**DISCOVERY NOTES**

Client:

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

Date:

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

Our File Number:

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

Court Reporter:

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

Plaintiff Counsel:

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

Other People Present:

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

| **DEPONENT**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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**DISCOVERY QUESTIONS**

**Introductory**

1. I will be asking a number of questions today. If there is any question that you do not understand, let me know and I will rephrase the question for you. Also, please make sure you say ‘yes’ or ‘no’ not ‘mmhmm’ or ‘uh uh’.
2. Have you sworn to tell the truth today?
3. What is your full legal name?
4. What is your address?
5. How long have you lived at that address?
6. Who are you currently living with at that address? What is their contact information?
7. What is your date of birth?
8. Where were you born?
9. When did you immigrate to Canada?
10. What is your occupation?

**How They Prepared**

1. How did you prepare for today’s examination?
2. What documents did you review?
3. What people, other than your lawyer, did you speak with in preparation for this examination?
4. Do you recall swearing your Affidavit of Documents?
5. Do you agree that your Affidavit of Documents was complete and accurate at the time that you swore it?

**LIABILITY**

**Memory of Day**

1. I understand that you were involved in a motor vehicle collision on \_\_\_\_\_\_\_\_\_\_\_\_? Is that correct?
2. Do you remember what happened in that collision?
3. How good is your memory of that day?

**Owner and Operator of Vehicle**

1. Who was the owner of the vehicle you were in?
2. Who was driving the vehicle you were in?
3. Did the driver (you) have permission to drive the vehicle?
4. How familiar was the driver with operation of that vehicle?
5. Had the driver ever taken a driver’s education course? With who? (UNDERTAKING – For training certificate)

**Driver's Licence**

1. Did you have a valid driver's licence at the time of the accident?
2. When did you obtain your licence?
3. What class of licence was it?
4. What restrictions did you have on your licence? (glasses/medications/medical conditions)

**Pre- Collision**

1. On what day of the week did that collision occur?
2. At what time did the collision happen?
3. At what location did the collision occur?
4. Where were you coming from when the collision occurred?
5. Where were you going to when the collision occurred?
6. Did you need to be at your destination at any particular time?
7. So you were/were not in a rush then?
8. Were any children or people waiting for you at home?
9. Who was in the car with you at the time of the collision?
10. What are their full names, ages, addresses and phone numbers?
11. Were there any pets with you in the car at the time of the collision?
12. Was there any luggage or other items in the car at the time of the collision?
13. What road were you on at the time of the collision?
14. Which direction were you travelling?
15. How many lanes were on that road?
16. What lane were you in at the time of the collision?
17. What were the weather conditions like?
18. What was the road surface like (dry/wet/slushy)?
19. Were their pot holes or other hazards on the road?
20. Was the road straight or curved?
21. Was the road flat or inclined?
22. Which way was the incline (up or down)?
23. Was there any construction occurring in the area?
24. What was the posted speed limit?
25. How was your visibility at the time of the collision?
26. Was the sun in your eyes?
27. Were you wearing sunglasses at the time of the collision?
28. Were you wearing a hat at the time of the collision?
29. Were you wearing your seatbelt at the time of the collision?
30. What was the street lighting like?
31. Were there any parked or stopped cars on the road?
32. How heavy was the traffic?
33. Were there cars in front/beside/behind you?
34. Were those cars going faster/slower/same speed as you?
35. Had you ever been through that location before?
36. How many times had you passed through there?
37. Would you say you were very familiar with that location?
38. Were you paying special attention to any signs on the road?
39. Can you recall any signs at that location?
40. Were there any other accidents in the area?
41. When did you first notice the other accident?

**Immediately Before Impact**

1. Did you see the other vehicle before the impact?
2. How long before impact did you see it?
3. Where was it when you first saw it?
4. Where were you?
5. Could you see it clearly?
6. What was your speed when you first saw the vehicle (or at time of impact)?
7. What was your maximum speed on that particular roadway prior to the collision?
8. Had you changed speed just prior to seeing the other vehicle (accelerated or decelerated)?
9. How fast was the other vehicle moving?
10. Did you notice a change in the other vehicle’s speed?
11. Did you sound your horn at any time before impact?
12. Did the other vehicle sound its horn?
13. Did you swerve or brake to avoid the collision?
14. Did the other person swerve or brake to avoid the collision?
15. When you saw the other vehicle did you notice any headlights/tail lights/ turn signals?
16. Did either you or the other vehicle flash their lights?
17. What was the distance from where you first saw the other vehicle to place of impact?
18. What was your speed atthe time of impact?
19. If the collision occurred at an intersection, what colour was your traffic light?
20. What colour was the other driver’s traffic light?

