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Attorney for Plaintiff, **

SUPERIOR COURT OF THE STATE OF CALIFORNIA

PLAINTIFF,

VS.

DEFENDANTS.

Case No.

PLAINTIFF'S RESPONSES TO

DEMANDING PARTY: DEFENDANT,

RESPONDING PARTY: PLAINTIFF,

SET NO: ONE

TO ALL PARTIES AND THEIR ATTORNEYS OF RECORD:

PLAINTIFF, (hereinafter Responding Party) makes the following answers and objections to Form Interrogatories, Set One.

PRELIMINARY STATEMENT

These answers and objections are made solely for this action. Each answer is subject to all objections as to competence, relevance, materiality, propriety, answer is subject to all objections as to competence, relevance, materiality, propriety, admissibility, and all other objections and grounds that would require the exclusion of any statement herein if any interrogatory were asked of, or if any

statement contained herein were made by, a witness present and testifying in Court, all of which objections and grounds are expressly reserved and may be interposed at the time of trial.

While these responses are based upon diligent exploration and investigation by Responding Party and Responding Party's counsel, they reflect the current state of Responding Party's knowledge respecting the matters about which inquiry is made. Responding Party has only begun the process of conducting discovery, formal and informal in this action, and has not concluded such discovery. Accordingly, Responding Party has not been able to ascertain all relevant facts herein, and these answers are not intended to be final and conclusive. The information contained herein remains preliminary, and in making these responses, Responding Party reserves the right to amend, supplement, delete from, alter, modify, or otherwise change any answer herein as further discovery may make appropriate, and when Responding Party has ascertained all relevant facts.

The following answers are based on the information presently available to Responding Party and no incidental or implied admissions are intended herein. The fact that Responding Party has answered all or part of any interrogatory should not be taken as an admission that Responding Party accepts or admits the existence of any fact set forth or assumed by such interrogatory, or that such answer constitutes admissible evidence. The fact that Responding Party has answered all or part of any interrogatory is not intended to be and shall not be construed to be a waiver by Responding Party of all or any part of any objection which Responding Party has made to any interrogatory.

RESPONSES TO FORM INTERROGATORIES

FORM INTERROGATORY NO. 1.1:

State the name, ADDRESS, telephone number, and relationship to you of each PERSON who prepared or assisted in the preparation of the responses to these interrogatories. (Do not identify anyone who simply typed or reproduced the responses.)

RESPONSE TO FORM INTERROGATORY:

Objection. Unintelligible as written. Assumes facts not in evidence. Overbroad as to "example" and "another". Vague and ambiguous. Calls for a legal conclusion from a lay witness. Attorney-Client Privilege.

example response text1c 2 3 4 6 7 8 5 6 7 8 6 7 8 9

FORM INTERROGATORY NO. 2.1:

1 State:

2 (a) your name;

3 (b) every name you have used in the past; and

4 (c) the dates you used each name.

5 **RESPONSE TO FORM INTERROGATORY:**

6 CLIENT FEEDBACK:

7 **FORM INTERROGATORY NO. 2.2:**

8 State the date and place of your birth.

9 **RESPONSE TO FORM INTERROGATORY:**

10 CLIENT FEEDBACK:

11 **FORM INTERROGATORY NO. 2.3:**

12 At the time of the INCIDENT, did you have a driver's license? If so state:

13 (a) the state or other issuing entity;

14 (b) the license number and type;

15 (c) the date of issuance; and

16 (d) all restrictions.

17 **RESPONSE TO FORM INTERROGATORY:**

18 CLIENT FEEDBACK:

19 **FORM INTERROGATORY NO. 2.4:**

20 At the time of the INCIDENT, did you have any other permit or license for the operation of a
21 motor vehicle? If so, state:

22 (a) the state or other issuing entity;

23 (b) the license number and type;

24 (c) the date of issuance; and

25 (d) all restrictions.

26 **RESPONSE TO FORM INTERROGATORY:**

27 CLIENT FEEDBACK:

28 **FORM INTERROGATORY NO. 2.5:**

State:

(a) your present residence ADDRESS;

(b) your residence ADDRESSES for the past five years; and

(c) the dates you lived at each ADDRESS.

