

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 (10) years; and state as to each the dates of examination or treatment and the condition or injury for which you were examined or treated.

20. 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.

21. 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.

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.

26. As to each accident identified in response to question 25, please state whether or not you were injured and if injured, state the nature of the injury, if it was permanent, and the full name and address of all physicians and medical/chiropractic providers by whom you were treated.
27. Please identify all claims made by you for personal injuries with any insurance company or individual (excluding court cases) including the date of the claim, the nature of the claim, and the name and address of the individual or business entity against whom the claim was made or filed.
28. Please state whether or not you have filed a claim for worker's compensation, unemployment compensation, or social security disability benefits within the past 10 years. If so, please state the date of each claim, the name and address of the individual/agency with whom the claim was made, and the amount of benefits received.

29. If you were employed at the time of the accident which is the subject of this case, describe your job and its responsibilities. If you returned to work since the incident described in the Complaint, state the date of your return and if you are doing the same work you did before this incident.
30. List the name, business address, telephone number, named insured, policy number, (both group and individual number) and applicable dates of coverage for all health insurance companies, life insurance companies and disability insurance companies, who have provided coverage for you in the past ten (10) years.