

**ANSWERS TO FORM (A) UNIFORM INTERROGATORIES TO BE ANSWERED  
BY PLAINTIFF IN ALL PERSONAL INJURY CASES**

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1. Full name, present address and date of birth.
  
2. Describe in detail your version of the accident or occurrence setting forth the date, location, time and weather.
  
3. Detailed description of nature, extent, and duration of any and all injuries.
  
4. Detailed description of injury or condition claimed to be permanent together with all present complaints.
  
5. If confined to a hospital, state its name and address, and dates of admission and discharge.
  
6. If any diagnostic tests were performed, state the type of test performed, name and address of place where performed, date each test was performed, and what each test disclosed. Attach a copy of the test results.

7. If treated by any health care provider, state the name and present address of each health care provider, the dates and places where treatments were received, and the date of last treatment. Attach true copies of all written reports provided to you by any such health care provider whom you propose to have testify in your behalf.
  
8. If still being treated, the name and address of each doctor or health care provider rendering treatment, where and how often treatment is received, and the nature of the treatment.
  
9. If a previous injury, disease, illness, or condition is claimed to have been aggravated, accelerated, or exacerbated, specify in detail the nature of each and the name and present address of each health care provider, if any, who ever provided treatment for the condition.
  
10. If employed at the time of the accident, state:
  - (a). Name and Address of Employer:
  - (b). Position held and the nature of the work performed:
  - (c). Period of time lost from employment, giving dates:
  - (d). Amount of wages lost, if any:

11. If there has been a return to employment or occupation, state:

- a. name and address of present employer:
- b. position held and nature of work performed
- c. present weekly wages, earning, income, or profit:

12. If other loss of income, profit, or earnings is claimed:

- a. state total amount of loss
- b. give a complete detailed computation of the loss:
- c. state the nature and source of the loss of income, profit, and earnings, and the dates of the deprivation.

13. Itemize in complete detail any and all monies expended or expenses incurred for hospitals, doctors, nurses, diagnostic tests or health care providers, x-rays, medicines, care and appliances, and state the name and address of each payee and the amount paid and owed by each payee.

14. Itemize any and all other losses or expenses incurred not otherwise set forth.

15. Identify all documents that may relate to this action, and attach copies of each such document.

16. State the names and addresses of all eyewitnesses to the accident or occurrence, their relationship to you, and their interest in this lawsuit.

17. State the names and addresses of all persons who have knowledge of any facts relating to this case.

18. If any photographs, videotapes, audiotapes, or other forms of electronic recording, sketches, reproductions, charts, or maps were made with respect to anything that is relevant to the subject matter of the complaint, describe:

- a. the number of each:
- b. what each shows or contains:
- c. the date taken or made: .
- d. the names and addresses of the persons who made them:
- e. in whose possession they are at present:
- f. if in your possession, attach a copy, or if not subject to convenient copying, state the location where inspection and copying may take place.

19. If you claim that the defendant made any admissions as to the subject matter of this lawsuit, state:

- a. the date made:
- b. the name of the person by whom made:
- c. the name and address of the person to whom made:
- d. where made:
- e. the name and address of each person present at the time the admission was made:
- f. the contents of the admission:
- g. if in writing, attach a copy:

20. If you or your representative and the defendant have had any oral communications concerning the subject matter of this lawsuit, state:

- a. the date of the communication:
- b. the name and address of each participant:
- c. the name and address of each person present at the time of such communication:
- d. where such communication took place:
- e. A summary of what was said by each party participating in the communication.

21. If you have obtained a statement from any person not a party to this action, state:

- a. the name and present address of the person who gave the statement:
- b. whether the statement was oral or in writing, and if in writing, attach a copy:
- c. the date the statement was obtained:
- d. if such statement was oral, whether a recording was made, and if so, the nature of the recording and the name and present address of the person who has custody of it:
- e. if the statement was written, whether it was signed by the person making it:
- f. the name and address of the person who obtained the statement:
- g. if the statement was oral, a detailed summary of its contents.

22. If you claim that the violation of any statute, rule, regulation or ordinance is a factor in this litigation, state the exact title and section.

23. State the names and address of any and all proposed expert witnesses. Set forth in detail the qualifications of each named and attach a copy of each expert's current resume. Also attach true copies of all written reports provided to you by any such proposed expert witnesses. With respect to all expert witnesses, including treating physicians, who are expected to testify at trial and with respect to any person who has conducted an examination pursuant to Rule 4:19, who may testify, state each such witness's name, address and area of expertise and attach a true copy of all written reports provided to you. State the subject matter on which your experts are expected to testify. State the substance of the facts and opinions to which your experts are expected to testify and a summary of the grounds for each opinion.

24. State whether you have ever been convicted of a crime. YES ( ) or NO (X).

If the answer is "YES", state:

Date:

Place:

Nature:

25. Do you have insurance coverage and/or PIP benefits under an applicable policy or policies of automobile insurance? As to each policy, provide the name and address of the insurance carrier, policy number, and the name insured and attach a copy of the declarations sheet. If you are making a claim for property damage to a motor vehicle, provide answers to the uniform interrogatories contained in form B, questions 1-18.

CERTIFICATION

I hereby certify that the foregoing answers to interrogatories are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

I hereby certify that the copies of the reports annexed hereto provided by either treating physicians or proposed expert witnesses are exact copies of the entire report or reports provided by them; that the existence of other reports of said doctors or experts, either written or oral, are unknown to me, and if such become later known or available, I shall serve them promptly on the propounding party.

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_