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SUPERIOR COURT OF WASHINGTON FOR KITSAP COUNTY

\_\_\_\_\_  
Plaintiff,  
v.  
\_\_\_\_\_  
Defendant.

Case No. \_\_\_\_\_  
PATTERN INTERROGATORIES  
DEFENDANT TO PLAINTIFF

TO: \_\_\_\_\_, Plaintiff;  
AND TO: \_\_\_\_\_, Counsel of Record.

The following interrogatories are pattern interrogatories, which the undersigned certifies are in compliance with Kitsap 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. **NOTE:** Answers must be in compliance with the Civil Rules, Local Rules, and Washington State case law, including the duty set forth in CR 26(e).

1 **DEFINITIONS**

2 Words in **BOLDFACE CAPITALS** in these interrogatories are defined as follows:

3 1. **INCIDENT** includes the circumstances and events surrounding the alleged  
4 accident, injury, or other occurrence giving rise to this lawsuit.

5 2. **PERSON** includes a natural person, firm, association, organization,  
6 partnership, business, trust, limited liability company, corporation, or public entity.

7 3. **HEALTH CARE PROVIDER** means a person who is licensed, certified,  
8 registered, or otherwise authorized by the law to provide health care in the ordinary course of  
9 business or practice of a profession.

10 **SUBMITTING PARTY’S CERTIFICATION**

11 The undersigned pro se defendant, or attorney for the defendant, certifies pursuant to  
12 KCLR 33(b) and (c) that these interrogatories are appropriate to the facts of this case and are identical in  
13 substance to the Pattern Interrogatories approved by the Kitsap County Superior Court.

14 Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

15  
16 \_\_\_\_\_  
17 Defendant Pro Se or Defendant’s attorney  
18 WSBA No. \_\_\_\_\_

19 Typed Name: \_\_\_\_\_  
20 Address: \_\_\_\_\_  
21 \_\_\_\_\_  
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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, place of birth, and  
5 Social Security number. In addition to your present address, state all other addresses at which you  
6 have resided for the past ten years and the dates you resided at each address. [NOTE: To protect  
7 privacy concerns, the Social Security number may be provided separately from the Answers to these  
8 Interrogatories.]

9 **ANSWER:**

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12 **INTERROGATORY NO. 2:** Please state your educational history beginning with  
13 high school, including the name of each institution attended, any degrees and honors received, and  
14 dates of attendance.

15 **ANSWER:**

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18 **INTERROGATORY NO. 3:** Please state your employment history beginning five  
19 years before the date of the **INCIDENT** through to the present, including the name and address of  
20 each employer and the dates of employment.

21 **ANSWER:**

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24 **INTERROGATORY NO. 4:** Have you ever been convicted of or pled guilty to a  
25 felony? And, have you ever been convicted of or pled guilty to a misdemeanor involving dishonesty  
26 or false statement? If so, state for each:

- 1 (a) The name of the crime charged with and the crime convicted of;  
2 (b) The date of the charge and conviction;  
3 (c) The date and place of the conviction and sentence imposed; and  
4 (d) The court and case number.

5 **ANSWER:**

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8 **INTERROGATORY NO. 5:** If you currently or have previously been married state  
9 for each marriage: your spouse or former spouse's full name, date of birth, and maiden name (if  
10 any); present residence address; date and place of your marriage(s); and the date, place, and manner  
11 in which any previous marriage was terminated and the county and state in which the legal  
12 documents terminating the marriage were filed.

13 **ANSWER:**

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16 **INTERROGATORY NO. 6:** Please state: The names and dates of birth of your  
17 children; whether they are currently dependent upon you for support; and if independent, their  
18 present residence address and telephone numbers.

19 **ANSWER:**

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22 **BACKGROUND - INCIDENT**

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

1                   **ANSWER:**

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

- 6                   (a)     Whether or not you were wearing corrective lenses at the time of the  
7                   **INCIDENT**;
- 8                   (b)     The name, address and telephone number of the individual prescribing  
                  such lenses; and
- 9                   (c)     A description of the nature of your visual difficulties.

10                   **ANSWER:**

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

16                   **ANSWER:**

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19                   **INTERROGATORY NO. 10:** Was the vehicle you were driving (or a passenger in)  
20 at the time of the **INCIDENT** owned by you? If not, state: the owner's name, address and telephone  
21 number; and whether you were authorized to use the vehicle and any restrictions on such  
22 authorization.

23                   **ANSWER:**

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

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

10                   **ANSWER:**

11                   **INCIDENT**

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

16                   **ANSWER:**

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

1                   **ANSWER:**

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4                   **INTERROGATORY NO. 14:** At or within five minutes before the **INCIDENT**

5 were you using a cell or mobile telephone? If your answer is “yes”, state the name, address, and

6 telephone number of the person to whom you were speaking and indicate when the conversation

7 concluded.

