

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MISSOURI
SOUTHEASTERN DIVISION

In re:	§	Chapter 11
	§	
BRIGGS & STRATTON	§	Case No. 20-43597-399
CORPORATION, <i>et al.</i> ,	§	
	§	(Jointly Administered)
	§	
	§	Related Docket Nos. 1108
	§	
Debtors.	§	

ORDER GRANTING IN PART AND DENYING
IN PART MOTION OF MOVANT CLAUDIA HARTKE,
LIBERTY MUTUAL INSURANCE, ALLSTATE INSURANCE COMPANY,
FIRE INSURANCE EXCHANGE, FARMERS INSURANCE EXCHANGE, FOREMOST
INSURANCE COMPANY GRAND RAPIDS, MICHIGAN, AND MID-CENTURY
INSURANCE COMPANY FOR RELIEF FROM THE AUTOMATIC STAY

Upon the motion (the “**Motion**”)¹ of Claudia Hartke, Liberty Mutual Insurance, Allstate Insurance Company, Fire Insurance Exchange, Farmers Insurance Exchange, Foremost Insurance Company Grand Rapids, Michigan, and Mid-Century Insurance Company (the “**Movants**”), for entry of an order pursuant to section 362(d)(1) of the Bankruptcy Code granting relief from the automatic stay, all as more fully set forth in the Motion; and this Court having jurisdiction to consider the Motion and the relief requested therein pursuant to 28 U.S.C. §§ 157 and 1334; and consideration of the Motion and the requested relief being a core proceeding pursuant to 28 U.S.C. § 157(b); and it appearing that venue is proper before this Court pursuant to 28 U.S.C. §§ 1408 and 1409; and the Movants having represented that adequate and proper notice of the Motion has been given; and this Court having reviewed the Motion and objection to the Motion; and this Court having held a hearing to consider the relief requested in the Motion; and for the reasons more

¹ Capitalized terms used but not otherwise defined herein shall have the meanings ascribed to such terms in the Motion.



fully set forth on the record, **it is hereby ORDERED that the Motion is GRANTED to the following extent:**

1. The automatic stay of section 362 of the Bankruptcy Code is modified for the limited purpose of (i) permitting the Debtor to negotiate testing protocols and participate in the testing and inspection of the subject generators that are asserted to have caused the fire that is the subject of the state court proceeding captioned *Hartke, et al. v. Segal, et al.*, pending in Santa Clara County, California Superior Court, under Consolidated Case No. 18CV333942 (the “**State Court Action**”), and (ii) to the extent the automatic stay is applicable, permitting the Debtor or the Plan Administrator (as applicable) to participate, at their election, in mediation.

2. The automatic stay is further modified in that the Debtor is to produce (a) the documents requested by Movants, to the extent that the Debtor agreed to produce such documents in its May 28, 2020 response to Movants’ requests for production (the “**Response**”), annexed hereto as **Exhibit A**, subject to the protective order in place in the State Court Action, and (b) copies of the insurance policies applicable to the claims made in the State Court Action, as well as the additional insurance information requested in the Form Interrogatory No. 4.1, annexed hereto as **Exhibit B**. For the avoidance of doubt, the Debtor shall not be required to produce any documents that the Debtor objected to in the Response and the Debtor shall be entitled to designate documents as confidential pursuant to the confidentiality order issued by the California state court on June 25, 2020. The Debtor shall produce such documents not later than the close of business (5:00 p.m. Central time), December 9, 2020. The Debtor in its production shall not be required to segregate or separately identify the documents according to the specific request(s) to which the documents are responsive.

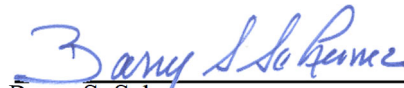
3. Absent (i) further order from this Court or (ii) the termination or expiration of the automatic stay under section 362 of the Bankruptcy Code, the Movants shall not move forward with their action against the Debtor except as expressly permitted by this Order.

4. Notwithstanding the provisions of Bankruptcy Rule 4001(a)(3), this Order shall be immediately effective and enforceable upon its entry.

5. The Debtors shall serve a copy of this Order no later than two (2) business days after the date of its entry. The Debtors shall also file a certificate of service within twenty-four (24) hours of making service of this Order.

DATED: December 4, 2020
St. Louis, Missouri

cke


Barry S. Schermer
United States Bankruptcy Judge

Order Prepared By:

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Attorneys for Defendants
Briggs & Stratton Corporation, MTD Consumer
Group,
MTD Products Co. and Troy-Bilt

SUPERIOR COURT OF THE STATE OF CALIFORNIA

FOR THE COUNTY OF SANTA CLARA

CLAUDIA HARTKE

PLAINTIFFS,

v.

ANDRE Y. SEGAL; SUZANNE G. SEGAL; RAN
BEN VAIS; SAAS, LLC; GREEN ACRES FARM,
INC; CAYA GROUP, LLC; WISH RIVER, LLC;
INTEGRAL EARTH LLC; AMERICAN HONDA
MOTOR COMPANY, INC.; BRIGGS &
STRATTON CORPORATION.; MTD
CONSUMER GROUP, MTD PRODUCTS CO.;
TECH-BILT, LLC AND DOES 1 THROUGH 50,
INCLUSIVE

DEFENDANTS.

AND RELATED ACTIONS AND CROSS
ACTIONS

CASE No: 18CV333942
[DESIGNATED COMPLEX]

**DEFENDANT BRIGGS & STRATTON
CORPORATION'S RESPONSES TO
PLAINTIFFS LIBERTY MUTUAL
INSURANCE COMPANY; FIRE INSURANCE
EXCHANGE, ET AL.; ALLSTATE
INSURANCE COMPANY; AND CLAUDIA
HARTKE'S REQUESTS FOR PRODUCTION,
SET ONE**

CASE FILED: AUGUST 30, 2018
TRIAL DATE: NONE
JUDGE: HON. BRIAN C. WALSH
DEPT: 1

PROPOUNDING PARTY: Plaintiffs LIBERTY MUTUAL INSURANCE;
FIRE INSURANCE EXCHANGE, ET AL.;
ALLSTATE INSURANCE COMPANY; and
CLAUDIA HARTKE

RESPONDING PARTY: Defendant BRIGGS & STRATTON CORPORATION

SET NUMBER: One (1)

RESPONSES TO DEMANDS FOR INSPECTION AND PRODUCTION OF DOCUMENTS

Defendant BRIGGS & STRATTON CORPORATION (“Responding Party”) hereby further responds under Code of Civil Procedure section 2031.210 *et seq.* to certain of the Demands for Inspection and Production of Documents, Set One (“Requests”) propounded by Plaintiffs LIBERTY MUTUAL INSURANCE; FIRE EXCHANGE, ET AL.; ALLSTATE INSURANCE COMPANY; and CLAUDIA HARTKE (“Plaintiffs” or “Propounding Party”).

