

IN THE DISTRICT COURT OF SHAWNEE COUNTY, KANSAS

JOHN D. DOE,)
Plaintiff,) Case No.
vs.)
THOMAS M. SMITH,)
Defendant.)

)

Interrogatories from Plaintiff to Defendant

1. Please state your full name, present address, date of birth, place of birth, social security number and any other name or aliases that you have gone by and dates when so known.

ANSWER:

2. With regard to the automobile in which you were the operator or passenger at the time of the occurrence which is the subject matter of this lawsuit, please state:

- a) Whether you were the operator or passenger;
- b) The make and model of the automobile;
- c) The license number of the automobile;
- d) The full name, present or last known address and telephone number of the owner of the automobile; and
- e) If the automobile was not owned by you, the relationship between you and the owner including a description of the use of such automobile at the time of the occurrence.

ANSWER:

3. Did the mechanical condition or operational status of the automobile identified in interrogatory number 2 cause or contribute to cause the occurrence which is the subject matter of this lawsuit? If yes, please state:

- a) Identify the condition or operation involved;
- b) Describe with particularity how the condition or operation caused or contributed to cause the occurrence; and
- c) Identify each supporting document.

ANSWER:

4. With regard to repairs to or the maintenance of the automobile identified in response to interrogatory number 2, please state:

- a) A complete description of all repairs or maintenance;
- b) The full name, present or last known address and telephone number of the person who performed the repairs or maintenance; and
- c) Identify all documents (including records, repair bills, statements or logs) regarding the repairs or maintenance.

ANSWER:

5. Were you at the time of occurrence which is the subject matter of this lawsuit performing any job, task, undertaking for any person other than yourself? If your answer is yes, please state:

- a) The full name, present or last known address and telephone number of the person for whom you were performing such job, task or undertaking; and

b) A description of the job, task or undertaking which you were performing.

ANSWER:

6. Describe with particularity your education, training and experience to drive or operate a commercial motor vehicle on the date of the occurrence which is the subject matter of this lawsuit including any apprenticeship, certification or licensure.

ANSWER:

7. Please give the full name, present or last known address and telephone number of all occupants of your automobile at the time of the occurrence which is the subject matter of this lawsuit.

ANSWER:

8. Please state whether at the time of the occurrence which is the subject matter of this lawsuit:

- a) You were licensed to operate a motor vehicle;
- b) The state issuing such license;
- c) The identification number and expiration date of such license; and
- d) The nature of any and all restrictions on such license.

ANSWER:

9. Please state the circumstances surrounding your operation of the automobile at the time of the occurrence which is the subject matter of this lawsuit, including:

- a) The location where you were going;

b) The purpose of the trip; and
c) The location where you had been prior to the collision and your route of travel prior to the occurrence which is the subject matter of this lawsuit.

ANSWER:

10. Please describe in sequential order your activities from eight hours before to two hours after the occurrence which is the subject matter of this lawsuit, including locations; arrival and departure times; and give the full name, present or last known address and telephone number of all persons who have knowledge of your activities.

ANSWER:

11. State the full name, present or last known address and telephone number of all persons who witnessed or claim to have witnessed the occurrence which is the subject matter of this lawsuit.

ANSWER:

12. State the full name, present or last known address and telephone number of all persons believed or known by you who has or claims to have knowledge concerning any of the issues raised by the pleadings, include in your answer the subject matter about which each such person has knowledge.

ANSWER:

13. State the full name, present or last known address and telephone number of all persons believed or known by you who has or claims to have heard the plaintiff make any

statement, remark or comment concerning the occurrence which is the subject matter of this lawsuit, include in your answer a complete factual description of the substance of each statement, remark or comment.

ANSWER:

14. Please state whether you have obtained a statement, whether orally or in writing, from any person (including the plaintiff and the defendant) who has or claims to have knowledge concerning the occurrence which is the subject matter of this lawsuit or any of the issues raised by the pleadings, indicating:

- a) State the full name, present or last known address and telephone number of each person to whom each such statement was made or given;
- b) The date of each such statement;
- c) The form of each such statement, whether oral, in writing, stenographic transcription or otherwise;
- d) State the full name, present or last known address and telephone number of each person now having possession or custody of each such statement; and
- e) A complete factual description of the substance and content of each such statement.