RESPONSE TO FORM INTERROGATORY:

FORM INTERROGATORY NO. 2.6:

State:

(a) the name, ADDRESS, and telephone number of your present employer or place of self-employment;
and

(b) the name, ADDRESS, dates of employment, job title, and nature of work for each employer, or self-employment you have had from five years before the INCIDENT until today.

RESPONSE TO FORM INTERROGATORY:

FORM INTERROGATORY NO. 2.7:

State:

(a) the name and ADDRESS of each school or other academic or vocational institution you have attended, beginning with high school;

(b) the dates you attended;

(c) the highest-grade level you have completed; and

(d) the degrees received.

RESPONSE TO FORM INTERROGATORY:

FORM INTERROGATORY NO. 2.8:

Have you ever been convicted of a felony? If so, for each conviction state:

(a) the city and state where you were convicted;

(b) the date of conviction;

(c) the offense; and

(d) the court and case number.

RESPONSE TO FORM INTERROGATORY:

CLIENT FEEDBACK:

FORM INTERROGATORY NO. 2.9:

Can you speak English with ease? If not, what language and dialect do you normally use?

RESPONSE TO FORM INTERROGATORY:

1 CLIENT FEEDBACK:
2 **FORM INTERROGATORY NO. 2.10:**

3 Can you read and write English with ease? If not, what language and dialect do you normally
4 use?

5 **RESPONSE TO FORM INTERROGATORY:**

6 CLIENT FEEDBACK:
7 **FORM INTERROGATORY NO. 2.11:**

8 At the time of the INCIDENT were you acting as an agent or employee for any PERSON? If so,
9 state:

10 (a) the name, ADDRESS, and telephone number of that PERSON; and

11 (b) a description of your duties.

12 **RESPONSE TO FORM INTERROGATORY:**

13 **FORM INTERROGATORY NO. 2.12:**

14 At the time of the INCIDENT did you or any other person have any physical, emotional, or
15 mental disability or condition that may have contributed to the occurrence of the INCIDENT? If so, for
16 each person state:

17 (a) the name, ADDRESS, and telephone number;

18 (b) the nature of the disability or condition; and

19 (c) the manner in which the disability or condition contributed to the occurrence of the INCIDENT.

20 **RESPONSE TO FORM INTERROGATORY:**

21 **FORM INTERROGATORY NO. 2.13:**

22 Within 24 hours before the INCIDENT did you or any person involved in the INCIDENT use or
23 take any of the following substances: alcoholic beverage, marijuana, or other drug or medication of any
24 kind (prescription or not)? If so, for each person state:

25 (a) the name, ADDRESS, and telephone number;

26 (b) the nature or description of each substance;

27 (c) the quantity of each substance used or taken;

28 (d) the date and time of day when each substance was used or taken;

(e) the ADDRESS where each substance was used or taken;

(f) the name, ADDRESS, and telephone number of each person who was present when each substance was used or taken; and

(g) the name, ADDRESS, and telephone number of any HEALTH CARE PROVIDER who prescribed or furnished the substance and the condition for which it was prescribed or furnished.

RESPONSE TO FORM INTERROGATORY:

FORM INTERROGATORY NO. 3.1:

Are you a corporation? If so, state:

(a) the name stated in the current articles of incorporation;

(b) all other names used by the corporation during the past 10 years and the dates each was used;

(c) the date and place of incorporation; named insured;

(d) the ADDRESS of the principal place of business; and

(e) whether you are qualified to do business in California.

RESPONSE TO FORM INTERROGATORY:

FORM INTERROGATORY NO. 3.2:

RESPONSE TO FORM INTERROGATORY:

FORM INTERROGATORY NO. 3.3:

RESPONSE TO FORM INTERROGATORY:

FORM INTERROGATORY NO. 3.4:

RESPONSE TO FORM INTERROGATORY:

FORM INTERROGATORY NO. 3.5:

RESPONSE TO FORM INTERROGATORY:

FORM INTERROGATORY NO. 3.6:

RESPONSE TO FORM INTERROGATORY:

1 Objection. Overbroad. Calls for a legal conclusion from a lay witness. Calls for an expert opinion
2 from a lay witness. Attorney-Client Privilege.

