

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

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**President Judge General Court Regulation No. 2014-03**

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*In re: Amendment of Phila.Civ.R. \* 4005 and Adoption of Phila.Civ.R. \*4009.11*

**ORDER**

AND NOW, this 12<sup>th</sup> day of December, 2014, the Board of Judges of Philadelphia County having voted at the Board of Judges' meeting held on November 20, 2014 to amend Philadelphia Civil Rule \*4005 to add a subsection which adopts standard interrogatories to be used in the Compulsory Arbitration Program, and further having voted to adopt new Philadelphia Civil Rule \*4009.11 which adopts standard Requests for Production of Documents and Things to be used in the Compulsory Arbitration Program;

IT IS HEREBY ORDERED that Philadelphia Civil Rule \*4005 is amended, and Philadelphia Civil Rule \*4009.11 is adopted, as follows. The standard Interrogatories and standard Requests for Production of Documents and Things are reproduced below.

This General Court Regulation is issued in accordance with Pa.R.C.P. No. 239 and shall be filed with the Office of Judicial Records in a Docket maintained for General Court Regulations issued by the President Judge of the Court of Common Pleas of Philadelphia County. As required by Pa.R.C.P. No. 239 (c), two certified copies of this General Court Regulation and amended local rules, as well as a copy on a computer diskette, shall be distributed to the Legislative Reference Bureau for publication in the *Pennsylvania Bulletin*, one certified copy shall be submitted to the Administrative Office of Pennsylvania Courts, and one certified copy to the Supreme Court Civil Procedural Rules Committee. The above-referenced rule changes shall become effective thirty (30) days after publication in the *Pennsylvania Bulletin*. Copies of the General Court Regulation and rules shall also be submitted to American Lawyer Media, *The Legal Intelligencer*, Jenkins Memorial Law Library, and the Law Library for the First Judicial District of Pennsylvania, and shall be posted on the website of the First Judicial District of Pennsylvania: <http://courts.phila.gov/regs>.

BY THE COURT:

/s/ *Sheila Woods-Skipper*

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**HONORABLE SHEILA WOODS-SKIPPER**  
**President Judge, Court of Common Pleas**

AMENDMENTS TO:

Philadelphia Civil Rule \*4005. Standard Form Interrogatories

*Note: New language is **bolded and underlined**.*

(A) Standard interrogatories in personal injury and product liability cases in the forms hereinafter reproduced shall be utilized in the appropriate cases.

**(A.1) Standard interrogatories in the forms hereinafter reproduced shall be utilized in the Compulsory Arbitration Program:**

- (1) Plaintiff(s) Interrogatories Directed to Defendant(s) – Motor Vehicle Liability Cases;**  
**(2) Defendant (s) Interrogatories Directed to Plaintiff (s) – Motor Vehicle Liability Cases;**  
**(3) Plaintiff(s) Interrogatories Directed to Defendant(s) – Premises Liability Cases; and**  
**(4) Defendant (s) Interrogatories Directed to Plaintiff (s) – Premises Liability Cases.**

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*Explanatory Note: The adoption of subsection (A.1) supplants Trial Division Administrative Docket No. 2005-02 issued on April 8, 2005 by then Administrative Judge James J. Fitzgerald, III. The current Compulsory Arbitration Program Standard Interrogatories have been drafted with the cooperation and assistance of the Philadelphia Bar Association's Rules and Procedure Committee and Arbitration Committee.*

*Amended by the Board of Judges on November 20, 2014. Effective February 16, 2015.*

**PHILADELPHIA CIVIL RULE \* 4009.11**

WHAT FOLLOWS IS AN ENTIRELY NEW RULE

Philadelphia Civil Rule \*4009.11. Request Upon a Party for Production of Documents and Things. Compulsory Arbitration Program.

Requests upon a party for production of documents and things in the forms hereinafter reproduced shall be utilized in the Compulsory Arbitration Program:

(A) *Plaintiff(s) Request for Production of Documents Directed to Defendant(s); and*

(B) *Defendant (s) Request for Production of Documents Directed to Plaintiff(s).*

*Explanatory Note: The adoption of this rule supplants Trial Division Administrative Docket No. 2005-02 issued on April 8, 2005 by then Administrative Judge James J. Fitzgerald, III. The current Compulsory Arbitration Program Requests Upon A Party for Production of Document and Things have been drafted with the cooperation and assistance of the Philadelphia Bar Association's Rules and Procedure Committee and Arbitration Committee.*

*Adopted by the Board of Judges on November 20, 2014. Effective February 16, 2015.*

**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:  <b>NO.</b>
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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.

