

VIRGINIA:

IN THE CIRCUIT COURT FOR FAIRFAX COUNTY

John Doe	*
Plaintiff	*
v.	* Case No. _____
Jane Smith	*
Defendants	*

DEFENDANT'S INTERROGATORIES TO PLAINTIFF

The Plaintiff is requested to answer the following interrogatories:

(a) These interrogatories are continuing in character, so as to require you to file supplementary answers if you obtain further or different information before trial.

(b) Unless otherwise indicated, these interrogatories refer to the time, place, and circumstances of the occurrence mentioned or complained of in the pleadings.

(c) Where knowledge or information or possession of a party is requested, such request includes knowledge of the party's agents, next friend, guardian, representative and, unless privileged, attorneys.

(d) The pronoun "you" refers to the party to whom these interrogatories are addressed, and the persons mentioned in clause(c).

1. State your full name, and any other names you have been known by, your present and last previous address, date of birth, marital status, and Social Security number. If answering for corporation or in a corporate capacity, please include title, length of time in said position, and length of time with corporation.

ANSWER:

2. If you have ever been involved in any other occurrence resulting in bodily or other injury to you or to any other person, state the details of the occurrence, the names and addresses of the persons involved, and whether any claim or suit was made by or against you. Please include the name, address, claim representative, and claim numbers of any insurance company involved, and if suit was filed, state the name of the case, the case number and the Court where it was filed, and the names, addresses and telephone numbers of any attorneys representing any parties in any such case(s).

ANSWER:

3. Please state the names, addresses, and telephone numbers of all persons known to you and/or your counsel to have been witnesses to the subject occurrence, and the location of each witness at the time of the subject occurrence.

ANSWER:

4. Give the names, addresses and telephone numbers of all persons who were at or near the scene or location of the subject occurrence, or who arrived at the scene within one (1) hour after the subject occurrence.

ANSWER:

5. Give the name, address and telephone number of any person not heretofore mentioned, having personal knowledge regarding the subject matter of any of the facts or allegations set forth in the Complaint or in your pleadings, including but not limited to, the happening of the subject occurrence, and of any injuries or damages sustained by anyone involved in the subject occurrence or anyone claiming injuries or damages, as a result of the subject occurrence. Please state the subject matters for which said persons have personal knowledge.

ANSWER:

6. If any party to this suit, including but not limited to the party sending these Interrogatories, or any other person involved in, or a witness to, the subject occurrence, made or gave to anyone any statement, comment or report concerning the subject occurrence or fact relevant to any issue in this case, including but not limited to, the happening of the subject occurrence, and of any injuries or damages sustained by anyone involved in the subject occurrence or anyone claiming injuries or damages as a result of the subject occurrence, state by whom, to whom, when and where such statement was made and what was said, and if signed by any party or agent thereof, attach a copy.

ANSWER:

7. Please state the names, addresses and telephone numbers of all persons who have given you statements, signed, written or recorded, concerning the occurrence which is the subject matter of this suit. Please include the date of each statement; the name, address and telephone number of the person who took such statement; and the present custodian(s) of such statements.

ANSWER:

8. Have you filed suit or made a claim against any person or entity not a party to this case, including but not limited to health, automobile, disability or worker's compensation insurers, for damages arising out of this accident? If so, please state the name, address, and telephone number of any such person, entity, or insurance company and the claim number of any such insurance company, or if suit was filed, state the name of the case, the case number,

the Court where it was filed, and the name, address and telephone number of any attorneys representing any parties in such action.

ANSWER:

9. If you have in your possession or have any knowledge of any photograph, film, picture, videotape, motion picture, drawing, plat, or other graphic or pictorial representation of the location of or of the happening of the occurrence, or any objects involved in the occurrence, or of any injuries or damages claimed to result therefrom, list each such item describing its subject matter, date or dates upon which taken or prepared, by whom taken or prepared, and name the person who now has custody or possession thereof.

ANSWER:

10. Please state with precision the nature and location of any bodily or other injuries you allege to have suffered as a result of the subject occurrence. Please include in your Answer all facts, medical tests, medical examinations, or medical findings upon which you rely to support any contention that you may have that any such injuries were caused by the subject occurrence.

ANSWER:

11. Please describe any complaints of injury or damages, and any restrictions on your activities, that you contend were caused by the subject occurrence, from the time of the subject occurrence up to the present time, and specify any such complaints and/or restrictions that you contend are permanent. Please include in your Answer all facts, medical tests, medical examinations, or medical findings upon which you rely to support your contentions, including but not limited to, the duration of such complaints and restrictions.

ANSWER:

12. Please give the name and address of each health care provider which has examined, treated or diagnosed you, or engaged in any consultation with any other physician concerning you in connection with your injuries, damages, complaints or symptoms that you allege were caused by or affected in any manner by the subject occurrence. As to each health care provider, state the date or dates of each such examination, treatment, diagnosis, or consultation, and whether or not such health care provider will be called as a witness at the trial of this suit.