3 ff

4 **FORM INTERROGATORY NO. 3.7:**

5 **RESPONSE TO FORM INTERROGATORY:**

6
7 **FORM INTERROGATORY NO. 4.1:**

8 At the time of the INCIDENT, was there in effect any policy of insurance through which you
9 were or might be insured in any manner (for example, primary, pro-rata, or excess liability coverage or
10 medical expense coverage) for the damages, claims, or actions that have arisen out of the INCIDENT? If
11 so, for each policy state:

12 (a) the kind of coverage;

13 (b) the name and ADDRESS of the insurance company;

14 (c) the name, ADDRESS, and telephone number of each named insured;

15 (d) the policy number;

16 (e) the limits of coverage for each type of coverage contained in the policy;

17 (f) whether any reservation of rights or controversy or coverage dispute exists between you and the
18 insurance company; and

19 (g) the name, ADDRESS, and telephone number of the custodian of the policy.

20 **RESPONSE TO FORM INTERROGATORY:**

21 **FORM INTERROGATORY NO. 4.2:**

22 Are you self-insured under any statute for the damages, claims, or actions, that have arisen out of
23 the INCIDENT? If so, specific the statute.

24 **RESPONSE TO FORM INTERROGATORY:**

25 **FORM INTERROGATORY NO. 6.1:**

26 Do you attribute any physical, mental, or emotional injuries to the INCIDENT? (If your answer is
27 "no," do not answer interrogatories 6.2 through 6.7).

28 **RESPONSE TO FORM INTERROGATORY:**

1
2 **FORM INTERROGATORY NO. 6.2:**

3 Identify each injury you attribute to the INCIDENT and the area of your body affected.

4 **RESPONSE TO FORM INTERROGATORY:**

5 **FORM INTERROGATORY NO. 6.3:**

6 Do you still have any complaints that you attribute to the INCIDENT? If so, for each complaint
7 state:

8 (a) a description;

9 (b) whether the complaint is subsiding, remaining the same, or becoming worse; and

10 (c) the frequency and duration.

11 **RESPONSE TO FORM INTERROGATORY:**

12 **FORM INTERROGATORY NO. 6.4:**

13 Did you receive any consultation or examination (except from expert witnesses covered by Code
14 of Civil Procedure sections 2034.210-2034.310) or treatment from a HEALTH CARE PROVIDER for
15 any injury you attribute to the INCIDENT? If so, for each HEALTH CARE PROVIDER state:

16 (a) the name, ADDRESS, and telephone number;

17 (b) the type of consultation, examination, or treatment provided;

18 (c) the dates you received consultation, examination, or treatment; and

19 (d) the charges to date.

20 **RESPONSE TO FORM INTERROGATORY:**

21 **FORM INTERROGATORY NO. 6.5:**

22 Have you taken any medication, prescribed or not, as a result of injuries that you attribute to the
23 INCIDENT? If so, for each medication state:

24 (a) the name;

25 (b) the PERSON who prescribed or furnished it;

26 (c) the date it was prescribed or furnished;

27 (d) the dates you began and stopped taking it; and

28 (e) the cost to date.

1 **RESPONSE TO FORM INTERROGATORY:**

2 **FORM INTERROGATORY NO. 6.6:**

3 Are there any other medical services necessitated by the injuries that you attribute to the
4 INCIDENT that were not previously listed (for example, ambulance, nursing, prosthetics)? If so, for
5 each service state:

6 (a) the nature;

7 (b) the date;

8 (c) the cost; and

9 (d) the name, ADDRESS, and telephone number of each provider.

10 **RESPONSE TO FORM INTERROGATORY:**

11 **FORM INTERROGATORY NO. 6.7:**

12 Has any HEALTH CARE PROVIDER advised that you may require future or additional
13 treatment for any injuries that you attribute to the INCIDENT? If so, for each injury state:

14 (a) the name and ADDRESS of each HEALTH CARE PROVIDER;

15 (b) the complaints for which the treatment was advised; and

16 (c) the nature, duration, and estimated cost of the treatment.

17 **RESPONSE TO FORM INTERROGATORY:**

18 **FORM INTERROGATORY NO. 7.1:**

19 Do you attribute any loss of or damage to a vehicle or other property to the INCIDENT? If so, for
20 each item of property:

21 (a) describe the property;

22 (b) describe the nature and location of the damage to the property;

23 (c) state the amount of damage you are claiming for each item of property and how the amount was
24 calculated; and

25 (d) if the property was sold, state the name, ADDRESS, and telephone number of the seller, the date of
26 sale, and the sale price.

