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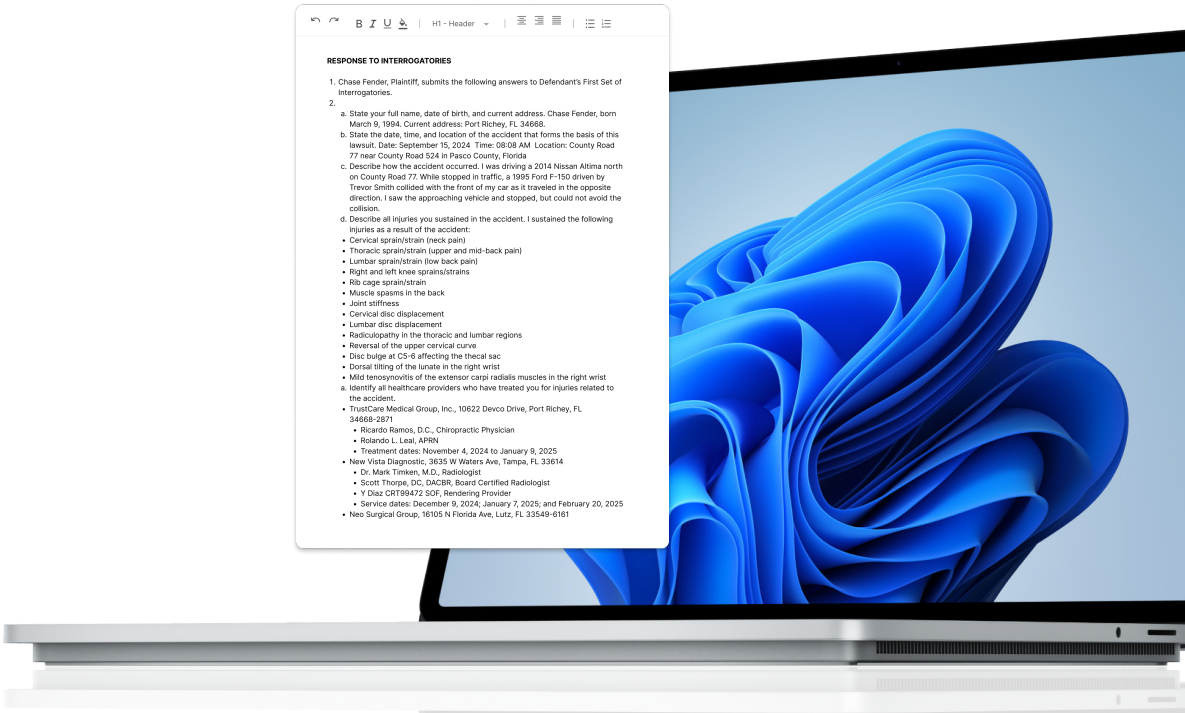
FEBRUARY 2026

Sample Interrogatories for Attorneys

What are interrogatories and responses to interrogatories?

Interrogatories and Responses to Interrogatories (ROGs) are written questions and answers exchanged in a lawsuit to gather facts, identify witnesses, and clarify claims. EvenUp's ROGs templates are optimized to drive stronger, case-building responses.



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Sample Interrogatory with Responses

FLORIDA MIAMI-DADE COUNTY Avery Monroe, Plaintiff(s), v. Samir Qureshi, individually, and Lone Star Logistics, LLC, Defendant(s).	IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT, IN AND FOR MIAMI-DADE COUNTY, FLORIDA CIVIL DIVISION Case No.: 2024-CA-007823 **PLAINTIFF'S ANSWERS TO DEFENDANT'S INTERROGATORIES**

Avery Monroe ("Plaintiff"), by and through her attorney, Maria Elena Rodriguez, Esq., answers Defendant's interrogatories as follows:

These answers are made in good faith and based on information presently known and reasonably available after a diligent inquiry. Plaintiff reserves the right to amend or supplement these answers as additional information becomes known through investigation or discovery.

