**Auto Interrogatory Questions**

**Highlight = We Know This Already**

**\*= Prem Crossover question**

1. \*\*What is your legal name?
2. Have you been known by a different legal name?
   1. If yes, list all names you were formally known by and the dates you were known by that name
3. \*What is your current address?
4. \*When did you move to your current address?
5. \*List all your addresses for the past 10 years (including month and year you resided in each address)
6. Are you currently married?
   1. If yes, what is your current spouse’s name?
7. Have you been previously married?
   1. If yes, list all previous spouse’s names
8. \*Have you ever sued anyone or been sued yourself?
   1. If yes, were you sued or did you sue someone else?
   2. If yes, what year were the lawsuit(s) filed?
   3. If yes, what States and Counties was the lawsuit(s) filed in?
9. \*Have you ever been convicted of a crime as an adult?
   1. If yes, list all crimes you were convicted of and the State, County and year of each conviction
10. \*Are you aware of any witnesses who could testify as to how the accident happened or how your injuries impacted you (other than a police officer or doctor)?
    1. If yes, list the name and address of the witness(es)
11. \*Do you have any photographs or videotapes of the scene of the incident, the persons involved, the vehicles involved, or the injuries or treatment sustained?
    1. If yes, have you already provided these to Morgan & Morgan?
12. At the time of the incident, were you wearing a seatbelt?
13. Did the vehicle have a seatbelt for you?
14. If you were not wearing a seatbelt, was there a reason you were not wearing a seatbelt?
15. Did you receive a ticket or were charged with any violation of law for the accident?
    1. If yes, do you have a copy of the ticket?
    2. If yes, have you provided a copy of the ticket to Morgan & Morgan?
16. \*Were you suffering from any disability, sickness, or physical infirmity at the time of the accident?
    1. If yes, what was the nature of the infirmity, disability or sickness?
17. Did any mechanical defect in the motor vehicle in which you were riding at the time of the incident described in the Complaint contribute to the incident? If so, describe the nature of the defect and how it contributed to the incident.
18. \*Did you consume any alcohol, drugs or medication within 12 hours prior to the accident?
    1. If yes, how much was consumed?
    2. If yes, when was it consumed?
    3. If yes, where were you at the time of consumption?
19. \*Have you lost more than 2 weeks of work due to the accident? (Not including time missed for doctor’s appointments)
20. Have you received money from any insurance companies (including property damage claims) or other parties for any damages stemming from this accident?
    1. If yes, list every party you have received money from along with the amount
21. List the names, business addresses, dates of employment and rates of pay regarding all employers, including self-employment, for whom you have worked in the past ten (10) years.
    1. If you were employed at the time of the accident which is the subject of this case, describe your job and its responsibilities.
    2. If you returned to work since the incident described in the Complaint, state the date of your return and if you are doing the same work you did before this incident.
22. Do you wear glasses, contact lenses or a hearing aid?
    1. If yes, who prescribed the glasses, contact lenses or hearing aid?
23. Are you currently being treated by an eye and/or ear doctor?
    1. If yes, when was your last eye and/or ear exam?
    2. If yes, list the name and address of your current eye and/or ear doctor
24. List each medical facility where you have received any treatment or examination for the injuries for which you seek damages in this case
25. List the names and business addresses of all other physicians, medical facilities or other health care providers by whom or at which you have been examined or treated in the past ten (10) years; and state as to each the dates of examination or treatment and the condition or injury for which you were examined or treated.
26. Were you suffering from any physical infirmity, disability, or sickness at the time of the incident described in the Complaint? If so, what was the nature of the infirmity, disability, or sickness?
27. Describe in detail each act or omission on the part of any party to this lawsuit that you contend constituted negligence that was a contributing legal cause of the incident in question.
28. \*Describe in detail how the incident described in the complaint happened, including all actions taken by you to prevent the incident.
29. \*Describe each injury for which you are claiming damages in the case, specifying the part of your body that was injured, the nature of the injury, and as to any injuries you contend are permanent, the effects on you that you claim are permanent.
30. \*Please identify all claims made by you for personal injuries with any insurance company or individual (excluding court cases) including the date of the claim, the nature of the claim, and the name and address of the individual or business entity against whom the claim was made or filed.
31. List the name, business address, telephone number, named insured, policy number, (both group and individual number) and applicable dates of coverage for all health insurance companies, life insurance companies and disability insurance companies, who have provided coverage for you in the past ten (10) years.