

BALTIMORE CITY, MARYLAND

ASHLEY BURTON- Plaintiff

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v

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CASE NO. 24-C-02-00380

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JAMES KROL- Defendant

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DEFENDANT’S INTERROGATORIES TO PLAINTIFF

FROM: ASHLEY BURTON, PLAINTIFF

TO: JAMES KROL, DEFENDANT

Allstate Insurance Interrogatories

Interrogatory No. 1: State your full name, any former names or aliases, address, date of birth, marital status and social security number.

Interrogatory No. 2: State all addresses at which you have resided for the past ten years, and the dates thereof.

Interrogatory No. 3: Name the eyewitnesses to all or part of the occurrence, state their respective addresses and phone numbers, and state the location of each such eyewitness at the time of the occurrence.

Interrogatory No. 4: Name all persons who were at or near the scene, or arrived at the scene within two hours after the occurrence.

Interrogatory No. 5: Identify each person, other than a person intended to be called as an expert witness at trial, having discoverable information that tends to support a position that you have taken or intend to take in this action, including any claim for damages, and state the subject matter of the information possessed by that person.

Interrogatory No. 6: Name all persons who have given you signed statements or statements otherwise recorded concerning the occurrence and attach to your Answers a copy of any signed or recorded statements made by the Defendant(s) in your control, or in the control of your agents, representatives or counsel.

Interrogatory No. 7: Give a complete statement of the facts as to how you contend that the occurrence took place, including the respective position, direction and location of the person(s), vehicle(s), and objects(s) or mechanical apparatus, and in so doing, describe how the party propounding these Interrogatories was negligent or caused or contributed to the happening of the occurrence.

Interrogatory No. 8: State with precision the nature and location of bodily injuries suffered by you, setting forth which injuries, if any, you contend are permanent, and

describe in detail any symptoms, handicaps, or other physical or mental complaints which you presently have as a result of the occurrence.

Interrogatory No. 9: If you contend that a previous injury or condition was aggravated by the occurrence, (a) describe the nature and extent of the pre-existing condition and name all physicians, persons, hospitals and clinics who examined or treated you therefore prior to the occurrence complained of herein, with the approximate dates of such examination or treatment; and (b) if any disability or permanency rating of the prior condition was made, state the per centum or amount thereof, by whom made, and the part(s) of the body to which applicable.

Interrogatory No. 10: Identify each person whom you expect to call as an expert witness at trial, state the subject matter on which the expert is expected to testify, state the substance of the findings and opinions to which the expert is expected to testify and a summary of the grounds for each opinion, and attach to your answers any written report made by the expert concerning these findings and opinions.

Interrogatory No. 11: List, and attach to your Answers, copies of all written reports made to you by any experts (including hospitals) whom you propose to call as witnesses.

Interrogatory No. 12: List each item of damage which you claim, itemizing all charges, expenses and losses, including income and property damage, paid or incurred by you, stating to whom paid or owed, and attach to your Answers copies of all bills or estimates relating thereto. As to each item of damage which you claim, state its dollar value, how it is calculated, and the date it was incurred or is expected to be incurred.

Interrogatory No. 13: State whether or not you have ever received any injury in any accident or occurrence prior or subsequent to the date of the occurrence complained of. If so, state the details, including date, place of occurrence, names and addresses of the parties involved, nature of the injury sustained and names and addresses of your physician(s) and hospital(s), and identify all documents referring or relating to such injury or, if you will do so without a Motion to Produce, attach copies of the documents to your Answers to these Interrogatories.

Interrogatory No. 14: If you ever filed or asserted any claim for injuries and/or property damages, including worker's compensation claims, prior or subsequent to the date of the occurrence complained of, give full details, including the name and address of each person, firm, corporation or employer, and their insurance companies, if any, against which each claim was made or asserted, as well as the name of the Court, Commission, Board or other body, if any, in which you filed suit or claim, with the date of filing, case name, Court and docket reference as to each proceeding.

