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SUPERIOR COURT OF WASHINGTON FOR KING COUNTY

Plaintiff,
v.

Defendant.

Case No. _____
PATTERN INTERROGATORIES
PLAINTIFF TO DEFENDANT

TO: _____, Defendant;
AND TO: _____, Counsel of Record.

The following interrogatories are pattern interrogatories, which the undersigned certifies are in compliance with King County Local Rule 33. In accordance with Washington Superior Court Rules 26 and 33, please answer each of the following interrogatories separately, fully, in writing and under oath. Each answer must be as complete and straightforward as the information reasonably available to you permits after reasonable inquiry, including the information possessed by your attorneys or agents. If an interrogatory cannot be answered completely, answer it to the extent possible.

The answers are to be signed by the person to whom they are addressed and must be served on all parties within thirty (30) days after the service of the interrogatories unless these interrogatories were served upon you along with the service of the summons and complaint in which case the answers must be served within forty (40) days.

1 **INTERROGATORIES**

2 **BACKGROUND - GENERAL**

3 **INTERROGATORY NO. 1:** State your full name and any other names you have
4 been known by during the last ten years, your present address, date of birth, and place of birth. In
5 addition to your present address, state all other addresses at which you have resided for the past ten
6 years and the dates you resided at each address.

7 **ANSWER:**

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10 **INTERROGATORY NO. 2:** Were you married at the time of the **INCIDENT**? If
11 so, please state the name and current address of that spouse.

12 **ANSWER:**

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15 **INTERROGATORY NO. 3:** Please state your educational history beginning with
16 high school, including the name of each institution attended, any degrees and honors received, and
17 dates of attendance.

18 **ANSWER:**

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21 **INTERROGATORY NO. 4:** Please state your employment history beginning five
22 years before the date of the **INCIDENT** through to the present, including the name and address of
23 each employer and the dates of employment.

24 **ANSWER:**

1 **INTERROGATORY NO. 5:** Have you ever been convicted of or pled guilty to a
2 felony? And, have you ever been convicted of or pled guilty to a misdemeanor involving dishonesty
3 or false statement? If so, state for each:

- 4 (a) The name of the crime charged and the crime convicted of;
5 (b) The date of the charge and conviction;
6 (c) The date and place of the conviction and sentence imposed; and
7 (d) The court and case number.

8 **ANSWER:**

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11 **INTERROGATORY NO. 6:** Have you been a party to any lawsuits, including
12 bankruptcy and/or divorce proceedings, in the past ten years? If so, provide:

- 13 (a) a description of the nature of lawsuit;
14 (b) the names of parties (or case name);
15 (c) the court and cause number;
16 (d) the name of the attorney representing you;
17 (e) the name of any insurance company involved; and
18 (f) the outcome of lawsuit.

19 **ANSWER:**

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1 **BACKGROUND - INCIDENT**

2 **INTERROGATORY NO. 7:** Please state your driver's license number, the date and
3 state of issuance. Please describe any restrictions on your driver's license from the date of the
4 **INCIDENT** to the present. Additionally, if your driver's license has ever been suspended or
5 revoked, please state the date and the reason for any suspension or revocation.

6 **ANSWER:**

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9 **INTERROGATORY NO. 8:** At the time of the **INCIDENT**, did you have normal
10 vision without the use of corrective lenses? If not, state:

11 (a) Whether or not you were wearing corrective lenses at the time of the
12 **INCIDENT**;

13 (b) The name, address, and telephone number of the individual prescribing
such lenses; and

14 (c) A description of the nature of your visual difficulties.

15 **ANSWER:**

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18 **INTERROGATORY NO. 9:** Were you performing activities, work or services for
19 any **PERSON** at the time of the **INCIDENT**? If so, provide the name, address, and phone number
20 for each such **PERSON**.

21 **ANSWER:**

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1 **INTERROGATORY NO. 10:** Was the vehicle you were driving at the time of the
2 **INCIDENT** owned by you? If not, state: the owner's name, address and telephone number; and
3 whether you were authorized to use the vehicle and any restrictions on such authorization.

