

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

PLAINTIFF'S NAME	:	Civil Trial Division
	:	
	:	Compulsory Arbitration Program
	:	
vs.	:	_____Term, 20____
	:	
DEFENDANT'S NAME	:	No.

Plaintiff's Interrogatories Directed To Defendant(S)
Motor Vehicle Liability Cases

Plaintiff(s) hereby make demand 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 30 days after such further information is received, pursuant to Pa. R.C.P. 4007.4.

These Interrogatories are addressed to you as a party to this action; your answers shall be based upon information known to you or in the possession, custody or control of you, your attorney or other representative acting on your behalf whether in preparation for litigation or otherwise. These Interrogatories must be answered completely and specifically by you 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), 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 (i.e. pedestrian, bicycle, etc.).

- 1. State:
 - (a) If an individual: Full name (maiden name, if applicable), alias(es), date of birth, marital status (name of spouse) at the time the cause of action arose and currently, residence and business addresses at time of cause of action and currently and Social Security Number.

(b) If a corporation: registered corporation name, principal place of business and registered address for service of process at the time the cause of action arose and currently.

(c) If a partnership: registered partnership name, principal place of business and registered address for service of process at the time the cause of action arose and currently as well as the identities and residence addresses of each partner at the time the cause of action arose and currently.

2. If you (and/or your operator) were/are employed, state:

(a) By whom, at the time the cause of action arose and currently;

(b) Your title or position and accompanying duties and responsibilities at the time the cause of action arose and currently;

(c) The length of your employment as of the time the cause of action arose and currently.

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 the cause of action arose;
- (b) Your applicable liability insurance benefits coverage limits;
- (c) Your applicable umbrella and/or excess liability insurance benefits coverage limits at the time the cause of action arose.

5. If you (or your operator) ever had a driver's license suspended or revoked, 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. If you (or your operator) have had a claim made against you for the negligent operation of a motor vehicle within the last five (5) years, state:

(a) Your applicable motor vehicle liability insurance benefits carrier at the time that cause of action arose;

(b) The Commonwealth or State, County, Court, Term and Number of any lawsuits arising from that cause of action.

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

- (c) Whether or not the traffic control was functioning properly;
 - (d) To which street or byway the signal was controlling or designed to control.
15. Describe the streets or other byways involved in the alleged accident, as follows:
- (a) In terms of traffic lanes (i.e. parking, travel, turn-only lanes), the width of the streets or other byways;
 - (b) Type of road surface (i.e. concrete, black top, dirt, gravel, etc.);
 - (c) Roadway surface condition(s) (i.e. dry, wet, muddy, etc.);
 - (d) Any defects in the roadway which you believe contributed to the happening of the alleged accident.
16. State in detail the manner in which the alleged accident occurred, specifying the speed, position, direction and location of each motor vehicle involved, just before, at the time of, and immediately after the alleged accident.
17. State:
- (a) In which lane the respective motor vehicles were traveling before the alleged accident occurred and in which lane the alleged accident occurred;

- (b) When you first observed the other motor vehicle (or pedestrian, bicycle, etc.) involved in the alleged accident, stating the distance at that moment from the ultimate point of contact and the respective speeds of the motor vehicles at that time;

 - (c) The speed of your vehicle;
 - (1) At 100 feet from the point of contact;

 - (2) At 50 feet from the point of contact;

 - (3) At point the of contact.

 - (d) Whether your (or your operator's) view was clear or what obstruction, if any, existed at the time of the alleged accident;

 - (e) What you (or your operator) did in an attempt to avoid the alleged accident;

 - (f) The exact point of contact of the motor vehicles, in terms of distance from the various curb lines or other significant landmarks and their final resting positions;

 - (g) Whether the responding and/or investigating police officers cited any of the drivers involved in the alleged accident for a violation(s) of any statute, law, ordinance or regulation and if so, describe.
18. If there was any physical evidence of the alleged accident at the scene, describe what it was and where it was located in relation to the curb lines or other significant landmarks.

19. If after the alleged accident, there were any skid marks or yaw marks remaining on the roadway, describe their dimensions (length and width) and identify the motor vehicle which created the markings.

20. If a Police investigation was conducted, state the control number, the incident number and/or the report number, thereof.

21. If you (or your operator) appeared before any Traffic Court, Municipal Court or District Court, state the date and location and whether testimony was offered.

22. Do you admit that you (or your operator) were negligent in the operation and/or control and/or entrustment of a motor vehicle at the time of the alleged accident?

23. If you contend that Plaintiff was guilty of comparative/contributory negligence, then fully and specifically describe upon what conduct, acts or omissions of Plaintiff you base your contention.

24. If you and/or other occupants of your motor vehicle sustained any injuries in the alleged accident, state the nature of those injuries and identify any and all healthcare professionals you/they consulted and/or treated with.

25. If you have made any claim for benefits under the Pennsylvania Motor Vehicle Financial Responsibility Law, or any similarly applicable State Statute or Act, state:
- (a) The name of the insurance company to whom the claim was submitted;
 - (b) The applicable claim number;
 - (c) The name of the individual at the company who supervised your claim;
 - (d) The total amount of healthcare professionals charges (i.e. medical bills) claimed;
 - (e) The total amount of wage-loss claimed;
 - (f) The total amount of any other economic losses and/or damages claimed (i.e. property damage);
 - (g) The total amount of healthcare professionals charges, wage loss and/or other economic losses and/or damages actually paid pursuant to such law, Statute or Act.

26. If you made any claim, or you contemplate making any claim, for damages and/or losses sustained as a direct result of the alleged accident, state the damages and/or losses claimed, the insurance carrier to whom such claim was made and the Commonwealth or State, County, Court, Term and Number of any lawsuit filed in this regard. If the matter was amicably resolved (i.e. settled), identity with whom and for what amount of compensation.
27. If you have engaged, or expect to engage, healthcare professionals and/or other expert witnesses (i.e. 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 (i.e. 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.

28. If you have engaged, or expect to engage, healthcare professionals and/or other expert witnesses (i.e. accident reconstructionists) for opinion(s), either oral or written, whom you do not intend to have testify at trial on your behalf, please 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 (i.e. Curriculum Vitae);
- (f) The topic or subject matter of the expert witness' oral or written report;
- (g) The location of and/or whom has the care, custody, possession and/or control of the expert witness' oral or written report, made to anyone other than yourself (i.e. an insurance company) providing an identity and address.

29. If 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), state:
- (a) By whom (name and address of company and individual);
 - (b) The date(s) of such surveillance;
 - (c) The time(s) of such surveillance;
 - (d) The location(s) of such surveillance;
 - (e) The method by which such surveillance was made;
 - (f) A summary of what such surveillance reveals.
30. 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.

31. 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.
32. State the name and address of the person answering these Interrogatories and their relationship with the Defendant.

Name of Attorney
Attorney for Plaintiff(s)
Identification No.:
Address
Telephone No.:
Fax No.:
e-mail address:

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