NO. 2,298

GREGG R. PARKER, ET AL	§ IN THE 112TH JUDICIAL
VS.	<pre>§ DISTRICT COURT OF</pre>
REMINGTON ARMS CO., INC., ET AL	§ SUTTON COUNTY, TEXAS
FIRST INTERROGAT	GTON ARMS CO., INC.'S TORIES TO PLAINTIFF, R. PARKER
TO: GREGG R. PARKER, Plaint: ANDERSON, Southers, Gold Street, San Antonio, Tex	iff, and his attorney, JEFFREY C dberg & Lyons, Inc., 126 Villita xas 78205.
Rules of Civil Procedure, the submitted to be answered by signed and sworn to and shall within thirty (30) days of the are served on your attorney contact and are requested to answer at the state of the state of the submitted for the submitted fo	irth date, present address,
social security number, and	driver's license number.
<u> </u>	
2. Have you ever been so, please state each such na	known by any other name? If ame or names.
3. Please state where where you have resided for the	you were born and each address
are unable to recall any exact name of the street, if possil	ct address, please state the
are unable to recall any exact	ct address, please state the
are unable to recall any exact	ct address, please state the
are unable to recall any examinate of the street, if possible and the street. 4. Are you presently in the street of the street.	ct address, please state the ble, and the town and state. married? If so, give your
are unable to recall any examinate of the street, if possible of the street, and the street of the s	ct address, please state the ble, and the town and state. married? If so, give your
are unable to recall any examinate of the street, if possible of the street, and the street of the s	ct address, please state the ble, and the town and state. married? If so, give your
are unable to recall any examinate of the street, if possible of the street, and the street of the s	ct address, please state the ble, and the town and state.

5. If you have answered the foregoing Interrogatory in the affirmative, please state whether your spouse and/or children are in good health. If not, please state who is not in good health and the reason for such poor health.
6. Is anyone living with you at the present time besides your spouse and children? If so, what is the relationship of that person or those persons to you?
7. Have you ever been divorced? If so, please state:
(a) The approximate date or dates when such divorce or divorces were obtained;
(b) Where such divorce or divorces were obtained;
(c) The present names and addresses of any previous spouses.
8. Please list each school or college you have attended, the number of years you attended each such school and/or college, and any degrees or certificates of graduation or completion awarded to you.
9. Please state specifically the nature of the injuries you received in the occurrence made the basis of this lawsuit.

	Have you recovered from such injuries? If not, aints do you still have?
he occurr	If you have been hospitalized since the date of ence made the basis of this lawsuit, for any ease state as to each hospitalization:
anitarium	(a) Name and address of the hospital, clinic,
anicarion	, harsing home of other institution.
·	(b) Date of admission and date of discharge;
ther prac he hospit	(c) The name and address of the physician or titioner of the healing arts who admitted you to al;
	(d) The total hospital charges; and
	(e) The reason for admittance.

(a) The name and address of each; (b) How many times and when you saw each; (c) The date when you last saw each; (d) What each has charged you on each occasi (e) Each diagnosis; and (f) The reason you saw each.	
(b) How many times and when you saw each; (c) The date when you last saw each; (d) What each has charged you on each occasion (e) Each diagnosis; and (f) The reason you saw each.	
(c) The date when you last saw each; (d) What each has charged you on each occasi (e) Each diagnosis; and (f) The reason you saw each.	
(c) The date when you last saw each; (d) What each has charged you on each occasi (e) Each diagnosis; and (f) The reason you saw each.	,
(c) The date when you last saw each; (d) What each has charged you on each occasi (e) Each diagnosis; and (f) The reason you saw each.	
(c) The date when you last saw each; (d) What each has charged you on each occasi (e) Each diagnosis; and (f) The reason you saw each.	
(e) Each diagnosis; and (f) The reason you saw each.	
(e) Each diagnosis; and (f) The reason you saw each.	
(e) Each diagnosis; and (f) The reason you saw each.	
(f) The reason you saw each.	on;
(f) The reason you saw each.	
(f) The reason you saw each.	
13. If you have at any time prior to the occurren uestion received medical attention for any injury or i lease give the following information:	ce ir llnes
(a) A full description of each such injury o	r
(b) The dates of each injury or illness;	

(c) The name and address of each physician or other practitioner of the healing arts administering treatme for such injury or illness; and
(d) The name and address of each hospital, clinic sanitarium, nursing home, or other institution in which you were hospitalized for such injury or illness.
14. Have you ever served in any branch of military service? If your answer is in the affirmative, please furnish the following information:
(a) Your final rank at time of discharge or
retirement and the branch of service to which you were attached;
(b) The type of discharge received; and
(c) If you have ever received any type of service related disability, state the nature or reason for such disability, the percentage of disability assigned, and the dates you were eligible for such disability.
15. With reference to your work history prior to and at the time of the occurrence in question, please furnish the following information:
(a) The name and address of each employer for whom you have worked (if self-employed so state);

