

chiropractor, walk in clinic, they will say that you were hiding this information from them and they will try to make you look like a liar. They will also suggest that your injuries you have today really came from something before this accident, not from this one. But don't worry about that because the law in Florida says that if you have pre-existing injuries or conditions and they are made worse by this crash, you are entitled to more money not less, because it is easier to hurt you, and the aggravation of pre-existing injuries will be more serious.

Please add all the other health care professionals you have seen in the past 10 years here:

A) My **primary care doctors** for the past 10 years include:

In the past 10 years I have been to the **Emergency Rooms** at:

In the past 10 years I have had **physical therapy** at:

In the past 10 years I have seen the following **chiropractors**:

In the past 10 years I have been to the following **dentists**:

In the past 10 years I have been in the following **hospitals**:

In the past 10 years I have been seen at the following **walk in clinics**:

In the past 10 years I have been to the following **acupuncturists, psychologists, licensed mental health care workers, podiatrists, nutritionalist, pharmacies, OBGYN and other** health care professionals in the past 10 years:

B) I have NOT been to ANY doctors, hospitals, seen any physicians, chiropractors, psychologists, dentists, walk-in clinics, urgent care centers of any kind in the 10 years prior to this incident.

3. Were you suffering from 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?

The answer to this question is usually YES! Everyone has had headaches, and colds in their life, but were you suffering from a bad back, or sore neck, or anything else before the accident occurred? Were you on medication for any condition, like high blood pressure? The fact that you have had an injury, illness or disease actually helps your case. We just have to make sure we tell them about it, so it does not look like you are trying to hide something.

A) Yes, I have prior injuries and conditions. Specifically, I take medication for:

And I have prior injuries to my:

I have had surgery in the past to my:

I have seen a psychologist in the past for:

I have pre-existing conditions which may have been aggravated or made worse from this incident including:

B) No, I have never been to any doctor, emergency room, chiropractor, physical therapist, walk-in clinic for any injury, or condition which I believe was aggravated or made worse from this incident.

4. 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 years.

You want to list every employer, good ones and bad ones. This is important to the defense for two reasons, the first is to challenge your lost wages or earnings and second to look for any health insurance you may have had through your work or any workers compensation claims you have made.

- A) Here is the list of each of my employers for the past 10 years including dates of employment as well as the rates of pay.
- B) I have been self employed and my income varies from year to year, and I have provided copies of my income tax returns to reflect my income over the past 10 years.
- C) I have not had any employment outside of my home for the past 10 years because:
 - a) I am retired.
 - b) I am a stay at home, home maker.
 - c) I am disabled and can't work.

5. Do you contend that you have lost any income, benefits, or earning capacity in the past or future as a result of the incident described in the complaint? If so, state the nature of the income, benefits, or earning capacity, and the amount and method that you used in computing the amount.

Do you have lost wages? Will you have lost wages in the future? Will you get raises like you used to get since you were hurt? is basically the question. Tell them how you have, and how you will lose money because of your injury, and how you calculated the figure. Don't worry too much about the calculations, just tell them what you lost, and what you think you will lose in the future, and we may have an accountant or an economist calculate this for you.

- A) Yes, I believe that my ability to work a full work life has been reduced by about (5%, 10%, 15%, 25%, 50% etc.), and because of my injuries I won't get raises and promotions that I would otherwise obtain if I was not injured. I believe that since I have been injured I am not in as good of a mood as I used to be, I think I walk slower, I think I am less able to do many simple things that causes my co-workers to have to help me more. I don't feel like I am as strong of a team member as I was before the crash. I think that my having to go to the doctors for treatments related to this incident has affected my performance at work, it has reduced my reliability to my co-workers and employer. I feel stiffness and I get headaches that I did not get before this incident and that causes me to take more breaks, causes me to need to get up and move around more than other employees and co-workers, and that this too affects my earning capacity. I have my past tax returns to show the court to prove my past income amounts.
- B) Yes, due to this incident I can no longer perform my duties and I have lost my job.
- C) No, I am (retired, disabled), and had no intention to ever work again later in life and therefore I have not lost any income, benefits or earning capacity.
- D) Yes, even though I have not worked, or I worked for a while and was not working at the time of the incident, I believe that if I later choose to return to the work force, or if I was forced to return to work, for example the death of my spouse, that I would not be

able to work at the same level I would be able to work if I was not injured. I believe that my earning capacity has been reduced by about (5%, 10%, 15%, 25%, 50% etc.).