4 **ANSWER:**

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7 **INTERROGATORY NO. 11:** Did you during the 24 hours prior to the **INCIDENT**
8 consume *any* alcoholic beverage, *any* drug, or *any* medication of *any* kind? If so, state:

- 9 (a) The type or types of alcoholic beverage, drug, or medication;
10 (b) The amount of each;
11 (c) The time at which and the location where you took the alcoholic beverage,
12 drug, or medication; and
13 (d) If you took a prescribed drug or medication, describe the condition for
14 which it was taken and name and address of the **HEALTH CARE**
 PROVIDER who prescribed it.

15 **ANSWER:**

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18 **INCIDENT**

19 **INTERROGATORY NO. 12:** Describe the **INCIDENT**, including a description of
20 the location of the **INCIDENT**, where your trip began and your intended destination, the
21 circumstances leading up to the **INCIDENT**, and any facts or circumstances you believe contributed
22 to cause the **INCIDENT**.

23 **ANSWER:**

1 **INTERROGATORY NO. 13:** Do you believe that any weather condition, road
2 condition, lighting or visibility problem, or any other physical characteristic of the **INCIDENT**
3 scene or the conditions that existed at the time of the **INCIDENT** contributed to or caused the
4 **INCIDENT**? If yes, describe each such condition in detail and explain the reason why it contributed
5 to or caused the **INCIDENT**.

6 **ANSWER:**

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9 **INTERROGATORY NO. 14:** At or within five minutes before the **INCIDENT**
10 were you using a cell or mobile telephone? If your answer is “yes”, state the name, address, and
11 telephone number of the person to whom you were speaking and indicate when the conversation
12 concluded.

13 **ANSWER:**

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16 **INTERROGATORY NO. 15:** Was anyone cited for a traffic offense as a result of
17 the **INCIDENT**? If so, please state who was cited, and state the charge, the disposition, and the
18 court.

19 **ANSWER:**

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22 **INTERROGATORY NO. 16:** Identify each property damage estimate or invoice
23 pertaining to any vehicle damaged as a result of this **INCIDENT**. Note: This interrogatory may be
24 responded to by producing copies of any such property damage estimates and invoices.

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1 **ANSWER:**

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4 **INVESTIGATION/WITNESSES**

5 **INTERROGATORY NO. 17:** Did any law enforcement personnel, insurance
6 companies, or any other **PERSON**, other than your attorney, investigate the **INCIDENT**? If so,
7 provide:

- 8 (a) The identity of each **PERSON** investigating the **INCIDENT**;
9 (b) The date or dates on which the investigation occurred; and
10 (c) At whose request the investigation was performed.

11 **ANSWER:**

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14 **INTERROGATORY NO. 18:** Please name all persons who were eyewitnesses to
15 the **INCIDENT**, were at the scene of the **INCIDENT**, or who have first-hand knowledge regarding
16 the facts and circumstances of the **INCIDENT** and provide a brief description of the person's
17 relevant knowledge. As to each such person in addition to their name, please provide their address
18 and telephone number.

19 **ANSWER:**

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22 **INTERROGATORY NO. 19:** Aside from Plaintiff's **HEALTH CARE**
23 **PROVIDERS**, please name all persons who have knowledge regarding the plaintiff's injuries and
24 damages and provide a brief description of each person's relevant knowledge. As to each such
25 person in addition to their name, please provide their address and telephone number.

1 **ANSWER:**

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4 **INTERROGATORY NO. 20:** Are you aware of any written and/or recorded

5 statements made by any witness to the **INCIDENT** or any party to the lawsuit? If so, for each

6 statement, please state:

- 7 (a) The name, address and telephone number of the person making the
- 8 statement;
- 9 (b) The name, address and telephone number of the person taking the
- 10 statement;
- 11 (c) The date on which the statement was taken or given;
- 12 (d) The form of the statement (e.g., written, recorded, transcribed, etc.); and
- 13 (e) Provide the name, address, and telephone number of the present custodian
- of each statement.