PRELIMINARY STATEMENT

Responding Party has not completed discovery, investigation, and preparation for trial in this matter as of the date of this response to the Requests. The responses and objections contained herein are based only upon such information or documents as are currently available and specifically known to Responding Party, or upon information of which Responding Party is aware of on information and belief, and is provided without prejudice to Responding Party’s right to introduce other and further facts, documents, or things which it might discover or may subsequently come to rely on at the time of trial.

It is anticipated that further investigation, discovery, legal research, and analysis may supply additional facts, documents, or other things, add meaning to known facts, and establish entirely new factual and legal contentions, all of which may lead to subsequent additions or changes in and variations from the responses set forth herein. Responding Party reserves the right to amend or alter these responses in the future pursuant to future discovery and investigation, but is under no obligation to do so. In the event future discovery and investigation reveal facts which are presently unknown to Responding Party, Responding Party reserves the right to make contentions and to rely upon such facts at trial, and is under no obligation to provide such further facts to Propounding Party unless specifically requested by Propounding Party at a future date to do so.

1 Responding Party's responses herein are for the purpose of discovery only, and the responses are
2 not an admission or acceptance that any response or fact set forth herein is relevant and/or admissible as
3 evidence at the time of trial or at any other hearing in this case. Except for the explicit facts set forth
4 herein, no admission of any nature whatsoever is implied or should be inferred. The qualifying language
5 contained in this "Preliminary Statement" is hereby incorporated by reference into each of Responding
6 Party's responses herein.

7 The following responses are made solely for the purpose of this action. Each response is subject
8 to all objections as to competence, relevance, privilege, materiality, propriety, admissibility, and any and
9 all other objections and grounds that would require the exclusion of any statement or document
10 contained herein if such information was testified to by a witness present in court.

11 **GENERAL OBJECTIONS**

12 As to each and every Request in Responding Party's Demands for Inspection and Production of
13 Documents, Responding Party states the following:

14 A. Responding Party objects to the definitions of "YOU" and "YOUR" to the extent they
15 include Responding Party's attorneys.

16 B. To the extent that the Demands for Inspection and Production of Documents are intended
17 to elicit privileged or protected information, Responding Party objects thereto as to each Request and
18 asserts the applicable privilege or protection to the fullest extent permitted by law, including but not
19 limited to the protections afforded by the attorney-client privilege, the work-product privilege, and the
20 right of privacy.

21 C. To the extent that Responding Party responds to these Demands for Inspection and
22 Production of Documents, Responding Party does not concede the relevancy of those responses to the
23 action, nor does it concede that such responses may be used for any purpose in this action or any other
24 proceeding. Responding Party expressly reserves the right to object to further discovery into the subject
25 matter of any Request or portion thereof.

26 D. Responding Party objects to each Demand for Inspection and Production of Documents
27 to the extent that it seeks information in violation of Sections 2017.010 *et seq.*, 2018.010 *et seq.*,
28 2019.010 *et seq.*, or 2030.010 *et seq.* of the Code of Civil Procedure.

1 E. Responding Party objects to each Demand for Inspection and Production of Documents
2 to the extent that it seeks information equally available to Propounding Party or information that is not
3 within Responding Party's possession, custody, or control.

4 F. Responding Party objects to each Demand for Inspection and Production of Documents
5 to the extent that it is intended to be or is overly broad, unduly burdensome, and oppressive.

6 G. Responding Party objects to each Demand for Inspection and Production of Documents
7 to the extent it seeks information that is not relevant to the subject matter of this action, and is not
8 reasonably calculated to lead to the discovery of admissible evidence.

9 Without waiving any of the foregoing General Objections, each of which applies to each and
10 every one of the individual responses set forth below and is incorporated by this reference thereon
11 (whether or not specifically stated in the response), Responding Party responds to the individual
12 Demands for Inspection and Production of Documents as follows:

13 **STATEMENT REGARDING SCOPE OF RESPONSES**

14 The Requests for Production ask for documents regarding a "Briggs & Stratton generator model
15 No. 0302407" in Request No. 1 and a model No. "030247" in the other Requests. During
16 communications between counsel for Liberty Mutual Insurance (for the propounding parties) and for
17 Briggs & Stratton, counsel for Briggs & Stratton advised that Briggs & Stratton had not had an
18 opportunity to inspect the three generators in the possession of Cal Fire that are alleged to have been
19 involved in the fire at issue. However, based on the photographs of those generators that had been made
20 available to Briggs & Stratton, none of the generators appeared to be a model No. 030247 and there is
21 no model No. 0302407.

22 Counsel for Liberty Mutual inquired whether any of the generators appeared to be a different
23 Briggs & Stratton model, and if so, would Briggs & Stratton answer the requests for production as if
24 they requested documents about that model rather than require counsel to re-draft and re-serve the
25 Requests with the different model number. Briggs & Stratton responded that since it had not had an
26 opportunity to inspect the three generators, it could not be certain that any of them were Briggs &
27 Stratton products. However, from the photographs it appeared possible that one of the generators could
28 be a model No. 030220. If counsel for Liberty Mutual would agree that producing documents for model

No. 030220 is not an admission by Briggs & Stratton that the generator in the photos is in fact a product for which Briggs is responsible – it is just a possibility subject to confirmation or rejection upon inspection of the generators – then Briggs & Stratton would respond to the Requests as though they requested documents for model No. 030220. Without agreement to that condition, Briggs & Stratton would simply object to the Requests as seeking irrelevant information about model No. 030247. That condition was acceptable to counsel for Liberty Mutual.

Therefore, these Responses are made, and all documents produced pursuant to them, subject to that condition that by producing documents about model No. 030220 Briggs & Stratton is not admitting or conceding that any of the three generators in the possession of Cal Fire is a product for which Briggs & Stratton is responsible.

REQUESTS FOR PRODUCTION OF DOCUMENTS

REQUEST FOR PRODUCTION OF DOCUMENTS 1:

Please produce detailed design drawings- including the electrical schematic diagram, the printed circuit board diagram, any software code and/or firmware code used to program any elements of assembly for Briggs & Stratton generator model No. 0302407 (*No. 030220*) and substantially similar models.

RESPONSE TO REQUEST FOR PRODUCTION OF DOCUMENTS 1:

Responding Party objects on the basis that this request seeks information that is confidential or sensitive business information or the trade secrets of Responding Party. Objection is also made on basis that the request seeks confidential or sensitive business information or the trade secrets of third-parties, which Responding Party is unable to produce. Further objection is made on the grounds of relevance, as the generator number identified in the request is not the generator number at issue in this case. Additional objection is made on the basis that this request is compound. Responding Party also objects on the basis that it had not been served with Liberty Mutual's complaint at the time it was served with this discovery, and on the basis that such service was not timely.