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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.

\_\_\_\_\_  
Signature

**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(s)**  
*Motor Vehicle Liability Cases*

Defendant(s) hereby make 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 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 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 Plaintiff's(s') 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), 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 (e.g. pedestrian, bicycle, etc.).

**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. 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;
  - (e) Whether you ever possessed a valid driver's license.
  
4. With regard to the motor vehicle in which you were an occupant at the time of the accident, identify:
  - (a) The applicable motor vehicle insurance carrier at the time of the alleged accident;
  - (b) The applicable liability insurance coverage limits at the time of the alleged accident;
  - (c) The applicable umbrella and/or excess liability insurance coverage limits at the time of the alleged accident.
  
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 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.
  
7. Were you the owner or resident relative of an owner of a motor vehicle(s) at the time of the alleged accident? If so, state:
  - (a) Where the motor vehicle(s) was registered;
  - (b) Was the motor vehicle insured;
  - (c) The name of the insurance company and your insurance coverage;
  - (d) Your tort status under your insurance policy (full tort or limited tort).
  
8. 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**

9. State the purpose of the motor vehicle trip you (or your operator) were on at the time of the alleged accident.
  
10. State whether or not you (or your operator) were familiar with the scene of the alleged accident and how often you traveled through same.
  
11. Was the Plaintiff's motor vehicle damaged as a result of the alleged accident? If so, describe the damage in detail.

12. Identify the person and/or company who repaired and/or evaluated your motor vehicle to prepare a repair estimate.
13. 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.
14. 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.).
15. 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.
16. Identify the date, time and location of the alleged accident.
17. 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.
18. Were there any traffic control devices in the area of the alleged accident at the time of the accident? If so, describe the devices.
19. Describe the streets involved in the alleged accident in terms of traffic lanes (e.g. parking, travel, turn-only lanes).

20. 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.
  
21. 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.
  
22. 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.
  
23. 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.
  
  
  
  
  
  
  
  
  
  
24. 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.
  
  
  
  
  
  
  
  
  
  
25. 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.

26. 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.
27. 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.
28. Do you claim that the Defendant(s) violated any driving rules or laws? If so, state what rules or laws.

### **INJURY INFORMATION**

29. Describe what, if any, injuries you sustained as a result of this alleged accident.
30. On the date of the alleged accident, did you have private health/medical insurance? If yes:
- (d) 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;
  - (e) Has your private health/medical insurance carrier made any payments related to the alleged accident?
  - (f) If bills have been denied, provide documentation of denials.

- (g) If there is lien, state the amount and attach all documentation.
31. 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.
32. 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.
33. 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.
34. 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.
35. 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.
36. Identify the name(s) of all of your family physician(s)/primary care physician(s) during the last ten (10) years.
37. Describe in detail all economic damages and/or losses you sustained as a direct result of the alleged accident.
38. Describe in detail all injuries, scarring and non-economic damages or losses alleged to have been sustained, including their nature, extent and duration.
39. 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.

40. 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).
41. If you have fully recovered from the injuries you allege to have sustained in the present accident, state the approximate date you fully recovered.
42. If you have not fully recovered from your injuries, then describe any pain, ailment, complaint, injury, scarring or disability that you allege you still suffer from as a direct result of the alleged accident.
43. 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.



44. 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.
45. 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.
46. 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 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**

- 47. 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.
  
- 48. If this case involves a claim for loss of consortium, please describe the basis of that claim and any damages.
  
- 49. State the name and address of the person answering these Interrogatories and his/her relationship to the Plaintiff.

\_\_\_\_\_  
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

**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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**Plaintiff(s) Interrogatories Directed To Defendant(s)**

*Premises Liability Cases*

Plaintiff hereby makes 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 Defendants 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 Defendants as a party to this action; Defendants' answers shall be based upon information known to Defendants or in the possession, custody or control of Defendants, 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 Defendants 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 Defendants, their 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) 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. Has a claim been made or a lawsuit filed against you for personal injury involving the location of the alleged accident within the last 10 years? If so, state:

(a) By whom;

(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.

3. 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?

