

INTERROGATORIES TO DEFENDANT

1. State your full name, your present address, and date of birth.

Ans.

2. If the complaint filed herein arose out of a motor vehicle incident (incident is defined as the accident or other event which is the subject of this claim) did you drink any alcoholic beverages or consume any marijuana, pills, drugs, narcotics or medication in the eight (8) hours preceding the incident? If so, identify what was consumed and state specifically the quantity drunk or consumed, and the names and addresses of those present during consumption.

Ans.

3. If the complaint filed herein arose out of a motor vehicle incident, were you suffering from any illness, physical disability or handicap at the time of the incident? If so, describe fully the illness, limitation or handicap and the date such illness, limitation or handicap was first incurred by you.

Ans.

4. State the names and addresses of all persons known to you or to your insurance company or attorney who witnessed any part of the incident, and give a brief description of all witnesses whose names or addresses are not known.

Ans.

5. Were any statements concerning the incident made to any police officer, private investigator, insurance company agent or adjuster, or anyone else? If so, state:
- (a) The name, address and employer of the person to whom the statement was made.
 - (b) The date of each statement.
 - (c) Whether the statement was oral or written and, if oral, whether it was recorded.
 - (d) The name and address of the custodian(s) of each statement.

Ans.

6. Describe any photographs, movies, videotapes, diagrams or drawings taken or made by you or on your behalf of the scene, vehicles involved, if any, Plaintiff or anything related to the events alleged in the complaint.

Ans.

7. Describe any accident reports or similar such documents including the name of the report, the date, the preparer and present custodian.

Ans.

8. State the name and address of your liability insurance company and the insurance policy limits.

Ans.

9. List the name of the insurance company, the type of coverage and policy limits of any other or additional insurance providing, or which might provide, liability insurance coverage for the incident.

Ans.

10. Have you, a representative of your insurance company, your attorney, a private investigator or anyone else, observed, or conversed with the Plaintiff(s) since the incident? If so, state:
- (a) The date and place of each observation of and/or conversation with the Plaintiff(s).
 - (b) The name, address and employer of each person other than the Plaintiff(s) taking part in the conversation and/or observation.
 - (c) Whether any conversation was recorded or transcribed and the name and address of the person recording or transcribing the statement and having custody thereof.
 - (d) The exact words, as best as can be recalled, of what Plaintiff(s) said.

Ans.

11. Describe in your own words, in full detail, how the incident occurred, including the events in the five (5) minutes leading up to the incident.

Ans.

12. If you were employed by anyone on the date of the incident, state the name, address, and hours of work.

Ans.

13. If the complaint filed herein concerns an alleged injury on premises, state the name, address or other means of identification of all persons or entities who owned, leased, controlled, or otherwise had any interest in that part of the premises wherein Plaintiff(s) alleges injury.

Ans.

14. If the complaint filed herein concerns an alleged injury on premises, identify by title of document, name of preparer, date and present custodian of any reports or logs of inspection, sweeping, cleaning, maintenance or repair of that part of the premises whereon Plaintiff(s) alleges injury.

Ans.