

INTERROGATORIES TO PLAINTIFF

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

Ans.

2. List your occupation or job (full and/or part-time) and employers' name and address during the last five (5) years, starting with your present employer.

Ans.

3. Describe in your own words, in full detail, how the incident (incident is defined as the accident or other event which is the subject of this claim) occurred, including the events in the five (5) minutes leading to the incident.

Ans.

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

Ans.

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

Ans.

6. State all physical and/or mental injuries or conditions you claim are a result of the incident.

Ans.

7. State all physical and/or mental injuries or conditions you suffered from at any time before the incident.

Ans.

8. State all physical and/or mental injuries or conditions you have incurred since the date of the incident which you claim either (a) aggravated your injuries or (b) were new injuries.

Ans.

9. State the name and address of all doctors, chiropractors, hospitals, therapists and other health care providers who have rendered medical and/or other types of care for the ten (10) years before the incident to the present.

Ans.

10. List all medical or health care expenses you incurred as a result of the incident.

Ans.

11. If applicable, identify each insurance carrier providing no-fault benefits or which might provide no-fault benefits to you.

Ans.

12. If you are claiming any loss of earnings as a result of the incident, state the periods of time you were off work, name of employer, rate of pay, and the amount of such loss.

Ans.

13. What loss of earnings, if any, do you believe you will incur in the future as a result of the incident?

Ans.