27 **RESPONSE TO FORM INTERROGATORY:**

1 **FORM INTERROGATORY NO. 7.2:**

2 Has a written estimate or evaluation been made for any item of property referred to in your
3 answer to the preceding interrogatory? If so, for each estimate or evaluation state:

- 4 (a) the name, ADDRESS, and telephone number of the PERSON who prepared it and the date prepared;
5 (b) the name, ADDRESS, and telephone number of each PERSON who has a copy of it; and
6 (c) the amount of damage stated.

7 **RESPONSE TO FORM INTERROGATORY:**

8 **FORM INTERROGATORY NO. 7.3:**

9 Has any item of property referred to in your answer to interrogatory 7.1 been repaired? If so, for
10 each item state:

- 11 (a) the date repaired;
12 (b) a description of the repair;
13 (c) the repair cost;
14 (d) the name, ADDRESS, and telephone number of the PERSON who repaired it;
15 (e) the name, ADDRESS, and telephone number of the PERSON who paid for the repair.

16 **RESPONSE TO FORM INTERROGATORY:**

17 **FORM INTERROGATORY NO. 8.1:**

18 Do you attribute any loss of income or earning capacity to the INCIDENT? (If your answer is
19 "no," do not answer interrogatories 8.2 through 8.8).

20 **RESPONSE TO FORM INTERROGATORY:**

21 **FORM INTERROGATORY NO. 8.2:**

22 State:

- 23 (a) the nature of your work;
24 (b) your job title at the time of the INCIDENT; and
25 (c) the date your employment began.

26 **RESPONSE TO FORM INTERROGATORY:**

27 **FORM INTERROGATORY NO. 8.3:**

28 State the last date before the INCIDENT that you worked for compensation.

1 **RESPONSE TO FORM INTERROGATORY:**

2 **FORM INTERROGATORY NO. 8.4:**

3 State your monthly income at the time of the INCIDENT and how the amount was calculated.

4 **RESPONSE TO FORM INTERROGATORY:**

5 **FORM INTERROGATORY NO. 8.5:**

6 State the date you returned to work at each place of employment following the INCIDENT.

7 **RESPONSE TO FORM INTERROGATORY:**

8 **FORM INTERROGATORY NO. 8.6:**

9 State the dates you did not work and for which you lost income as a result of the INCIDENT.

10 **RESPONSE TO FORM INTERROGATORY:**

11 **FORM INTERROGATORY NO. 8.7:**

12 State the total income you have lost to date as a result of the INCIDENT and how the amount was
13 calculated.

14 **RESPONSE TO FORM INTERROGATORY:**

15 **FORM INTERROGATORY NO. 8.8:**

16 Will you lose income in the future as a result of the INCIDENT? If so, state:

17 (a) the facts upon which you base this contention;

18 (b) an estimate of the amount;

19 (c) an estimate of how long you will be unable to work; and

20 (d) how the claim for future income is calculated.

21 **RESPONSE TO FORM INTERROGATORY:**

22 **FORM INTERROGATORY NO. 9.1:**

23 Are there any other damages that you attribute to the INCIDENT? If so, for each item of damage
24 state:

25 (a) the nature;

26 (b) the date it occurred;

1 (c) the amount; and

2 (d) the name, ADDRESS, and telephone number of each PERSON to whom an obligation was incurred.

3 **RESPONSE TO FORM INTERROGATORY:**

4 **FORM INTERROGATORY NO. 9.2:**

5 Do any DOCUMENTS support the existence or amount of any item of damages claimed in
6 interrogatory 9.1? If so, describe each document and state the name, ADDRESS, and telephone number
7 of the PERSON who has each DOCUMENT.

8 **RESPONSE TO FORM INTERROGATORY:**

9 **FORM INTERROGATORY NO. 10.1:**

10 At any time before the INCIDENT did you have complaints or injuries that involved the same
11 part of your body claimed to have been injured in the INCIDENT? If so, for each state:

12 (a) a description of the complaint or injury;

13 (b) the dates it began and ended; and,

14 (c) the name, ADDRESS, and telephone number of each HEALTH CARE PROVIDER whom you
15 consulted or who examined or treated you.

16 **RESPONSE TO FORM INTERROGATORY:**

17 **FORM INTERROGATORY NO. 10.2:**

18 List all physical, mental, and emotional disabilities you had immediately before the INCIDENT.
19 (You may omit mental or emotional disabilities unless you attribute any mental or emotional injury to
20 the INCIDENT.)