ANSWER:

13. State precisely the diagnosis, prognosis, and treatment given or prescribed by each health care provider named in answer to the foregoing question, and, if more than one diagnosis, prognosis, or treatment, state each. Please state the facts, tests, examinations, or findings, upon which each health care provider relies to support any diagnosis, prognosis, and/or treatment given or prescribed and to support any contention that any such treatment is necessary and caused by the subject incident.

ANSWER:

14. If any written medical reports, records, charts, or notes have been made by any health care provider referred to above concerning any such injury or complaint attach to your answer a copy of each such report.

ANSWER:

15. If you contend that a previous injury, disability, disease, malady, illness or medical condition was aggravated or affected by the subject occurrence, describe such injury, disability, disease, malady, illness or medical condition, and give the names and addresses of any health care providers who treated, examined or consulted with you therefore, and the approximate

dates of such treatments, examinations, or consultations. Also include in your answer the diagnosis or prognosis related to any such injuries, diseases or conditions given by any such health care providers.

ANSWER:

16. Name all health care providers other than those referred to above which have examined, treated or consulted with you for any injury, disease, disability, malady, medical condition or illness for the past ten (10) years, and the approximate dates and nature of each treatment, examination or consultation. Also include in your answer the diagnosis or prognosis related to any such injuries, diseases or conditions given by any such health care providers.

ANSWER:

17. If you have sustained any bodily or other injury since the date of the subject occurrence, or now suffer from any disease, disability, malady, medical condition or illness not caused by the subject occurrence, please give the details of such injuries or disease, disability, malady, medical condition or illness and how they were sustained or how and when they first began. Please include in your Answer the names and addresses of all health care providers who treated, examined or consulted with you therefore, the approximate dates of such treatment, examination or consultation, and the diagnosis or prognosis related to such injuries or disease, disability, malady, medical condition or illness.

ANSWER:

18. Please itemize the expenses and losses, economic and/or non-economic, incurred by you or which you anticipate as a result of the occurrence. Please include in your Answer all facts upon which you rely to support any contention that you may have that any such expenses

and losses are necessary, fair and reasonable as a result of the subject occurrence and include the names and addresses of any witnesses who will testify that such losses are necessary, fair and reasonable as a result of the subject occurrence.

ANSWER:

19. If you have been gainfully employed or had any earned income in the last five (5) years give the name and address of employer; nature of work; hourly, weekly, or other periodic compensation, both gross and "take-home"; and length of time employed for the present time, the time of the occurrence and all other times within the last five (5) years.

ANSWER:

20. Please state whether you have ever been convicted of a felony or of a crime involving moral turpitude. If so, please state the nature, time, place, court and case number of any such crime and conviction.

ANSWER:

21. Name all experts whom you propose to call as witnesses on any issue in this case, furnish a copy of his or her report, and, in addition, give the following information for each expert:

- a. Name, occupation, title, professional address, area of specialty, if any, and professional relationship to you or your attorney.
- b. Complete educational background and professional experience background.
- c. The substance of any opinion to which you expect such person to testify, and the evidence on which this opinion is based.

ANSWER:

22. Name each person, other than experts, you intend to call as witness on any question at the trial of this case.

ANSWER:

23. Give a concise statement of the facts showing how you contend the occurrence took place. Please include in your answer a description of the roadway(s) where the accident occurred including number of lanes, road markings, road conditions, and please set forth the specific actions or conduct of the party you allege to be negligent that caused or contributed to the subject occurrence.

ANSWER:

24. Please describe in detail the nature and extent of any insurance coverage you possess or are aware of that provides or may provide coverage to the Plaintiff to compensate Plaintiff for injuries and damages sustained in the subject accident. Please include in your answer the type of coverage (including but not limited to automobile liability insurance; comprehensive general insurance; business policy; premises liability; uninsurance/underinsurance; PIP; worker's compensation, disability, medical payments or medical expenses insurance); the name and address of the insurance company; policy number; effective dates of coverage and whether said coverage was in order on the day of the subject accident.

ANSWER:

25. Please state the position of the vehicle in which you were riding and that of the Defendant when you first saw it and the actions of each vehicle from the moment you first saw Defendant's vehicle to the time of impact.

ANSWER:

26. Please state where you were coming from and your destination at the time of the subject occurrence, the purpose for which you were operating the motor vehicle in question at that time, for whom you were operating such vehicle, and the owner of the vehicle.

ANSWER:

27. Please state the date, time, and to whom you first communicated or made any claim for injury or damages against any person or entity who may be liable to pay any judgment that you may receive, arising out of the subject occurrence, including but not limited to the Defendant sending these Interrogatories. Please include in your answer the name, address and telephone number of any person with personal knowledge as to any such communication or claim.

ANSWER:

28. Please provide the names and addresses of any health insurer, disability insurer, or worker's compensation insurer that you have possessed for the past ten (10) years. Please include in your answer the type of coverage (including, but not limited to: automobile liability insurance; comprehensive general insurance; business policy; premises liability; uninsurance/underinsurance; PIP; worker's compensation, disability, medical payments or medical expenses insurance); the name and address of the insurance company; policy number; effective dates of coverage; and any claim numbers associated with any claims you may have made in the past ten (10) years.