ANSWER:

15. With regard to any lawsuits which have been filed against you by other persons for the incident which is the subject matter of this lawsuit, please state:

- a) The date it was filed, place it was filed, the court in which it was filed and its docket number, and the judgment or settlement reached;

b) State the full name, present or last known address and telephone number of each person who testified at the trial or gave a deposition; and

c) State the full name, present or last known address and telephone number of each expert witness who testified on your behalf.

ANSWER:

16. Do you, or anyone acting on your behalf, have a copy of any record or testimony taken at a prior hearing involving the occurrence which is the subject matter of this lawsuit? If yes, please state:

a) The date and nature of the hearing;

b) The full name, present or last known address and telephone number of the person who recorded the testimony; and

c) The full name, present or last known address and telephone number of the present custodian of the record of testimony.

ANSWER:

17. Have you entered into any agreement, compromise or arrangement with any person regarding the occurrence which is the subject matter of this lawsuit? If your answer is yes, please state:

a) The full name, present or last known address and telephone number of each such person;

b) The nature of such arrangement or agreement;

c) Whether or not such arrangement or agreement is oral or written; and,

d) The date such arrangement or agreement was made.

ANSWER:

18. With respect to any and all violations of the law with which you have been charged, convicted or pleaded guilty to, including violations as a result of the occurrence which is the subject matter of this lawsuit, please state:

- a) The date of each violation;
- b) The crime or violation to which you were charged;
- c) The county and state in which the violation occurred;
- d) The plea entered and/or outcome of each violation;
- e) The case number and court the violation was heard in; and
- f) Whether the testimony at trial of the violation was recorded in any manner.

ANSWER:

19. With respect to any and all automobile accidents in which you have been involved (whether as a driver or passenger) within the past ten (10) years, please state the date and location of each such occurrence, including the street address, city, county and state.

ANSWER:

20. With respect to any and all physical infirmity, disability or sickness from which you suffered at the time of the occurrence which is the subject of this lawsuit, please state:

- a) A complete factual description of each condition, including its nature, extent and severity;
- b) The duration of time, in months and days, that you had any such condition prior to this occurrence;

- c) Any and all medical or hospital examination or treatment you had received for each condition including the date of each examination or treatment;
- d) The name and business address of any and all doctors or hospitals involved in the examination, treatment or care of each condition; and
- e) Your medical history as it relates to each condition.

ANSWER:

21. With respect to any and all alcoholic beverages or drugs or medications which you ingested within twenty-four (24) hours before the occurrence which is the subject matter of this lawsuit, please state:

- a) The type and amount of each alcoholic beverage, drug or medication ingested;
- b) The date and time each alcoholic beverage, drug or medication was ingested;
- c) The address and business name, if any, of the location where each alcoholic beverage, drug or medication was ingested; and
- d) The full name, present or last known address and telephone number of all persons who were present when you ingested each alcoholic beverage, drug or medication.

ANSWER:

22. With respect to any and all glasses or contact lenses which you wear, please state:

- a) The full name, present or last known address and telephone number of who prescribed such eye glasses or contact lenses;
- b) The date such eye glasses or contact lenses were prescribed;
- c) The date your eyes were last examined;
- d) The full name, present or last known address and telephone number of the

person who conducted such examination; and

e) Whether you were wearing such eye glasses or contact lenses at the time of the occurrence which is the subject matter of this lawsuit.

ANSWER:

23. Were you at fault for the occurrence which is the subject matter of this lawsuit? If yes, for each occasion when you admitted your fault for the occurrence, please state:

a) The date and location of the occasion;
b) The full name, present or last known address and telephone number of each person present when the acknowledgment or admission of fault was made; and
c) With particularity, the substance of the acknowledgment or admission of fault.

ANSWER:

24. Describe in detail each act or omission on the part of plaintiff or any other person you contend constituted negligence that was a contributing cause of the occurrence which is the subject matter of this lawsuit. Identify in your response all documents which support your claim.

ANSWER:

25. With regard to all defenses (including affirmative defenses) which you claim to plaintiff's Petition, please state:

a) List each such defense;
b) All facts which support each such defense;
c) The full name, present or last known address and telephone number of all persons who have knowledge of the facts which support each defense;

- d) List all documents which in any way support each defense; and
- e) The full name, present or last known address and telephone number of the custodian of each such document.

ANSWER:

26. With respect to any and all expert witnesses you anticipate calling to testify on your behalf at trial, identify each witness, and provide a complete description of his/her qualifications as an expert, the subject on which the expert is expected to testify, the substance of the facts and opinions to which the expert is expected to testify, and a summary of the grounds for each opinion.

ANSWER:

27. With respect to any and all witnesses you anticipate calling to testify on your behalf at trial, please state the full name, present or last known address and telephone number of each witness.

ANSWER:

28. For each inspection, examination, evaluation or survey of the scene of the incident describe in plaintiff's petition, please state:

- a) The date of each inspection, examination, evaluation or survey;
- b) The full name, present or last known address and telephone number of all persons present at each inspection, examination, evaluation or survey; and
- c) Identify all documents regarding each inspection, examination, evaluation or survey.

ANSWER:

29. Please state whether you have possession or control or knowledge of the existence of any maps, pictures, photographs, videotapes, drawings, diagrams, measurements or other written or recorded descriptions which in any way concern the occurrence which is the subject matter of this lawsuit; and if so, indicate:

- a) The nature of the item;
- b) The specific subject matter of the item;
- c) The date, time and location the item was made or prepared;
- d) The full name, present or last known address and telephone number of the person making or preparing the item; and
- e) The full name, present or last known address and telephone number of the person now having possession or custody of each such item.

ANSWER:

30. With respect to any and all policies of insurance, including primary and excess insurance policies, which may provide coverage for the damages sought in plaintiff's Petition, please state:

- a) The name of each insurance company providing coverage;
- b) The extent of coverage provided by each policy of insurance, including coverage for both personal injury and property damage;
- c) The policy number of each policy of insurance; and
- d) The effective date of each policy of insurance.

ANSWER:

31. Please state the names, addresses and telephone numbers of any licensed

investigators, private investigators or private eyes who have been engaged pursuant to K.S.A. 60-226 for the purposes of recording the activities, information, statements or comments of the Plaintiff. For each, include the dates the individual was hired, the dates of surveillance or inquiries, the places of surveillance or inquiries and the person spoken to regarding the plaintiff.

ANSWER:

II. Medical Malpractice

32. Please list the names of all persons known to you or to your representatives who investigated the allegations of deviation of standard of care of plaintiff.

- a) For each person listed, please state whether their investigations began prior to or subsequent to the time that you retained counsel for this matter.
- b) For each person listed above, please state whether there exists a record of such investigation, either by audio, video, notes or electronic media; and for each person, state how such investigation was memorialized.

ANSWER:

33. Please list all degrees you hold and specify for each degree the date you received it and the school from which it was received.

ANSWER:

34. Please give the name and address of every hospital at which you served as an intern and/or a resident, and specify as to each such hospital the inclusive dates of your employment, your title or titles in a specialty field, if any, within which you worked.

ANSWER:

35. Please set forth the name and publisher of each medical journal, magazine, newsletter, circular and other similar publication to which you subscribe to and or regularly read to keep up with developments in the medical fields.

ANSWER:

36. Please list the states, providence, and foreign countries in which you are or have ever been professionally licensed and for each such state, providence or foreign country, indicate the inclusive dates of your licenser and your license number.

ANSWER:

37. Has any professional license held by you ever been suspended or revoked, or has renewal ever been refused? If so, please give the details of each such suspension, revocation or refusal of renewal, including in your answer the name of the state, providence or foreign country, the date of suspension, revocation or refusal of renewal, the reason therefore and the date, if any, upon which your license was reinstated.

