**PERSONAL INJURY DEPOSITION CHEAT SHEET - DEFENDANT, MOTOR VEHICLE ACCIDENT**

**Personal Information**

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| --- | --- |
| Full Name: | Date of birth: |
| Address:  Address at the time of the accident (if different): | |
| Current employer:  Employer at time of the accident (if different): | |

**Vehicle Information**

|  |  |
| --- | --- |
| Year and model of vehicle involved in the accident: | |
| Owner: | |
| If the defendant is not the owner, did they have permission to use it? | |
| Vehicle in good working condition before the accident? | |
| Did the accident result in damage to the vehicle?  Yes  No | If yes, provide details: |

**Defendant’s Condition Before The Accident**

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| How many hours of sleep evening prior to the accident: |
| Any prescription drugs in 24 hours prior to the accident: |
| Any non-prescription drugs in 24 hours prior to the accident: |
| Other illnesses or disability affecting driving within 24 hours prior to the accident: |

**The Accident**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date of accident: | | Time of accident: | | | | |
| Location of accident: | Familiarity with accident area: | | | | | |
| Coming from: | | | | | | |
| Going to: | | | | | | |
| Characteristics of location (e.g., crosswalks, intersections, etc.): | | | | | | |
| Speed at time of the accident: | | | | | Speed limit on the road: | |
| Weather conditions at the time of the accident: | | | | | | |
| Surface conditions at the time of the accident: | | | | | | |
| Distractions in the vehicle at the time of the accident: | | | | | | |
| Lighting at the time of the accident: | | | | | | |
| Wearing a seatbelt at the time of the accident: | | | | | | Type of seatbelt: |
| Required to wear prescription glasses or contacts?  Yes  No | | | | | | If so, wearing them at the time of the accident? |
| Defendant to describe in own words how the accident happened: | | | | | | |
| Any opportunity for evasive action?  Yes  No | | | If so, was evasive action taken? | | | |
| How far did vehicles travel after the point of impact? | | | | | | |
| Airbags deployed? | | | | | | |
| Other passengers in the vehicle?  Yes  No | | | | If so, location and what happened to them: | | |

**Following the Accident**

|  |  |
| --- | --- |
| What happened following the accident: | |
| Emergency services attended the scene:  Yes  No | If so, which ones: |
| Spoke to anyone following the accident:  Yes  No | If so, who: |
| Spoke to the plaintiff following the accident:  Yes  No | If so, details of conversation: |
| Observations of the plaintiff’s condition following the accident: | |
| Observations of damage to the plaintiff’s vehicle following the accident: | |
| Statements provided following the accident:  • When:  • To whom:  • What was said: | |