**Building Up the Standard of Care**

1. Did you know that you had to look before you turned left?
2. Did you know that you had to be absolutely certain that no cars were coming?
3. What is your normal practice when turning?
4. Do you always look before turning?

**Impact**

1. What part of your car collided with the other vehicle?
2. What part of the other car hit your vehicle?
3. Was the impact mild, moderate or severe?
4. Was there a secondary impact?
5. What was the distance from the place of impact to the final stopping location?
6. About how long did it take you to stop after the impact occurred?
7. Where in the roadway did the impact occur?
8. What direction were the vehicles facing after they came to a stop?
9. Did either you or the other driver move their car before the police arrived?
10. Did you notice any debris on the roadway? Please describe it?

**Property Damage and Tow Truck Driver**

1. Do you have any photographs of the damage to your vehicle?
2. Do you have any photographs of the damage to the other vehicle?
3. How much did it cost to repair your vehicle? (UNDERTAKING Property Damage file, including any photographs of the damages vehicle)
4. and the repair invoice)
5. Where did you take it to get repaired?
6. What was the name of the Tow Truck company that towed your car?
7. Did you get into the Tow Truck after the collision?
8. Did you have a conversation with the Tow Truck driver?
9. What was his name and contact information? (UNDERTAKING Notes and contact information of toe truck driver)

**Post-Collision**

1. What happened after the collision?
2. Did you have a conversation with the other driver or passenger?
3. What was the other driver's condition after that collision?
4. Were there any skid or goudge marks on the road?
5. Who called 911?
6. Did you have any conversation with police, ambulance, firefighters?
7. What did you say?
8. Did you have conversation with any other individuals at the scene?
9. What did you say?
10. Did you overhear anyone else having a conversation at the scene?
11. What did they say?
12. Is there anything you would do differently if you were in the same circumstances again?
13. Look back on it today, anything you could have done to avoid the accident?
14. Reducing speed may have helped you control vehicle?
15. Did you ever make any notes after the accident?

**Vehicle**

1. What is the make, model and year of your vehicle?
2. When was the vehicle purchased?
3. What was the mileage when the car was purchased?
4. What was the mileage at the time of impact?
5. Was the vehicle a standard or automatic?
6. What gear was the vehicle in at the time of impact?
7. Did the vehicle have power steering?
8. Was the vehicle front-wheel drive/rear-wheel drive, 4-wheel drive or all-wheel drive?
9. Was the vehicle equipped with airbags?
10. Did the airbags go off?

**Brakes**

1. Did the vehicle have power brakes?
2. Did the vehicle have anti-lock brakes?
3. On the front and back?
4. Did the anti-lock brakes engage prior to impact?

**Car Maintenance**

1. What was the mechanical condition of the vehicle immediately before impact?
2. Do you have maintenance records from purchase date to motor vehicle accident date? (UNDERTAKING for maintenance records)
3. Who generally works on the car?
4. How long has that person worked on that car?
5. When was the last maintenance or service performed on the car before the collision?
6. Undertaking to get the service records of the car.
7. Was the car in good condition?
8. How do you know it was in good condition?
9. Do you regularly inspect it?
10. What parts do you inspect?
11. Were your windshield wipers on at the time of the collision?
12. Was the windshield dirty/foggy/wet/icy at the time of the collision?

**Tires**

1. What type of tires did the vehicle have?
2. What was the condition of the tires?

**Distractions**

1. Were you listening to music at the time of the accident?
2. Were you using your cell phone at the time of the accident? (Should we get an undertaking for records?)
3. Were you talking to any passengers at the time of the accident?
4. Were any children or pets misbehaving at the time of the accident?

