DEPOSITION QUESTIONS

RE:	Date of Loss:	
RULES	S:	
	Oath	
	One at a time	
	Verbal Responses	
-	Uh-huh	
	Assume you understand	
	Guessing	
	Best Estimate	
	Take Breaks	
	Current State	
	Depo B4	
BACKG	GROUND:	
	Names	
1	Addresses (10 years)	
	Date of birth	
<u> </u>	Social Security No.	
	Driver license number, State, Restrictions, Record	
	Spouse	
	Children	
	Education	
	Military	
	Felony Convictions	
EMPLO	OYMENT: (FOR EACH EMPLOYER)	••
	Name	
	Address	
	Position	
	Supervisor	
	Performance Evaluations	
	Oral/Witten notice for poor working, absences	
	Physical Exams	
	Job Applications since date of loss	
VEHICI	CLE INFORMATION:	
	Seatbelts	
	Ownership	
	Titled	
	Auto/Stick	_
	Familiarity w/ vehicle	,
	Passengers	
VII	Working at the time	
	Cell phone, # and carrier	
	Radio on/off	
	Windows up/down	

Date of Loss:	

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PLACE O	OF ACCIDENT (Describe):
	Neighborhood
	Lanes/Marked/Width
***	Intersection
	Weather
	Visibility
- Alexandra Alex	Surface
	Lighting
	Familiar with Area
	Traffic Control Devices
	Speed Limit
LOCATIO	ON OF VEHICLE:
LOCALI	First sight (distance/speed/Time)
	Point of Contact B/N Vehicles
	Point of Contact in Road
	Vehicle Move Upon Impact
+	
	Damage to Vehicle(s) Plaintiff
	
	Defendant
	Warnings
	Skid Marks
	Debris
	Point of Rest
IMPACT:	:
	Describe
	Vehicle move, how far
	Items shift/type
	Body parts hit inside
	Body move
	Injured?
	Receive medical treatment
OTHED V	VEHICLES ARRIVE:
OTHER !	Police Office
	Ambulance
	Friends of Family come to scene
	Witnesses

<u> </u>	Date of Loss:	
CONVE	RSATIONS:	
	Police Officer	
	Report	
	History	
_	Citations	
	Witnesses	
	Other Drivers	
	Given any recorded statements, when, who, represented by counsel?	
	Written Statements	