

**DEFENDANT'S NOTICE OF SERVICE**  
**OF AUTOMOBILE INTERROGATORIES TO THE PLAINTIFF**

COMES NOW the Defendant, (hereinafter "Defendant"), by and through her undersigned attorneys, and hereby requests the Plaintiff, (hereinafter "Plaintiff"), to answer the attached Automobile Interrogatories consisting of twenty-eight (28) Interrogatories under oath, in writing, and within the time allowed by the Florida Rules of Civil Procedure.

**DEFENDANT'S AUTOMOBILE INTERROGATORIES**  
**TO PLAINTIFF**

1. What is the name and address of the person answering these Interrogatories, and, if applicable, the person's official position or relationship with the party to whom the Interrogatories are directed?

2. 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.

3. 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.

4. 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?

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

6. Were you suffering from any physical infirmity, disability or sickness at the time of the occurrence of the accident described in the Complaint? If so, what was the nature of the infirmity, disability or sickness?

7. Did you consume any alcoholic beverages or take any drugs or medications within twelve (12) hours before the occurrence of the accident described in the Complaint? If so, what type and amount of alcoholic beverages, drugs or medications were consumed and where did you consume them?

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

9. 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.

10. 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 was the name and address of the person who recorded the testimony?

11. 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.

12. 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.

13. 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 the method that you used in computing the amount.

14. 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.

15. List the names and business addresses of each physician who has treated or examined you, and each medical facility where you have received any treatment or examination for the injuries for which you seek damages in this case; and state as to each the date of treatment or examination and the injury or condition for which you were examined or treated.

16. List the names and business addresses of all other physicians, medical facilities or other health care providers by whom or at which you have been examined or treated in the past ten years; and state as to each the dates of examination or treatment and the condition or injury for which you were examined or treated.

17. 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.

18. Have you heard or do you know about any statement or remark made by or on behalf of any part 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.

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

20. Do you intend to call any expert witnesses at the time of 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.

21. Have you made any 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.

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

23. At the time of the incident described in the Complaint, were you wearing a seat belt? If not, please state why not; where you were seated in the vehicle; and whether the vehicle was equipped with a seat belt that was operational and available for your use.

24. Did any mechanical defect in the motor vehicle in which you were riding at the time of the incident described in the Complaint contribute to the incident? If so, describe the nature of the defect and how it contributed to the incident.

25. State the names, addresses and telephone numbers of all automobile, medical, health and/or disability insurance carriers of the Plaintiff for the past ten (10) years, including the policy number(s), claim number(s) and/or identification number(s) for each insurance policy.

26. Please state whether you have been involved in any other accidents or incidents, either preceding or subsequent to the subject accident; if so, please provide the date of any such accident or incident, the circumstances surrounding said event, describe any injuries you may have suffered and provide the names, dates and addresses or health care providers who treated or examined any such injuries.

27. Please state if you have ever made a claim for personal injuries, workmen's compensation, or social security benefits. If so, please state with whom the claim was made, when the claim was made, describe the nature of the claim and the events leading up to the claim, the claim number, and the status or disposition of any such claim(s).

28. Please state the full names, addresses and telephone numbers of any and all pharmacies where you had prescriptions filled within the past ten (10) years.

**JURAT PAGE**

I hereby swear or affirm that I have read the foregoing Answers to Interrogatories and that said Answers are true and correct and to the best of my knowledge and belief this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

STATE OF FLORIDA        )  
  )  
COUNTY OF \_\_\_\_\_  )        SS:

Before me, the undersigned authority personally appeared \_\_\_\_\_ who is personally known to me or has produced the following identification \_\_\_\_\_ and who has signed the foregoing Answers to Interrogatories swearing or affirming that said answers are true and correct to the best of his knowledge and belief.

\_\_\_\_\_  
Name:  
Notary Public, State of Florida  
Commission No:  
My Commission Expires: