

**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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Plaintiff(s) Interrogatories Directed to Defendant(s)
Motor Vehicle Liability Cases

Plaintiff(s) hereby demands that the Defendant(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 Defendant(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 Defendant(s) as a party to this action; Defendant's(s') answers shall be based upon information known to Defendant(s) or in the possession, custody or control of Defendant(s), their attorney or other representative acting on Defendant's(s') behalf whether in preparation for litigation or otherwise. These Interrogatories must be answered completely and specifically by Defendant(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 Defendant(s), its 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 INFORMATION

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) residence or 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 for service of process 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 for service of process 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 (and/or your operator) were employed, state:
 - (a) Employer on the date of the accident;
 - (b) Your title or position and accompanying duties and responsibilities on the date of the accident;
 - (c) The length of your employment on the date of the accident.

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;

4. Identify:

- (a) Your applicable motor vehicle insurance carrier at the time of the alleged accident;
 - (b) Your applicable liability insurance coverage limits at the time of the alleged accident;
 - (c) Your applicable umbrella and/or excess liability insurance coverage limits at the time of the alleged accident;
 - (d) If self-insured, for all or any monetary part of a liability claim, so state (including the limits).
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 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 the motor vehicle trip you (or your operator) were on at the time of the alleged accident.

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

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

10. Identify the person and/or company who repaired and/or evaluated your motor vehicle to prepare a repair estimate.

11. 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.

12. 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.).
13. 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.
14. Identify the date, time and location of the alleged accident.
15. 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.
16. Were there any traffic control devices in the area of the alleged accident at the time of

- the accident? If so, describe the devices.
17. Describe the streets involved in the alleged accident in terms of traffic lanes (e.g. parking, travel, turn-only lanes).
 18. At or shortly before the 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.
 19. 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.
 20. 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.
21. 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.
22. 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.
23. 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.
24. Describe what, if any, injuries you and/or your occupants sustained as a result of this alleged accident.
25. 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.
26. At the time of the alleged accident or immediately thereafter, did you (or your operator) 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.
27. Do you believe that the Plaintiff did anything to contribute to the alleged accident? If so, describe what actions contributed to the alleged accident.

28. Have you or do you intend to make any claim or file a lawsuit for damages or losses related to this alleged accident?
29. 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 or whose report you intend to submit 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

- 30. Have you, your attorney or any representative of yours, conducted any sound, photographic, motion picture film, personal sight or any other type of surveillance of the Plaintiff(s)?

- 31. 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.

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

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