

**FIRST JUDICIAL DISTRICT OF PENNSYLVANIA
IN THE COURT OF COMMON PLEAS OF PHILADELPHIA**

PLAINTIFF(S) v. DEFENDANT(S)	CIVIL TRIAL DIVISION Compulsory Arbitration Program COURT TERM: NO.
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Defendant's Interrogatories Addressed to Plaintiff(s)
Motor Vehicle Liability Cases

Defendant(s) hereby make demand that the Plaintiff(s) answer the following Interrogatories pursuant to the Pennsylvania Rules of Civil Procedure 4001 et seq. These Interrogatories must be answered as provided in Pa. R.C.P. 4006 and the Answers must be served on all other parties within thirty (30) days after the Interrogatories are deemed served.

These Interrogatories are deemed to be continuing as to require the filing of Supplemental Answers promptly in the event Plaintiff(s) or their representatives (including counsel) learn additional facts not set forth in its original Answers or discover that information provided in the Answers is erroneous. Such Supplemental Answers may be filed from time to time, but not later than thirty (30) days after such further information is received, pursuant to Pa. R.C.P. 4007.4.

These Interrogatories are addressed to Plaintiff(s) as a party to this action; Plaintiff's(s') answers shall be based upon information known to Plaintiff(s) or in the possession, custody or control of Plaintiff(s), their attorney or other representative acting on Plaintiff's(s') behalf whether in preparation for litigation or otherwise. These Interrogatories must be answered completely and specifically by Plaintiff(s) in writing and must be verified. The fact that investigation is continuing or that discovery is not complete shall not be used as an excuse for failure to answer each interrogatory as completely as possible. The omission of any name, fact, or other item of information from the Answers shall be deemed a representation that such name, fact, or other item was not known to Plaintiff(s), their counsel, or other representatives at the time of service of the answers. If another motor vehicle was not involved in the alleged accident, then interpret any questions to include a non-motor vehicle (e.g. pedestrian, bicycle, etc.).

BACKGROUND

1. Please identify if you are an individual, corporation or partnership:
 - (a) If an individual:
 - (1) full name (maiden name, if applicable)
 - (2) alias(es)
 - (3) date of birth
 - (4) Social Security Number

(5) residence and business addresses at time of the alleged accident and currently.

(b) If a corporation:

(1) registered corporation name

(2) principal place of business

(3) registered address at the time of the alleged accident and currently.

(c) If a partnership:

(1) registered partnership name

(2) principal place of business

(3) registered address at the time of the alleged accident and currently

(4) the identities and residence addresses of each partner at the time of the alleged accident and currently.

2. If you are currently employed, were employed at the time of the alleged accident and/or employed for five (5) years before the accident date, state as to each time period:

(a) By whom;

(b) Your stated title or position and accompanying duties and responsibilities;

(c) The length of your employment;

(d) Number of hours worked per week and/or number of days worked per week;

(e) Hourly wage and/or salary as well as supplemental wages (e.g. bonuses, overtime, etc.).

3. If at the time of the alleged accident, you (or your operator) possessed a valid license to operate a motor vehicle, state:
 - (a) The Commonwealth or State issuing it;
 - (b) The issuance date and expiration date;
 - (c) The operator's number of such license;
 - (d) The nature of any restriction(s) on said license;
 - (e) Whether you ever possessed a valid driver's license.

4. With regard to the motor vehicle in which you were an occupant at the time of the accident, identify:
 - (a) The applicable motor vehicle insurance carrier at the time of the alleged accident;
 - (b) The applicable liability insurance coverage limits at the time of the alleged accident;
 - (c) The applicable umbrella and/or excess liability insurance coverage limits at the time of the alleged accident.

5. If you (or your operator) had a driver's license suspended or revoked in the last ten (10) years, state:
 - (a) When, where and by whom it was suspended or revoked;
 - (b) The reason(s) for such suspension or revocation;
 - (c) The period of such suspension or revocation;
 - (d) Whether such suspension or revocation was lifted and if so, when.

6. Have you made a claim or filed a lawsuit for personal injury within the last ten (10) years? If so, state:
 - (a) Against whom the claim or lawsuit was made including the name and address of any insurance carrier and/or parties;
 - (b) The Commonwealth or State, County, Court, Term and Number of any lawsuits arising from that cause of action;
 - (c) The outcome of the claim/lawsuit.

7. Were you the owner or resident relative of an owner of a motor vehicle(s) at the time of the alleged accident? If so, state:
 - (a) Where the motor vehicle(s) was registered;
 - (b) Was the motor vehicle insured;
 - (c) The name of the insurance company and your insurance coverage;
 - (d) Your tort status under your insurance policy (full tort or limited tort).

8. Have you been convicted of or pleaded guilty or nolo contendere to any crime(s) in the past ten (10) years to any crime(s) involving dishonesty or false statements as provided in Pa.R.E. 609, or has last date of confinement for said crime(s) been within the past ten (10) years?