Each answer is subject to, and incorporates, the general objections stated below. The fact that Plaintiff answers a particular interrogatory is not intended to waive any applicable objection, privilege, or limitation.

By answering, Plaintiff does not concede the relevance, materiality, or admissibility of any requested information, nor waive any objection that may later be asserted.

Plaintiff expressly preserves all rights under Florida Rules of Civil Procedure Rule 1.280, the rules of evidence, and other applicable law, including:

1. The attorney–client privilege, the work-product doctrine, and other protections recognized by law;
2. Objections to interrogatories that are cumulative, duplicative, unduly burdensome, vague, or disproportionate;

3. Objections to interrogatories that call for premature disclosure of expert opinions or mental impressions of counsel; and
4. The right to rely on additional facts, witnesses, or documents discovered later in this litigation.

All answers are made solely for the purpose of discovery and shall not be construed as admissions of fact, liability, or relevance.

INTERROGATORY NO. 1

State your full name, current residential address, date of birth, social security number, and driver's license number.

Answer:

Plaintiff objects to this interrogatory as seeking personal identifying information beyond what is reasonably necessary for discovery and as implicating privacy concerns.

Subject to and without waiving these objections, Plaintiff answers as follows: Avery Monroe, Miami, Florida, and June 1991. Plaintiff declines to provide Social Security number and driver's license number except pursuant to protective agreement or order.

INTERROGATORY NO. 2

Describe in detail how the collision occurred, including but not limited to: (a) the direction of travel of all vehicles involved; (b) the approximate speeds of all vehicles; (c) the weather and road conditions; (d) the traffic control devices present; (e) your actions immediately before the collision; and (f) any evasive actions taken by any party.

Answer:

Plaintiff objects to this interrogatory to the extent it calls for legal conclusions regarding fault or negligence, seeks information beyond Plaintiff's personal knowledge or observation, and requests speculation about Defendant's conduct and observations. Plaintiff further objects to the extent this interrogatory requests information that may change as discovery and investigation continue.

Subject to and without waiving these objections, Plaintiff answers as follows:

a. Both vehicles were traveling southbound on Interstate 95 in the center lane at the NW 79th Street mile marker in Miami-Dade County, Florida.
b. Plaintiff had reduced her speed to approximately 15–20 miles per hour in response to slowing traffic caused by construction-related lane closures ahead. To Plaintiff's observation, Defendant's tractor-trailer appeared to be traveling at a high rate of speed without slowing. Police investigation and vehicle data indicate Defendant's vehicle was

traveling at approximately 58 miles per hour at the time of impact, with no brake application for 3.1 seconds prior to collision.

c. The collision occurred at approximately 19:42 hours during dusk. Weather conditions included light rain with wet pavement. Traffic was heavy but flowing prior to the lane closures that required vehicles to reduce speed.
d. Traffic control devices were present in connection with construction-related lane closures ahead of the collision location. Specific photographs and documentation of these devices were collected by investigating officers and will be produced in response to Defendant's Requests for Production.
e. Immediately before the collision, Plaintiff was operating her vehicle in a careful and prudent manner in the center lane of Interstate 95 southbound. Upon observing that traffic ahead was slowing due to lane closures for construction, Plaintiff applied her brakes and reduced her speed to approximately 15–20 miles per hour. Plaintiff's brake lights were illuminated, and she had slowed to a safe speed appropriate for the traffic conditions when Defendant's tractor-trailer struck the rear of her vehicle with significant force.
f. Plaintiff took evasive action by applying her brakes and reducing speed in response to slowing traffic conditions ahead. To Plaintiff's knowledge and based on police investigation, Defendant failed to apply brakes or take any evasive action for approximately 3.1 seconds despite clear visibility of slowing traffic ahead. When Defendant finally attempted to brake, it was too late to avoid the collision. The force of the rear-end impact caused Plaintiff's vehicle to spin counterclockwise and make secondary contact with the center barrier wall before coming to rest facing northwest in the center lane.