4. Identify:
  - (a) Your applicable 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).

#### **ACCIDENT INFORMATION**

5. At the time of the alleged accident, was the location of the alleged accident possessed, controlled and/or maintained by the defendant(s)? If not, identify who did possess, control and/or maintain them.
6. Is the location of the alleged accident owned or leased by the defendant(s)? If leased, state:
  - (a) From whom said location of the alleged accident are leased;
  - (b) Dates of said lease.
7. Identify the person(s), including name, title, residence and business address(es), who last maintained and/or cleaned the location of the alleged accident.
8. 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) The person(s) who last examined/inspected the place where the alleged accident occurred before the alleged accident;
  - (e) The person(s) who last examined/inspected the place where the alleged accident occurred after the alleged accident;
  - (f) Are any of the people listed in the preceding answers to interrogatories relatives, agents, servants, employees, the spouse, and/or representatives of the Defendants(s)?
9. At the time of the alleged accident or immediately thereafter, 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.
10. Did Defendant, or anyone acting on behalf of the Defendant, receive any reports or complaints from any source during the six (6) months prior to the alleged accident, concerning the conditions of the location of the alleged accident? If so, state:
- (a) When;
  - (b) From who received;
  - (c) The nature of each such report or complaint;
  - (d) Any action(s) taken by defendant in response thereto;
  - (e) The name, address and job title of the person(s) who has custody, possession and/or control of such reports or complaints.

11. Were any repairs or changes made to the location of the alleged accident after the accident occurred? If so, state:
  - (a) When they were made;
  - (b) The kind of repairs or changes made;
  - (c) Who made such repairs or changes;
  - (d) Whose decision it was to initiate the repairs or changes.
  
12. State any violations of City Ordinances or Codes for which Defendant or anyone acting on Defendant's behalf were cited regarding the alleged accident as well as the dates of said violations.
  
13. Were there any signs, barriers or anything else at or near the scene of the alleged accident warning of the conditions existing thereon? If so, state:
  - (a) When said warnings were placed at the scene and by whom;
  - (b) Describe exactly what the warning was and the exact dimensions of said warning;
  - (c) The exact location of said warning.
  
14. 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? 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.
15. Was any videotaping performed on the day of this alleged accident at the location where the alleged accident occurred? If so, state:
- (a) Whether there is any type of log, record, compilation or other documentation of the videotaping performed;
  - (b) Who has custody, possession and/or control of the recording(s).
16. What were the weather conditions on the day of and the day before the alleged accident?
17. Do you allege that the weather conditions contributed to the happening of Plaintiff(s) alleged accident?
18. Do you believe the Plaintiff did anything to contribute to the alleged accident? If so, describe what actions contributed to the alleged accident.

**MISCELLANEOUS**

19. 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 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 for each opinion the expert is expected to testify.
20. 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)?
21. 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.
22. 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

**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

**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:  <b>NO.</b>
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**PLAINTIFF(S) REQUEST FOR PRODUCTION  
OF DOCUMENTS DIRECTED TO DEFENDANT(S)**

You are requested to produce, in accordance with Pennsylvania Rule of Civil Procedure 4009, the originals or clear, readable copies of the below listed documents and/or items unless protected by attorney-client privilege or work-product doctrine. These documents and/or items will be examined and/or photocopied; photograph negatives will be processed and photographs reproduced, videotapes and audiotapes shall be viewed and/or heard and a copy made. The below listed documents and/or items are to be produced at Plaintiff's counsel's office on or before thirty (30) days from the date of service herein. Such request is continuing up to and at the time of trial.

**DEFINITIONS**

- A. "You" or "your" refers to Defendant(s) herein and to all other persons acting or purporting to act on behalf of Defendant(s), including agents and employees.
- B. "Communications" shall mean all inquiries, discussions, conversations, negotiations, agreements, understandings, meetings, telephone conversations, letters, correspondence, notes, telegrams, telexes, advertisements, facsimiles, e-mail, or other forms of verbal and/or communicative intercourse.

C. "Documents" shall mean all written or graphic matter of every kind or description, however produced or reproduced, whether draft or final, original or reproduction, signed or unsigned, and regardless of whether approved, signed, sent, received, redrafted, or executed, including but not limited to: written communications, letters, correspondence, facsimiles, e-mail, memoranda, minutes, notes, films, recordings of any type, transcripts, contracts, agreements, purchase or sales orders, memoranda of telephone conversations or personal conversations, diaries, desk calendars, interoffice communications, reports, studies, bills, receipts, checks, checkbooks, invoices, requisitions or material similar to any of the foregoing however denominated, by whomever prepared, and to whomever addressed, which are in your possession, custody or control.