E) Describe your lost income and earning capacity:

6. List all former names and when you were known by those names. State all addresses where you have lived for the past ten years, the dates you lived at each address, your social security number, your date of birth, and if you are or have ever been married, the name of your spouse or spouses.

They want every address, every name, and all other information.

A) Over the past 10 years I have lived at the following addresses:
Addresses _____ date From _____ To _____

My social security number is:

My date of birth is: _____

My former names were:

My present spouse's name is:

My former spouses names are:

My children's names are:

B) I have lived at my current address for the past 10 years.

My social security number is:

My date of birth is:

My former names were:

My present spouse's name is:

My former spouses names are:

My children's names are:

7. Do you wear glasses, contact lenses, or hearing aids? If so, who prescribed them, when were they prescribed, when were your eyes or ears last examined, and what is the name and address of the examiner?

In other words, was the accident your fault because you did not see very well?

A) No, I don't wear glasses or hearing aids.

- B) Yes, I have glasses or contacts that were prescribed by:
My last eye examination was with Dr.:
I have hearing aids that were prescribed by:
My last hearing test was with Dr.:

8) Have you ever been convicted of a crime, other than any juvenile adjudication, which under the law under which you were convicted was punishable by death or imprisonment in excess of 1 year, or that involved dishonesty or a false statement regardless of the punishment? If so, state as to each conviction the specific crime and the date and place of conviction.

List all criminal convictions you have had as an adult. If you have any doubt about this I suggest that a criminal history be ordered from the Florida Department of Law Enforcement.

- A) No Convictions.
B) Yes, I have been convicted of the following:

County, State, Date, and charge of:

- C) I have been convicted of a crime, but I am not sure how many convictions. I was charged with a few things but I think the conviction was for less. These happened in the years of:
And in the Counties of: _____

9. Did you consume any alcoholic beverages or take any drugs or medication within twelve hours before the time of the incident described in the complaint? If so, state the type and amount of alcoholic beverages, drugs or medication which were consumed and when and where you consumed them.

Were you drinking? or did you take any medication before the accident?

- A) No.
B) Yes, I was taking the following medications:

10. Describe in detail how the incident described in the complaint happened, including all actions taken by you to prevent the incident.

What did you do to avoid or reduce the severity of this accident? I was wearing my seat belt.

- A) This was a motor vehicle crash in which I was hit from behind. I was wearing my seatbelt and there was nothing I could do to avoid the crash. I was at a full stop for a few seconds when suddenly I was hit from behind.
- B) I was driving down the street when the defendant suddenly made a left turn in front of me. I attempted to brake and swerve away to avoid the collision but there was not enough time to avoid the crash. I was wearing my seat belt.
- C) I was: (describe your situation)

11. 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.

What did the other people do wrong that caused this accident? Did anyone do anything to make it worse? Did they drive too fast? Did they turn when it was not safe to do so? Were they drinking alcohol or appear to be on drugs?

- A) The other driver was not paying attention, failed to use proper care and keep a safe distance between his/her car and mine. He/she was at fault for failing to stop his car in time and instead collided into the back of my car.
- B) The other driver drove recklessly and violated several traffic laws including:
 - a) Failing to yield the right of way
 - b) Making an improper turn
 - c) Speeding
 - d) Following too closely

12. Were you charged with any violation of law (including any regulations or ordinances) arising out of the incident described in the complaint? If so, what was the nature of the charge; what plea or answer, if any, did you enter to the charge; what court or agency heard the charge; was any written report prepared by anyone regarding this charge, and, if so, what is the name and address of the person or entity that prepared the report; do you have a copy of the report; and was the testimony at any trial, hearing, or other proceeding on the charge recorded in any manner, and, if so, what is the name and address of the person who recorded the testimony?

