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IN THE COURT OF COMMON PLEAS OF WILSTMORELAND COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

THOMAS JOHN BROWN,)
Plaintiff)
vs.) No. 865 April Term, 1971
MONTGOMERY WARD AND COMPANY,)
INC., a corporation and)
REMINGTON ARMS CO., INC., a)
corporation,)
Original Defendants)
vs.)
CHARLES KUNCHER,)
Additional Defendant)

NOTICE OF INTERROGATORIES

Original Defendant, Remington Arms Co., Inc., a corporation,
by and through its attorneys, Costello & Snyder and Daniel J.
Snyder, Esq., requests Plaintiff, Thomas John Brown, to file
replies, in his behalf, under oath, to the within Interrogatories,
within twenty (20) days of service hereof, pursuant to Rules 4001,
et seq. of the Pennsylvania Rules of Civil Procedure.

COSTELLO & SNYDER

By
Attorneys for Original Defendant
Remington Arms Co., Inc.

INTERROGATORIES

1. List the names and addresses of all the witnesses that are known by you or your attorneys to the actual happening of the accident.
2. Does the foregoing list of witnesses include all of those persons with knowledge of the relevant facts surrounding the happening of the accident? (Answer Yes or No.)
3. If the answer to Interrogatory No. 2 is "No", list the names and addresses of all other persons (other than the above named) who do have knowledge of the relevant facts surrounding the happening of the accident.

4. Other than the witnesses above named, list the names and addresses of all other witnesses who may possibly, or who will be, called to testify upon the trial of this case and state as to each whether a liability, condition, or damage witness.

5. Kindly set forth in detail the following information:

(a) State your exact name at the present time;

(b) List any other names under which you have been known;

(c) Give your date and place of birth;

(d) Give your educational background in detail, listing any schools you may have attended and the years during which such schools were attended; list further any degrees or certificates of completion received as a result of your attendance at these schools;

(e) List your present marital status, and if married, indicate when and where the marriage ceremony was performed;

(f) Have you ever been divorced? If so, list for each divorce the date of the divorce, the place of the divorce, and the number and term of the case in which the divorce was granted;

(g) If you have been divorced, indicate the present name and address of your former spouse;

(h) Indicate whether you have ever been arrested, indicted, or convicted of a felony or crime, an offense or a misdemeanor.

6. Set forth the specific bodily injuries allegedly sustained by the Plaintiff as a result of the accident complained of in the Complaint. (The answer to this question should be as specific as possible and should not be answered merely by making reference to the wording contained in the Complaint filed by Plaintiff.)

7. State whether any of the bodily injuries allegedly sustained by the Plaintiff as a result of the accident in question resulted in any scarring, abrasions, contusions, or lacerations to the body of the Plaintiff. If so, please describe these as specifically as possible, indicating the specific part of the body affected thereby, and indicate further whether any of the said scars, abrasions, contusions, or lacerations are visible as of the date and filing of the answers to these Interrogatories.

8. Set forth the names and office addresses of any and all physicians or other licensed medical practitioners who have examined or treated the Plaintiff for any of such injuries, stating for each physician or licensed medical practitioner, the number of occasions on which such treatment was given or examination performed, the specific dates on which such treatment was given or examination performed, and the date or dates on which the Plaintiff was discharged from the care of each of the respective physicians or licensed medical practitioners. If the Plaintiff has not been discharged by any one or more of the said physicians or licensed medical practitioners, set forth the date on which the Plaintiff was last seen, treated, or examined by any of the said physicians or licensed medical practitioners who have not as yet discharged the Plaintiff.

9. The Plaintiff alleges in the Complaint, inter alia, that Plaintiff has been and will continue to be required to expend sums of money for medical attention, hospitalization, medical and surgical supplies, medicines and services of nurses. List separately and with particularity the sums of money which the Plaintiff claims to have expended, or for which there have been obligations to pay incurred, as well as the names and addresses of the payees and the dates the bills were incurred, for all items covered by the allegations as set forth in the Complaint; also list separately and with particularity the sums of money, to whom they are expected to be paid in the future, with payees' addresses, as alleged by the Plaintiff in the Complaint.

10. Was the Plaintiff hospitalized as a result of the accident which is the basis of this suit? Did the Plaintiff receive any emergency room treatment, out-patient, or first aid treatment at any hospital for such injuries? If the answer to any part of this question is in the affirmative, set forth the name and address of each of the hospitals involved and the dates and type of treatment received by the Plaintiff at each of the said hospitals.

11. Were any X-rays taken of any part of the Plaintiff's body as a result of this accident? If the answer to this question is in the affirmative, kindly indicate when such X-rays were taken, where they were taken, by whom, and indicate further the specific parts of the Plaintiff's body which were X-rayed. Indicate further the exact cost of the said X-rays, stating, if appropriate, the exact cost of each separate set of X-rays.

12. Were any X-rays taken of any part of the Plaintiff's body prior to this accident, or, in addition to the X-rays listed in the answers to Question No. 11 above, subsequent to this accident? If the answer to any part of this questions in in the affirmative, kindly indicate when such X-rays were taken, where they were taken, by whom, and indicate further the specific parts of the Plaintiff's body which were X-rayed.