Subject to and without waiving the foregoing objections, Responding Party responds as follows: Once a protective order has been entered by the Court, Responding Party will produce responsive documents in its possession, custody or control concerning the generator model number at issue in the

case.

REQUEST FOR PRODUCTION OF DOCUMENTS 2:

Please produce bill of materials for Briggs & Stratton generator model No. 030247 (*No. 030220*) and substantially similar models.

RESPONSE TO REQUEST FOR PRODUCTION OF DOCUMENTS 2:

Responding Party objects on the basis that this request seeks information that is confidential or sensitive business information or the trade secrets of Responding Party. Objection is also made on basis that the request seeks confidential or sensitive business information or the trade secrets of third-parties, which Responding Party is unable to produce. Further objection is made on the grounds of relevance, as the generator number identified in the request is not the generator number at issue in this case.

Additional objection is made on the basis that this request is compound. Responding Party also objects on the basis that it had not been served with Liberty Mutual's complaint at the time it was served with this discovery, and on the basis that such service was not timely.

Subject to and without waiving the foregoing objections, Responding Party responds as follows: Once a protective order has been entered by the Court, Responding Party will produce responsive documents in its possession, custody or control concerning the generator model number at issue in the case.

REQUEST FOR PRODUCTION OF DOCUMENTS 3:

Please produce detailed specifications for each of the individual components that are utilized in the Briggs & Stratton generator model No. 030247 (*No. 030220*) and substantially similar models.

RESPONSE TO REQUEST FOR PRODUCTION OF DOCUMENTS 3:

Responding Party objects on the basis that this request seeks information that is confidential or sensitive business information or the trade secrets of Responding Party. Objection is also made on basis that the request seeks confidential or sensitive business information or the trade secrets of third-parties, which Responding Party is unable to produce. Further objection is made on the grounds of relevance, as the generator number identified in the request is not the generator number at issue in this case.

Additional objection is made on the basis that this request is compound. Responding Party also objects on the basis that it had not been served with Liberty Mutual's complaint at the time it was served with

1 this discovery, and on the basis that such service was not timely.

2 Subject to and without waiving the foregoing objections, Responding Party responds as follows:
3 Once a protective order has been entered by the Court, Responding Party will produce responsive
4 documents in its possession, custody or control concerning the generator model number at issue in the
5 case.

6 **REQUEST FOR PRODUCTION OF DOCUMENTS 4:**

7 Please produce documentation of each safety feature utilized in the Briggs & Stratton generator
8 model No. 030247 (*No. 030220*) and substantially similar models.

9 **RESPONSE TO REQUEST FOR PRODUCTION OF DOCUMENTS 4:**

10 Responding Party objects on the basis that this request is vague and ambiguous in that the term
11 “safety feature” is subject to multiple meanings and interpretations. Responding Party also objects that
12 the Request seeks information that is confidential or sensitive business information or the trade secrets
13 of Responding Party. Objection is also made on basis that the request seeks confidential or sensitive
14 business information or the trade secrets of third-parties, which Responding Party is unable to produce.
15 Further objection is made on the grounds of relevance, as the generator number identified in the request
16 is not the generator number at issue in this case. Additional objection is made on the basis that this
17 request is compound. Responding Party also objects on the basis that it had not been served with
18 Liberty Mutual’s complaint at the time it was served with this discovery, and on the basis that such
19 service was not timely.

20 Subject to and without waiving the foregoing objections, Responding Party responds as follows:
21 Once a protective order has been entered by the Court, Responding Party will produce responsive
22 documents in its possession, custody or control concerning the generator model number at issue in the
23 case.

24 **REQUEST FOR PRODUCTION OF DOCUMENTS 5:**

25 Please produce documents concerning any hazard analysis, failure modes or any equivalent
26 assessment performed at the time of design or subsequently utilized in the Briggs & Stratton generator
27 model No. 030247 (*No. 030220*) and substantially similar models.

28 **RESPONSE TO REQUEST FOR PRODUCTION OF DOCUMENTS 5:**

1 Responding Party objects on the basis that this request seeks information that is confidential or
2 sensitive business information or the trade secrets of Responding Party. Objection is also made on basis
3 that the request seeks confidential or sensitive business information or the trade secrets of third-parties,
4 which Responding Party is unable to produce. Further objection is made on the grounds of relevance, as
5 the generator number identified in the request is not the generator number at issue in this case.
6 Additional objection is made on the basis that this request is compound. Responding Party also objects
7 on the basis that it had not been served with Liberty Mutual's complaint at the time it was served with
8 this discovery, and on the basis that such service was not timely.

9 Subject to and without waiving the foregoing objections, Responding Party responds as follows:
10 Once a protective order has been entered by the Court, Responding Party will produce responsive
11 documents in its possession, custody or control concerning the generator model number at issue in the
12 case.

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16 Date: May 28, 2020

FOLEY & LARDNER LLP

17
18
19 By: 

20 NICHOLAS P. HONKAMP

21 Attorneys for Defendants
22 Briggs & Stratton Corporation, MTD Consumer
23 Group,
24 MTD Products Co. and Troy-Bilt
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VERIFICATION TO FOLLOW

PROOF OF SERVICE

I am employed in the County of San Francisco, State of California. I am over the age of 18 and not a party to this action; my current business address is 555 California Street, Suite 1700, San Francisco, CA 94104-1520.

On May 28, 2020, I served the foregoing document(s) described as:

**DEFENDANT BRIGGS & STRATTON CORPORATION'S RESPONSES TO PLAINTIFFS
LIBERTY MUTUAL INSURANCE COMPANY; FIRE INSURANCE EXCHANGE, ET AL.;
ALLSTATE INSURANCE COMPANY; AND CLAUDIA HARTKE'S REQUESTS FOR
PRODUCTION, SET ONE**

on the interested parties in this action as follows:

SEE ATTACHED SERVICE LIST

X BY E-MAIL

X I served the foregoing document via e-mail to the addressees above at the e-mail addresses listed therein.

X Executed on 20-05-28, at San Francisco, **California**.

X I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

X I declare that I am employed in the office of a member of the bar of this court at whose direction the service was made.



Heather Pruitt

ELECTRONIC SERVICE LIST

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11 ***Counsel for Plaintiff LIBERTY MUTUAL INSURANCE***

Exhibit B

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Craig S. Simon (SBN 78158) Teresa R. Ponder (SBN 132270)

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ATTORNEY FOR (Name): Plaintiffs Fire Insurance Exchange, et al.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA

SHORT TITLE OF CASE:

FIRE INSURANCE EXCHANGE, et al. v. SAAS, LLC, et al.

FORM INTERROGATORIES—GENERAL

CASE NUMBER:
19CV353342

Asking Party: Plaintiffs Fire Insurance Exchange, et al.