This information is supported by the Florida Traffic Crash Report, witness statements, vehicle data, and other documentation to be produced in response to Defendant's Requests for Production. Plaintiff reserves the right to supplement this answer as additional information becomes available through ongoing discovery.

INTERROGATORY NO. 3

Identify all persons who witnessed the collision or were present at the scene, including their names, addresses, telephone numbers, and a summary of their observations.

Answer:

Plaintiff objects to this interrogatory as seeking personal identifying information of third parties and as implicating privacy concerns.

Subject to and without waiving this objection, Plaintiff answers as follows:

- Eight eyewitnesses to the collision provided statements documented in the Miami-Dade Police Department crash report, designated as Witness #1 through Witness #8. The police report contains their observations but does not include their names, addresses, or telephone numbers. Their observations included statements that traffic was clearly slowing and the truck should have seen it, the truck was traveling at high speed without

slowing down, the impact was tremendous and pushed the car into a spin, and the Honda brake lights were illuminated well before impact.
- Officer Michael Rodriguez, Badge 4782, Miami-Dade Police Department, Traffic Homicide Unit, was the investigating officer present at the scene and prepared the crash report.
- Miami-Dade Fire Rescue personnel responded to the scene at approximately 19:51 hours, extricated Plaintiff from her vehicle, and transported her to Jackson Memorial Hospital. The specific names and contact information for these first responders are not included in the documents currently available.

Plaintiff reserves the right to supplement this response as additional information becomes available through discovery.

INTERROGATORY NO. 4

Identify all law enforcement officers who responded to the scene of the collision, including their names, badge numbers, and the agency they represent.

Answer:

Plaintiff objects to this interrogatory to the extent it seeks personal identifying information such as badge numbers that is not reasonably necessary for the adjudication of this matter.

Subject to and without waiving this objection, Plaintiff answers as follows:

- Officer Michael Rodriguez, Badge #4782, Miami-Dade Police Department, Traffic Homicide unit.

This information is further supported by the Florida Traffic Crash Report to be produced in response to Defendant's Requests for Production.

INTERROGATORY NO. 5

State whether you consumed any alcoholic beverages, prescription medications, over-the-counter medications, or illegal substances within 24 hours before the collision. If so, identify what was consumed, when, where, and in what quantities.

Answer:

Plaintiff objects to this interrogatory to the extent it seeks personal information implicating privacy concerns.

Subject to and without waiving this objection, Plaintiff answers that she did not consume any alcoholic beverages, prescription medications, over-the-counter medications, or illegal substances within 24 hours before the collision. The urinalysis performed at Jackson Memorial

Hospital Emergency Department on May 17, 2024, was negative. Plaintiff was not suspected of or tested for impairment by law enforcement at the scene.

INTERROGATORY NO. 6

Describe in detail all injuries you claim to have sustained as a result of the collision, including the nature and extent of each injury, the part of the body affected, and whether you claim any injury is permanent.

Answer:

Plaintiff objects to this interrogatory as calling for medical opinion or expert testimony regarding the permanency of injuries, and as premature to the extent that discovery and expert analysis are ongoing and permanency determinations have not been finalized.

Subject to and without waiving these objections, Plaintiff answers as follows:

Plaintiff sustained multiple traumatic injuries as a result of the high-speed rear-end collision on May 17, 2024, when her vehicle was struck from behind by a commercial tractor-trailer while she was slowing for traffic on Interstate 95. The collision caused immediate onset of severe pain and trauma to multiple body regions, necessitating emergency medical treatment and ongoing care.

Cervical Spine Injuries: Plaintiff sustained a cervical spine sprain with radiculopathy affecting multiple levels. Diagnostic imaging reveals disc bulges at C5-C6 with minimal central canal stenosis and at C6-C7 with a small central disc protrusion, along with straightening of the normal cervical lordosis consistent with muscle spasm and acute strain. She experiences persistent neck pain rated 6-8/10 with radiation to both upper extremities, muscle spasms at the C4-C7 paraspinal levels and upper trapezius bilaterally, and significantly limited range of motion with cervical flexion reduced to 30 degrees, extension to 25 degrees, lateral flexion to 20 degrees bilaterally, and rotation to 35 degrees bilaterally, all limited by pain. Physical examination findings include positive Spurling's test bilaterally reproducing radicular symptoms, palpable muscle spasm, and tenderness throughout the cervical spine from C5-C7. Despite conservative treatment including approximately 10 months of physical therapy and cervical epidural steroid injection at C6-C7, she continues to experience chronic cervical pain with radiculopathy. Multiple physical therapy assessments document post-MVA cervical strain with radiculopathy showing minimal improvement over the treatment course. Pain management physicians have established a diagnosis of chronic pain syndrome with prognosis described as poor to fair for complete resolution, likely requiring long-term pain management. Medical opinions indicate permanent impairment to the cervical spine.

Lumbar Spine Injuries: Plaintiff sustained a lumbar spine sprain with myofascial component and developing chronic pain. Diagnostic imaging shows disc bulges at L4-L5 measuring 4mm with right paracentral protrusion causing moderate right and mild left neural foraminal narrowing and displacing the right L5 nerve root, and at L5-S1 measuring 5mm with a central annular tear causing mild to moderate central canal stenosis and contacting the traversing S1 nerve roots.

Medical imaging also reveals bilateral paraspinal muscle edema at L4-S1 levels consistent with acute strain. Medical opinions indicate the annular tear at L5-S1 is likely traumatic in origin. She experiences persistent low back pain rated 5-8/10, occasionally radiating to her legs, with severe morning stiffness lasting 45-60 minutes, paraspinal muscle tenderness from L3-S1, and significantly limited range of motion with lumbar flexion reduced to 45-60 degrees and extension to 15 degrees. Physical examination reveals positive straight leg raise testing bilaterally at 56-60 degrees and antalgic gait. Despite conservative treatment including approximately 10 months of physical therapy and multiple lumbar epidural steroid injections at L4-L5 and L5-S1, her lumbar condition has plateaued. Physical therapy records repeatedly document lumbar strain with myofascial component and note that chronic pain is developing. Pain management assessments document chronic pain syndrome with guarded prognosis. Orthopedic consultation noted that despite 7 months of conservative management including physical therapy and epidural injections, she continues with significant functional limitations, and medical records indicate work restrictions would be permanent without surgical intervention. Medical opinions indicate permanent impairment to the lumbar spine.

Right Shoulder Injury: Plaintiff sustained a right shoulder sprain with subsequent diagnosis of Type II SLAP tear and impingement syndrome secondary to trauma. Diagnostic imaging reveals an 8mm Type II SLAP tear extending from the 11 to 1 o'clock position with a 5mm paralabral cyst, as well as mild rotator cuff tendinosis and long head biceps tendinosis with surrounding fluid consistent with tenosynovitis. She experiences right shoulder pain rated 4-6/10 with significant functional limitations including inability to perform overhead reaching and across-body movements, weakness in the supraspinatus muscle rated at 4/5 strength, and painful arc between 60-120 degrees of motion. Her shoulder range of motion is markedly reduced with forward flexion at 102-110 degrees, abduction at 87-90 degrees, and external rotation at 45 degrees. Physical examination reveals positive O'Brien's test, positive Speed's test, and positive anterior apprehension test. Despite conservative treatment including physical therapy, she continues to experience persistent shoulder pain and dysfunction. Orthopedic consultation has recommended arthroscopic SLAP repair with possible biceps tenodesis and subacromial decompression, with estimated recovery time of 6-9 months for return to full duty. Medical records document symptomatic right shoulder Type II SLAP tear requiring surgical intervention.