**Modifications**

1. Had you made any modifications to the vehicle since purchasing it?

**Headlights**

1. Were your headlights on?
2. Were they working?
3. How do you know?
4. Were your high beams or low beams on?
5. How far do your highbeams illuminate?
6. How far do your lowbeams illuminate?
7. Why weren’t you using your highbeams at the time of the collision?

**Impairments**

1. What medications had you taken in the 24 hours before the accident?
2. What other drugs had you taken in the 24 hours before the accident?
3. Had you had any alcohol in the 24 hours before the collision?
4. Were you suffering from any illness at the time of the collision?
5. Were you suffering from any unusual stress at the time of the collision?
6. Had you worked or gone to school already that day?
7. Were you tired at the time of the collision?
8. How was your eyesight at the time of the collision? Were you wearing any corrective lenses (glasses/contacts)?

**Investigation**

1. Other than surveillance, has any investigation been conducted such as interviews with the plaintiffs neighbours, friends, associates and employers?
2. *Please provide me with the particulars of that investigation, including what information was obtained, the source of the information and the name and address of the person or persons who conducted the investigation.*
3. In the event that investigation is conducted in the future, will you advise me of that fact and provide the particulars requested in my previous question?

**DAMAGES**

**Education**

1. What is the highest grade of education that you completed?
2. Where did you graduate from highschool?
3. When did you graduate from highschool?
4. Did you complete highschool in 4 years?
5. How would you describe yourself as a student?
6. At the time in highschool, were there different streams of classes? Advanced, general, basic?
7. Which stream were you in?
8. Were you ever held back a grade in school for any reason?
9. How would you describe yourself as a student?
10. During highschool, did you have any career goals, anything specific that you wanted to be?
11. During highschool, play for any school teams, belong to any clubs?
12. Interests outside of school?
13. Take any courses outside of school or receive training of any kind?
14. Did you have many friends in highschool?
15. Enjoy any activities outside of highschool?
16. Did you work while you were in highschool?
17. At that time, in final year of highschool, any specific plans for future?
18. During final year in highschool, apply to any colleges or universities?
19. Why not? Reason for not applying?
20. Financial reasons?
21. Agree that you weren’t planning on going to university after highschool, but maybe college or working?
22. Did you take any post-secondary schooling? Please describe.

EMPLOYMENT

1. Please list every job you have worked at from highschool to now?
2. Where were you working at the time of the accident?
3. Where are you working now?
4. QUESTIONS FOR EACH POSITION

* How long have you been working at that position?
* Full time or part time?
* Average weekly hours?
* Wage?
* Yearly income?
* How did you get paid?
* Do you fill out time slips?
* Are there records of your attendance?
* Name of Manager, address, contact number?
* Job duties?
* Physical Demands?
* Did you like it?
* How did you get to work?
* Did you have medical benefits? Who was benefits provider?
* How much overtime available? How much overtime worked?
* Holidays per year? Did you take them?
* Any restrictions for work?

1. Did you get along with the:

* Supervisor
* Staff?
* Any issues?
* Enjoy?
* Performance reviews?
* Satisfied with employment at time of accident?
* Were you looking for another job or opportunity while you worked there?
* Why did you leave that job?

1. What were your career plans at time of accident?
2. What were your retirement plans at the time of the accident?
3. Did you apply for any jobs in (date)? Did you keep any records of jobs you applied for
4. Where dad work at time of accident?
5. Where mother work at time of accident?

INCOME TAXES

1. Do you have your income tax returns?
2. Did you report all income to Revenue Canada? Why not?
3. Did you have any jobs on the side that you did not report to Revenue Canada?