Answering Party: Defendant Briggs & Stratton Corporation

Set No.: One (1)

Sec. 1. Instructions to All Parties

- (a) Interrogatories are written questions prepared by a party to an action that are sent to any other party in the action to be answered under oath. The interrogatories below are form interrogatories approved for use in civil cases.
- (b) For time limitations, requirements for service on other parties, and other details, see Code of Civil Procedure sections 2030.010–2030.410 and the cases construing those sections.
- (c) These form interrogatories do not change existing law relating to interrogatories nor do they affect an answering party's right to assert any privilege or make any objection.
- (c) Each answer must be as complete and straightforward as the information reasonably available to you, including the information possessed by your attorneys or agents, permits. If an interrogatory cannot be answered completely, answer it to the extent possible.
- (d) If you do not have enough personal knowledge to fully answer an interrogatory, say so, but make a reasonable and good faith effort to get the information by asking other persons or organizations, unless the information is equally available to the asking party.

Sec. 2. Instructions to the Asking Party

- (a) These interrogatories are designed for optional use by parties in unlimited civil cases where the amount demanded exceeds \$25,000. Separate interrogatories, *Form Interrogatories—Limited Civil Cases (Economic Litigation)* (form DISC-004), which have no subparts, are designed for use in limited civil cases where the amount demanded is \$25,000 or less; however, those interrogatories may also be used in unlimited civil cases.
- (b) Check the box next to each interrogatory that you want the answering party to answer. Use care in choosing those interrogatories that are applicable to the case.
- (c) You may insert your own definition of **INCIDENT** in Section 4, but only where the action arises from a course of conduct or a series of events occurring over a period of time.
- (d) The interrogatories in section 16.0, Defendant's Contentions—Personal Injury, should not be used until the defendant has had a reasonable opportunity to conduct an investigation or discovery of plaintiff's injuries and damages.
- (e) Additional interrogatories may be attached.
- (e) Whenever an interrogatory may be answered by referring to a document, the document may be attached as an exhibit to the response and referred to in the response. If the document has more than one page, refer to the page and section where the answer to the interrogatory can be found.
- (f) Whenever an address and telephone number for the same person are requested in more than one interrogatory, you are required to furnish them in answering only the first interrogatory asking for that information.
- (g) If you are asserting a privilege or making an objection to an interrogatory, you must specifically assert the privilege or state the objection in your written response.
- (h) Your answers to these interrogatories must be verified, dated, and signed. You may wish to use the following form at the end of your answers:

I declare under penalty of perjury under the laws of the State of California that the foregoing answers are true and correct.

(Date)

(SIGNATURE)

Sec. 3. Instructions to the Answering Party

- (a) An answer or other appropriate response must be given to each interrogatory checked by the asking party.
- (b) As a general rule, within 30 days after you are served with these interrogatories, you must serve your responses on the asking party and serve copies of your responses on all other parties to the action who have appeared. See Code of Civil Procedure sections 2030.260–2030.270 for details.

Sec. 4. Definitions

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

- (a) (Check one of the following):

- ☒ (1) **INCIDENT** includes the circumstances and events surrounding the alleged accident, injury, or other occurrence or breach of contract giving rise to this action or proceeding.

☐ (2) **INCIDENT** means (insert your definition here or on a separate, attached sheet labeled "Sec. 4(a)(2)"): _____

- (b) **YOU OR ANYONE ACTING ON YOUR BEHALF** includes you, your agents, your employees, your insurance companies, their agents, their employees, your attorneys, your accountants, your investigators, and anyone else acting on your behalf.
- (c) **PERSON** includes a natural person, firm, association, organization, partnership, business, trust, limited liability company, corporation, or public entity.
- (d) **DOCUMENT** means a writing, as defined in Evidence Code section 250, and includes the original or a copy of handwriting, typewriting, printing, photostats, photographs, electronically stored information, and every other means of recording upon any tangible thing and form of communicating or representation, including letters, words, pictures, sounds, or symbols, or combinations of them.
- (e) **HEALTH CARE PROVIDER** includes any **PERSON** referred to in Code of Civil Procedure section 667.7(e)(3).
- (f) **ADDRESS** means the street address, including the city, state, and zip code.

Sec. 5. Interrogatories

The following interrogatories have been approved by the Judicial Council under Code of Civil Procedure section 2033.710:

CONTENTS

- 1.0 Identity of Persons Answering These Interrogatories
- 2.0 General Background Information—Individual
- 3.0 General Background Information—Business Entity
- 4.0 Insurance
- 5.0 [Reserved]
- 6.0 Physical, Mental, or Emotional Injuries
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- 70.0 Unlawful Detainer [See separate form DISC-003]
- 101.0 Economic Litigation [See separate form DISC-004]
- 200.0 Employment Law [See separate form DISC-002] Family Law [See separate form FL-145]

1.0 Identity of Persons Answering These Interrogatories

- ☐ 1.1 State the name, **ADDRESS**, telephone number, and relationship to you of each **PERSON** who prepared or assisted in the preparation of the responses to these interrogatories. (Do not identify anyone who simply typed or reproduced the responses.)

2.0 General Background Information individual—

- ☐ 2.1 State:
- (a) your name;
 - (b) every name you have used in the past; and
 - (c) the dates you used each name.
- ☐ 2.2 State the date and place of your birth.
- ☐ 2.3 At the time of the **INCIDENT**, did you have a driver's license? If so state:
- (a) the state or other issuing entity;
 - (b) the license number and type;
 - (c) the date of issuance; and
 - (d) all restrictions.
- ☐ 2.4 At the time of the **INCIDENT**, did you have any other permit or license for the operation of a motor vehicle? If so, state:
- (a) the state or other issuing entity;
 - (b) the license number and type;
 - (c) the date of issuance; and
 - (d) all restrictions.
- ☐ 2.5 State:
- (a) your present residence **ADDRESS**;
 - (b) your residence **ADDRESSES** for the past five years; and
 - (c) the dates you lived at each **ADDRESS**.
- ☐ 2.6 State:
- (a) the name, **ADDRESS**, and telephone number of your present employer or place of self-employment; and
 - (b) the name, **ADDRESS**, dates of employment, job title, and nature of work for each employer or self-employment you have had from five years before the **INCIDENT** until today.
- ☐ 2.7 State:
- (a) the name and **ADDRESS** of each school or other academic or vocational institution you have attended, beginning with high school;
 - (b) the dates you attended;
 - (c) the highest grade level you have completed; and
 - (d) the degrees received.
- ☐ 2.8 Have you ever been convicted of a felony? If so, for each conviction state:
- (a) the city and state where you were convicted;
 - (b) the date of conviction;
 - (c) the offense; and
 - (d) the court and case number.
- ☐ 2.9 Can you speak English with ease? If not, what language and dialect do you normally use?
- ☐ 2.10 Can you read and write English with ease? If not, what language and dialect do you normally use?

- ☐ 2.11 At the time of the **INCIDENT** were you acting as an agent or employee for any **PERSON**? If so, state:
- (a) the name, **ADDRESS**, and telephone number of that **PERSON**: and
 - (b) a description of your duties.
- ☐ 2.12 At the time of the **INCIDENT** did you or any other person have any physical, emotional, or mental disability or condition that may have contributed to the occurrence of the **INCIDENT**? If so, for each person state:
- (a) the name, **ADDRESS**, and telephone number;
 - (b) the nature of the disability or condition; and
 - (c) the manner in which the disability or condition contributed to the occurrence of the **INCIDENT**.
- ☐ 2.13 Within 24 hours before the **INCIDENT** did you or any person involved in the **INCIDENT** use or take any of the following substances: alcoholic beverage, marijuana, or other drug or medication of any kind (prescription or not)? If so, for each person state:
- (a) the name, **ADDRESS**, and telephone number;
 - (b) the nature or description of each substance;
 - (c) the quantity of each substance used or taken;
 - (d) the date and time of day when each substance was used or taken;
 - (e) the **ADDRESS** where each substance was used or taken;
 - (f) the name, **ADDRESS**, and telephone number of each person who was present when each substance was used or taken; and
 - (g) the name, **ADDRESS**, and telephone number of any **HEALTH CARE PROVIDER** who prescribed or furnished the substance and the condition for which it was prescribed or furnished.

3.0 General Background Information—Business Entity

- ☒ 3.1 Are you a corporation? If so, state:
- (a) the name stated in the current articles of incorporation;
 - (b) all other names used by the corporation during the past 10 years and the dates each was used;
 - (c) the date and place of incorporation;
 - (d) the **ADDRESS** of the principal place of business; and
 - (e) whether you are qualified to do business in California.
- ☒ 3.2 Are you a partnership? If so, state:
- (a) the current partnership name;
 - (b) all other names used by the partnership during the past 10 years and the dates each was used;
 - (c) whether you are a limited partnership and, if so, under the laws of what jurisdiction;
 - (d) the name and **ADDRESS** of each general partner; and
 - (e) the **ADDRESS** of the principal place of business.
- ☒ 3.3 Are you a limited liability company? If so, state:
- (a) the name stated in the current articles of organization;
 - (b) all other names used by the company during the past 10 years and the date each was used;
 - (c) the date and place of filing of the articles of organization;
 - (d) the **ADDRESS** of the principal place of business; and
 - (e) whether you are qualified to do business in California.

- ☒ 3.4 Are you a joint venture? If so, state:
- (a) the current joint venture name;
 - (b) all other names used by the joint venture during the past 10 years and the dates each was used;
 - (c) the name and **ADDRESS** of each joint venturer; and
 - (d) the **ADDRESS** of the principal place of business.
- ☒ 3.5 Are you an unincorporated association? If so, state:
- (a) the current unincorporated association name;
 - (b) all other names used by the unincorporated association during the past 10 years and the dates each was used; and
 - (c) the **ADDRESS** of the principal place of business.
- ☒ 3.6 Have you done business under a fictitious name during the past 10 years? If so, for each fictitious name state:
- (a) the name;
 - (b) the dates each was used;
 - (c) the state and county of each fictitious name filing; and
 - (d) the **ADDRESS** of the principal place of business.
- ☒ 3.7 Within the past five years has any public entity registered or licensed your business? If so, for each license or registration:
- (a) identify the license or registration;
 - (b) state the name of the public entity; and
 - (c) state the dates of issuance and expiration.

4.0 Insurance

- ☒ 4.1 At the time of the **INCIDENT**, was there in effect any policy of insurance through which you were or might be insured in any manner (for example, primary, pro-rata, or excess liability coverage or medical expense coverage) for the damages, claims, or actions that have arisen out of the **INCIDENT**? If so, for each policy state:
- (a) the kind of coverage;
 - (b) the name and **ADDRESS** of the insurance company;
 - (c) the name, **ADDRESS**, and telephone number of each named insured;
 - (d) the policy number;
 - (e) the limits of coverage for each type of coverage contained in the policy;
 - (f) whether any reservation of rights or controversy or coverage dispute exists between you and the insurance company; and
 - (g) the name, **ADDRESS**, and telephone number of the custodian of the policy.
- ☒ 4.2 Are you self-insured under any statute for the damages, claims, or actions that have arisen out of the **INCIDENT**? If so, specify the statute.

5.0 [Reserved]

6.0 Physical, Mental, or Emotional Injuries

- ☐ 6.1 Do you attribute any physical, mental, or emotional injuries to the **INCIDENT**? (If your answer is "no," do not answer interrogatories 6.2 through 6.7).
- ☐ 6.2 Identify each injury you attribute to the **INCIDENT** and the area of your body affected.

☐ 6.3 Do you still have any complaints that you attribute to the **INCIDENT**? If so, for each complaint state:

- (a) a description;
- (b) whether the complaint is subsiding, remaining the same, or becoming worse; and
- (c) the frequency and duration.

☐ 6.4 Did you receive any consultation or examination (except from expert witnesses covered by Code of Civil Procedure sections 2034.210–2034.310) or treatment from a **HEALTH CARE PROVIDER** for any injury you attribute to the **INCIDENT**? If so, for each **HEALTH CARE PROVIDER** state:

- (a) the name, **ADDRESS**, and telephone number;
- (b) the type of consultation, examination, or treatment provided;
- (c) the dates you received consultation, examination, or treatment; and
- (d) the charges to date.

☐ 6.5 Have you taken any medication, prescribed or not, as a result of injuries that you attribute to the **INCIDENT**? If so, for each medication state:

- (a) the name;
- (b) the **PERSON** who prescribed or furnished it;
- (c) the date it was prescribed or furnished;
- (d) the dates you began and stopped taking it; and
- (e) the cost to date.

☐ 6.6 Are there any other medical services necessitated by the injuries that you attribute to the **INCIDENT** that were not previously listed (for example, ambulance, nursing, prosthetics)? If so, for each service state:

- (a) the nature;
- (b) the date;
- (c) the cost; and
- (d) the name, **ADDRESS**, and telephone number of each provider.

☐ 6.7 Has any **HEALTH CARE PROVIDER** advised that you may require future or additional treatment for any injuries that you attribute to the **INCIDENT**? If so, for each injury state:

- (a) the name and **ADDRESS** of each **HEALTH CARE PROVIDER**;
- (b) the complaints for which the treatment was advised; and
- (c) the nature, duration, and estimated cost of the treatment.

7.0 Property Damage

☐ 7.1 Do you attribute any loss of or damage to a vehicle or other property to the **INCIDENT**? If so, for each item of property:

- (a) describe the property;
- (b) describe the nature and location of the damage to the property;

(c) state the amount of damage you are claiming for each item of property and how the amount was calculated; and

(d) if the property was sold, state the name, **ADDRESS**, and telephone number of the seller, the date of sale, and the sale price.

☐ 7.2 Has a written estimate or evaluation been made for any item of property referred to in your answer to the preceding interrogatory? If so, for each estimate or evaluation state:

- (a) the name, **ADDRESS**, and telephone number of the **PERSON** who prepared it and the date prepared;
- (b) the name, **ADDRESS**, and telephone number of each **PERSON** who has a copy of it; and
- (c) the amount of damage stated.

☐ 7.3 Has any item of property referred to in your answer to interrogatory 7.1 been repaired? If so, for each item state:

- (a) the date repaired;
- (b) a description of the repair;
- (c) the repair cost;
- (d) the name, **ADDRESS**, and telephone number of the **PERSON** who repaired it;
- (e) the name, **ADDRESS**, and telephone number of the **PERSON** who paid for the repair.

8.0 Loss of Income or Earning Capacity

☐ 8.1 Do you attribute any loss of income or earning capacity to the **INCIDENT**? (If your answer is "no," do not answer interrogatories 8.2 through 8.8).

☐ 8.2 State:

- (a) the nature of your work;
- (b) your job title at the time of the **INCIDENT**; and
- (c) the date your employment began.

☐ 8.3 State the last date before the **INCIDENT** that you worked for compensation.

☐ 8.4 State your monthly income at the time of the **INCIDENT** and how the amount was calculated.

☐ 8.5 State the date you returned to work at each place of employment following the **INCIDENT**.

☐ 8.6 State the dates you did not work and for which you lost income as a result of the **INCIDENT**.

☐ 8.7 State the total income you have lost to date as a result of the **INCIDENT** and how the amount was calculated.

☐ 8.8 Will you lose income in the future as a result of the **INCIDENT**? If so, state:

- (a) the facts upon which you base this contention;
- (b) an estimate of the amount;
- (c) an estimate of how long you will be unable to work; and
- (d) how the claim for future income is calculated.

9.0 Other Damages

- ☐ 9.1 Are there any other damages that you attribute to the **INCIDENT**? If so, for each item of damage state:
- (a) the nature;
 - (b) the date it occurred;
 - (c) the amount; and
 - (d) the name, **ADDRESS**, and telephone number of each **PERSON** to whom an obligation was incurred.
- ☐ 9.2 Do any **DOCUMENTS** support the existence or amount of any item of damages claimed in interrogatory 9.1? If so, describe each document and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.

10.0 Medical History

- ☐ 10.1 At any time before the **INCIDENT** did you have complaints or injuries that involved the same part of your body claimed to have been injured in the **INCIDENT**? If so, for each state:
- (a) a description of the complaint or injury;
 - (b) the dates it began and ended; and
 - (c) the name, **ADDRESS**, and telephone number of each **HEALTH CARE PROVIDER** whom you consulted or who examined or treated you.
- ☐ 10.2 List all physical, mental, and emotional disabilities you had immediately before the **INCIDENT**. (*You may omit mental or emotional disabilities unless you attribute any mental or emotional injury to the **INCIDENT**.*)
- ☐ 10.3 At any time after the **INCIDENT**, did you sustain injuries of the kind for which you are now claiming damages? If so, for each incident giving rise to an injury state:
- (a) the date and the place it occurred;
 - (b) the name, **ADDRESS**, and telephone number of any other **PERSON** involved;
 - (c) the nature of any injuries you sustained;
 - (d) the name, **ADDRESS**, and telephone number of each **HEALTH CARE PROVIDER** who you consulted or who examined or treated you; and
 - (e) the nature of the treatment and its duration.

11.0 Other Claims and Previous Claims

- ☐ 11.1 Except for this action, in the past 10 years have you filed an action or made a written claim or demand for compensation for your personal injuries? If so, for each action, claim, or demand state:
- (a) the date, time, and place and location (closest street **ADDRESS** or intersection) of the **INCIDENT** giving rise to the action, claim, or demand;
 - (b) the name, **ADDRESS**, and telephone number of each **PERSON** against whom the claim or demand was made or the action filed;

- (c) the court, names of the parties, and case number of any action filed;
 - (d) the name, **ADDRESS**, and telephone number of any attorney representing you;
 - (e) whether the claim or action has been resolved or is pending; and
 - (f) a description of the injury.
- ☐ 11.2 In the past 10 years have you made a written claim or demand for workers' compensation benefits? If so, for each claim or demand state:
- (a) the date, time, and place of the **INCIDENT** giving rise to the claim;
 - (b) the name, **ADDRESS**, and telephone number of your employer at the time of the injury;
 - (c) the name, **ADDRESS**, and telephone number of the workers' compensation insurer and the claim number;
 - (d) the period of time during which you received workers' compensation benefits;
 - (e) a description of the injury;
 - (f) the name, **ADDRESS**, and telephone number of any **HEALTH CARE PROVIDER** who provided services; and
 - (g) the case number at the Workers' Compensation Appeals Board.

12.0 Investigation—General

- ☐ 12.1 State the name, **ADDRESS**, and telephone number of each individual:
- (a) who witnessed the **INCIDENT** or the events occurring immediately before or after the **INCIDENT**;
 - (b) who made any statement at the scene of the **INCIDENT**;
 - (c) who heard any statements made about the **INCIDENT** by any individual at the scene; and
 - (d) who **YOU OR ANYONE ACTING ON YOUR BEHALF** claim has knowledge of the **INCIDENT** (except for expert witnesses covered by Code of Civil Procedure section 2034).
- ☐ 12.2 Have **YOU OR ANYONE ACTING ON YOUR BEHALF** interviewed any individual concerning the **INCIDENT**? If so, for each individual state:
- (a) the name, **ADDRESS**, and telephone number of the individual interviewed;
 - (b) the date of the interview; and
 - (c) the name, **ADDRESS**, and telephone number of the **PERSON** who conducted the interview.
- ☐ 12.3 Have **YOU OR ANYONE ACTING ON YOUR BEHALF** obtained a written or recorded statement from any individual concerning the **INCIDENT**? If so, for each statement state:
- (a) the name, **ADDRESS**, and telephone number of the individual from whom the statement was obtained;
 - (b) the name, **ADDRESS**, and telephone number of the individual who obtained the statement;
 - (c) the date the statement was obtained; and
 - (d) the name, **ADDRESS**, and telephone number of each **PERSON** who has the original statement or a copy.

☐ 12.4 Do **YOU OR ANYONE ACTING ON YOUR BEHALF** know of any photographs, films, or videotapes depicting any place, object, or individual concerning the **INCIDENT** or plaintiff's injuries? If so, state:

- (a) the number of photographs or feet of film or videotape;
- (b) the places, objects, or persons photographed, filmed, or videotaped;
- (c) the date the photographs, films, or videotapes were taken;
- (d) the name, **ADDRESS**, and telephone number of the individual taking the photographs, films, or videotapes; and
- (e) the name, **ADDRESS**, and telephone number of each **PERSON** who has the original or a copy of the photographs, films, or videotapes.

☐ 12.5 Do **YOU OR ANYONE ACTING ON YOUR BEHALF** know of any diagram, reproduction, or model of any place or thing (except for items developed by expert witnesses covered by Code of Civil Procedure sections 2034.210–2034.310) concerning the **INCIDENT**? If so, for each item state:

- (a) the type (i.e., diagram, reproduction, or model);
- (b) the subject matter; and
- (c) the name, **ADDRESS**, and telephone number of each **PERSON** who has it.

☐ 12.6 Was a report made by any **PERSON** concerning the **INCIDENT**? If so, state:

- (a) the name, title, identification number, and employer of the **PERSON** who made the report;
- (b) the date and type of report made;
- (c) the name, **ADDRESS**, and telephone number of the **PERSON** for whom the report was made; and
- (d) the name, **ADDRESS**, and telephone number of each **PERSON** who has the original or a copy of the report.

☐ 12.7 Have **YOU OR ANYONE ACTING ON YOUR BEHALF** inspected the scene of the **INCIDENT**? If so, for each inspection state:

- (a) the name, **ADDRESS**, and telephone number of the individual making the inspection (except for expert witnesses covered by Code of Civil Procedure sections 2034.210–2034.310); and
- (b) the date of the inspection.

13.0 Investigation—Surveillance

☐ 13.1 Have **YOU OR ANYONE ACTING ON YOUR BEHALF** conducted surveillance of any individual involved in the **INCIDENT** or any party to this action? If so, for each surveillance state:

- (a) the name, **ADDRESS**, and telephone number of the individual or party;
- (b) the time, date, and place of the surveillance;
- (c) the name, **ADDRESS**, and telephone number of the individual who conducted the surveillance; and
- (d) the name, **ADDRESS**, and telephone number of each **PERSON** who has the original or a copy of any surveillance photograph, film, or videotape.

☐ 13.2 Has a written report been prepared on the surveillance? If so, for each written report state:

- (a) the title;
- (b) the date;
- (c) the name, **ADDRESS**, and telephone number of the individual who prepared the report; and
- (d) the name, **ADDRESS**, and telephone number of each **PERSON** who has the original or a copy.

14.0 Statutory or Regulatory Violations

☐ 14.1 Do **YOU OR ANYONE ACTING ON YOUR BEHALF** contend that any **PERSON** involved in the **INCIDENT** violated any statute, ordinance, or regulation and that the violation was a legal (proximate) cause of the **INCIDENT**? If so, identify the name, **ADDRESS**, and telephone number of each **PERSON** and the statute, ordinance, or regulation that was violated.

☐ 14.2 Was any **PERSON** cited or charged with a violation of any statute, ordinance, or regulation as a result of this **INCIDENT**? If so, for each **PERSON** state:

- (a) the name, **ADDRESS**, and telephone number of the **PERSON**;
- (b) the statute, ordinance, or regulation allegedly violated;
- (c) whether the **PERSON** entered a plea in response to the citation or charge and, if so, the plea entered; and
- (d) the name and **ADDRESS** of the court or administrative agency, names of the parties, and case number.

15.0 Denials and Special or Affirmative Defenses

☐ 15.1 Identify each denial of a material allegation and each special or affirmative defense in your pleadings and for each:

- (a) state all facts upon which you base the denial or special or affirmative defense;
- (b) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of those facts; and
- (c) identify all **DOCUMENTS** and other tangible things that support your denial or special or affirmative defense, and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.

16.0 Defendant's Contentions—Personal Injury

☐ 16.1 Do you contend that any **PERSON**, other than you or plaintiff, contributed to the occurrence of the **INCIDENT** or the injuries or damages claimed by plaintiff? If so, for each **PERSON**:

- (a) state the name, **ADDRESS**, and telephone number of the **PERSON**;
- (b) state all facts upon which you base your contention;
- (c) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
- (d) identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.

☐ 16.2 Do you contend that plaintiff was not injured in the **INCIDENT**? If so:

- (a) state all facts upon which you base your contention;
- (b) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
- (c) identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.

- ☐ 16.3 Do you contend that the injuries or the extent of the injuries claimed by plaintiff as disclosed in discovery proceedings thus far in this case were not caused by the **INCIDENT**? If so, for each injury:
- (a) identify it;
 - (b) state all facts upon which you base your contention;
 - (c) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
 - (d) identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.
- ☐ 16.4 Do you contend that any of the services furnished by any **HEALTH CARE PROVIDER** claimed by plaintiff in discovery proceedings thus far in this case were not due to the **INCIDENT**? If so:
- (a) identify each service;
 - (b) state all facts upon which you base your contention;
 - (c) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
 - (d) identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.
- ☐ 16.5 Do you contend that any of the costs of services furnished by any **HEALTH CARE PROVIDER** claimed as damages by plaintiff in discovery proceedings thus far in this case were not necessary or unreasonable? If so:
- (a) identify each cost;
 - (b) state all facts upon which you base your contention;
 - (c) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
 - (d) identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.
- ☐ 16.6 Do you contend that any part of the loss of earnings or income claimed by plaintiff in discovery proceedings thus far in this case was unreasonable or was not caused by the **INCIDENT**? If so:
- (a) identify each part of the loss;
 - (b) state all facts upon which you base your contention;
 - (c) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
 - (d) identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.
- ☐ 16.7 Do you contend that any of the property damage claimed by plaintiff in discovery Proceedings thus far in this case was not caused by the **INCIDENT**? If so:
- (a) identify each item of property damage;
 - (b) state all facts upon which you base your contention;
 - (c) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
 - (d) identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.

- ☐ 16.8 Do you contend that any of the costs of repairing the property damage claimed by plaintiff in discovery proceedings thus far in this case were unreasonable? If so:
- (a) identify each cost item; state all facts upon which you base your contention;
 - (b) state all facts upon which you base your contention;
 - (c) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
 - (d) identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.
- ☐ 16.9 Do **YOU OR ANYONE ACTING ON YOUR BEHALF** have any **DOCUMENT** (for example, insurance bureau index reports) concerning claims for personal injuries made before or after the **INCIDENT** by a plaintiff in this case? If so, for each plaintiff state:
- (a) the source of each **DOCUMENT**;
 - (b) the date each claim arose;
 - (c) the nature of each claim; and
 - (d) the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.
- ☐ 16.10 Do **YOU OR ANYONE ACTING ON YOUR BEHALF** have any **DOCUMENT** concerning the past or present physical, mental, or emotional condition of any plaintiff in this case from a **HEALTH CARE PROVIDER** not previously identified (except for expert witnesses covered by Code of Civil Procedure sections 2034.210–2034.310)? If so, for each plaintiff state:
- (a) the name, **ADDRESS**, and telephone number of each **HEALTH CARE PROVIDER**;
 - (b) a description of each **DOCUMENT**; and
 - (c) the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.