21 **RESPONSE TO FORM INTERROGATORY:**

22 **FORM INTERROGATORY NO. 10.3:**

23 At any time after the INCIDENT, did you sustain injuries of the kind for which you are now
24 claiming damages? If so, for each incident giving rise to an injury state:

25 (a) the date and the place it occurred;

26 (b) the name, ADDRESS, and telephone number of any other PERSON involved;

27 (c) the nature of any injuries you sustained;

(d) the name, ADDRESS, and telephone number of each HEALTH CARE PROVIDER who you consulted or who examined or treated you; and

(e) the nature of the treatment and its duration.

RESPONSE TO FORM INTERROGATORY:

FORM INTERROGATORY NO. 11.1:

Except for this action, in the past 10 years have you filed an action or made a written claim or demand for compensation for your personal injuries? If so, for each action, claim, or demand state:

(a) the date, time, and place and location (closest street ADDRESS or intersection) of the INCIDENT giving rise to the action, claim, or demand;

(b) the name, ADDRESS, and telephone number of each PERSON against whom the claim or demand was made or the action filed;

(c) the court, names of the parties, and case number of any action filed;

(d) the name, ADDRESS, and telephone number of any attorney representing you;

(e) whether the claim or action has been resolved or is pending; and

(f) a description of the injury.

RESPONSE TO FORM INTERROGATORY:

FORM INTERROGATORY NO. 11.2:

In the past 10 years have you made a written claim or demand for workers' compensation benefits? If so, for each claim or demand state:

(a) the date, time, and place of the INCIDENT giving rise to the claim;

(b) the name, ADDRESS, and telephone number of your employer at the time of the injury;

(c) the name, ADDRESS, and telephone number of the workers' compensation insurer and the claim number;

(d) the period of time during which you received workers' compensation benefits;

(e) a description of the injury;

(f) the name, ADDRESS, and telephone number of any HEALTH CARE PROVIDER who provided services; and

(g) the case number at the Workers' Compensation Appeals Board.

1 **RESPONSE TO FORM INTERROGATORY:**

2 **FORM INTERROGATORY NO. 12.1:**

3 State the name, ADDRESS, and telephone number of each individual:

- 4 (a) who witnessed the INCIDENT or the events occurring immediately before or after the INCIDENT;
- 5 (b) who made any statement at the scene of the INCIDENT;
- 6 (c) who heard any statements made about the INCIDENT by any individual at the scene; and
- 7 (d) who YOU OR ANYONE ACTING ON YOUR BEHALF claim has knowledge of the INCIDENT
- 8 (except for expert witnesses covered by Code of Civil Procedure section 2034).

9 **RESPONSE TO FORM INTERROGATORY:**

10 **FORM INTERROGATORY NO. 12.2:**

11 Have YOU OR ANYONE ACTING ON YOUR BEHALF interviewed any individual concerning

12 the INCIDENT? If so, for each individual state:

- 13 (a) the name, ADDRESS, and telephone number of the individual interviewed;
- 14 (b) the date of the interview; and
- 15 (c) the name, ADDRESS, and telephone number of the PERSON who conducted the interview.

16 **RESPONSE TO FORM INTERROGATORY:**

17 **FORM INTERROGATORY NO. 12.3:**

18 Have YOU OR ANYONE ACTING ON YOUR BEHALF obtained a written or recorded

19 statement from any individual concerning the INCIDENT? If so, for each statement state:

- 20 (a) the name, ADDRESS, and telephone number of the individual from whom the statement was
- 21 obtained;
- 22 (b) the name, ADDRESS, and telephone number of the individual who obtained the statement;
- 23 (c) the date the statement was obtained; and
- 24 (d) the name, ADDRESS, and telephone number of each PERSON who has the original statement or a
- 25 copy.

26 **RESPONSE TO FORM INTERROGATORY:**

27 **FORM INTERROGATORY NO. 12.4:**

1 Do YOU OR ANYONE ACTING ON YOUR BEHALF know of any photographs, films, or
2 videotapes depicting any place, object, or individual concerning the INCIDENT or plaintiffs' injuries? If
3 so, state:

4 (a) the number of photographs or feet of film or videotape;

5 (b) the places, objects, or persons photographed, filmed, or videotaped;

6 (c) the date the photographs, films, or videotapes were taken;

7 (d) the name, ADDRESS, and telephone number of the individual taking the photographs, films, or
8 videotapes; and

9 (e) the name, ADDRESS, and telephone number of each PERSON who has the original or a copy of the
10 photographs, films, or videotapes.