PRE-ACCIDENT HEALTH

1. How was your health prior to the accident?
2. Any problems with headaches prior to the accident?
3. Did you wear eyeglasses or contact lenses at time of accident?
4. Did you regularly have your eyes checked?
5. Taking any medications for any reason in the 2-3 years before the accident?
6. Where do you have prescriptions filled?
7. Ever suffer from neck or back pain prior to the accident?
8. Any problems with fatigue prior to the accident?
9. Alcohol – ever consume alcoholic beverages prior to accident? How often? Socially with friends or at home? Weekend?
10. Did you smoke before the accident?
11. What was your weight the year before the accident?
12. Any other health issues prior to the accident?
13. Who was your family doctor in the years leading up to the accident?
14. How long has he been your family physician? Are they still your doctor?
15. In the 5 years immediately before the accident in question, were you attending any other medical doctors?
16. Did you use walk-in clinics?
17. Were you seeing any specialists for any reason?
18. Had you underwent any surgeries prior to the accident in question?
19. Depression prior to accident? Every referred for psychological or psychiatric counselling prior to accident?
20. Any other pre-accident health issues for which you sought medical treatment?
21. What symptoms were ongoing?
22. What have doctors said about your symptoms?

Prognosis?

Did they advise to limit activities?

Did they say you’d be unable to perform your job as a result?

1. When was last time prior to MVA you consulted for/received treatment for prior symptoms?
2. Consulted any specialists pre-accident? Name:
3. Exercising for prior problems?
4. Medication for prior problems?
5. Taking any medications prior to this accident? Which ones, what for?
6. Psychological health prior to accident?

Counselling?With whom?

Medication?

Status at time of MVA?

1. Ever suffered from drug addiction?

PRIOR MVA’s OR INJURIES

1. Had you been in any Motor Vehicle Accidents prior to the accident of \_\_\_\_\_\_\_\_?
2. If so, when, describe the nature of the accident of \_\_\_\_\_\_\_\_?
3. What injuries did you sustain as a result of the accident? Injuries/symptoms from prior MVA? Receive treatment? What kind of treatment? Where? How long? Restrict work? Social life? Family life?
4. Were you paid accident benefits?

* Medical
* IRBS
* housekeeping?
* Caregiver
* How long?

1. Was AB file closed at time of present MVA?
2. Did you settle AB file?

* How much?
* Breakdown?

1. Paid Collateral benefits?

* CPP/WSIB/LTD/EI/ODSP/OW
* Provider?
* Amount?
* Duration

1. Had you ever had any prior falls before this accident where you injured yourself?
2. Litigation re prior injury?

* Settle?
* Terms of settlement?
* Ongoing?

1. Workplace injuries?
2. Ever take time off work for injuries? How long? Diagnosis?
3. Did you make a WSIB claim?
4. Type treatment provided for workplace injuries? Name of facility?
5. What medications were you taking for workplace injury symptoms?
6. Where prescriptions filled?
7. How long did symptoms continue? Were they ongoing at time of MVA?

job as a result?

1. What was status of this injury at time of present MVA?
2. How did these prior injuries restrict your Work? Social life? Family life?

POSITION AND INJURY IN ACCIDENT

1. What was your height on the day of the accident?
2. What was your weight?
3. Were you right handed or left?
4. Seat and Head Restraint: Where were you seated at the time of the accident?
5. Was your seat reclining or straight up?
6. Did your seat have a headrest installed during the collision?
7. Did you adjust it when you entered the car?
8. How were you sitting at the time of the accident?
9. What were you doing at impact?
10. Describe the position and orientation of your head, trunk, pelvis, arms and legs at impact. Were you leaning forward or twisted? Focus on injured areas?
11. Were you aware of the impact before it occurred?
12. Did you brace for the impact? How did you brace?
13. Were you wearing your seatbelt? What kind of seatbelt? Was the seatbelt snug or lose? Describe how the lap and torso belts were positioned across your body.
14. Did the airbags deploy? Which airbags deployed?
15. Did you move during impact?
16. What direction did you move?
17. Did you hit anything?
18. Consider the dash, steering wheel, windows, door panels, other occupants and cargo. What body parts struck each area?
19. If head, did you lose consciousness?
20. What clothes were you wearing (bulky clothes may interfere with the seatbelt)?
21. *Did you break any bones as a result of this accident?*
22. *Did you tear any ligaments as a result of this accidents?*
23. *Did you pull any muscles as a result of this accident?*
24. *Did you tear any tendons as a result of this accident?*

POST-ACCIDENT HEALTH

Hospital and Ambulance

1. Were you able to exit your car without assistance?
2. How long at the scene before the emergency medical services arrived?
3. Did anyone help you at the scene of the accident?
4. Was an ambulance was called to the scene of the accident?
5. Where did you go after the accident?
6. Did you attend at the hospital?
7. What treatment did you receive in the hospital?