Did you get a ticket? If so, tell them what happened in court.

- A) I did not get any tickets.
- B) I did receive a ticket for _____, and I:
 - a) Paid the ticket and did not go to court
 - b) I went to court and:
 - a) Won
 - b) Lost, and the court withheld adjudication
 - c) Lost and was found guilty and received points

13. Describe each injury for which you are claiming damages in this 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.

What still hurts? Cuts, scars, headaches, neck pain, back pain, can't sleep, numbness on a constant basis anywhere?

A) My injuries include:

headaches, neck pain, shoulder pain, jaw pain, herniated discs in my spine, insomnia, numbness in my right arm, numbness in my left arm, tingling in some fingers, mid back pain, low back pain, radiating pain into my legs, numbness in some of my toes, scaring from cuts I received in the collision, torn rotator cuff, knee injuries, (and there are hundreds of injuries that can be caused an accident, so take the time to list them all from head to toe). I believe that each of these injuries is permanent since they continue to affect me today.

14. List each item of expense or damage, other than loss of income or earning capacity, that you claim to have incurred as a result of the incident described in the complaint, giving for each item the date incurred, the name and business address to whom each was paid or is owed, and the goods or services for which each was incurred.

Are you claiming any loss for the damages to your vehicle, loss of use, or depreciation in its value? Also, list any extra expenses you have from this incident, including: cleaning services, lawn maintenance, damages to your car, broken eye glasses, torn clothing, damaged things in your car, prescription drugs, bandages, aspirin, heating pads, crutches, etc. anything you have spent a penny on, that is related to your accident.

A) I have driven to my treating doctors approximately _____ times, and the distance from my home is _____ miles. So I have incurred transportation costs of \$____ based upon \$.50 per mile.
I have also had to pay \$_____ for house cleaning services, lawn services, etc.
My car was damaged and I have not been paid for the repairs in the amount of \$_____
My car has a diminished value of \$_____.

15. Has anything been paid or is anything payable from any third party for the damages listed in your answers to these interrogatories? If so, state the amounts paid or payable, the name and business address of the person or entity who paid or owes said amounts, and which of those third parties have or claim a right of subrogation.

Did your PIP auto policy, health insurance, Medicaid, Medicare, HRS, or social security pay anything for you?

- A) Yes,
 - a) My automobile insurance PIP policy may have paid some of my medical bills, however I don't know exactly what was paid and what was not paid.
 - b) My health insurance may have paid some of my medical bills, but I believe they want to be paid back from any settlement. I don't know what exactly has been paid and what has not been paid.
 - c) The VA has provided me with treatment and has not asked me to pay them for the treatment yet.
 - d) Describe any other forms of payment:

- B) I do not have any health insurance or auto insurance to pay for my medical bills, so no third party has paid anything for me.

16. List the names and addresses of all persons who are believed or known by you, your agents or attorneys to have any knowledge concerning any of the issues in this lawsuit; and specify the subject matter about which the witness has knowledge.

Usually, you, your family, all the witnesses to the accident, all of your doctors, any police officers, ambulance drivers, your employers, co-workers, and friends who know how bad you were hurt.

- A)
 - a) Myself, I know about how the collision happened, as well as the damages I have suffered due to the fault of the defendant.
 - b) My spouse and children know about my injuries and how this has affected me.
 - c) The other drivers and their passengers (names on the crash report) know about how the collision happened and the extent of the damages.
 - d) Eye witnesses to the collision are:
and they know about fault for the collision and the extent of the damages.
 - e) The estimator who looked at the property damage has knowledge about the damages to the property.
 - f) The police who investigated the crash will have knowledge about the fault of the defendant and the amount of injuries they saw at the crash scene, and what they observed regarding the property damage, skid marks and other information they obtained at the scene of the crash.
 - g) My doctors who have treated me in the past know about my good health before this crash and they have knowledge about how this crash has affected me, and what conditions have been aggravated by the incident. They may also know about how this has and will affect my ability to earn wages.
 - h) My new treating doctors and other health care providers have knowledge about my injuries, what caused them (this collision) and how they will affect me in the

future as well as what medical needs I will need in the future, and the cost of those future treatments. They may also know about how this has affected my ability to earn wages in the past and loss of future earning capacity.

- i) My co-workers: _____ and supervisors know how this incident has affected me and my ability to do my job, and my future lost earning capacity
- j) My doctors will testify about my injuries and how it has affected me and that my injuries appear to be permanent since they have continued so long.

17. Have you heard or do you know about any statement or remark made by or on behalf of any party to this lawsuit, other than yourself, concerning any issue in this lawsuit? If so, state the name and address of each person who made the statement or statements, the name and address of each person who heard it, and the date, time, place and substance of each statement.

Did any driver or and defendant say anything about what happened?

- A) Yes, the defendant said:
 - a) “Oh, I am sorry”
 - b) “I am sorry and it was my fault.... I did not see you....”
 - c) “It is all my fault, but lets not call the police....”
 - d) “I did not do anything wrong... this is all your fault....”
 - e) Describe what they said:
-

- B) No, I never heard the defendant say anything.

18. State the name and address of every person known to you, your agents, or your attorneys, who has knowledge about, or possession, custody, or control of, any model, plat, map, drawing, motion picture, videotape, or photograph pertaining to any fact or issue involved in this controversy; and describe as to each, what item such person has, the name and address of the person who took or prepared it, and the date it was taken or prepared.

Usually, just the police, their insurance company, your insurance company, the defendant is all that I would know who may have photos, etc.

- A) I have several photographs of the property damage to my car, the scene where the crash happened, photos of both of the cars at the scene of the crash, photos of my cuts and bruises. I believe the police may have drawn a diagram of the crash. I think that my insurance company and the insurance company for the defendant took photos of my car.
- B) I don't have any photos of the property damage, but I think the repair shop or the insurance companies took photos.

19. Do you intend to call any expert witnesses at the trial of this case? If so, state as to each such witness the name, and business address of the witness, the witness's qualifications as an expert, the subject matter upon which the witness is expected to testify, the substance of the facts and opinions to which the witness is expected to testify, and a summary of the grounds for each opinion.

Usually you will not know what "Experts" you will use beyond your treating doctors.

A) I expect my treating doctors to testify about my injuries that were caused or aggravated by this crash, and how they will affect me for the rest of my life. Otherwise unknown what experts will be called to trial.

20. Have you made an agreement with anyone that would limit that party's liability to anyone for any of the damages sued upon in this case? If so, state the terms of the agreement and the parties to it.

Usually you have not made any such agreements.

A) No agreements have been made.

B) I did settle part of this claim with the at fault driver who paid their policy limits, and we received permission from my Underinsured Motorist car insurance company to take the policy limits and to sign a release with the at fault party. Otherwise, no, I have not agreed to limit anyone's liability to this case, and certainly not with any party to this litigation.

21. Please state if you have ever been a party, either plaintiff or defendant, in a lawsuit other than this one, and if so, state whether you were a plaintiff or defendant, the nature of the action, and the date and court in which such suit was filed.

They want to know about any lawsuits you have ever been involved in, divorce included.

A) No, I have never been a plaintiff or a defendant in any lawsuit other than this one.

B) Yes, I have been a plaintiff in the case of:
Date:_____ County/State:_____
I have been divorced in the year of:
I have been a defendant in a case with:_____

22. Have you been in any other type of accidents before such as other car accidents, slip and falls, boating accidents, sporting injuries?

They just want to know what other accidents you have possibly been in where you sought ANY medical treatment.

A) Yes I have been in the following accidents:

B) No, I have never been in any other type of accident

23. List your prior automobile and health insurance companies you have had over the past 10 years.

They just want to know where else you have had insurance so that they can subpoena their records about you and find any claims you have made, or lists of any doctors or treatment you may have obtained in the past 10 years.

A) My Auto Insurance Companies for the past 10 years were:

My Health Insurance Companies for the past 10 years were:

24. List all activities that you used to do but now you can not do them at all, and list all activities that you used to do that are now hard to do because of your injuries.

This is a pretty straight forward question about what activities you used to do, but are now limited or impossible for you to do. The tricky part of this question that they will ask later is "how often did you do these activities before the accident?" They hope to show that you did not do that activity much, or it has been many years before this accident that you did that activity. So, try to list things that you do often, or at least once per year.

A) The following things I used to do, but now I cannot do them at all:

Circle all that apply: Running, jumping, water skiing, snow skiing, scuba diving, bike riding, tennis, golf, volleyball, camping, fishing, hunting, woodworking, mowing my lawn, gardening, car repairs, paint my house, vacuuming, washing laundry, horseback riding, basketball, football, soccer, ride roller coasters, stand for more than 4 hours, sleep through the night, pick up my children, carry more than 50 pounds, etc. Please list any other things that you can no longer do because of this accident.

The following things I used to do, and I can still do them but with great difficulty:

Circle all that apply: Running, jumping, water skiing, snow skiing, scuba diving, bike riding, tennis, golf, volleyball, camping, fishing, hunting, woodworking, mowing my lawn, gardening, car repairs, paint my house, vacuuming, washing laundry, horseback riding, basketball, football, soccer, ride roller coasters, stand for more than 4 hours, sleep

through the night, pick up my children, carry more than 50 pounds, etc. Please list any other things that you can still do but with great difficulty because of this accident.

25. List all gyms and or health clubs you were a member over the past 5 years:

Please give us a list of all health clubs you were a member of over the past 5 years.

- A) I have not been a member of any health club or gym in the past 5 years.
- B) I have been a member of: Circle all that apply: YMCA, Ballys, Lifestyles, LA Fitness, Anytime Fitness, Orange Theory, CrossFit, YouFit, Caltas 24/7, Powerhouse Gym, Crunch Gym, Lifetime Fitness, Golds Gym, Snap Fitness, Planet Fitness, Shapes, Curves

26. What was your cell phone number, carrier, and name of the account for your cell phone on the date of the accident?

They will subpoena your cell phone records to determine if you were using your cell phone at the time of the accident.

- A) I did not have a cell phone at the time of my accident.
- B) My cell phone number was:
My cell phone carrier was: AT&T, Sprint, T-Mobil, Metro PCS, or other:

My cell phone bill was in the name of:

The following page is a signature page, please just sign the page and return it to our office.

Printed Name:

STATE OF FLORIDA
COUNTY OF

I HEREBY CERTIFY that on _____ day of _____, 20____, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared _____, to me known to be the person described in and who executed the foregoing instrument and he acknowledged before me that he executed the same and is ____ Personally known ____ or Produced identification _____.

WITNESS my hand and official seal, this _____ day of _____, 20____.

Signature of Notary Public

Printed Name of Notary Public
My Commission expires:

ITEMS TO BE PRODUCED

- 1) W-2 forms and income tax returns for the past 7 years, and evidence of income for the current year, and all other business records and/or income records. (Please provide these)
 - 2) All doctor, hospital, therapy, nursing, and other medical bills allegedly incurred as a result of the subject incident described in the Complaint. (We should have these)
 - 3) All medical bills from physicians who have rendered a report of your condition as a result of the incident described in the Complaint. (We should have these)
 - 4) All hospital records prepared as a result of the incident described in the Complaint. (We should have these)
 - 5) Any and all repair records to the vehicle involved in the subject incident.
 - 6) Any and all x-rays taken of the Plaintiff as a result of the subject accident. (Please bring us any films you have, MRI's X-rays etc.)
 - 7) Any and all statements obtained by you, your attorney, your insurance carrier or anyone acting on your behalf from any person regarding any of the events or happenings referred to in the pleading. (We have these)
 - 8) Any and all photographs, graphs, charts and other documentary evidence of the scene, parties or vehicles involved in or pertaining to the alleged subject incident, occurrence or issues in this cause. (Please bring us some photographs of you doing nice things before you were injured)
 - 9) Any and all insurance policies providing benefits or coverage to the Plaintiff for any claimed injury or damage from the alleged subject incident or occurrence. (We should have these)
- §-C-637