ANSWER:

38. Have you ever been certified by any American Medical Specialty Board? If so, please state the name of each Board and indicate as to each the date on which you were certified.

ANSWER:

39. Are you eligible to take the examination for certification given by any American Medical Specialty Board? If so, please state as to each eligibility:

- a) The requirements and the name of the specialty board;
- b) Why you have not yet taken the examination and the date you became eligible to take the examination.

ANSWER:

40. Please list each date on which you took an examination required by any American

Medical Specialty Board, and for each such date indicate the nature and scope of the examination and state whether you passed or failed.

ANSWER:

41. Are you now or have you ever been a member of any International, National, State or Local Medical Society or Association? If so, please state the name of each such society or association and indicate the inclusive dates of your membership.

ANSWER:

42. Has your membership in any professional association ever been suspended or revoked or has any such association ever refused to renew your membership? If so, please give the details of each such suspension, revocation or refusal of renewal including in your answer the name of the association, the date of suspension, revocation or refusal of renewal and the reasons therefor and the date, if any, on which your membership was reinstated.

ANSWER:

43. If you have ever applied for and been denied membership in any professional association, please state the name of the association, the date of the denial and the reasons therefor.

ANSWER:

44. If you have ever been subjected to disciplinary proceedings by any professional association, please indicate the name of the association, the date of the proceedings, the reasons therefor and the action taken.

ANSWER:

45. Please recite completely the details of your professional work and experience, including in your answer a description of the nature and scope of your experience, a bibliography of publications to your credit, a list of committees and boards of which you are or have been a member, a list of research projects in which you have participated, a description of your area of specialization, an indication of the length of time you have been engaged in specialty practice, and a list of the communities in which you practice or have practiced.

ANSWER:

46. Please state the date of each occasion on which you have appeared in court as an expert witness and for each such date identify the case in which you testified, identify the party by whom you were called to the witness stand and describe the substance of your testimony.

ANSWER:

47. Please state the name and address of each hospital, clinic or other health facility or institution with which you are or have ever been affiliated other than as a student or house officer and as to each such institution indicate the nature of your affiliation, the inclusive dates thereof and your title or titles.

ANSWER:

48. Have your privileges at or has your association with any hospital, clinic or other health facility ever been suspended, revoked or has renewal ever been refused? If so, please state the details of each such suspension, revocation or refusal of renewal, including in your

answer the name and address of the hospital, clinic or other facility, the dates of the suspension, revocation or refusal for renewal, the reasons therefor and the dates, if any, on which you were reinstated.

ANSWER:

49. If you have ever applied for and been denied staff privileges at any hospital, clinic or other health facility, please indicate its name and address, the date of the denial and the reasons therefor.

ANSWER:

50. Please state the name and address of each medical school of which you hold or have ever held a teaching position, and as to each such school indicate the department to which you are or were assigned, the specific nature and scope of your teaching activities, the inclusive dates of your appointment and your title or titles.

ANSWER:

51. Please state the name and address of each person, partnership, corporation, governmental unit or agency or other type of organization by which you are employed or have ever been employed in your professional career and indicate the nature and scope of your work, the inclusive dates of your employment and your title or titles. If you have ever been discharged from any such employment, please recite the details of each such discharge, including in your answer the following: name and address of the employer, the date of discharge, the reasons therefor, and the date, if any, on which you were reinstated.

ANSWER:

52. Please state the name and address of each group practice organization with which you are or have ever been associated and as to each such organization, indicate the inclusive dates of your association, the nature and scope of your relationship with it, and the reasons for any termination of your association.

ANSWER:

53. Do you have any insurance agreements which will indemnify you, in whole or in part, against any judgment plaintiff may obtain in the instant action? If so, state the name and address of the company or companies issuing such insurance including the policy number and limits of personal injury coverage on the date of the occurrence mentioned in plaintiff's Petition.

In addition state the following:

- a) Are they claims made;
- b) Occurrence;
- c) State the limits for each such policy and the policy period covered.

ANSWER:

54. Please list in chronological order the names and addresses of all persons who have received or made a claim in writing seeking monetary damages:

ANSWER: