**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**

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| 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**

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| --- | --- |
| 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**

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| 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: |