ACCIDENT INFORMATION

9. State the purpose of the motor vehicle trip you (or your operator) were on at the time of the alleged accident.

10. State whether or not you (or your operator) were familiar with the scene of the alleged accident and how often you traveled through same.

11. Was the Plaintiff's motor vehicle damaged as a result of the alleged accident? If so, describe the damage in detail.

12. Identify the person and/or company who repaired and/or evaluated your motor vehicle to prepare a repair estimate.
13. If the motor vehicle you were the owner and/or driver or occupant of has been sold since the time of the accident, state the date of the sale, identify by name and address the person who purchased the motor vehicle and the sale price of the motor vehicle.
14. If you (or your operator) consumed any alcoholic beverage(s), medications (prescription and/or over-the-counter) or any illicit drugs, during the forty-eight (48) hours immediately preceding the alleged accident, state:
 - (a) The nature, amount and type of item(s) consumed;
 - (b) The period of time over which the item(s) was/were consumed;
 - (c) The names and addresses of any and all persons who have any knowledge as to the consumption of the aforementioned items (e.g. witnesses, physicians, etc.).
15. At the time of the alleged accident, did you (or your operator) suffer from any deformity, disease, ailment, disability or abnormality that may have affected your ability to operate a motor vehicle? If so, identify the condition and the treating physician for that condition, if any.
16. Identify the date, time and location of the alleged accident.
17. Describe the lighting conditions, weather conditions and the condition of the road(s) surface(s) existing at the time and place of the alleged accident.
18. Were there any traffic control devices in the area of the alleged accident at the time of the accident? If so, describe the devices.
19. Describe the streets involved in the alleged accident in terms of traffic lanes (e.g. parking, travel, turn-only lanes).

20. At or shortly before the alleged accident, were you using any functions on your cell phone or on any portable handheld electronic device? If so, please provide your cell phone carrier name, cell phone number and account number or the provider name and account number for your handheld electronic device.
21. State in detail the manner in which the alleged accident occurred, specifying the position, lane, direction and location of each motor vehicle involved, just before, at the time of, and immediately after the alleged accident.
22. With regard to the alleged accident, state:
 - (a) When you first observed the other motor vehicle (or pedestrian, bicycle, etc.) involved in the alleged accident in terms of distance;
 - (b) The speed of your vehicle at the time of contact;
 - (c) Whether your (or your operator's) view was clear or what obstruction, if any, existed at the time of the alleged accident;
 - (d) What you (or your operator) did in an attempt to avoid the alleged accident;
 - (e) The parts of the vehicles that contacted each other.
23. Was there any physical evidence of the alleged accident at the scene including skid marks, yaw marks, debris or other physical evidence? If so, describe.
24. Was there a Police investigation conducted? If so, state the control number, the incident number and/or the report number, and whether any citations were issued.
25. If you (or your operator) appeared before any Traffic Court, Municipal Court or District Court for a summons, ticket or charge related to this accident, state the date and

location and whether testimony was offered.

26. State the name, home and business addresses of the following:
- (a) Those who actually witnessed the alleged accident;
 - (b) Those who were present at or near the scene at the time of the alleged accident;
 - (c) Those who have any knowledge or information as to any facts pertaining to the circumstances and/or manner of the happening of the alleged accident and/or the nature of the injuries sustained in the alleged accident.
27. At any time after the alleged accident, did you have any conversation(s) with or make any statement(s) to any of the parties or witnesses, or did any of them make any statement(s) to you or in your presence? If so, state the substance of any such conversation(s) or statement(s) and identify in whose presence it/they occurred.
28. Do you claim that the Defendant(s) violated any driving rules or laws? If so, state what rules or laws.

INJURY INFORMATION

29. Describe what, if any, injuries you sustained as a result of this alleged accident.
30. On the date of the alleged accident, did you have private health/medical insurance? If yes:
- (d) Please identify the name of the private health/medical insurance carrier and provide a copy of the health/medical insurance card and/or identification number;
 - (e) Has your private health/medical insurance carrier made any payments related to the alleged accident?
 - (f) If bills have been denied, provide documentation of denials.

