

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

<b>PLAINTIFF(S)</b>  <b>v.</b>  <b>DEFENDANT(S)</b>	<b>CIVIL TRIAL DIVISION</b>  <b>Compulsory Arbitration Program</b>  COURT TERM:  NO.
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**Defendant's Interrogatories Addressed To Plaintiff**  
*Premises Liability Cases*

Defendant hereby makes 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 Plaintiff's(s') 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 their 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), Plaintiff's(s') counsel, or other representatives at the time of service of the answers.

**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. 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.
4. 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.
5. 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.
6. 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**

7. State the purpose of your presence at the location and time of the alleged accident.
  
8. State whether or not you were familiar with the location of the alleged accident and how often you traveled through same.
  
9. Did you make any complaints/reports or are you aware of any complaints/reports to anyone during the six (6) months before the alleged accident, concerning the conditions of the location where the alleged accident occurred? If so, state:
  - (a) When;
  
  - (b) Who made the complaint/report;
  
  - (c) Who was the complaint/report made to;
  
  - (d) The reason for the complaint/report;
  
  - (e) Any action(s) taken as a result of the complaint/report;
  
  - (f) The name, address and job title of the person(s) who has custody, possession and/or control of such reports or complaints.
  
10. If you 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.).

11. At the time of the alleged accident, did you suffer from any deformity, disease, ailment, disability or abnormality that may have affected your ability to walk, run, see, hear or otherwise perceive and/or navigate the location of the accident? If so, identify the condition(s) and any treating physician for that condition(s).
  
12. State in detail the manner in which the alleged accident occurred.
  
13. With reference to the alleged accident upon which this lawsuit is based, state:
  - (a) The exact place of the alleged accident, giving the address of the location and indicating the specific part of the location at which the accident took place;
  
  - (b) Exact date and hour of the alleged accident;
  
  - (c) The surface condition of the location with reference to any surface covering materials (including carpets, rugs, tiles, etc.), depressions, foreign substances, obstructions, or any allegedly dangerous or defective conditions in the area of the alleged accident;
  
  - (d) If the alleged accident occurred outside, please state the weather conditions at the time and place of the accident and indicate whether the location was covered with snow, ice, rain (or water from any source), dirt, tar, concrete or other substance;
  
  - (e) The lighting conditions at the place and time of the alleged accident, indicating the location of all sources of artificial light at the time and place of the alleged accident and whether each such light was operable and turned on;
  
  - (f) Whether there were any handrails, banisters or similar safety devices at the location of the alleged accident and indicate the condition of such devices;

- (g) Whether the area of the alleged accident appeared to be under construction and whether there were any barricades, warning signs or construction tools/materials at the site of the accident;
  - (h) Whether the location where the alleged accident occurred was open to the general public and, if not, then indicate by what right (e.g. or with whose permission) Plaintiff was at the location. If the location was not open to the general public then also indicate whether there were any signs or notices to that effect in the area.
14. If you contend that a defect caused or contributed to the alleged accident, describe the defect.
15. Were you aware of the alleged defect prior to the happening of the alleged accident?
16. 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.
17. At the time of the alleged accident, please state:
- (a) What kind of footwear you were wearing (e.g. sandals, work-boots, thongs, tennis shoes, loafers, slippers, etc.) and indicate the height of the heel, and indicate whether the footwear is available for inspection by counsel;
  - (b) Whether you were carrying anything;
  - (c) Whether you were wearing prescription lenses.
18. Was there any investigation conducted? If so, describe by whom and state the results of the investigation.
19. Do you know of anyone who is in the possession, custody and/or control of any photographs, sketches, reproductions, charts, maps or diagrams of the scene of the

accident, and if so, state:

- (a) The date(s) they were taken or made;
- (b) The name, title, residence and business address of the person(s) taking them and in the possession, custody and/or control of them;
- (c) The subject or object of the particular site or view of each of them.

20. 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;
- (d) Are any of the people listed in the preceding answers to interrogatories relatives, agents, servants, employees, the spouse, and/or representatives of the Plaintiff(s)?

21. 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.

22. Do you claim that the Defendant(s) violated any ordinances, codes or laws? If so, state what rules or laws.

### **INJURY INFORMATION**

23. Describe what, if any, injuries you sustained as a result of this alleged accident.

24. On the date of the alleged accident, did you have private health/medical insurance? If yes:
- (a) 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;
  - (b) Has your private health/medical insurance carrier made any payments related to the alleged accident?
  - (c) If bills have been denied, provide documentation of denials.
  - (d) If there is lien, state the amount and attach all documentation.
25. 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.
26. 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.
27. 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.
28. 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.
29. 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.
30. Identify the name of all of your family physician(s)/primary care physician(s) during the last ten (10) years.
31. Describe in detail all economic damages and/or losses you sustained as a direct result of the alleged accident.
32. Describe in detail all injuries and non-economic damages or losses you sustained, including their nature, extent and duration.
33. 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.
34. 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).
35. If you have fully recovered from the injuries you allege to have sustained in the present accident, state the approximate date you fully recovered.
36. If you have not fully recovered from your injuries, then describe any pain, ailment, complaint, injury or disability that you allege you still suffer from as a direct result of the

alleged accident.

37. 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.
38. If you have engaged, or expect to engage, healthcare professionals and/or other expert witnesses (e.g. damages or liability), 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**

39. 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 such social media accounts.
  
40. If this case involves a claim for loss of consortium, please describe the basis of that claim and any damages.
  
41. State the name and address of the person answering these Interrogatories and his/her relationship to the Plaintiff.

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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.

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Signature