17.0 Responses to Request for Admissions

- ☐ 17.1 Is your response to each request for admission served with these interrogatories an unqualified admission? If not, for each response that is not an unqualified admission:
- (a) state the number of the request;
 - (b) state all facts upon which you base your response;
 - (c) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of those facts; and
 - (d) identify all **DOCUMENTS** and other tangible things that support your response and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.

18.0 [Reserved]

19.0 [Reserved]

20.0 How the Incident Occurred—Motor Vehicle

- ☐ 20.1 State the date, time, and place of the **INCIDENT** (closest street **ADDRESS** or intersection).
- ☐ 20.2 For each vehicle involved in the **INCIDENT**, state:
- (a) the year, make, model, and license number;
 - (b) the name, **ADDRESS**, and telephone number of the driver;

- (c) the name, **ADDRESS**, and telephone number of each occupant other than the driver;
- (d) the name, **ADDRESS**, and telephone number of each registered owner;
- (e) the name, **ADDRESS**, and telephone number of each lessee;
- (f) the name, **ADDRESS**, and telephone number of each owner other than the registered owner or lien holder; and
- (g) the name of each owner who gave permission or consent to the driver to operate the vehicle.

- ☐ 20.3 State the **ADDRESS** and location where your trip began and the **ADDRESS** and location of your destination.
- ☐ 20.4 Describe the route that you followed from the beginning of your trip to the location of the **INCIDENT**, and state the location of each stop, other than routine traffic stops, during the trip leading up to the **INCIDENT**.
- ☐ 20.5 State the name of the street or roadway, the lane of travel, and the direction of travel of each vehicle involved in the **INCIDENT** for the 500 feet of travel before the **INCIDENT**.
- ☐ 20.6 Did the **INCIDENT** occur at an intersection? If so, describe all traffic control devices, signals, or signs at the intersection.
- ☐ 20.7 Was there a traffic signal facing you at the time of the **INCIDENT**? If so, state:
 - (a) your location when you first saw it;
 - (b) the color;
 - (c) the number of seconds it had been that color; and
 - (d) whether the color changed between the time you first saw it and the **INCIDENT**.
- ☐ 20.8 State how the **INCIDENT** occurred, giving the speed, direction, and location of each vehicle involved:
 - (a) just before the **INCIDENT**;
 - (b) at the time of the **INCIDENT**; and (c) just after the **INCIDENT**.
- ☐ 20.9 Do you have information that a malfunction or defect in a vehicle caused the **INCIDENT**? If so:
 - (a) identify the vehicle;
 - (b) identify each malfunction or defect;
 - (c) state the name, **ADDRESS**, and telephone number of each **PERSON** who is a witness to or has information about each malfunction or defect; and
 - (d) state the name, **ADDRESS**, and telephone number of each **PERSON** who has custody of each defective part.
- ☐ 20.10 Do you have information that any malfunction or defect in a vehicle contributed to the injuries sustained in the **INCIDENT**? If so:
 - (a) identify the vehicle;
 - (b) identify each malfunction or defect;
 - (c) state the name, **ADDRESS**, and telephone number of each **PERSON** who is a witness to or has information about each malfunction or defect; and

- (d) state the name, **ADDRESS**, and telephone number of each **PERSON** who has custody of each defective part.

- ☐ 20.11 State the name, **ADDRESS**, and telephone number of each owner and each **PERSON** who has had possession since the **INCIDENT** of each vehicle involved in the **INCIDENT**.

25.0 [Reserved]

30.0 [Reserved]

40.0 [Reserved]

50.0 Contract

- ☐ 50.1 For each agreement alleged in the pleadings:
 - (a) identify each **DOCUMENT** that is part of the agreement and for each state the name, **ADDRESS**, and telephone number of each **PERSON** who has the **DOCUMENT**;
 - (b) state each part of the agreement not in writing, the name, **ADDRESS**, and telephone number of each **PERSON** agreeing to that provision, and the date that part of the agreement was made;
 - (c) identify all **DOCUMENTS** that evidence any part of the agreement not in writing and for each state the name, **ADDRESS**, and telephone number of each **PERSON** who has the **DOCUMENT**;
 - (d) identify all **DOCUMENTS** that are part of any modification to the agreement, and for each state the name, **ADDRESS**, and telephone number of each **PERSON** who has the **DOCUMENT**;
 - (e) state each modification not in writing, the date, and the name, **ADDRESS**, and telephone number of each **PERSON** agreeing to the modification, and the date the modification was made;
 - (f) identify all **DOCUMENTS** that evidence any modification of the agreement not in writing and for each state the name, **ADDRESS**, and telephone number of each **PERSON** who has the **DOCUMENT**.
- ☐ 50.2 Was there a breach of any agreement alleged in the pleadings? If so, for each breach describe and give the date of every act or omission that you claim is the breach of the agreement.
- ☐ 50.3 Was performance of any agreement alleged in the pleadings excused? If so, identify each agreement excused and state why performance was excused.
- ☐ 50.4 Was any agreement alleged in the pleadings terminated by mutual agreement, release, accord and satisfaction, or novation? If so, identify each agreement terminated, the date of termination, and the basis of the termination.
- ☐ 50.5 Is any agreement alleged in the pleadings unenforceable? If so, identify each unenforceable agreement and state why it is unenforceable.
- ☐ 50.6 Is any agreement alleged in the pleadings ambiguous? If so, identify each ambiguous agreement and state why it is ambiguous.

60.0 [Reserved]

AFFIDAVIT AND DECLARATION OF PROOF OF SERVICE

I am over the age of eighteen years and not a party to the within action. I am employed by Berger Kahn, A Law Corporation, whose business address is: 1 Park Plaza, Suite 340, Irvine, California 92614 ("the firm").

On July 24, 2020, I served the within document described as: **PLAINTIFFS FORM INTERROGATORIES, SET ONE TO BRIGGS & STRATTON CORPORATION** on the interested parties in this action by placing true copy(ies) thereof enclosed in sealed envelope(s) addressed as stated on the attached service list:

☐ **BY MAIL** (Code Civ. Proc. §§ 1013a(3)) – I deposited such envelope for processing in the mailroom in our offices. I am "readily familiar" with the firm's practice of collection and processing correspondence for mailing. It is deposited with the U.S. Postal Service on that same day with postage thereon fully prepaid at Irvine, California, in the ordinary course of business. I am aware that on motion of a party served, service is presumed invalid if postal cancellation date or postage meter date is more than one day after the date of deposit for mailing in affidavit.

☒ **BY E-MAIL OR ELECTRONIC TRANSMISSION** – Based on a court order, an agreement of the parties to accept service by e-mail or electronic transmission, or as a courtesy, I caused the document to be sent to the person(s) at the e-mail addresses listed above. I did not receive, within a reasonable time after the transmission, any electronic message or other indication that the transmission was unsuccessful.

☒ (State) I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on July 24, 2020, at Irvine, California.


Athena Ketcher

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