

IN THE CIRCUIT COURT OF WILL COUNTY, ILLINOIS
COUNTY DEPARTMENT, LAW DIVISION

JOHN DOE,)
)
Plaintiff,)
)
v.) No. 10-L-
)
JIM TRUCKER, and)
TRUCKING COMPANY, INC.)
)
Defendants.)

INTERROGATORIES TO DEFENDANT, JIM TRUCKER

NOW COMES the Plaintiff, JOHN DOE, by his attorney, Timothy W. Kelly of Kelly Law Offices, P.C., and pursuant to Federal Rule of Civil Procedure 33, propounds the following interrogatories to the Defendant, JIM TRUCKER, to be answered under oath, and delivered to Kelly Law Offices, P.C., 121 N. Main St., Third Floor, Bloomington, IL 61701, within thirty days of service:

INTERROGATORY NO. 1: State the full name of the defendant answering, as well as your current residence address, date of birth, marital status, driver's license number and issuing state, and social security number, and, if different, give the full name, as well as the current residence address, date of birth of the individual signing these answers.

ANSWER:

INTERROGATORY NO. 2: Is this Defendant sued in their full and correct name? If not, please indicate this Defendant's full and correct name.

ANSWER:

INTERROGATORY NO. 3: State the full name and current residence address of each person who witnessed or claims to have witnessed the occurrence that is the subject of this suit.

ANSWER:

INTERROGATORY NO. 4: State the full name and current residence address of each person not named in interrogatory number 2 above who was present and/or claims to have been present at the scene immediately before, at the time of, and/or immediately after the occurrence.

ANSWER:

INTERROGATORY NO. 5: As a result of the occurrence, were you made a defendant in any criminal or traffic case? If so, state the court, the caption, the case number, the charge or charges filed against you, whether you pleaded guilty thereto and the final disposition.

ANSWER:

INTERROGATORY NO. 6: If you were the owner and/or driver of the vehicle involved in the occurrence, state whether the vehicle was repaired and, if so, state when, where, by whom, and the cost of the repairs.

ANSWER:

INTERROGATORY NO. 7: State whether you were named or covered under any policy, or policies, of liability insurance effective on the date of the occurrence and, if so, state the name of each such company or companies, the policy number or numbers, the effective period(s) and the maximum liability limits for each person and each occurrence, including umbrella or excess insurance coverage, property damage and medical payment coverage.

ANSWER:

INTERROGATORY NO. 8: Did the vehicle contain any form or type of a data recorder? If yes, was the information downloaded? If so, provide the name and address of the person who possesses this information.

ANSWER:

INTERROGATORY NO. 9: Do you have any information

(a) That any plaintiff was, within the five years immediately prior to the occurrence, confined in a hospital and/or clinic, treated by a physician and/or other health professional, or x-rays for any reason other than personal injury? If so, state each plaintiff so involved, the name and address of each such hospital and/or clinic, physician, technician and/or other health care professional, the approximate date of such confinement or service and state the reason for such confinement or service;

(b) That any plaintiff has suffered any serious personal injury and/or illness prior to or following the date of the occurrence? If so, state the name of each plaintiff so involved and state when, where and how he or she was injured and/or ill and describe the injuries and/or illness suffered;

(c) That any plaintiff has ever filed any other suit for his or her own personal injuries? If so, state the name of each plaintiff so involved and state the court and caption in which filed, the year filed, the title and docket number of the case.

ANSWER:

INTERROGATORY NO. 10: Were any photographs, movies and/or videotapes taken of the scene of the occurrence or of the persons and/or vehicles involved? If so, state the date or dates on which such photographs, movies and/or videotapes were taken, the subject thereof, who now has custody of them, and the name, address and occupation and employer of the person taking them.

ANSWER:

INTERROGATORY NO. 11: Have you (or has anyone acting on your behalf) had any conversations with any person at any time with regard to the manner in which the occurrence complained of occurred, or have you overheard any statements made by any person at any time with regard to the injuries complained of by plaintiff or the manner in which the occurrence complaint of occurred? If the answer to this interrogatory is in the affirmative, state the following:

(a) The date or dates of such conversations and/or statements;

(b) The place of such conversations and/or statements;

- (c) All persons present for the conversations and/or statements;
- (d) The matters and things stated by the person in the conversations and/or statements;
- (e) Whether the conversation was oral, written and/or recorded; and
- (f) Who has possession of the statement if written and/or recorded.

ANSWER:

INTERROGATORY NO. 12: Do you know of any statements made by any person relating to the occurrence complained of by the plaintiff? If so, give the name and address of each such witness and the date of the statement, and state whether such statement was written and/or oral.

ANSWER:

INTERROGATORY NO. 13: Had you consumed any alcoholic beverage within 12 hours immediately prior to the occurrence? If so, state the names and addresses of those from whom it was obtained, where it was consumed, the particular kind and amount of alcoholic beverage so consumed by you, and the names and current residence addresses of all persons known by you to have knowledge concerning the consumption of the alcoholic beverages.

ANSWER:

INTERROGATORY NO. 14: Have you ever been convicted of a misdemeanor involving dishonesty, false statement or a felony? If so, state the nature thereof, the date of the conviction, and the court and the caption in which the conviction occurred. For the purpose of this interrogatory, a plea of guilty shall be considered as a conviction.

ANSWER:

INTERROGATORY No. 15: What was the purpose and/or use for which the vehicle was being operated at the time of the collision?

ANSWER:

INTERROGATORY NO. 16: Were you in possession of a cellular telephone on the date of the accident? If so, please state the name of the account holder, account number, cellular telephone number and the carrier and/or service provider of the cellular telephone.

ANSWER:

INTERROGATORY NO. 17: Have you ever had your driver's license suspended or revoked? If so, state whether it was suspended or revoked, the date it was suspended or revoked, the reason for the suspension or revocation, the period of time for which it was suspended or revoked, and the state that issued the license.

ANSWER:

INTERROGATORY NO. 18: Do you have any medical and/or physical condition, which required a physician's report and/or letter of approval in order to drive? If so, state the nature of the medical and/or physical condition, the physician or other health care professional who issued the letter and/or report, and the names and addresses of any physician or other health care professional who treated you for this condition prior to the occurrence.

ANSWER:

INTERROGATORY NO. 19: List the names and addresses of all other person (other than yourself and person heretofore listed) who have knowledge of the facts of the occurrence and/or of the injuries and damages claimed to have resulted therefrom.

ANSWER:

JOHN DOE,
Plaintiff,

By: _____

Timothy W. Kelly
Kelly Law Offices, P.C.
Atty #3121856

ATTESTATION

JIM TRUCKER, being first and duly sworn on oath, deposes and states that he has read the foregoing document and that the answers made herein are true and correct to the best of his knowledge and belief.

Jim Trucker

Subscribed and Sworn to me before this _____ day of

_____, 20____.

Notary Public