D. "Persons" means an individual, corporation, partnership, trust, association, company, organization, or any form of a business or commercial entity.

E. For purposes of this discovery request "Identify" is defined as the following:

(1) *when used with respect to an individual*, means to state (a) their name; (b) business affiliation and official title and/or position; and (c) their last known residential and business address.

(2) *when used with respect to a document*, means to state (a) the type of document (e.g. letter, memorandum, hand-written note, facsimile, e-mail) (b) its date of origin or creation; (c) its author and addressee; (d) its last known custodian or locations; and (e) a brief description of its subject matter and size. In lieu of identifying any document(s), you may attach a copy of it to your answer, indicating the question to which it is responsive.

(3) *when used with respect to a company or other business entity*, means to state, (a) the company's legal name, any former names, and the name under which it trades or does business; (b) the address of its principal place of business; and (c) the identity of its chief executive officer.

F. "Relate to" means consist of, refer to, reflect or be in any way logically connected with the matter discussed.

G. The period of time encompassed by these requests shall be from the date of the alleged accident to the date of answering, unless otherwise indicated. Note, this request is continuing up to and at the time of trial.

H. For purposes of the Rule, a statement includes:

(1) A written statement, signed or otherwise adopted or approved by the person making it, or

(2) A stenographic, mechanical, electronic, videographic or other recording, or a transcript thereof, which is a substantially verbatim recital of an oral statement by the person making it and contemporaneously recorded.

## **REQUESTS**

1. The claims and investigation file or files including but not limited to daily activity sheets, diary sheets, and status sheets of any insurance adjuster and/or risk employee/manager, internal memoranda regarding this claim created, sent and/or received by any insurance adjuster or other adjuster, risk employee/manager and/or by the Defendant(s) or an agent/employee of the Defendant(s), communications to and from all insurance carriers, parties, Defendant(s), or potential parties, request(s) for investigation, and/or reports/findings of investigators, both in-house and/or independent and/or all insurance policies of the Defendant(s), excluding references to mental impressions, conclusions, or opinions representing the value or merit of the claim or defense or respecting strategy or tactics and privileged communications from counsel.



2. All statements and communications of any and all witnesses including any and all statements of Plaintiff(s) and Defendant(s), including taped recordings, whether transcribed or not, as well as all written statements.

3. The name, home and business address, background and qualifications of any and all persons retained by the Defendant(s), who in anticipation and/or preparation of litigation, are expected to be called to trial.

4. Any and all documents and communications containing the name and home and business addresses of all individuals contacted as potential witnesses.

5. Reports, non-privileged communications, and/or documents prepared by any and all experts who are expected to testify at trial or whose reports are expected to be submitted at trial.

6. Resumes and qualifications of any and all experts who are expected to testify at trial or whose reports are expected to be submitted at trial.

7. Copies of any and all photographs, diagrams, drawings, charts, models, movie films or video-tapes which relate, refer or pertain to Plaintiff(s), any other party to this action, the alleged accident site and/or any instrumentality involved in the alleged accident described in Plaintiff(s) Complaint.

8. Any and all documents and communications substantiating any defense to Plaintiff's cause of action.

9. Copies of any relevant reports and records prepared by any physician, hospital or healthcare provider who has examined Plaintiff(s) three (3) years prior to the injury and at any time subsequent to the injury, excluding those reports and records already provided by Plaintiff(s) to Defendant(s).

10. Central indexing information on Plaintiff(s) for this alleged accident, alleged prior accident(s), and alleged subsequent accident(s).

11. Verification of the policy limits for liability benefits, medical payments and any “umbrella” or excess benefits, including applicable policy declarations page.

12. Copies of internal memoranda, inter-office memos, facsimiles, e-mail or other documents or communications regarding this claim, made by the Defendant(s) and/or any agent and/or employee of Defendant(s), or their insurance carrier(s).

13. Any and all reports, communications and/or documents prepared by Defendant(s) or their employee(s)/agent(s) containing the facts, circumstances and causes of this alleged accident.

14. Any and all documents of any nature whatsoever which refer in any way to the alleged accident described in Plaintiff(s) Complaint and/or the facts or circumstances leading up to and following said alleged accident.

15. All property damage estimates rendered for any object belonging to the Plaintiff(s) and/or Defendant(s) which was involved in this alleged accident.