Interrogatory No. 15: If you contend that, as a result of the occurrence, your injuries resulted in any loss of time, income, earnings or loss of earning capacity from any business, occupation or employment, give precise details, stating the amount claimed as earnings therefore, your duties and position, the exact dates on which you were prevented from pursuing your work, your rate of pay or earnings during such time, the method by which you compute the amounts and figures used in that computation, and the identity of your employer(s).

Interrogatory No. 16: State the amount reported as earned income in your income tax returns for each of the past five years preceding the occurrence, and for any full year subsequent to the occurrence, and the District in which the returns were filed, and if you will do so without a Motion to Produce, attach copies of your returns to these Answers.

Interrogatory No. 17: State whether you have within your control, or have knowledge of, any transcripts of testimony in any proceeding arising out of the occurrence. If so, state the date, the subject matter, the name and business address of the person recording said testimony, and the name and address of the person who has present possession of each said transcript of testimony.

Interrogatory No. 18: Name all physicians, persons, hospitals and clinics which have examined or treated you for any injury, disability or substantial illness for the five years immediately preceding the occurrence, and give the approximate dates and nature of such examinations and treatments.

Interrogatory No. 19: If you used or consumed by any means any alcoholic beverages, sedatives, tranquilizers or other drugs or medicines within eight hours preceding this accident, identify the nature and amount of each, and state when and where obtained and consumed.

Interrogatory No. 20: State whether your driver or you have been convicted of any crimes other than for minor traffic violations. If the answer is in the affirmative, state the date and place of each conviction and the nature of the crime or crimes involved.

Interrogatory No. 21: State the itinerary of the vehicle in which you were situated, including the time and place of the beginning of the trip, the time and duration of each stop, the place of destination and the expected time of arrival.

Interrogatory No. 22: State what part of the vehicle in which you were situated was damaged and, if it was estimated or repaired, the name and address of the person who performed such estimate or repairs, the dates of such work and the cost thereof. If such vehicle is unrepaired, state the address and the hour at which it may be seen.

Interrogatory No. 23: Identify all persons or entities having or claiming a subrogation interest or lien in the outcome of this litigation and, for each such person, or entity, state the alleged dollar value of that subrogation interest or lien, and, if you will do so without a Motion to Produce, attach copies of all documents relating to the said subrogation interest or lien to your Answers.

Interrogatory No. 24: State whether you have entered into any release, settlement or other agreement, formal or informal, whether reduced to writing or not, pursuant to which the liability of any person for any injury or damage arising out of the occurrence has been limited, reduced or released in any manner.

Interrogatory No. 25: State whether you have ever been assigned a disability rating at any time by any person; if so, state the rating assigned, the injury for which the rating was assigned, the date it was assigned, and identify the person, organization, commission or board which assigned the rating and all documents which set forth the rating, and, if you

will do so without a Motion to Produce, attach copies of all said documents to these Answers.

Interrogatory No. 26: State when and where you/the operator of your vehicle obtained his driver's license, whether such license was subject to any restriction(s), the nature of such restriction(s), if any, and whether the license has ever been suspended or revoked and, if so, give full details.

Interrogatory No. 27: If any part of your body mentioned in your answer to Interrogatory No. 8 was injured before, or after, the accident complained of, state when and how that body part was injured and identify by name and address any physician, hospital, or other health care provider who treated that body part.

Interrogatory No. 28: State the facts you rely upon to support your contention that you would be entitled to benefits under the policy of insurance with the Allstate Insurance Company.

Interrogatory No. 29: If you contend that this Defendant or any of its agents at any time made an admission against interests with respect to any issue involved in this litigation, state the date and place and in whose presence the admission against interest was made and the nature thereof.

Interrogatory No. 30: If you contend that you are entitled to benefits under a policy of insurance with the Allstate Insurance Company, please state:

- a) the policy number;
- b) the form of insurance;
- c) the effective date of coverage;
- d) the amount of coverage;
- e) the name and address of the named insured;
- f) the provision entitling you to such coverage;
- g) the name and address of the person or entity that has possession of the policy.

ANSWER TO INTERROGATORY NO. 30: