COMMONWEALTH OF MASSACHUSETTS

«pcounty», ss. SUPERIOR COURT

CIVIL ACTION No.:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PNAME, )

Plaintiff, )

)

v. )

)

DNAME, )

Defendant. )

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**COMPLAINT AND DEMAND FOR JURY TRIAL**

**PARTIES**

1. Plaintiff, «pname», is an individual who resides in «pcity», County of «pcounty», Massachusetts.
2. Defendant, «dname», is an individual who resides in «dcity», County of «pcounty», Massachusetts.

**COUNT 1: NEGLIGENCE**

1. The Plaintiff, «pname», realleges and incorporates by reference paragraphs 1 through 2 as fully set forth therein.
2. On «dateofaccident», the Plaintiff, «pname», was the passenger of a motor vehicle traveling «pdirection» on «pstreetofaccident» in «cityofaccident», Massachusetts.
3. Defendant, «dname», at the same date and time was operating a motor vehicle «ddirection» on «dstreetofaccident» in «cityofaccident», Massachusetts.
4. Defendant, «dname», failed to exercise due care in the operation of the motor vehicle causing the Defendant’s vehicle to strike the motor vehicle occupied by the Plaintiff, causing an accident.
5. The accident was directly and proximately caused by the negligence of the Defendant.
6. As a result of the Defendant’s negligence, the Plaintiff, «pname», was seriously injured, suffered pain and suffering, was required to spend monies for medical care, incurred lost wages and earning capacity, and was unable to attend to usual activities for a prolonged period of time.

WHEREFORE, the Plaintiff demands judgment against the Defendant, «dname», in an amount deemed just and appropriate by the trier of facts, together with costs and interest.

**DEMAND FOR JURY TRIAL**

The Plaintiff demands a trial by jury on all counts.

Respectfully submitted,

The Plaintiff,

«pname»

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

«pname»

{P NAME ADDRESS}

{P NAME PHONE NUMBER}

{P NAME EMAIL}

COMMONWEALTH OF MASSACHUSETTS

MIDDLESEX, ss. SUPERIOR COURT

CIVIL ACTION No.:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

P NAME, )

Plaintiff, )

)

v. )

)

D NAME, )

Defendant. )

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**PLAINTIFF, P NAME’S FIRST SET OF INTERROGATORIES’ TO THE DEFENDANT, D NAME**

The Plaintiff, P NAME, propounds the following interrogatories to Defendant, D NAME, to be answered fully and separately under oath, pursuant to Rule 33 of the Massachusetts Rules of Civil Procedure.

**Definitions**

1. As used herein, the term “You” and/or “Defendant” shall refer to the Defendant, D NAME, and/ or his representatives, agents and/or officials.
2. As used herein, the term “subject incident” or “accident” shall refer to the incident that occurred on or about {date}, as more specifically set forth in the Plaintiff’s Complaint.
3. As used herein, the term “document(s)” shall mean all matters within the scope of Mass.R.Civ.P.34(a), including, but not limited to correspondence, memoranda, records, handwritten notes and logs. The term also includes any original documents and any draft or partial or annotated copies, which are not identical to the original.

**Instructions**

1. With respect to each interrogatory, identify each document used in answering the interrogatory or upon which the answer is based.
2. If you claim privilege with respect to any communication, identify the privilege claimed, the date of the communication, its general nature (oral or, if written, whether a letter, memorandum, etc.); if oral, the speaker and all persons present, and, if written, the author(s), addressee(s) and persons in present custody or control.
3. You must answer each interrogatory separately and fully in writing under the penalties of perjury, unless it is objected to, in which event the reason for the objection must be stated in lieu of the answer.

**INTERROGATORIES**

**INTERROGATORY NO. 1:**

Please identify yourself fully, giving your full name, date of birth, age, residential address, business address, social security number, present employer, occupation, employer at the time of the accident, if different, and number of dependents (if any).

**INTERROGATORY NO. 2:**

Please describe as carefully as possible when the incident occurred, including the date, hour and minute and how the accident happened, stating in complete detail the events in the order in which they took place, the exact location of the accident and describing the weather, road conditions, lighting conditions and visibility conditions at the time of the accident.

**INTERROGATORY NO. 3:**

With reference to the motor vehicle that you were operating at the time of the incident, please identify the following:

1. The year, make, model and registration of the motor vehicle;
2. The name and address of the owner of the motor vehicle;
3. The names and present addresses of any passengers in the motor vehicle.

**INTERROGATORY NO. 4:**

Please describe fully and completely the location and direction of travel of our motor vehicle:

1. Thirty (3) minutes before the accident;
2. Immediately before the accident;
3. When you first observed the Plaintiff’s vehicle;
4. At the point of impact; and
5. When you first came to a stop after the impact.

**INTERROGATORY NO. 5:**

Please state where you were coming from and your intended destination at the time of the incident.

**INTERROGATORY NO. 6:**

Please state how far in distance from the plaintiff’s vehicle you were when you first saw the Plaintiff’s vehicle

**INTERROGATORY NO. 7:**

Please state what you did, if anything, to prevent the accident.

**INTERROGATORY NO. 8:**

Please identify the speed and direction (north, south, east, or west) of the vehicle you were operating:

1. One hundred (100’) feet before the accident;
2. Fifty feet (50’) feet before the accident;
3. Twenty Five (25’) feet before the accident; and
4. At the time of the accident.

**INTERROGATORY NO. 9:**

Please state or describe in detail the mechanical and operating condition of the motor vehicle you were operating that was involved in the accident at the time prior to the accident. What, if anything, was wrong with the mechanical and/or operating condition of said motor vehicle?

**INTERROGATORY NO. 10:**

If you or anyone acting on your behalf has ever given a statement, oral or written, signed or otherwise, concerning the subject incident, please state and identify with regard to each statement:

1. The name and address of the person who provided the statement;
2. The name and address of the person(s) to whom the statement was provided;
3. The date that the statement was provided;
4. Whether the statement was oral or in writing; and
5. The name and address of the person(s) who has/have custody of each such statement

**INTERROGATORY NO. 11:**

If you had damage to your vehicle after the accident, please:

1. Describe the damage to your vehicle resulting from the accident;
2. Identify the person or business which performed the repairs;
3. Identify any and all persons who made any written appraisals or estimate of the nature and cost of the repairs needed;
4. Identify every document you received concerning the repairs, including all appraisals, estimates, repair orders, receipts or checks; and
5. Identify all photographs, drawings, diagrams or other graphic representations of your vehicle made between the time of the accident and the time of repair.

**INTERROGATORY NO. 12:**

State any and all restrictions upon your license to operate motor vehicles in Massachusetts.

**INTERROGATORY NO. 13:**

Please state the maximum coverage available of any insurance policy in effect on {date of accident} which may be available to satisfy any judgment rendered in this action, including any excess, household or umbrella coverage, and by whom such coverage(s) is provided.

**INTERROGATORY NO. 14:**

Please give the names, residential and business address of all persons who:

1. Were witnesses to the accident, any of the Plaintiff’s damages, and/or any of the allegations in the Plaintiff’s Complaint;
2. Have personal knowledge with respect to the accident, any of the Plaintiff’s damages, and/or any of the allegations in the Plaintiff’s Complaint; and
3. Whom you intend to call as a witness in the trial of this action.

**INTERROGATORY NO. 15:**

Please provide the telephone number(s), service provider(s), an account holder’s name(s) for any cellular device used by the Defendant on the day of the accident alleged in the Plaintiff’s Complaint.

**INTERROGATORY NO. 16:**

Please state the substance of all conversations you had with the Plaintiff, or any person with any information regarding the accident, from the time of the accident to the present and identify each such conversation by the date thereof and the name and addresses of all persons who were present.

**INTERROGATORY NO. 17:**

Please state whether you consumed any drugs or alcoholic beverages with the 24 hours preceding the accident. If so, for each such occasion, please identify the substance you consumed and quantity thereof, and the time of such consumption.

**INTERROGATORY NO. 18:**

Please state whether you received a citation or warning from any governmental or municipal authority as a result of this incident. If so, please identify the court, docket number, the exact nature of the charge and specify the disposition of each defense.

**INTERROGATORY NO. 19:**

Do you contend that the plaintiff, by any acts or omissions, in any way caused or contributed to the alleged incident? If yes, please state in detail every fact upon which you base this contention. In reference to each such act or omission by the plaintiff, provide as much detail as possible as to how each act or omission caused or contributed to the alleged incident.

**INTERROGATORY NO. 20:**

Please state whether you were operating the motor vehicle in the course of your employment or for the benefit of another person or entity. If yes, then please state the name of your employer or person benefitted and the task or work you were performing at the time of the subject incident.

**INTERROGATORY NO. 21:**

Please state if you were injured as a result of the incident. If your answer is in the affirmative, please state the following:

1. What injuries you sustained;
2. If you sought medical attention, from what facility;
3. When you sought medical treatment; and
4. If you are still treating for your injuries.

**INTERROGATORY NO. 22:**

Please identify by date, title and author any documents referred to, relied upon or consulted in answering the above Interrogatories.

**INTERROGATORY NO. 23:**

Please identify each person excluding counsel who provided information or assistance in preparing your answers to these Interrogatories, including in your answer the information and assistance provided by each such person and the interrogatory number.

**INTERROGATORY NO. 24:**

Please identify and describe all claims for personal injury, including worker’s compensation claims, ever made by you at any time, including in your answer:

1. Whether you filed any lawsuit, including the parties involved, Court and docket number;
2. Whether you made claims to any insurance company, including the company and claim umber;
3. The injuries you allegedly sustained; and
4. The manner in which the claims(s) was resolved, and the amount received as settlement, if any.

Respectfully submitted,

The Plaintiff,

{P NAME}

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

{P NAME}

{P NAME ADDRESS}

{P NAME PHONE NUMBER}

{P NAME EMAIL}