Head Injury and Post-Concussion Syndrome: Plaintiff sustained a concussion when her head struck the deployed airbag during the collision, with a forehead contusion approximately 3cm documented by emergency medical services. Although she denies loss of consciousness, she reports feeling "dazed," "stunned," and having a persistent "foggy" feeling immediately after impact. She was transported to the emergency department in a cervical collar with Glasgow Coma Scale of 15. She continues to experience post-traumatic headaches occurring 3-5 days per week, rated 6-7/10, typically occipital in location and throbbing in quality, along with photophobia requiring sunglasses indoors. She also suffers from post-concussion syndrome with cognitive deficits including difficulty concentrating at work, word-finding difficulties, short-term memory problems, and "brain fog" that interferes with previously manageable tasks. Neurocognitive testing documented measurable impairment with Montreal Cognitive Assessment score initially at 24/30, which improved to 27/30 following treatment, and impaired Trail Making Test performance with Part A at 42 seconds and Part B at 98 seconds. Despite cognitive and vestibular therapy over approximately 5-6 months comprising 96 sessions,

neurorehabilitation discharge assessments indicate she has reached plateau in several areas with guarded prognosis for full recovery and likely permanent mild cognitive impairment. Emergency department diagnoses included post-traumatic headache and post-concussion syndrome.

Vestibular Dysfunction: Plaintiff sustained vestibular dysfunction manifesting as dizziness with head movements, impaired balance, and motion sensitivity. Initial vestibular assessment showed severe dysfunction with Dizziness Handicap Inventory score of 68/100, positive Romberg test with eyes closed, and inability to complete tandem walking. Oculomotor testing revealed impaired smooth pursuit with corrective saccades, delayed saccade initiation, and reduced vestibulo-ocular reflex gain that was symptomatic. While vestibular therapy resulted in improvement to moderate dysfunction with DHI score improving to 42/100 and balance confidence at 60%, she continues to experience motion sensitivity and can only tolerate most daily activities with pacing. Neurorehabilitation discharge summary indicates likely permanent mild vestibular dysfunction with continued need for avoidance of rapid position changes.

Psychological and Emotional Injuries: Plaintiff sustained significant psychological injuries including post-traumatic stress disorder, anxiety, and depression as a result of the traumatic collision. She experiences intrusive thoughts about the accident on a daily basis, nightmares 3-4 times per week, hypervigilance while driving, anxiety about highway driving with avoidance behaviors, increased irritability, mood changes including frustration and tearfulness, flashbacks, and startle response. Initial psychological screening showed severe PTSD symptoms with PCL-5 score of 58/80, depression with PHQ-9 score requiring intervention, and anxiety with GAD-7 score of 10/21. Following six months of psychotherapy including Cognitive Processing Therapy, her PTSD symptoms improved to moderate level with PCL-5 score of 32/80, but she continues to experience residual PTSD symptoms affecting function, with PHQ-9 score of 8/27 and GAD-7 score of 10/21 indicating ongoing depression and anxiety. Psychological treatment summary indicates prognosis is fair to good with continued treatment, but notes that chronic pain and functional limitations complicate psychological recovery, and she may have long-term mild to moderate PTSD symptoms. Recommendations include continued monthly maintenance therapy and consideration of psychiatric evaluation for medication.

Sleep Disturbance: Plaintiff experiences severe sleep disruption as a result of her injuries, with sleep reduced to 3-6 hours per night and awakening 3-4 times nightly requiring position changes due to pain. This sleep disturbance affects her ability to function during the day and compounds her other symptoms.

Functional Impairments and Work Disability: As a result of these injuries, Plaintiff experiences significant functional limitations affecting all aspects of her life. She is unable to lift her children or assist with normal household activities. She cannot perform the physical demands of her prior position as an ICU nurse, which required patient lifting, overhead work, and 12-hour shifts. She returned to modified duty after 12 weeks but can only work part-time in an administrative role. Work capacity assessments document she is functioning at only 41-50% of normal capacity. Neurorehabilitation discharge summary released her to work with permanent restrictions including no 12-hour shifts, requirement for frequent breaks, limited screen time, and avoidance of rapid position changes. Medical records indicate work restrictions would be

permanent without surgical intervention. Recommendations include consideration of vocational rehabilitation and note she may need career modification.

Permanency: Medical evaluations and expert opinions indicate permanent impairment and ongoing disability from multiple injury systems. Independent medical examination assigned 8% whole person impairment under AMA Guides to the Evaluation of Permanent Impairment, 6th Edition, comprising 5% for the lumbar spine injury and 3% for the cervical spine injury. Pain management assessments document chronic pain syndrome with prognosis described as poor to fair for complete resolution and likely requirement for long-term pain management, with multiple pain generators identified requiring a multimodal approach. Neurorehabilitation discharge summary indicates guarded prognosis for full recovery, states the patient has reached plateau in several areas, and documents likely permanent mild cognitive impairment and vestibular dysfunction. Orthopedic consultation documents symptomatic conditions requiring surgical intervention and indicates work restrictions would be permanent without surgery. Psychological treatment summary indicates ongoing residual PTSD symptoms and notes she may have long-term mild to moderate PTSD symptoms, with chronic pain and functional limitations complicating psychological recovery. Plaintiff continues to require ongoing medical treatment including pain management, medication management with Gabapentin 600mg three times daily, Duloxetine 30mg daily, Tramadol 50mg as needed, and Tizanidine 4mg at bedtime, as well as continued psychotherapy for maintenance and treatment of PTSD symptoms. Additional interventional pain management procedures including repeat cervical epidural injection, bilateral lumbar facet injections, and possible radiofrequency ablation have been recommended. Surgical interventions including arthroscopic SLAP repair for the shoulder and possible lumbar fusion for the spine remain under consideration.

Plaintiff reserves the right to supplement and amend this answer as additional medical evaluations, expert opinions, and diagnostic testing become available, as discovery progresses, and as required by the court's scheduling order and applicable rules. Medical records and reports documenting these injuries and permanency assessments will be produced in response to Defendant's Requests for Production.

INTERROGATORY NO. 7

Identify all healthcare providers who have examined or treated you for injuries related to the collision, including their names, addresses, specialties, dates of treatment, and the nature of treatment provided.

Answer:

Plaintiff answers as follows:

1. Miami-Dade Fire Rescue, Emergency Medical Services, Miami-Dade County, Florida. Date of treatment: May 17, 2024. Nature of treatment: Emergency medical response, spinal immobilization, intravenous therapy, pain medication administration, and ambulance transport to trauma center.

2. Jackson Memorial Hospital, Emergency Department, 1611 NW 12th Avenue, Miami, Florida 33136, Phone: (305) 585-1111. Specialty: Emergency Medicine/Trauma Center. Attending Physician: Dr. Sarah Williams, MD. Date of treatment: May 17, 2024. Nature of treatment: Emergency evaluation and treatment for collision-related injuries including diagnostic imaging (X-rays, CT scan, MRI), pain management, and medical stabilization.
3. Advanced Physical Therapy & Sports Medicine, Miami, Florida. Specialty: Physical Therapy. Dates of treatment: May 20, 2024 through November 30, 2024 (35 sessions). Nature of treatment: Physical therapy for post-collision cervical strain, lumbar strain, and right shoulder impingement including therapeutic exercises, manual therapy, and modalities.
4. South Florida Pain & Spine Specialists, Miami, Florida. Specialty: Pain Management. Treating Physician: Dr. Robert Martinez, MD. Dates of treatment: June 5, 2024 through January 22, 2025. Nature of treatment: Pain management consultations, cervical epidural steroid injection at C6-C7, lumbar transforaminal epidural injection at L5-S1, lumbar interlaminar epidural injection at L4-L5, and medication management.
5. Miami Rehabilitation Center, Miami, Florida. Specialty: Cognitive and Vestibular Rehabilitation. Treating Provider: Sarah Thompson, OTR/L, Certified Brain Injury Specialist. Dates of treatment: June 15, 2024 through November 29, 2024 (96 sessions). Nature of treatment: Cognitive therapy and vestibular therapy for post-concussive symptoms.
6. Miami Ambulatory Surgery Center, Miami, Florida. Specialty: Ambulatory Surgery Center (facility). Dates of treatment: June 19, 2024, July 10, 2024, and August 14, 2024. Nature of treatment: Surgical facility services for epidural injection procedures.
7. Miami Anesthesia Associates, Miami, Florida. Specialty: Anesthesia Services. Dates of treatment: June 19, 2024, July 10, 2024, and August 14, 2024. Nature of treatment: Anesthesia services for cervical and lumbar injection procedures.
8. Miami Mental Health Center, Miami, Florida. Specialty: Clinical Psychology/Psychotherapy. Treating Provider: Dr. Lisa Martinez, Ph.D., Licensed Psychologist. Dates of treatment: July 1, 2024 through January 15, 2025 (24 sessions). Nature of treatment: Psychological assessment, individual psychotherapy, Cognitive Processing Therapy for PTSD, CBT for depression and anxiety, and family therapy.
9. Miami Diagnostic Imaging Center, Miami, Florida. Specialty: Diagnostic Radiology. Interpreting Physician: Dr. David Chen, MD, Board Certified Diagnostic Radiology. Dates of treatment: November 25, 2024 and November 26, 2024. Nature of treatment: MRI imaging of cervical spine, lumbar spine, and right shoulder without contrast.
10. Miami Orthopedic & Spine Institute, Miami, Florida. Specialty: Orthopedic Surgery/Spine Surgery. Treating Physician: Dr. Michael Chen, MD, Board Certified Orthopedic Surgery, Fellowship Trained Spine Surgery. Dates of treatment: November 30, 2024 and January 15, 2025. Nature of treatment: Orthopedic consultation, imaging review, assessment of shoulder SLAP tear and lumbar degenerative disc disease, and surgical planning.