16. Any and all press releases concerning this alleged accident.
  
17. Any and all documents or other tangible materials of any nature whatsoever which you plan to have marked for identification at a deposition or trial, introduce into evidence at a deposition or trial, or about which you plan to question a witness at a deposition or trial.
  
18. Any and/or all documents or communications of any nature whatsoever which relate, refer or pertain to Plaintiff(s), any other party to this action, the alleged accident, alleged accident site and/or any instrumentality involved in the alleged accident.
  
19. All documents and/or communications relating to any facts on the basis of which it is asserted that the conduct of the Plaintiff(s) contributed to the happenings of the alleged occurrence or to the alleged injuries or losses suffered allegedly as a result of this accident.
  
20. If at or shortly before the alleged accident, you were using any functions on your cell phone or on any portable handheld electronic device, please provide your cell phone or electronic device records for the date of the accident.
  
21. Any and all documents of any nature whatsoever referred to in Defendant's(s') Answers to Plaintiff's(s') Interrogatories.

These requests are deemed to be continuing insofar as if any of the above is secured subsequent to the date herein for the production of same, said documents, photographs, statements, reports, etc., are to be provided to Plaintiff's counsel consistent within the applicable Rule of Civil Procedure.

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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

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

<b>PLAINTIFF(S)</b>  v.  <b>DEFENDANT(S)</b>	<b>CIVIL TRIAL DIVISION</b>  <b>Compulsory Arbitration Program</b>  COURT TERM:  <b>NO.</b>
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**DEFENDANTS(S) REQUEST FOR PRODUCTION OF DOCUMENTS  
DIRECTED TO PLAINTIFF(S)**

You are requested to produce, in accordance with Pennsylvania Rule of Civil Procedure 4009, the originals or clear, readable copies of the below listed documents and/or items unless protected by the attorney-client privilege or the work-product doctrine. These documents and/or items will be examined and/or photocopied; photograph negatives will be processed and photographs reproduced, videotapes and audiotapes shall be viewed and/or heard and a copy made. The below listed documents and/or items are to be produced at Defendant's Counsel's office on or before thirty (30) days from the date of service herein. Such request is continuing up to and at the time of trial.

**DEFINITIONS**

A. "You" or "your" refers to Plaintiff(s) herein and to all other persons acting or purporting to act on behalf of Plaintiff(s), including agents and employees.

B. "Communications" shall mean all inquiries, discussions, conversations, negotiations, agreements, understandings, meetings, telephone conversations, letters, correspondence, notes, telegrams, telexes, advertisements, facsimiles, e-mail, or other forms of verbal and/or communicative intercourse.

C. "Documents" shall mean all written or graphic matter of every kind or description, however produced or reproduced, whether draft or final, original or reproduction, signed or unsigned, and regardless of whether approved, signed, sent, received, redrafted, or

executed, including but not limited to: written communications, letters, correspondence, facsimiles, e-mail, memoranda, minutes, notes, films, recordings of any type, transcripts, contracts, agreements, purchase or sales orders, memoranda of telephone conversations or personal conversations, diaries, desk calendars, interoffice communications, reports, studies, bills, receipts, checks, checkbooks, invoices, requisitions or material similar to any of the foregoing however denominated, by whomever prepared, and to whomever addressed, which are in your possession, custody or control.

D. "Persons" means an individual, corporation, partnership, trust, associations, company, organization, or any form of a business or commercial entity.

E. For purposes of this discovery request "Identify" is defined as the following:

(1) *when used with respect to an individual*, means to state (a) their name; (b) business affiliation and official title and/or position; and (c) their last known residential and business address.

(2) *when used with respect to a document*, means to state (a) the type of document (e.g. letter, memorandum, hand-written note, facsimile, e-mail); (b) its date of origin or creation; (c) its author and addressee; (d) its last known custodian or locations; and (e) a brief description of its subject matter and size. In lieu of identifying any document(s), you may attach a copy of it to your answer, indicating the question to which it is responsive.

(3) *when used with respect to a company or other business entity*, means to state, (a) the company's legal name, any former names, and the name under which it trades or does business; (b) the address of its principal place of business; and (c) the identity of its chief executive officer.

F. "Relate to" means consist of, refer to, reflect or be in any way logically connected with the matter discussed.

G. The period of time encompassed by these requests shall be from the date of the alleged accident to the date of answering, unless otherwise indicated. Note, this request is continuing up to and at the time of trial.