8                   **ANSWER:**

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11                   **INTERROGATORY NO. 15:** Was anyone cited for a traffic offense as a result of

12 the **INCIDENT**? If so, please state who was cited, and state the charge, the disposition, and court.

13                   **ANSWER:**

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16                   **INVESTIGATION/WITNESSES**

17                   **INTERROGATORY NO. 16:** Did any law enforcement personnel, insurance

18 companies, or any other **PERSON**, other than your attorney, investigate the **INCIDENT**? If so,

19 provide:

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

23                   **ANSWER:**

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

6                   **ANSWER:**

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9                   **INTERROGATORY NO. 18:** Aside from Plaintiff's **HEALTH CARE**  
10 **PROVIDERS**, please name all persons who have knowledge regarding the plaintiff's injuries and  
11 damages and provide a brief description of each person's relevant knowledge. As to each such  
12 person in addition to their name, please provide their address and telephone number.

13                   **ANSWER:**

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16                   **INTERROGATORY NO. 19:** Are you aware of any written and/or recorded  
17 statements made by any witness to the **INCIDENT** or any party to the lawsuit? If so, for each  
18 statement, please state:

- 19                   (a)     The name, address and telephone number of the person making the  
20                   statement;
- 21                   (b)     The name, address and telephone number of the person taking the  
22                   statement;
- 23                   (c)     The date on which the statement was taken or given;
- 24                   (d)     The form of the statement (e.g., written, recorded, transcribed, etc.); and  
25                   (e)     Provide the name, address, and telephone number of the present custodian  
26                   of each statement.



1                   **ANSWER:**

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4                   **INTERROGATORY NO. 20:** List any and all photographs, motion pictures,  
5 videos, slides, drawings, diagrams, maps, or other graphic or electronic representations depicting the  
6 **INCIDENT** scene, the vehicles, any property damage, or any injuries. For each such item state the  
7 name, address and telephone number of the custodian of the item, the date it was created, and who  
8 created the item.

9                   **ANSWER:**

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12 **PHYSICAL, MENTAL OR EMOTIONAL INJURIES CLAIMED**

13                   **INTERROGATORY NO. 21:** Did you seek treatment or receive services from any  
14 **HEALTH CARE PROVIDER** or any other person for your injuries after the **INCIDENT**? If so,  
15 for each, please state: the name and address of each; the type of treatment provided, and any  
16 recommendations as to additional care.

17                   **ANSWER:**

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20                   **INTERROGATORY NO. 22:** Are you claiming any physical, mental or emotional  
21 injuries, disability, or disfigurement due to the **INCIDENT**? If so, please

- 22                   (a) Describe your understanding of each injury, disability or disfigurement,  
23                   and for each, identify the area of your body affected;
- 24                   (b) State those from which you have recovered and the approximate date of  
25                   your recovery; and
- 26                   (c) For all continuing complaints, state whether the complaint is subsiding,  
                      remaining the same or becoming worse: and state the frequency and  
                      duration of the complaint.

1                   **ANSWER:**

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4                   **INTERROGATORY NO. 23:** List all medications you have taken, including non-  
5 prescription and prescription medications, as a result of the **INCIDENT**, and provide the name,  
6 address, and telephone number of the pharmacy or other facility that provided the medication and, if  
7 a prescription, the prescribing **HEALTH CARE PROVIDER**.

8                   **ANSWER:**

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11                  **INTERROGATORY NO. 24:** Please provide an itemized list of all medical  
12 expenses claimed in this lawsuit to the present.

13                  **ANSWER:**

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16                  **INTERROGATORY NO. 25:** Has any **HEALTH CARE PROVIDER** advised  
17 you that you may require future care or additional treatment for any injuries related to the  
18 **INCIDENT**? If so, for each injury state: the name of each such health care provider; the injury  
19 complained of; and the nature, duration, and estimated cost of future care or additional treatment.

20                  **ANSWER:**

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24                  **LOSS OF INCOME OR EARNING CAPACITY**

25                  **INTERROGATORY NO. 26:** Do you attribute any loss of income or earning  
26 capacity to the **INCIDENT**? If so, then provide the following:

- 1 (a) The nature of your work, your job title at the time of the **INCIDENT**, and  
2 the date your employment began;
- 3 (b) The date you last worked for compensation before the **INCIDENT**;
- 4 (c) The amount of monthly income at the time of the **INCIDENT** and how  
5 the amount was calculated;
- 6 (d) The date you returned to work at each place of employment following the  
7 **INCIDENT**;
- 8 (e) The dates you did not work and for which you claim lost income as a  
9 result of the **INCIDENT**; and
- 10 (f) The total income you claim to have lost to date as a result of the  
11 **INCIDENT** and how the amount was calculated.
- 12 (g) State your income from employment or self-employment for each year  
13 beginning three years prior to the **INCIDENT** until the present.