(b) The years or approximate period of time that you worked for each employer, and the details concerning the reason that each such employment was terminated (if self- employed, state the periods of time that you were self- employed and the details concerning the reason for terminating such employment);
(c) The name of your immediate supervisor while working for each employer;
(d) Your salary per hour for each employment and your average weekly wage for each employment (if self-employed, state the total amount of income derived from each period of self-employment and your average weekly income therefrom);
(e) The nature of your employment for each employer and duties that you performed (if self-employed, the nature of such employment and the duties that you performed); and
(f) Whether any complaints were made to you regarding the manner in which you performed your job; if so, describe in detail.
16. With reference to your work history since the date of the occurrence in question, please furnish the following information:
(a) The name and address of each employer for whom you have worked (if self-employed so state);

(b) The years or approximate period of time that you have worked for each employer, and the details concerning the reason that each such employment was terminated (if - self-
<pre>employed and the details concerning the reason for terminating such employment);</pre>
(c) The name of your immediate supervisor while working for each employer;
(d) Your salary per hour for each employment and your average weekly wage for each employment (if self-employed, state the total amount of income derived from each period of self-employment and your average weekly income therefrom);
(e) The nature of your employment for each employed and duties that you performed (if self-employed, the nature of such employment and the duties that you performed); and
(f) Whether any complaints have been made to you regarding the manner in which you performed your job; if so, describe in detail.
17. Have you missed any time from work as a result of the occurrence made the basis of this lawsuit? If so, please state the following:
(a) How much time you have lost from work and whether there were any deductions from your pay as a result of such loss of time; and

į

18. What other expenses and/or monetary losses have you had because of the occurrence made the basis of this lawsuit? Explain each in detail. 19. Please set forth verbatim the substance and content of all medical reports received by you or your attorney regarding your physical condition since the occurrence made the basis of this lawsuit; or if you prefer, please attach copies of such reports to your answers to these Interrogatories. 20. Have you ever been arrested? If so, state the date and place of each arrest, the reason for each arrest, and the final disposition of each.
you had because of the occurrence made the basis of this lawsuit? Explain each in detail. 19. Please set forth verbatim the substance and content of all medical reports received by you or your attorney regarding your physical condition since the occurrence made the basis of this lawsuit; or if you prefer, please attach copies of such reports to your answers to these Interrogatories. 20. Have you ever been arrested? If so, state the date and place of each arrest, the reason for each arrest,
19. Please set forth verbatim the substance and content of all medical reports received by you or your attorney regarding your physical condition since the occurrence made the basis of this lawsuit; or if you prefer, please attach copies of such reports to your answers to these Interrogatories. 20. Have you ever been arrested? If so, state the date and place of each arrest, the reason for each arrest,
of all medical reports received by you or your attorney regarding your physical condition since the occurrence made the basis of this lawsuit; or if you prefer, please attach copies of such reports to your answers to these Interrogatories. 20. Have you ever been arrested? If so, state the date and place of each arrest,
20. Have you ever been arrested? If so, state the date and place of each arrest, the reason for each arrest,
date and place of each arrest, the reason for each arrest,
date and place of each arrest, the reason for each arrest,
date and place of each arrest, the reason for each arrest,
21. Have you ever made any claim for damages or injurie received in any accident or occurrence other than the claim asserted in this lawsuit? If your answer is "yes," then please state the following:
(a) The date of each accident or occurrence giving rise to the claim;

4

(b) The name and address of the party against whom the claim was made;
(c) A brief description of the manner in which the accident occurred;
(d) A description of the injuries received or claimed in such accidents or occurrences;
(e) The names and addresses of all doctors examining or treating you for such injuries;
(f) The cause number, style, court, county, and state of each lawsuit filed as a result of such claim; and
(g) The final disposition of each claim.
22. Please state the names and addresses of any and all persons, including experts, having knowledge of facts relevant to the issues of this lawsuit.

ť

29. Have you filed a Internal Revenue Service f state each year for which	ny income tax returns with the or the past five years, and if so, you have so filed.
in the affirmative, will y a Motion to Produce, to pr and copying of all income	to the foregoing Interrogatory is you agree, without the necessity of coduce and permit the inspection tax returns, including W-2 forms ag income other than wages, that set five years?
Interrogatories at such ti acquired by you or your at	to supplement your answers to these me as later information may be torney without the necessity of court compelling you to do so?
DATED this 2nd day of	January, 1979.
·	(LEBERG & WEIL 1200 Corpus Christi National Bank Building Corpus Christi, Texas 78401
מ	Telephone: (512)884-3551
·	By: J. Robert McKissick
	ATTORNEYS FOR DEFENDANT,

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing Interrogatories was served on Plaintiff and on Defendants by depositing same with the United States Postal Service, postage prepaid, United States Certified Mail, Return Receipt Requested, addressed to their attorneys of record, on this the 2nd day of January, 1979.

J. Robert McKissick