13. If the answer to any part of Question 12 above is in the affirmative, set forth the name and address of each of the hospitals involved, and the dates and types of treatment received by the Plaintiff at each of the said hospitals. Set forth the exact amount of the bills incurred or rendered as a result of such hospital care or treatment. Kindly list these separately for each hospital. If you do not have this information, kindly make reasonable inquiry of the hospital or hospitals involved in order to obtain the same in accordance with the Pennsylvania Rules of Discovery in civil cases.

14. In connection with any allegations of loss of wages or earning power alleged in the Complaint, state with particularity the following:

(a) State the name and address of the Plaintiff's employer at the time of the accident;

(b) State how long the Plaintiff had been employed for said employer;

(c) State the Plaintiff's rate of pay, state the type of work performed;

(d) If still employed in the same employment, state present rate of pay;

(e) If there is any change in rate of pay, state when such change occurred and the reason therefor;

(f) If Plaintiff is not presently employed by the same employer, state for whom the Plaintiff is now employed.

of work now performed and present rate of pay. Also give names and addresses of all employers for whom the Plaintiff has worked since the accident, the reason for change of employment and earnings therefrom;

(g) State the amount of money in dollars and cents that the Plaintiff claims to have lost because of this accident, setting forth the days the Plaintiff claims to have been unable to work;

(h) State the dates the Plaintiff was able to return to work;

(i) State the amount of money in dollars and cents the Plaintiff claims will be lost in the future because of reduced earning capacity and earning power.

15. State the total amount of income from employment (gross income) earned by you during each of the five (5) calendar years immediately preceding the date of the accident which is the subject matter of the present suit, the total amount of income from employment (gross income) earned by you during the year in which the accident in question occurred, and the total amount of income from employment (gross income) earned by you during each calendar year subsequent to the date of the accident, up to the time of the answering of this Interrogatory. List these separately for each year concerning which inquiry is made.

16. Indicate what, if any, employment benefits, other than salary, you are claiming to have lost as a result of the accident complained of in the Complaint. Indicate the amount involved, the period or periods for which such loss of employment benefits is being claimed, a specific description of the employment benefits whose loss is being claimed, and the exact method by which such loss is being computed.

17. Indicate your Social Security number.

18. Have you filed Federal and/or municipal (State, City, Borough, Township) Income Tax Returns for the five (5) tax years prior to the year of the accident, the year of the accident, and any years subsequent to the accident up to the present date? If so, indicate the type of tax return filed, the name or names used in filing the return, when they were filed, and where they were filed. Attach copies of all Federal income tax returns filed

either individually or jointly with any other person for the past five (5) years.

19. Have you made a complete recovery from any of the injuries allegedly sustained in the accident which is the subject matter of this suit? If not, state which of the said injuries or infirmities still are present at the time of the filing of the answer to this Interrogatory.

20. Have you ever been confined, treated, or received diagnostic evaluation in any hospital or hospitals, emergency room or clinic, either prior to or subsequent to the date of the accident in question, other than those specified in answers to preceding Interrogatories, for any treatment whatsoever? If the answer to any part of this question is in the affirmative, set forth the name and address of each of the hospitals involved, and the dates and type of treatment received by the Plaintiff at each of the said hospitals. Kindly list this information separately for each hospital involved.

21. Did you, at the time of the accident involved in this case, have a family doctor? If so, list his name and office address, and indicate how long he has been your family doctor.

22. Were you ever involved in any accident or accidents either prior to or subsequent to the accident alleged in your Complaint, in which you may have sustained injury to any part of your body? If so, state when and where the accident occurred, and the nature of the injuries involved, if any. Indicate whether you made any claim or filed any suit against anyone as a result of such accident or accidents, and if the answer to this is in the affirmative, indicate the following:

(a) The name or names, if any, of the attorney who represented you with respect to such claim or suit;

(b) The person, persons, firm or firms, against whom such claim or suit was filed and their insurance carrier or carriers;

(c) If suit was actually filed, indicate the court in which suit was filed and the number and term or other court designation of the case or cases.

23. Have you incurred any expense whatsoever other than those listed above, as a result of the accident which is the basis of the instant suit and for which you intend making claim? If so, list separately the amount paid or incurred and the reason for the payment and the name and address of the recipient of such payment.

24. Was Plaintiff confined to bed at home as a result of the accident? If so, give the period for such confinement.

25. State whether or not it was necessary for Plaintiff to wear or use any surgical appliances or prosthetic devices as a result of the accident; and, if so:

(a) Describe the nature thereof;

(b) State the period during which Plaintiff wore each or used such;

(c) State the frequency with which it was worn or used during each period;

(d) State the cost of each;

(e) State the name and address of the person who prescribed it.

26. State whether Plaintiff received any nursing care, other than at a hospital, as a result of the accident, and, if so, state the names and addresses of each nurse and the amount of the bills applicable to each, and whether such is or is not a relative of Plaintiff.

27. If Plaintiff was prescribed or has been taking any drugs since the accident, state:

(a) The drug;

(b) Frequency of use;

(c) Condition prescribed for;

(d) Who prescribed such;

(e) The cost thereof;

(f) The name and address of the prescription pharmacy where such drugs were purchased.