Medications:

X-rays:

Ct scans, MRI

Results?

Bruises or lacerations?

What doctor was in charge of examining you?

1. How long were you in the hospital?
2. Where did you go when released?
3. What are the names of the people you left with?

Head to Toe

1. Describe from head to toe of all injuries your physical complaints caused by the accident, within one week of the accident.
2. What type of treatment did you receive for your various injuries? How often?
3. Did you have surgery as a result of your injuries from the accident?
4. Are any surgeries planned for the future?
5. Were you given any prescriptions for medications after leaving hospital?
6. Currently on any medications for any of your accident related injuries?
7. Was this treatment covered by your accident benefits carrier?
8. What specialists have you been referred to since leaving the hospital?
9. What do they say about your injuries?
10. What were his recommendations with respect to treatment or management of your injuries?
11. Have your injuries improved at all because of these therapies?
12. Are you currently doing any home exercises or activities to improve anything?
13. Attendant care following accident?
14. Housekeeping assistance after accident?
15. Psychological counselling after accident?
16. Was it offered?
17. Accept assistances?
18. Consider in future?
19. Family physician currently monitoring progress?
20. Does your family physician believe you are injured as a result of this accident?
21. Will you get a written report from your family physician outlining the injuries you suffered in this accident and their effect on your life? (UNDERTAKING)
22. What do you currently perceive to be your most serious injury?
23. How long can you walk without pain?
24. How long can you sit without pain?
25. Is there any treatment that you are interested in trying or believe would be of assistance to you?
26. Do you find it to be helpful?
27. What are you doing to improve your injuries?
28. Currently on any medications for your accident related injuries?
29. What have you physicians or health practitioners advised you with respect the estimated recovery time for your injuries?
30. If so, what have they said?
31. Have you had any subsequent car accidents?
32. Any subsequent injuries?
33. Have you been referred for a DAC assessment?
34. [UT for ongoing production of the Plaintiff’s accident benefit file, from time to time, including a payment summary]

POST- ACCIDENT INJURIES

1. Have you been involved in another accident or slip and fall or other type of injury since the accident of \_\_\_\_\_\_\_\_\_\_\_\_?
2. Any health problems, such as illnesses or disease, unrelated to the accident for which you have sought treatment since the accident of \_\_\_\_\_\_\_\_\_\_\_\_\_?

CURRENT HEALTH

List of symptoms:

One Week after the accident:

1. Identify all parts of your body where you experienced physical complaints (pain or scarring) caused by the accident within 1 week after the accident:
2. Injury/Severity (intense, moderate, light)/Duration (minutes/hours)/Treatment (therapy/medication)/ frequency
3. Was it noticeable at particular times a day? Patterns
4. Period of time when you had daily discomfort? For haw many years?
5. Did you have constant pain at any time?
6. Identify all non-physical complaints caused by the accident that you experienced within 1 week after the accident

Current

1. Identify all parts of your body where you are currently experiencing physical complaints caused by the accident:
2. Injury/Severity (intense/moderate/light), duration(minutes/hours), treatment (therapy/medication)
3. Have you noticed any improvement? What led to the improvement
4. Have you have any pain free days since the accident
5. Anything that brings you relief?
6. Identify all current non-physical complaints caused by the accident
7. Progress of persisting symptoms – frequency/severity/duration – stayed the same, worsened, or improved
8. Is there anything you cannot do because of the injuries
9. Are there any partial difficulties

Treatment history:

1. review history of medical care, treatment and medical examinations
2. Hospital
3. Went to hospital after the accident? How got there?
4. What hospital taken to
5. Examined and released the same day
6. Were there any x-rays – CT scan or MRI done? What parts of the body>
7. Given medication? What treatment? Advil
8. U/T – hospital records

Doctors

1. Who was your family doctor at the time of the accident?
2. (Monday) How long with this doctor? When first say doctor after DOL?
3. Still your family doctor

Other Doctors

1. Have you also seen other doctors as a result of this MVA? Who?
2. When did you see these other doctors? Who referred you to them?
3. How many times have you seen these other doctors?
4. Any scheduled appointments?