11 **RESPONSE TO FORM INTERROGATORY:**

12 **FORM INTERROGATORY NO. 12.5:**

13 Do YOU OR ANYONE ACTING ON YOUR BEHALF know of any diagram, reproduction, or
14 model of any place or thing (except for items developed by expert witnesses covered by Code of Civil
15 Procedure sections 2034.2102034.310) concerning the INCIDENT? If so, for each item state:

16 (a) the type (i.e., diagram, reproduction, or model);

17 (b) the subject matter; and

18 (c) the name, ADDRESS, and telephone number of each PERSON who has it.

19 **RESPONSE TO FORM INTERROGATORY:**

20 **FORM INTERROGATORY NO. 12.6:**

21 Was a report made by any PERSON concerning the INCIDENT? If so, state:

22 (a) the name, title, identification number, and employer of the PERSON who made the report;

23 (b) the date and type of report made;

24 (c) the name, ADDRESS, and telephone number of the PERSON for whom the report was made; and

25 (d) the name, ADDRESS, and telephone number of each PERSON who has the original or a copy of the
26 report.

27 **RESPONSE TO FORM INTERROGATORY:**

28 **FORM INTERROGATORY NO. 12.7:**

1 Have YOU OR ANYONE ACTING ON YOUR BEHALF inspected the scene of the
2 INCIDENT? If so, for each inspection state:

3 (a) the name, ADDRESS, and telephone number of the individual making the inspection (except for
4 expert witnesses covered by Code of Civil Procedure sections 2034.210-2034.310); and

5 (b) the date of the inspection.

6 **RESPONSE TO FORM INTERROGATORY:**

7 **FORM INTERROGATORY NO. 13.1:**

8 Have YOU OR ANYONE ACTING ON YOUR BEHALF conducted surveillance of any
9 individual involved in the INCIDENT or any party to this action? If so, for each surveillance state:

10 (a) The name, ADDRESS, and telephone number of the individual or party;

11 (b) The time, date, and place of the surveillance;

12 (c) The name, ADDRESS, and telephone number of the individual who conducted the surveillance; and

13 (d) The name, ADDRESS, and telephone number of each PERSON who has the original or a copy of
14 any surveillance photograph, film, or videotape.

15 **RESPONSE TO FORM INTERROGATORY:**

16 **FORM INTERROGATORY NO. 13.2:**

17 Has a written report prepared on the surveillance? If so, for each written report state:

18 (a) The title;

19 (b) The date;

20 (c) The name, ADDRESS, and telephone number of the individual who prepared the report; and

21 (d) The name, ADDRESS, and telephone number of each PERSON who has the original or a copy.

22 **RESPONSE TO FORM INTERROGATORY:**

23 **FORM INTERROGATORY NO. 14.1:**

24 Do YOU OR ANYONE ACTING ON YOUR BEHALF contend that any PERSON involved in
25 the INCIDENT violated any statute, ordinance, or regulation and that the violation was a legal
26 (proximate) cause of the INCIDENT? If so, identify the name, ADDRESS, and telephone number of
27 each PERSON and the statute, ordinance, or regulation that was violated.

28 **RESPONSE TO FORM INTERROGATORY:**

1
2 **FORM INTERROGATORY NO. 14.2:**

3 Was any PERSON cited or charged with a violation of any statute, ordinance, or regulation as a
4 result of this INCIDENT? If so, for each PERSON state:

- 5 (a) the name, ADDRESS, and telephone number of the PERSON;
6 (b) the statute, ordinance, or regulation allegedly violated;
7 (c) whether the PERSON entered a plea in response to the citation or charge and, if so, the plea entered;
8 and
9 (d) the name and ADDRESS of the court or administrative agency, names of the parties, and case
10 number.