This information is further supported by medical records and billing statements to be produced in response to Defendant's Requests for Production.

INTERROGATORY NO. 8

State the total amount of medical expenses you claim to have incurred as a result of the collision, itemized by healthcare provider.

Answer:

Plaintiff objects to this interrogatory as premature because medical treatment is ongoing and additional medical expenses continue to be incurred. Plaintiff further objects to the extent this interrogatory calls for expert testimony regarding the reasonableness and necessity of medical expenses. Plaintiff reserves the right to supplement this response as additional treatment is received and bills are produced.

Subject to and without waiving these objections, Plaintiff answers that she has incurred the following medical expenses as a result of the May 17, 2024 collision, itemized by healthcare provider:

1. Miami-Dade Fire Rescue (emergency medical transport): $1,939.50
2. Jackson Memorial Hospital (emergency department treatment and diagnostic imaging): $15,840.00
3. South Florida Pain & Spine Specialists (pain management consultation and interventional procedures): $10,510.00
4. Miami Anesthesia Associates (anesthesia services for pain management procedures): $2,625.00
5. Miami Ambulatory Surgery Center (surgical facility fees for pain management procedures): $8,225.00
6. Miami Rehabilitation Center (cognitive and vestibular therapy): $14,665.00
7. Miami Mental Health Center (psychological evaluation and therapy): $5,590.00
8. Miami Diagnostic Imaging Center (MRI studies): $10,425.00
9. Miami Orthopedic & Spine Institute (orthopedic consultation and imaging review): $1,335.00

Total medical expenses incurred to date: $71,154.50

This itemization is based on medical bills received to date and is subject to supplementation as Plaintiff continues treatment, additional bills are received, and further expenses are incurred. Supporting billing documentation will be produced in response to Defendant's Requests for Production.

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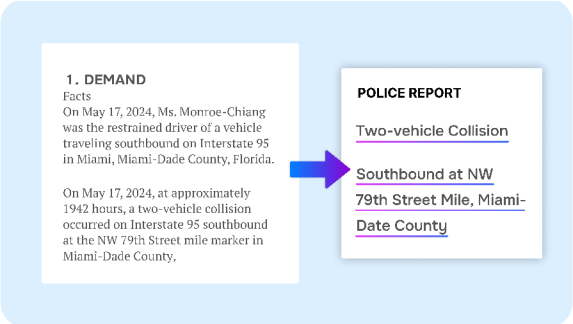

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