14 **ANSWER:**

15 **INTERROGATORY NO. 27:** Will you lose income in the future as a result of the  
16 **INCIDENT**? If so, please state: the reason you will lose future income; an estimate of the amount; an  
17 estimate of how long you will not be able to work; and how you calculated your future income loss.

18 **ANSWER:**

19 **INTERROGATORY NO. 28:** Are you claiming past, present or future non-  
20 economic damages? If so, describe the basis for your claims, including a description of how your  
21 injuries have affected or affect you or your life.

22 **ANSWER:**

1 **OTHER DAMAGES**

2 **INTERROGATORY NO. 29:** Identify each property damage estimate or invoice  
3 pertaining to any vehicle damaged as a result of this **INCIDENT**. Note: This interrogatory may be  
4 responded to by producing copies of any such property damage estimates and invoices.

5 **ANSWER:**

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8 **INTERROGATORY NO. 30:** Are there any other damages that you attribute to the  
9 **INCIDENT**? If so, please state for each item of damage state:

- 10 (a) The nature;  
11 (b) The date it occurred;  
12 (c) The amount; and  
13 (d) The name address and telephone number of each person with knowledge  
14 of the claimed damage.

15 **ANSWER:**

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17 **OTHER INJURIES, CLAIMS OR LAWSUITS**

18 **INTERROGATORY NO. 31:** Identify all medical conditions, injuries, and  
19 illnesses, including physical, mental, emotional, or behavioral conditions, that you have suffered  
20 since the date of the **INCIDENT** but that you do not attribute to the **INCIDENT**. Include a  
21 description of the condition, injury or illness: describe the treatment you had and the medications  
22 you took or were prescribed; and state the name and address of all **HEALTH CARE PROVIDERS**.

23 **ANSWER:**

1                   **INTERROGATORY NO. 32:** At any time before the **INCIDENT** did you have  
2 complaints or injuries that involved the same part of your body claimed to have been injured in the  
3 **INCIDENT**? If so, for each state:

- 4                   (a) a description of the complaint or injury;  
5                   (b) the dates it began and ended; and  
6                   (c) the name, address, and telephone number of each **HEALTH CARE**  
7                   **PROVIDER** whom you consulted or who examined or treated you.

8                   **ANSWER:**

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10                   **INTERROGATORY NO. 33:** As to each **HEALTH CARE PROVIDER** from  
11 whom you secured care or treatment during the five (5) years before the **INCIDENT**, please state:  
12 the name and address of each; the type of treatment provided; and state whether the care or treatment  
13 was continuing at the time of the **INCIDENT**.

14                   **ANSWER:**

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17                   **INTERROGATORY NO. 34:** In the past ten years have you made a claim for  
18 workers' compensation benefits including for the **INCIDENT**? If so, for each claim please: describe  
19 the events and the injury giving rise to the claim providing the date and place; provide the name of  
20 your employer at the time; and provide the claim number and name and address of workers'  
21 compensation insurer if other than the State of Washington.

22                   **ANSWER:**

1                   **INTERROGATORY NO. 35:** Have you been a party to any lawsuits, including  
2 bankruptcy and/or divorce proceedings, in the past ten years? If so, provide:

- 3                   (a) a description of the nature of lawsuit;  
4                   (b) the names of parties (or case name);  
5                   (c) the court and cause number;  
6                   (d) the name of the attorney representing you;  
7                   (e) the name of any insurance company involved; and  
8                   (f) the outcome of lawsuit.

9                   **ANSWER:**

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12                   **INTERROGATORY NO. 36:** Have you ever asserted a claim for personal injuries  
13 that did not or has not resulted in a lawsuit? If so, provide:

- 14                   (a) the date, time, and location of events giving rise to the claim;  
15                   (b) the nature of injury or damages;  
16                   (c) the name and address of each **PERSON** against whom claim was made;  
17                   (d) the name of any insurance company involved; and  
18                   (e) the outcome of the claim.

19                   **ANSWER:**

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22                   **EXPERT WITNESSES**

23                   **INTERROGATORY NO. 37:** Identify each person you or your attorneys expect to  
24 testify at trial as an expert witness and for each such witness, state:

- 25                   (a) The subject matter on which the expert is expected to testify;
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(b) The substance of the facts and opinions to which the expert will testify;  
and

(c) A summary of the grounds for each such opinion;

**ANSWER:**

ANSWERS AND OBJECTIONS DATED this \_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, in conformance with CR 26(g).

\_\_\_\_\_  
Plaintiff Pro Se or Plaintiff's Attorney  
WSBA No. \_\_\_\_\_

Typed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**DECLARATION OF RESPONDING PARTY**

I declare under the penalty of perjury under the laws of the State of Washington that I am the Plaintiff 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.

\_\_\_\_\_  
Plaintiff

Typed Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_