11 **RESPONSE TO FORM INTERROGATORY:**

12 **FORM INTERROGATORY NO. 17.1:**

13 Is your response to each request for admission served with these interrogatories an unqualified
14 admission? If not, for each response that is not an unqualified admission:

- 15 (a) State the number of the request;
16 (b) State all facts upon which you base your response;
17 (c) State the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of
18 these facts; and
19 (d) Identify all DOCUMENTS and other tangible things that support your response and state the name,
20 ADDRESS, and telephone number of the PERSON who has each DOCUMENT or thing.

21 **RESPONSE TO FORM INTERROGATORY:**

22 **FORM INTERROGATORY NO. 20.1:**

23 State the date, time, and place of the INCIDENT (closest street ADDRESS or intersection).

24 **RESPONSE TO FORM INTERROGATORY:**

25 **FORM INTERROGATORY NO. 20.2:**

26 For each vehicle involved in the INCIDENT, state:

- 27 (a) the year, make, model, and license number;
28 (b) the name, ADDRESS, and telephone number of the driver;

- (c) the name, ADDRESS, and telephone number of each occupant other than the driver;
- (d) the name, ADDRESS, and telephone number of each registered owner;
- (e) the name, ADDRESS, and telephone number of each lessee;
- (f) the name, ADDRESS, and telephone number of each owner other than the registered owner or lien holder; and
- (g) the name of each owner who gave permission or consent to the driver to operate the vehicle.

RESPONSE TO FORM INTERROGATORY:

FORM INTERROGATORY NO. 20.3:

State the ADDRESS and location where your trip began and the ADDRESS and location of your destination.

RESPONSE TO FORM INTERROGATORY:

FORM INTERROGATORY NO. 20.4:

Describe the route that you followed from the beginning of your trip to the location of the INCIDENT, and state the location of each stop, other than routine traffic stops, during the trip leading up to the INCIDENT.

RESPONSE TO FORM INTERROGATORY:

FORM INTERROGATORY NO. 20.5:

State the name of the street or roadway, the lane of travel, and the direction of travel of each vehicle involved in the INCIDENT for the 500 feet of travel before the INCIDENT.

RESPONSE TO FORM INTERROGATORY:

FORM INTERROGATORY NO. 20.6:

Did the INCIDENT occur at an intersection? If so, describe all traffic control devices, signals, or signs at the intersection.

RESPONSE TO FORM INTERROGATORY:

FORM INTERROGATORY NO. 20.7:

Was there a traffic signal facing you at the time of the INCIDENT? If so, state:

(a) your location when you first saw it;

- 1 (b) the color;
2 (c) the number of seconds it had been that color; and
3 (d) whether the color changed between the time you first saw it and the INCIDENT.

4 **RESPONSE TO FORM INTERROGATORY:**

5 **FORM INTERROGATORY NO. 20.8:**

6 State how the INCIDENT occurred, giving the speed, direction, and location of each vehicle
7 involved:

- 8 (a) just before the INCIDENT;
9 (b) at the time of the INCIDENT; and
10 (c) just after the INCIDENT.

11 **RESPONSE TO FORM INTERROGATORY:**

12 **FORM INTERROGATORY NO. 20.9:**

13 Do you have information that a malfunction or defect in a vehicle caused the INCIDENT? If so:
14 (a) identify the vehicle;
15 (b) identify each malfunction or defect;
16 (c) state the name, ADDRESS, and telephone number of each PERSON who is a witness to or has
17 information about each malfunction or defect; and
18 (d) state the name, ADDRESS, and telephone number of each PERSON who has custody of each
19 defective part.

20 **RESPONSE TO FORM INTERROGATORY:**

21 **FORM INTERROGATORY NO. 20.10:**

22 Do you have information that any malfunction or defect in a vehicle contributed to the injuries
23 sustained in the INCIDENT? If so:
24 (a) identify the vehicle;
25 (b) identify each malfunction or defect;
26 (c) state the name, ADDRESS, and telephone number of each PERSON who is a witness to or has
27 information about each malfunction or defect; and
28

(d) state the name, ADDRESS, and telephone number of each PERSON who has custody of each defective part.

RESPONSE TO FORM INTERROGATORY:

FORM INTERROGATORY NO. 20.11:

State the name, ADDRESS, and telephone number of each owner and each PERSON who has had possession since the INCIDENT of each vehicle involved in the INCIDENT.

RESPONSE TO FORM INTERROGATORY:

Dated: COHEN LAW PARTNERS

By: _____
Joshua C. Cohen
Attorney for Plaintiff