

**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. _____

**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 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 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 (i.e. pedestrian, bicycle, etc.).

1. State:
  - (a) Your full name (maiden name, if applicable), alias(es), date of birth, marital status (name of spouse) at the time the cause of action and currently, residence and business addresses at the time the cause of action arose and currently and Social Security Number.
  
  
  
  
  
  
  
  
  
  
  - (b) Identify all other persons residing at your address at the time of the alleged accident;

- (c) Identify all persons, by name and address, who had motor vehicles registered to the address you resided at, at the time of the alleged accident.
  
- 2. Identify, by name and address, at the time of the alleged accident and currently, the driver and owner of your motor vehicle involved in the alleged accident, and state:
  - (a) The date of issuance and each Commonwealth or State in which the driver has been licensed to operator a motor vehicle;
  
  - (b) Any and all restrictions on any of the aforementioned driver's license(s). If corrective lenses were required, state whether or not you (or they) were wearing them at the time of the alleged accident;
  
  - (c) Whether any such license(s) have ever been suspended or revoked, and, if so, when, where, by whom and the reason(s) therefore;
  
  - (d) The nature, extent and duration of any physical and/or mental defects you suffered from at the time of and prior to the alleged accident.
  
- 3. Identify all Commonwealths or States in which you were the registered owner of a motor vehicle on the date of the alleged accident. Identify the financial responsibility upon such motor vehicles, as defined by 75 Pa. C.S. Section 1702.

4. 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.
  
5. 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.
  
6. 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.
  
7. State:
  - (a) In which lane the respective motor vehicles were traveling before the alleged accident and in which lane the alleged accident occurred;





13. List by company name, claim address and policy number(s) all policies of motor vehicle and/or health/medical insurance (including HMOs and health and welfare funds) providing coverage to you on the date of the accident for any portion of your injuries/damages which you contend are related to the accident. Provide copies of the "declaration sheets" of all such policies in your possession, custody and/or control. With respect to any motor vehicle policy issued in the Commonwealth of Pennsylvania, indicate your Tort Option selection (i.e. "Full Tort" or "Limited Tort").
  
14. State all economic as well as non-economic damages and/or loses you believe you sustained as a direct result of the alleged accident. Describe in detail all injuries you sustained, including their nature, extent and duration.
  
15. 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.

16. If you contend that the alleged accident aggravated a pre-existing condition(s), 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).

17. If you have fully recovered from the injuries you allege to have sustained in the present accident, state the approximate date you recovered. 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.

18. State whether you sustained any injuries or suffered from any disease, deformity, or impairment, prior to or subsequent to the accident herein, which in any way affected those parts of your body claimed to have been injured as a direct result of the instant 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.
19. 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 (i.e. bonuses, overtime, etc.).
20. State the dates you have been absent from work since the date of the alleged accident for reasons relating to the injuries, damages and/or losses you sustained in the accident. If you have returned to your employment, state the date you returned and whether there had been any change in your stated title or position, accompanying duties and/or responsibilities and/or your wage, salary or supplemental wages and identify by name and address the employment you returned to.
21. Describe in detail any future lost wage claim and/or impairment of earning capacity and/or power you believe you will have as a direct result of the alleged accident and the basis thereof.

22. If you have ever been involved in any prior litigation as a party or witness, describe the nature of the lawsuit, the Commonwealth or State, County, court term and number of the lawsuit, as well as the outcome of the lawsuit, if you were a party thereto.
  
23. If you allege that the Defendant(s) violated any Statute, law, ordinance or regulation which contributed to the happening of the alleged accident, cite the Title and Section of said law and describe the basis for such allegation.
  
  
  
  
  
  
  
  
  
  
24. 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.

25. State whether you have been convicted of any crime(s) in the past ten (10) years, and if so, state the nature of such conviction.

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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.

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Signature