

SELARZ LAW CORP.
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1 SELARZ LAW CORP.
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5 **Attorneys for Plaintiff(s),**
[CLIENT'S NAME(S)]

7 **SUPERIOR COURT OF THE STATE OF CALIFORNIA**
8 **COUNTY OF [COUNTY], [DISTRICT]**

10 [PLAINTIFF(S)], an individual,
11 Plaintiff,

vs.

12 [DEFENDANT(S)], and DOES 1 to [#],
13 inclusive,
14 Defendants.

Case No. []
Honorable []
[Dept. [#]]

**PLAINTIFF'S SPECIAL
INTERROGATORIES, SET ONE**

Action Filed: []
Trial Date: []

16 PROPOUNDING PARTY : PLAINTIFF [CLIENT'S NAME]
17 RESPONDING PARTY : DEFENDANT [DEFENDANT'S NAME]
SET NUMBER : ONE

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19 Plaintiff [CLIENT'S NAME] hereby requests that Defendant [DEFENDANT'S
20 NAME] answer fully the following set of Special Interrogatories, in writing and under oath,
21 pursuant to California Code of Civil Procedure. Section 2030.010, and that said answers be
22 signed, verified, and served within thirty (30) days after service.

23 In answering these interrogatories, please furnish all information that is available to
24 you. If you cannot answer an interrogatory completely, answer it to the extent possible. If
25 you do not have personal knowledge sufficient to respond fully to an interrogatory, please
26 so state, but make a reasonable and good faith effort to obtain the information by inquiry to
27 other natural persons or organizations.

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INSTRUCTIONS

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2 A. These Interrogatories are continuing in character so as to require you to file
3 supplementary answers if you obtain further or different information before trial.

4 B. Unless otherwise stated, these Interrogatories refer to the time, place, and
5 circumstances of the Subject Incident and personal injuries mentioned or complained of in
6 the Complaint.

7 C. Where name and identity of a person is required, please state full name, home
8 address and also business address, if known.

9 D. Where knowledge or information in possession of a party is requested, such
10 request includes knowledge of the party's agents, representatives, and unless privileged, his
11 attorney's. When answer is made by corporate defendant, state the name, address and title
12 of persons supplying the information and making the affidavit, and announce the source of
13 his or her information.

DEFINITIONS

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15 A. "DEFENDANT," "YOU" and "YOUR" shall mean Defendant
16 [DEFENDANT'S NAME].

17 B. "PLAINTIFF" shall mean PLAINTIFF [CLIENT'S NAME].

18 C. "IDENTIFY" when referring to an individual, corporation, or other entity shall
19 mean to set forth the name and telephone number, and if a corporation or other entity, its
20 principle place of business, or if an individual, the present or last known home address, his
21 or her job title or titles, by whom employed and address of the place of employment.

22 D. "SUBJECT INCIDENT" means and refers to the incident on [Date of
23 Incident] described in PLAINTIFF's Complaint upon which this suit is founded.

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1 **SPECIAL INTERROGATORIES**

2 **SPECIAL INTERROGATORY NO. 1:**

3 Please state YOUR full name, home address (and all addresses for the last five (5)
4 years, social security number, date of birth, marital status and your employer’s name and
5 address. Include in your answer who was lived with YOU in the five (5) year period before
6 the accident.

7 **SPECIAL INTERROGATORY NO. 2:**

8 If YOU contend that PLAINTIFF’s personal injuries were not caused by the collision
9 with YOUR vehicle, state with particularity the facts upon which YOU base your contention.

10 **SPECIAL INTERROGATORY NO. 3:**

11 Please state the name and address of YOUR employer, your position and duties, and
12 your wages at the time of the SUBJECT INCIDENT and at the present time.

13 **SPECIAL INTERROGATORY NO. 4:**

14 Please state in detail YOUR itinerary on the date of the SUBJECT INCIDENT,
15 including each place at which YOU were present, YOUR length of stay at each such place,
16 and a detailed account of whom YOU saw and what YOU did at each such place.

17 **SPECIAL INTERROGATORY NO. 5:**

18 Please IDENTIFY all persons known to YOU to have personal knowledge of the facts
19 pertaining to the occurrence, and indicate those who were eye witnesses, and state the
20 substance of their knowledge and articulate their expected testimony.

21 **SPECIAL INTERROGATORY NO. 6:**

22 Please IDENTIFY all persons, excluding attorneys, who investigated the cause and
23 circumstances of this personal injury SUBJECT INCIDENT for YOU.