Physiotherapy

1. Have you received physiotherapy
2. When did you commence physiotherapy? When stopped? Why stopped?
3. What is the name of the physiotherapy clinic
4. Did it help bring any relief
5. Frequency of current treatment
6. What aspect of physiotherapy helps?
7. Did you receive physiotherapy prior to the mva? (who, why, how long, how frequently)
8. Do you have any appointments scheduled in the near future?

Chiropractic Treatment

1. Have you received chiropractic treatments
2. When did you commence chiropractic treatments
3. What is the name of your chiropractor
4. Who suggested that you have chiropractic treatments
5. Are you still taking it/ when did you stop
6. How frequently do you now receive treatment?
7. Is the treatment helping
8. What does the chiropractor do that helps
9. Did you receive chiropractic treatments prior to the mva (who, why, how long, how frequently)
10. Massage, acupuncture, pool therapy, dental needs

Exercises

1. Advised to do exercise? By whom
2. Exercises written down? Produce copy of sheet
3. Do you do them? Does the exercise help?

Medication

1. What medication are you taking? Who prescribed?
2. How long have you been taking it? Frequency?
3. Noticed any improvement as a result of taking it?
4. Where do you have prescriptions filled?

Range of Motion

1. Arm: Move arm about head? Move behind back?
2. Leg: Bear weight, bend leg, what angle/degree
3. Neck: Can you move your head from side to side and up and down angle/degree?
4. Head: Any loss of consciousness?
5. Has the treatment helped

Psychologist

1. Caused by the MVA?
2. Treatment? Name? How often?
3. Diagnosis?
4. Medication?
5. Treatment helpful?
6. When first notice improvement?
7. How many weeks attend for treatment?
8. Still going? How often?
9. Reason for stopping
10. Prognosis?
11. Any scheduled appointments?
12. If not going, why?
13. Consider going in the future?

NOTES TO SELF

* What physical, mental or psychological functions are impaired?
  + Any opinions provided as to “permanency” or “seriousness”
  + Is it an important physical, mental or psychological function
    - How important to this person’s life
    - Canvas how it impacts her life and work
    - Has accident benefits insurer continued to pay benefits

POST ACCIDENT ACTIVITIES AND HOBBIES

Hobbies

1. How have your injuries affected your hobbies and leisure activities?
2. What activities before accident:
3. Are they getting better or worse?
4. What was prior practice?
5. Any other effect – for what time frame
6. Do you exercise? What type? How often?
7. Has any doctor ever told you not to exercise due to your pain? (failure to mitigate)

Sports

1. Which Sports were affected?
2. How often did you play before the accident?
3. How often do you play after the accident?
4. For how long?
5. Where?
6. With who?
7. Do you have any photographs of you playing sports from before or after the accident?

Vacations

1. Have you been on any vacations since the accident?
2. Where did you go?
3. How long?
4. With whom?
5. Last vacation prior to MVA?
6. With whom?
7. How long?
8. Were there any activities you were restricted from doing?
9. Leisure activities?
10. Photos?

Social life

1. Do you go out to socialize?
2. Where?
3. How often?
4. How long?
5. With whom?
6. Has this changed?
7. Has your social group changed since the accident?
8. Weekend activities?
9. Volunteer activities?
10. Are you part of any clubs?
11. Memberships?

Drive

1. Any issues? How far? How long? Any discomfort?

Miscellaneous

1. Travel, retirement plans?
2. Taken up any new hobbies/ sports since the MVA?

ACCIDENT AND COLLATERAL BENEFITS

Accident Benefits

1. What benefits did you claim from accident benefits? How much and for how long were you paid these benefits?

* non-earner benefit,
* caregiver benefit,
* medical rehabilitation,
* attendant care,
* funeral,
* lost education,
* expenses of visitors,
* housekeeping,
* home maintenance,
* damage to clothing, glasses, hearing aids,
* optional benefits,
* income replacement benefits

1. Are there any accident benefits claims still ongoing?
2. Was the accident benefits claim settled?

* When?
* Who represented you?
* How much?
* Breakdown?
* How did you spend the settlement funds?