14 **ANSWER:**

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16 **INTERROGATORY NO. 21:** List any and all photographs, motion pictures,

17 videos, slides, drawings, diagrams, maps, or other graphic or electronic representations depicting the

18 **INCIDENT** scene, the vehicles, any property damage, or any injuries. For each such item state the

19 name, address and telephone number of the custodian of the item, the date it was created, and who

20 created the item.

21 **ANSWER:**

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1 **COMPLAINT & ANSWER**

2 **INTERROGATORY NO. 22:** Please state whether any parties, including you and
3 your spouse, are named incorrectly in the Complaint and provide the correct name.

4 **ANSWER:**

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7 **INTERROGATORY NO. 23:** Do you allege insufficiency of process or of service
8 of process? If so, please state the facts upon which you base your allegations.

9 **ANSWER:**

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12 **INTERROGATORY NO. 24:** Does your answer to plaintiff's complaint set forth
13 any affirmative defenses? If so, please state the facts upon which each affirmative defense is based.

14 **ANSWER:**

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17 **INTERROGATORY NO. 25:** Do you deny liability? If so, please state the facts
18 supporting that denial.

19 **ANSWER:**

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22 **INTERROGATORY NO. 26:** Do you allege some other **PERSON** caused or
23 contributed to the **INCIDENT**, and is therefore liable for its proportionate share of fault under
24 RCW 4.22.070? If so, please state the name, address, and telephone number of each such **PERSON**
25 and state the facts upon which you base your allegation that such **PERSON** caused or contributed to
26 the **INCIDENT**.

1 **ANSWER:**

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4 **INSURANCE**

5 **INTERROGATORY NO. 27:** Do any insurance or indemnification policies exist
6 that may satisfy part or all of a judgment that may be entered in this action; or to indemnify or
7 reimburse for payments made to satisfy such judgment? If so, please state as to each insurance
8 agreement or policy its complete contents, including:

- 9 (a) Name, address and telephone number of insurer or indemnitor;
- 10 (b) Name, address and telephone number of each named insured or
11 indemnitee;
- 12 (c) Each type of coverage provided;
- 13 (d) Limits of each type of coverage provided;
- 14 (e) Amount of deductible as to each coverage;
- 15 (f) Policy period coverage;
- 16 (g) Policy number.

17 **NOTE:** This interrogatory may be responded to by producing a complete copy of the declaration
18 page of each insurance agreement or policy.

19 **ANSWER:**

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21 **INTERROGATORY NO. 28:** Have any of the insurers or indemnitors identified in
22 your response to the preceding interrogatory denied, in whole or in part, coverage or indemnification
23 for any of plaintiff's claims, or accepted defense of this action upon a reservation of rights? If so,
24 please state as to each:

- 25 (a) Name, address and telephone number of the insurer or indemnitor;
- 26

- 1 (b) Contract language upon which the insurer or indemnitor bases its denial of
2 coverage, indemnification or reservation of rights;
- 3 (c) Reasons for the insurer or indemnitor's denial of coverage,
4 indemnification or reservation of rights.

5 **ANSWER:**

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8 **EXPERT WITNESSES**

9 **INTERROGATORY NO. 29:** Identify each person you or your attorneys expect to
10 testify at trial as an expert witness and for each such witness, state:

- 11 (a) The subject matter on which the expert is expected to testify;
- 12 (b) The substance of the facts and opinions to which the expert will testify;
13 and
- 14 (c) A summary of the grounds for each such opinion;

15 **ANSWER:**

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18 ANSWERS AND OBJECTIONS DATED this ____ day of _____,
19 200__, in conformance with CR 26(g).

20

21 _____
22 Defendant Pro Se or Defendant's Attorney
23 WSBA No. _____

24 Typed Name: _____
25 Address: _____
26 _____

DECLARATION OF RESPONDING PARTY

I declare under the penalty of perjury under the laws of the State of Washington that I am the Defendant in this action OR I am the _____ of _____ and am authorized to make the foregoing answers. I declare that I have read the foregoing answers, know the contents thereof, and believe them to be true and correct.

Dated this _____ day of _____, _____ at _____, Washington.

Defendant

Typed Name: _____

Address: _____
