 <u>November 01, 2021</u> 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 *

a minor (SEAL)

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>Ayesha M. McNair, as parent/legal guardian of</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.

NOTARY PUBLIC

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
in the second se	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	Date of the owned
- 1		
	Environment Contributing Circumstances: None	
Concession of the	Roadway Contributing Circumstances: None	
	Road Junction: Through Roadway	A Million at Long

Driver of Vehicle - 001

Involvement: Dr.	iver					
Full Name: KEN	DRA NICOLE WAT	ZINIC				
License #:	Whiteho to insurance where shows			- Provide the Concentration of History Concentration and Concentration and Concentration and Concentration and Advanced States (Advanced State (Advanced States (Advanced States (Adv (Advanced States (Advanced States (Advanced (Advanced States (Advanced States (Advanced States (Advanced Stat		
A CONTRACT OF A		e Class: D				
Gender: Female	Race: White	Ethnicity:	Not Hispanic/Latino	Birth Date:		
Address:						
City:	State/Country:	The Contract of the Contract o	Zip Code:			
Coll Phone:		A CONTRACTOR OF A CONTRACT	an and the first of the first of the second			
Seating Position: I	ront Seat – Left Side (Driver's S	ide)			
Driver Distraction:		and the second				
Condition at Time o	f Crash: Apparently No	rmal				
Driver Action: Operating vehicle in inattentive, careless, negligent, erratic, reckless or aggressive manner Occupant Protection: Shoulder and Lop Belt Used						
Occupant Protection: Shoulder and Lap Belt Used [Ejection: Not Ejected						
	irbag: Not Deployed					
Vchicle: 001	Vehicle Style: Passeng	er Car	Total Occurrent of the second se			
			Total Occupants: 1	en an anna an A		

Parietration: Delaware Expires: 12/21/2022					
VIN: 01200 Model Year: 2014 Make: Toyota Model: Yaris or Yaris IM					
The second secon					
Stonned 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					
Posted/Statitoly Development Trace Ga Control Signal Inoperative/Missing: No					
Traffic Control Device:					
Gross Vehicle Weight Rating: 10,000 lbs or less					
Gross venere weigh rening.					
Equipment Failure: Non Damage Extent of Damage/Removal: No Damage					
Insurance Status: Insured Insurance Company: ACE AMERICAN INSURANCE COMPANY					
Insurance Company. TAAH2531220A Expires: 12/01/2021					
Insurance Folicy # Total DL PETERSON TRUST					
Capitol TRL					
Owner Address: OSTE Gate P City: WILMINGTON State/Country: Delaware Zip Code: 19808					
Ulty: Internet and the second s					
Driver of Vehicle - 002					
Involvement: Driver					
Full Name: AYESHA MARIE MOON MCNAIR					
License #: License Class: D Bith Date: Bith Date: Bith Date:					
Gender: Female Race: Black/African American Elinity, recently					
Address:					
City: Line Country: Zip Code:					
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: 1 Historica Balaware Expires: 10/27/2023					
VIN: 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 Venicie in Transport (Comparison Comparison Compari					
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 Con	Billion Werschanzugen (Eine Bassellaum zum die fest werschanzuge (Pricharum werschan werschanzuge Australie Aust	•
Tafforman ² Two West Diets	ntrol Signal Inoperative/Missing: No	ina ang pang ta ang aga ang ang ang ang ang ang ang an
7. afficway: Two-Way, Divided,	Unprotected Median Direction Traveled: Northbound	
Gross Vchicle Weight Rating: 10,000	lbs or less	
Equipment Failure: None		
Extent of Damage/Removal: No Dam		en var som hellt der andere forskand och ihren der vir er var verkenden i freder under besondere fördarativska der der
Insurance Status: Insured		ֈֈ֎֎֎֎ֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈֈ
	JRE INSURANCE COMPANY	an a
SECULAR SECULAR		
Insurance Policy #: 6064304588	Expires: 12/01/2021	an a
Owner Name:	The second se	

-		÷	P	assen	ger	of	Veh	icle	- 002
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Involvement: Passenger		n na serie de la companya de la comp
Full Name: A A	Manager and a second	and a second
Gender: Male Race: Black/African	American Ethnicity: Not Hispanic/Latino Birth Date	
Address:	Birth Date:	ti duryang.
City: State/Country:	Zip Code:	9.000 and an
Scating Position: Second Seat – Right Side Injury Status: Suspected Minor Injury	A CRACK AND A A CONTRACTOR AND A	An constant way with a first spectra with the second spectra spectra spectra spectra spectra spectra spectra s
Occupant Protection: Shoulder and Lap Belf	Primary Area of Body Injury: Thorax (chest)	
Airbag: Not Deployed	f Used Ejection: Not Ejected	
	Passon got of York-1	1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 -

Passenger of Vehicle - 002

- Histonger of venicle - 002	
Involvement: Passenger	
Gender: Male Race: Black/African American Ethnicity: Not Hispania (I add	SCADADING & MONTHAND CONTRACT, MANAGEMENT AND CONTRACT, MAN
Address:	no Birth Date: 08/18/2008 - 13 years old
	00/10/2008 - 15 years old
City: Zip Code:	
Seating Position: Second Seat - Left Side	Werty The Calendary Michael Street and Calendary Street and Ca
Injury Status: Suspected Minor Injury Primary Area of Body Internet The Status	
	Control of the second s Second second s Second second s Second second s Second second se
Occupant Protection: Shoulder and Lap Belt Used Ejection: Not Ejected	i edina di mananzia ya na
Airbag: Not Deployed	

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Narrative - Report Sequence: 000

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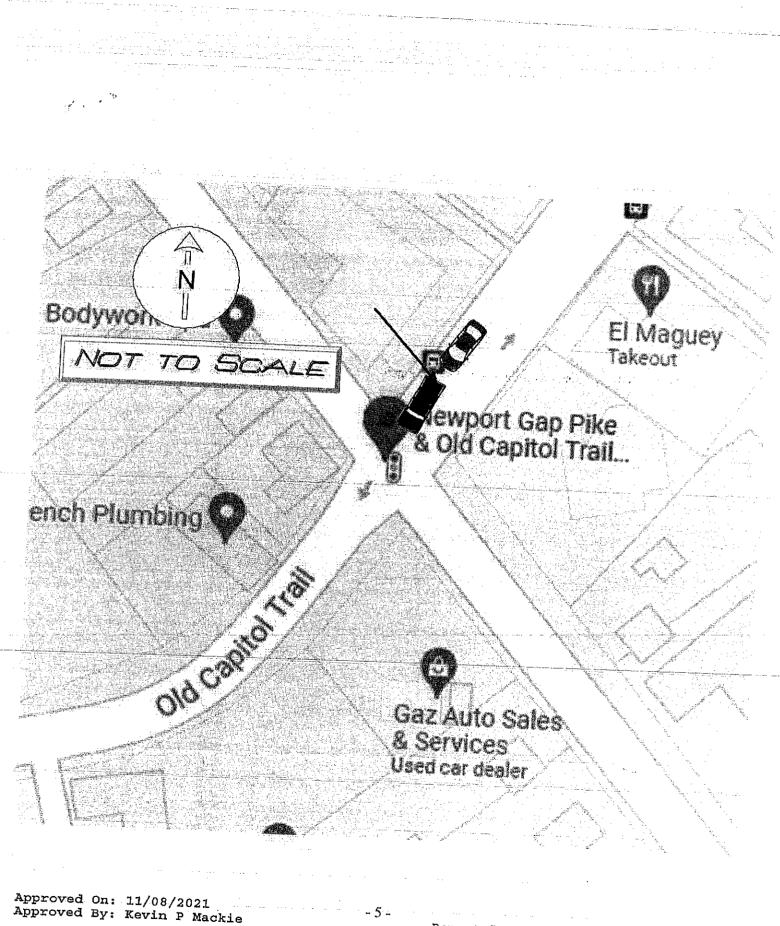
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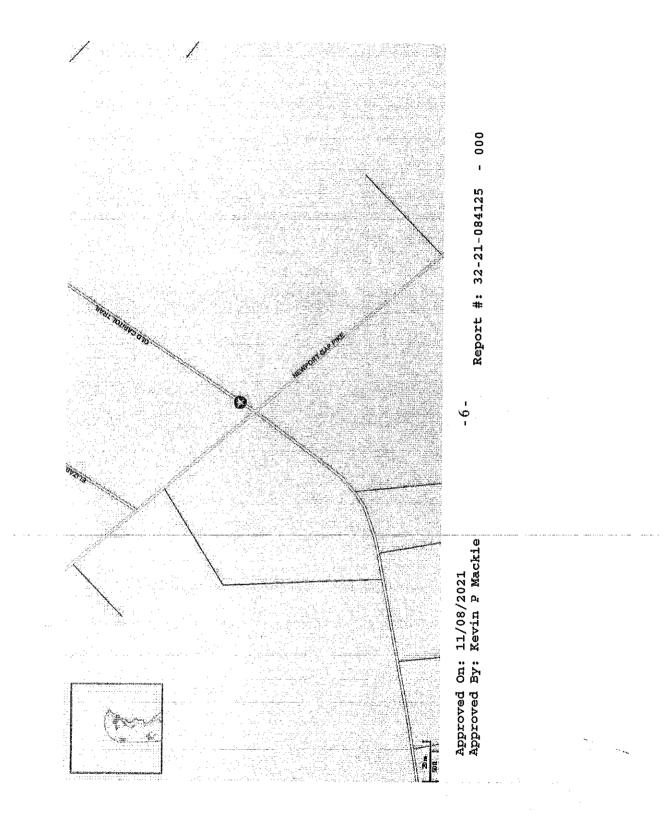
Approved On: 11/08/2021 Approved By: Kevin P Mackie Report #: 32-21-084125 - 000

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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)