- (g) If there is lien, state the amount and attach all documentation.
31. Have you received or are you currently receiving any medical benefits from Public Assistance/DHS? If yes:
- (a) Please provide a copy of your benefit identification card(s) and/or identification number;
 - (b) Has Medicaid/DHS made any payments related to this alleged accident?
 - (c) Has Medicaid/DHS asserted any liens related to the alleged accident?
 - (d) If there is lien, state the amount and attach all documentation.
32. Have you received or are you currently receiving any benefits from Medicare? If yes:
- (a) Please provide a copy of your Medicare Card and/or identification number;
 - (b) Has Medicare made any payments related to the alleged accident?
 - (c) Has Medicare asserted any liens related to the alleged accident?
 - (d) If there is lien, state the amount and attach all documentation.
33. Have you ever applied for, received and/or are you currently receiving Social Security Disability Benefits? If yes, state:
- (a) The reason for disability;
 - (b) The identity of the physician(s) who completed the benefits application(s);
 - (c) The dates of disability.
34. Have you applied for, received and/or are you currently receiving disability benefits from any other source? If yes, state:
- (a) The reason for disability;
 - (b) The identity of the physician(s) who completed the benefits application(s);
 - (c) The dates of disability.
35. Have you applied for, received and/or are you currently receiving workers' compensation benefits? If yes, state:
- (a) The type of injury;

- (b) The identity of the treating physician(s);
 - (c) Length of the injury;
 - (d) Time lost from work as a result of the injury;
 - (e) If there is lien, state the amount and attach all documentation.
36. Identify the name(s) of all of your family physician(s)/primary care physician(s) during the last ten (10) years.
37. Describe in detail all economic damages and/or losses you sustained as a direct result of the alleged accident.
38. Describe in detail all injuries, scarring and non-economic damages or losses alleged to have been sustained, including their nature, extent and duration.
39. State:
- (a) The identity, by name and address, of each hospital or university medical center where you were examined and/or treated and whether you were admitted;
 - (b) The identity of any person(s) who examined, evaluated or treated you, noting their name, address and specialty;
 - (c) The identity, by name and address of any diagnostic test center that provided services and what test were performed;
 - (d) The date(s) of all examination(s), evaluation(s), treatment(s) and/or confinement(s) by healthcare professionals and their corresponding charges;
 - (e) Identify any healthcare professional(s) you are currently consulting and/or treating with for any of the injuries and/or damages you sustained as a direct result of the alleged accident and what symptoms you still allegedly suffer from.

40. Did the alleged accident aggravate a pre-existing condition(s)? If so, state:
- (a) The nature and extent of such pre-existing condition;
 - (b) The date upon which you believe you recovered from symptomatology of the pre-existing condition(s), prior to the accident date;
 - (c) The name and address of the healthcare professional(s) who treated you for the pre-existing condition(s); and
 - (d) The date of and circumstances causing you to incur the pre-existing condition(s).
41. If you have fully recovered from the injuries you allege to have sustained in the present accident, state the approximate date you fully recovered.
42. If you have not fully recovered from your injuries, then describe any pain, ailment, complaint, injury, scarring or disability that you allege you still suffer from as a direct result of the alleged accident.
43. Did you sustain any injuries or suffer from any disease, deformity, or impairment, before or after the alleged accident, which in any way affected those parts of your body claimed to have been injured as a result of this alleged accident? If so, state:
- (a) The nature and extent of any such injury, disease, deformity or impairment;
 - (b) The date of the occurrence or diagnosis of such injury, disease, deformity or impairment;
 - (c) The names and address(es) of the healthcare professional(s) you have consulted with and/or treated with and the corresponding dates thereof, for such injury, disease, deformity or impairment.

44. Did you lose time from work as a result of the alleged accident? If so, state:
- (a) The dates you lost from work as a result of the alleged accident;
 - (b) The date that you returned to work;
 - (c) The name and address of the employer where you returned to work;
 - (d) Any change in your title or position, duties and/or responsibilities;
 - (e) Any change in your wage, salary or supplemental wages.
45. Describe in detail any future lost wage claim and/or impairment of earning capacity you will have as a direct result of the alleged accident and the basis thereof.
46. If you have engaged, or expect to engage, healthcare professionals and/or other expert witnesses (e.g. accident reconstructionists), whom you intend to have testify at trial on your behalf on any matter pertaining to this action, state:
- (a) The name of the expert;
 - (b) The expert's professional address;
 - (c) The expert's occupation;
 - (d) The expert's specialty;
 - (e) The expert's qualifications (e.g. Curriculum Vitae);
 - (f) The topic or subject matter upon which the expert is expected to testify;
 - (g) The substance of the facts to which the expert is expected to testify;

- (h) The substance of the opinion to which the expert is expected to testify;
- (i) A summary of the grounds or foundation for each opinion the expert is expected to testify.

MISCELLANEOUS

- 47. From the time of the accident to the present have you had or do you have any social media accounts such as Facebook, Instagram, Twitter, etc? If so, identify all of your social media accounts.

- 48. If this case involves a claim for loss of consortium, please describe the basis of that claim and any damages.

- 49. State the name and address of the person answering these Interrogatories and his/her relationship to the Plaintiff.

Esquire
Attorney ID#:

I _____, subject to the penalties of 18 Pa. C.S.A. §4904, relating to unsworn falsification to authorities, state the attached answers and/or documents are submitted in response to the foregoing Interrogatories and/or Requests for Production of Documents and that to the best of my knowledge, information and belief they are true and complete.

Signature