H. For purposes of the Rule, a statement includes:

(1) A written statement, signed or otherwise adopted or approved by the person making it, or

(2) A stenographic, mechanical, electronic, videographic or other recording, or a transcript thereof, which is a substantially verbatim recital of an oral statement by the person making it and contemporaneously recorded.

## **REQUESTS**

1. The entire claims and investigation file or files including but not limited to communications to and from all insurance carriers, parties, Plaintiff(s), or potential parties, request(s) for investigation, and/or reports/findings of investigators, both in-house and/or independent and/or all insurance policies of the Plaintiff(s), excluding references to mental impressions, conclusions, or opinions representing the value or merit of the claim or respecting strategy or tactics and privileged communications from counsel.

2. All statements and communications of any and all witnesses including any and all statements of Plaintiff(s) and Defendant(s), including taped recordings, whether transcribed or not, as well as all written statements.

3. Any and all documents and communications which support Plaintiff's claim(s) for wage loss and impairment of earning capacity and/or power.

4. The name, home and business address, background and qualifications of any and all persons retained by the Plaintiff(s), who in anticipation and/or preparation of litigation, is expected to be called to trial.

5. Any and all documents and communications containing the name and home and business addresses of all individuals contacted as potential witnesses, except for expert witnesses.
6. Reports, non-privileged communications, and/or documents prepared by any and all experts who are expected to testify at trial or whose reports are expected to be submitted at trial.
7. Resumes and qualifications of any and all experts who are expected to testify at trial or whose reports are expected to be submitted at trial.
8. Copies of any and all photographs, diagrams, drawings, charts, models, movie films or video-tapes which relate, refer or pertain to Defendant(s), any other party to this action, the alleged accident site and/or any instrumentality involved in the alleged accident described in Plaintiff(s) Complaint.
9. Any and all documents and communications substantiating any claim of Plaintiff's cause of action.
10. Copies of any and all bills, reports, notes and records prepared by any physician, hospital or healthcare provider who has examined, evaluated and/or treated Plaintiff(s) for injuries allegedly sustained as a result of the alleged accident.
11. Copies of any and all bills, reports, notes and records prepared by any physician, hospital or healthcare provider who has examined, evaluated and/or treated Plaintiff(s) for injuries, diseases, deformities or impairments sustained by Plaintiff(s) or suffered by Plaintiff(s) for three years prior to and at any time subsequent to the alleged accident herein.



12. Copies of any and all lien documentation including but not limited to those asserted by any health/medical insurance carrier, Department of Human Services, Medicaid Programs, Medicare, Workers' Compensation and/or any other similar entities.
13. Copies of any and all conditional payment letters issued by Medicare/CMS, if applicable.
14. Any and all documents related to Plaintiff(s) application for and/or receipt of disability benefits from any source.
15. Any and all documents related to any claim or litigation for workers' compensation benefits.
16. Verification of the policy limits for first party benefits (e.g. PIP or medical payment coverage or wage loss coverage, etc.), applicable policy declarations page, sign-down forms and Tort Option selection forms.
17. Any and all documents of any nature whatsoever which refer in any way to the alleged accident described in Plaintiff(s) Complaint and/or the facts or circumstances leading up to and following said alleged accident.
18. All property damage estimates rendered for any object belonging to the Plaintiff(s) and/or Defendant(s) which was involved in this alleged accident.
19. Any and all press releases concerning this alleged accident.

20. Any and all documents or other tangible materials of any nature whatsoever which Plaintiff(s) plan to have marked for identification at a deposition or trial, introduce into evidence at a deposition or trial, or about which Plaintiff(s) plan to question a witness at a deposition or trial.

21. All documents and/or communications relating to any facts on the basis of which it is asserted that the conduct of the Defendant(s) contributed to the happenings of the alleged accident or to the alleged injuries or losses suffered allegedly as a result of this accident.

22. If at or shortly before the alleged accident, Plaintiff(s) were using any functions on their cell phone or on any portable handheld electronic device, please provide cell phone or electronic device records for the date of the accident.

23. Any and all documents of any nature whatsoever referred to in Plaintiff's(s') Answers to Defendant's(s') Interrogatories.

These requests are deemed to be continuing insofar as if any of the above is secured subsequent to the date herein for the production of same, said documents, photographs, statements, reports, etc., are to be provided to Defendant's counsel consistent within the applicable Rule of Civil Procedure.

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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