24 **SPECIAL INTERROGATORY NO. 7:**

25 Please IDENTIFY all persons who arrived at the scene of the SUBJECT INCIDENT
26 within one (1) hour after the Subject Incident.

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1 **SPECIAL INTERROGATORY NO. 8:**

2 Please IDENTIFY the motor vehicle YOU were operating at the time of YOUR
3 collision with the Plaintiff, including its make, year, registration number, and registered
4 owner.

5 **SPECIAL INTERROGATORY NO. 9:**

6 If YOU were not the owner of the vehicle mentioned in Interrogatory No. 8, please
7 IDENTIFY its owner, stating his, her, or its relationship to YOU, whether you had his, her,
8 or its permission to operate said vehicle, the purpose for which you were operating said
9 vehicle, and how YOU came to be operating said vehicle.

10 **SPECIAL INTERROGATORY NO. 10:**

11 Please IDENTIFY all persons to whom YOU have given signed statements regarding
12 the SUBJECT INCIDENT, the date thereof, and the name of the person in whose custody
13 each is at this time.

14 **SPECIAL INTERROGATORY NO. 11:**

15 Please IDENTIFY all persons who have given YOU signed statements regarding the
16 SUBJECT INCIDENT or the personal injuries suffered by the PLAINTIFF in the accident.

17 **SPECIAL INTERROGATORY NO. 12:**

18 Please state whether YOU have within your possession or control photographs,
19 plates, or diagrams of the scene of the SUBJECT INCIDENT or objects connected with said
20 motor vehicle accident, stating what those objects are.

21 **SPECIAL INTERROGATORY NO. 13:**

22 Please give a concise statement of facts as to how YOU contend the SUBJECT
23 INCIDENT took place.

24 **SPECIAL INTERROGATORY NO. 14:**

25 If YOU contend that PLAINTIFF acted in such a manner as to cause or contribute to
26 PLAINTIFF'S personal injuries, state all facts upon which you rely to demonstrate this.

27 **SPECIAL INTERROGATORY NO. 15:**

28 Please IDENTIFY all expert witnesses who will be called at the trial of this case, the

1 area of expertise of each, and a summary of the expected testimony of each.

2 **SPECIAL INTERROGATORY NO. 16:**

3 Please state whether YOU consumed any drugs, medicines, or alcoholic beverages
4 within twenty-four (24) hours prior to said occurrence, the place where such drugs,
5 medicines, or alcoholic beverages were obtained, the nature of the drugs, medicines, or
6 alcoholic beverages, and the amount thereof.

7 **SPECIAL INTERROGATORY NO. 17:**

8 Please state whether YOU were under the care of a physician at the time of the
9 SUBJECT INCIDENT. If so, please state the name and address of your physician, specify
10 the illness or condition for which YOU were treated, and list any prescribed medication.

11 **SPECIAL INTERROGATORY NO. 18:**

12 Please state when and where YOU obtained your learner's permit and your driver's
13 license, including whether such permit or license is or was subject to any restriction, and the
14 nature of such restriction, if any.

15 **SPECIAL INTERROGATORY NO. 19:**

16 Please list all insurance agreements YOU have made regarding the vehicle you were
17 operating at the time of the occurrence, including the name of the owner, the name of the
18 insurance carrier, the policy number, the type of coverage, the amount of coverage
19 (specifying its upper and lower limits) and the effective dates of said policy for the past five
20 (5) years.

21 **SPECIAL INTERROGATORY NO. 20:**

22 Please state whether YOU had any other insurance policies in effect at the time of the
23 SUBJECT INCIDENT covering bodily injuries caused to other person. If so, please provide
24 all pertinent information, including the name of the insurer, the policy number, the type of
25 coverage, the amount of coverage, specifying its upper and lower limits, and the effective
26 dates of said policy.

27 **SPECIAL INTERROGATORY NO. 21:**

28 Please list all prior motor vehicle accidents in which YOU have been involved, either

1 with other persons or with property. Please include the name of any other driver or property
2 owner involved, the location of the collision, the date and time of the collision, and
3 disposition of the matter.

4 **SPECIAL INTERROGATORY NO. 22:**

5 Please list all violations of the motor vehicle laws of the State of California or any
6 other jurisdiction with which YOU have been charged since YOU obtained YOUR driver's
7 license.