Employment Insurance

1. Did you receive employment insurance?
2. How much?

Collateral Benefits

1. Do you have any short term or long term disability benefits through your employment?
2. Did you receive any disability benefits after this incident?
3. How much?
4. Are you currently receiving benefits?
5. When did they terminate?
6. Why did these benefits terminate?
7. What did you do, if anything, to dispute their termination?
8. Have you made any settlement with this insurer?

EI and CPP

1. Have you applied for employment insurance benefits?
2. Have you applied for CPP benefits? No.

Return to Work

1. Were you able to return to work at some point after the accident?
2. When?
3. Reduced hours?
4. Limits on type of work performed?
5. Restrictions?
6. Did you ever return to the same working hours prior to accident?
7. Did the employer provide any modifications to allow you to return to work?
8. Are you experiencing any injury related problems at work?
9. Have you had any discussions relating to any effect of your injuries upon your work with your physicians or health care. If so, what was the nature of the conversations?
10. What is your understanding as to what your doctors say about your ability to continue some form of employment in the future?
11. Time lost from employment and any claim for lost earnings
12. How did injuries affect ability to work/any lost day or part thereof?

ODSP/Ontario Works

1. Have you ever been on Ontario Works welfare.
2. If so, from when to when.
3. Have you ever applied for ODSP?
4. What was the basis of that application?
5. Did you receive it?

EXPLANATION OF SPECIAL DAMAGES

1. Are there any medical devices or treatments that have not been covered by your accident benefits provider?
2. Counsel do you have the particulars of any claim for out of pocket expenses? When do you expect to have this information?

HOUSEKEEPING

Home

1. Type of home at time of accident?
2. Did you own/rent?
3. How old was home?
4. Who did housekeeping chores? Did you have a maid before the accident?
5. How much paid?
6. What kind of housework were you responsible for in your home before the incident?
7. How often did you do the following?

* Vacuuming
* Beds
* Wash floors
* Dishes
* Prepare meals
* Cook
* Grocery shop

1. Can you do all these things now?
2. If not, which ones can’t you do and why?
3. Did you hire anyone to do your housekeeping chores?
4. Who? Do you have contact information?
5. Do you have receipts?

Hygiene Activities

1. Can you cook, dress yourself, and tend to your personal hygiene?

Home maintenance/handyman

1. How large is your property?
2. Who maintained it before the accident?
3. Who repaired it before the accident?
4. What did this involve?
5. Who did the shoveling before the accident?
6. How long did this take to complete complete?
7. Who did the grass cutting?
8. How long did this take to complete?
9. Who took out the garbage before the accident?
10. How often?

Caregiving

1. Who primarily responsible for caregiving prior to the accident?
2. Who helped the kids with homework?
3. Who put kids to bed?
4. Who took the kids to school?

FAMILY INFORMATION AND FLA CLAIMS

1. Are you married or in a relationship with anyone?
2. What is their contact information?
3. What is their occupation?
4. Do you have any children?
5. Names,
6. DOB
7. Occupations
8. Parents:
9. Names
10. Occupations
11. How much time was spent together pre-accident?
12. Has this changed?
13. Describe the particulars of your interaction, and what activities you do together?
14. Particulars of care or guidance given to you?
15. Have they lost any time from work?
16. Lost pay from work for which you were not reimbursed
17. Any out of pocket expenses incurred by you
18. Relationship with family changed since accident?
19. Do you have any other relatives in Canada? What is their contact information?

