

**DEPOSITION CHECKLIST
PLAINTIFF - PERSONAL INJURY**

A. INTRODUCTORY REMARKS

B. BACKGROUND

1. Personal

- a. Names (other and maiden).
- b. Birthdate and place.
- c. Marriages:
 - i. Present (name; date; place; residence; occupation).
 - ii. Prior (name; date; place; termination details).
- d. Residences (past ____ years; length; residents).
- e. Children (names; ages; addresses; dependents).

2. Occupational History

- a. Present employment.
 - i. Employer – address.
 - ii. Length of employment.
 - iii. Job descriptions.
 - iv. Immediate supervisor.
 - v. Salary (gross/net; average earnings).
 - vi. Normal work hours; overtime.
 - vii. Other sources of income.
- b. Past Employment.
 - i. [Same as 2a, (i) through (v).]
 - ii. Reason for leaving.

c. **Lost Earnings.**

- I. Amount claimed as result of accident.
- ii. Period lost (first return; subsequent absences; date first able to fully perform).
- iii. Earnings (on date of accident; income tax records past ____ years).

d. **Unemployment Record.**

- I. Periods of unemployment not related to accident.
- ii. Claim for benefits (if so, center location).

e. **Training and Education.**

- I. Highest grade completed.
- ii. Specialty training (military, vocational, correspondence)

3. **Claim History**

- a. Other claims (describe; lawyer; result; ins. co.).
- b. This claim (first legal advice; present lawyer).
- c. Collateral benefits (health insurance; employment; worker's compensation; medicare).

4. **Miscellaneous**

- a. Driving history (citations; accidents).
- b. License (length; number; restrictions; suspensions).
- c. Criminal record (arrests; convictions).
- d. Right or left handed.
- e. Social Security No.
- f. Military (length; number; branch; dates; discharge; draft registration and deferment).
- g. Alcohol and drug use.

- h. Sight or hearing defect (doctor; wearing glasses).

C. ACCIDENT

1. Location

- a. Date and time.
- b. Location (exact; familiarity; lanes; direction of lanes; traffic controls; subsequent changes).
- c. Weather, road and lighting conditions.

2. Vehicle Description

- a. Describe.
- b. Owner/Permission.
- c. Purchase (place, date, price & mileage if used).
- d. Mechanical condition (brakes, horn, lights, speeds, known defects on D/A and before).
- e. Inspection (last serviced; where).
- f. Occupants and their positions.
- g. Seat belts; head restrainers.

3. Description of Accident in Own Words

4. Immediately Before Accident

- a. Departure and destination points.
- b. Physical condition (alcohol-drugs; food; sleep).
- c. Alertness (conversations; radio; focus of attention).
- d. Movement of plaintiff's vehicle.
- e. When first sighted other vehicle.
 - i. Direction each traveling.
 - ii. Locations (including lanes and lane changes).

- iii. Speeds (basis).
 - iv. Other traffic.
 - v. Status of traffic controls.
 - vi. Signals and lighting of vehicle.
 - vii. Any unusual action.
 - f. Obstructions to view/hearing (own vehicle; other vehicles or physical character of scene).
 - g. Awareness of peril (first; locations of vehicle; what put on notice).
 - h. Evasive action (brakes/skids; horn; turn; opportunity to avoid).
 - i. Conversations in vehicle.
5. Impact
- a. Speeds.
 - b. P.O.I.
 - c. Parts of vehicles contacted.
 - d. Describe severity.
 - e. Damage (repair bills).
6. Actions Immediately After Impact
- a. Describe movements.
 - i. Movement of vehicles.
 - ii. Time remained in vehicle.
 - iii. Action upon leaving vehicle.
 - iv. Walk unassisted.
 - b. Description of scene.
 - i. Vehicle positions and damages.

- ii. Debris and location.
- iii. Skid marks.
- iv. Conditions of persons involved (clothes, blood, marks, swelling, unusual actions).
- c. Conversations after impact.
 - i. What said by each in sequence at scene (occupants, defendant, police, other).
 - ii. Conversations overheard.
 - iii. Times of arrival and departure of witnesses, spectators, and police.
 - iv. Subsequent conversations with defendant or witnesses.
 - v. Tell anyone at scene you were not hurt.
- 7. Witnesses and Investigation

- a. Names and addresses; when first met.
- b. Locations at accident.
- c. What each told you.
- d. Any tests (at scene or later) of brakes, lights or other vehicle parts.
- e. Measurements of pertinent distances.
- f. Photographs or movies.
- g. Experts.
- h. Written statements or reports.

D. INJURIES

- 1. Complaints of Personal Injury
 - a. Immediately after impact at scene.
 - i. Describe each pain or discomfort in sequence.

- ii. Parts of body contacting vehicle.
 - iii. Identify specific parts hurt.
 - b. Within next 2 or 3 days.
 - c. Subsequent complaints (describe; when started; effect; frequency).
 - d. Have you now told me all of the injuries and pain that you suffered as a result of this accident? (Sum up; get denials.)
2. Improvement/Duration
- a. Date any difficulties disappeared completely.
 - b. Date of any improvement.
 - c. Date of any stabilization or worsening.
 - d. Summarize duration of each injury.
3. Medical Treatment
- a. Emergency (treatment at scene; where taken; ambulance service).
 - b. Doctors (in sequence).
 - i. Name and address.
 - ii. Who recommended.
 - iii. Type treatment (first and subsequent visits).
 - iv. Dates of treatment (including releases and future appointments).
 - v. Medication prescribed and taken.
 - vi. Orthopedic devices prescribed and periods of use.
 - viii. Amount of bill; who paid.
4. Hospitalization
- a. Hospitalization as result of accident (places and dates; treatment; person requesting).

- b. Other hospitalizations since accident.
- c. Amounts of bills; who paid.

5. Disability

- a. Effect of each injury on activities.
 - i. What activities not able to do now that formerly did.
 - ii. What activities able to continue.
- b. Scars or physical appearance of injury.
- c. Whether each remaining injury will be permanent.

6. Prior Physical Condition

- a. Past accidents (date and place; describe injury; doctors and hospitals; temporary or permanent disability).
- b. Past serious diseases and illnesses (date and place; doctors and hospitals; temporary or permanent disability).
- c. Name and address of "family doctor" (and others for _____ years preceding accident).
 - i. Last check-up (including employment or insurance).
 - ii. Physical conditions he treated for.
- d. Prior hospitalizations for _____ years preceding accident (when, where, purpose, length).
- e. Prior X-rays (of injured areas).
- f. Prior condition of health.
- g. Prior similar symptoms.

7. Subsequent Physical Condition

- a. Other accidents?
- b. Other injuries?
- c. Other serious illness or disease.

d. Any visits to doctors after accident unrelated to accident.

E. SUMMARY OF SPECIAL DAMAGES.

1. Medical and Hospital (including medication and orthopedic devices).

2. Loss of Earnings (method of calculation).

3. Property Damage (when and where repaired; cost or estimates; value before and after; insurance).

4. Other (household help; business help; clothing).

Total claimed Specials to _____ = _____

[GET MEDICAL AUTHORIZATIONS; GET COPIES OF ALL SUPPORTING BILLS]