8 **SPECIAL INTERROGATORY NO. 23:**

9 Please state whether YOUR automobile insurance has ever been cancelled, and if so,
10 state the name of the insurer and the reason for cancellation.

11 **SPECIAL INTERROGATORY NO. 24:**

12 Please state whether the PLAINTIFF's vehicle was moving at the time of the
13 SUBJECT INCIDENT, and if so, state the direction and speed of said vehicle to the best of
14 your recollection.

15 **SPECIAL INTERROGATORY NO. 25:**

16 Please state in detail which part of YOUR vehicle came into contact with which part
17 of the vehicle of the PLAINTIFF.

18 **SPECIAL INTERROGATORY NO. 26:**

19 If YOU and the PLAINTIFF had any conversation after the SUBJECT INCIDENT,
20 please state the substance of any such conversation.

21 **SPECIAL INTERROGATORY NO. 27:**

22 Please state in detail all actions YOU took or attempted to take to avoid the SUBJECT
23 INCIDENT.

24 **SPECIAL INTERROGATORY NO. 28:**

25 Please IDENTIFY all persons who drove with YOU during the day of the SUBJECT
26 INCIDENT, including their full name and current address and telephone number.

27 **SPECIAL INTERROGATORY NO. 29:**

28 If any members of YOUR family or anyone else had any conversations with the

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PLAINTIFF, please state to the best of your knowledge the place of such conversations and the nature of such conversations.

DATED: July 5, 2019

SELARZ LAW CORP.

By: _____
Daniel E. Selarz, Esq.
Attorneys for Plaintiff(s),
[Client's Name(s)]

PROOF OF SERVICE
Case No. [REDACTED]

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I, the undersigned, declare as follows:

I am employed in the County of Los Angeles, State of California. I am over the age of 18 years, and not a party to the within action. I am an employee of, or agent for, SELARZ LAW CORP., whose business address is 11777 San Vicente Blvd., Suite 702, Los Angeles, CA 90049.

On July 5, 2019 I served the foregoing document(s) **PLAINTIFF'S SPECIAL INTERROGATORIES, SET ONE** to the following party(ies) in this action addressed as follows:

PLEASE SEE ATTACHED SERVICE LIST

- (BY MAIL) I caused a true copy of each document, placed in a sealed envelope with postage fully paid, to be placed in the United States mail at Los Angeles, California. I am "readily familiar" with this firm's business practice for collection and processing of mail, that in the ordinary course of business said document(s) would be deposited with the U.S. Postal Service on that same day. I understand that the service shall be presumed invalid if the postal cancellation date or postage meter date on the envelope is more than one day after the date of deposit for mailing contained in this affidavit.
- (BY PERSONAL SERVICE) I caused to be delivered each such document by hand to each addressee above.
- (BY CERTIFIED MAIL – CCP §§1020, et seq.) I caused said document(s) to be deposited with the United States Mail, postage prepaid, return receipt requested, signed by addressee that said documents were received.
- (BY OVERNIGHT DELIVERY) I caused a true copy of each document, placed in a sealed envelope with delivery fees provided for, to be deposited in a box regularly maintained by **United Parcel Service®(UPS)**. I am readily familiar with this firm's practice for collection and processing of documents for overnight delivery and know that in the ordinary course of business practice the document(s) described above will be deposited in a box or other facility regularly maintained by UPS or delivered to a courier or driver authorized by UPS to receive documents on the same date it is placed for collection.
- (BY FACSIMILE) By use of facsimile machine number (310) 651-8681, I served a copy of the within document(s) on the above interested parties at the facsimile numbers listed above. The transmission was reported as complete and without error. The transmission report was properly issued by the transmitting facsimile machine.
- (BY ELECTRONIC SERVICE) Based on a court order or an agreement of the parties to accept service by electronic transmission, I caused the documents to be sent to the persons at their electronic notification addresses. I did not receive, within a reasonable time after the transmission, any electronic message or other indication that the transmission was unsuccessful.

Executed on July 5, 2019, in Los Angeles, California. I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

Daniel E. Selarz

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SERVICE LIST

SENT VIA U.S. MAIL

[Attorney's Name]

[Law Firm Name]

[Street Address]

[City, State & Zip Code]

Tel: (xxx) xxx-xxxx / Fax: (xxx) xxx-xxxx

Email: [Email Address]

[Attorneys for Defendant [DEFENDANT'S NAME]]