UNDERTAKINGS

1. U/T – Property Damage Documentation – photographs, appraisals, repair estimates
2. U/T – Advise prior to trial, of names and addresses of any anticipated witnesses
3. U/T – to provide a written summary of the independent witnesses anticipated evidence, and, if obtained, a written summary of their statements
4. U/T – hospital records from hospital attended after the accident
5. U/T – clinical notes and records of all treating physicians
6. U/T – to advise if the Plaintiff has seen any doctors, dentists, or other health care professionals we are currently not aware of
7. U/T – copy of all diagnostic reports, including the actual x-ray or MRI images contained on DVD, both before and after the MVA
8. U/T – copy of all clinical notes and records and consultation reports, including treatment summaries and discharge reports
9. U/T – copy of all medical reports of finding, opinions and/or conclusions of experts
10. U/T – Physiotherapy clinical notes and records (in relation to our accident)
11. U/T – to provide the complete AB File, with updates until the trial of this action or settlement of the AB claim, including a breakdown of all amounts pain and the results of any mediations or arbitrations
12. U/T - For receipts and proof of how the accident benefits claim money was spent, if it was settled already.
13. U/T – To provide the employment file for each employer discussed during this examination for discovery and any employer subsequently remembered, including pay stubs
14. U/T - To provide us with the particulars of the special damages.
15. UT – To provide every collateral benefits file discussed in this examination, including WSIB, LTD benefits/STD benefits, Employment insurance, CPP benefits
16. and a copy of the applicable policy.
17. U/T – to provide prescription summaries from every pharmacy discussed in this examination for discovery, for 5 years pre accident to date; including;
18. U/T - to provide the clinical notes and records of all non-physician health care practitioners discussed during this Examination for discovery including:

* Chiropractic
* Massage
* Physiotherapy
* Dentist
* Acupuncturist
* Psychologist

1. U/T – to provide income tax returns, t4 slips, and other documentation from 5 years pre-accident to date of trial
2. U/T – To provide the Decoded OHIP Summary from 7 years pre-examination for discovery to date of trial
3. U/T – to provide, business records if any (if self-employed)
4. U/T – to provide, bank records
5. U/T – to provide, academic records if requested
6. Audited/unaudited financial statements if self-employed
7. U/T – to provide the ODSP file or Ontario Works File if applicable
8. U/T – to provide a complete and thorough resume from age 15 onwards.
9. U/T – to provide copies of job applications submitted from three years pre-accident to date.
10. U/T – to provide details of past MVA accidents or slip and fall claims; including: MVAR report, damage documentation, pleadings in any action, medical documentation, and settlement information
11. U/T – to provide a complete copy of the client’s facebook page as of today and to update it in three months prior to the scheduled trial date
12. U/T – to provide any diary kept by the plaintiff concerning medical treatment and injuries
13. U/T – to provide adverse costs insurance.

**WRAP UP QUESTIONS**

**Rule 31.06(2)**

1. Please provide me with the names and addresses of witnesses who may be able to discuss the cause of the collision or the injuries you sustained in the collision?
2. What information and evidence have you secured, if any, from each of these witnesses concerning the issues in this action?

**Experts Reports**

1. Has the plaintiff, or anyone on the defendant's behalf, engaged an expert?
2. *Do you undertake not to call the expert as a witness at trial?*
3. *If you will not, then provide me with the expert's name, address, findings, opinions, and conclusions. Produce any documents, calculations or data used by your experts to form their opinions and conclusions.*

**Facts and Evidence Wrap Up**

1. On what additional evidence and facts, other than what you have told me in this Examination for Discovery, do you rely in support of the allegations contained in your Statement of Claim?
2. Have you given any recorded statement about the matter in issue in this action to (the police, your employer, an insurer or its representative, etc.)? If you did, would you please produce it for me?
3. Do you have any record of any statement or admission made by my client concerning the matters at issue in this action? If you do, please produce a copy of it for me. To whom was the statement or admission made, when, where, and what was said?
4. Do you have any medical, employment, or financial information in your possession relating to the Plaintiff and the issues in this action other than what you have received from me? If you have, what information have you secured, when, how, and from whom?

**Closing**

1. Is there any question that you did not understand, or any answer that you wish to correct or complete at this time?
2. Subject to any questions arising from undertakings, under advisements, refusals, and questions arising from future productions, those are my questions for today.

**Clean Up Questions on an Issue**

a. Have you told me everything you know about this issue?

b. Is there anything you’d like to change with regards to this issue?

c. Is there anything you’d like to add on this issue?

d. Would you like to clarify anything that you told me with regards to this issue?

e. So is it correct to say that I know everything in full detail that you know about this issue?

**Affidavit of Documents**

Counsel, have all schedule **A** documents been produced?

**Schedule B listing**

basis for privilege

statements

investigation reports

surveillance reports