

**Form C(1). Uniform Interrogatories to be Answered by Defendant in Automobile Accident Cases Only:
Superior Court**

All questions must be answered unless the court otherwise orders or unless a claim of privilege or protective order is made in accordance with R. 4:17-1(b)(3).

(Caption)

1. With respect to the vehicle involved in the incident referred to in the complaint:

Underline Answer

(a)Do you admit ownership?	Yes	No
(b)Do you admit operation?	Yes	No
(c)Do you admit agency?	Yes	No
(d)Do you admit control?	Yes	No
(e)Do you admit the date and place?	Yes	No

2. If you do not admit ownership, state: (a) the name and address of the owner; (b) whether you were operating the motor vehicle with permission of the owner; and (c) the registration number, year, make, model and color of each motor vehicle owned by you on the date of the collision as alleged in the complaint.

3. If you do not admit operation, state the name and address of the operator.

4. If you do not admit agency and the owner was not also the operator, state: (a) the circumstances under which the vehicle came into the possession of the operator; (b) the purpose for which the vehicle was being used; and (c) its destination.

5. If you do not admit control: (a) state the name and address of the one in control; and (b) if control was in another by agreement, state the names and addresses of the parties to the agreement, whether the agreement was oral or written and briefly, the terms of the agreement.

6. If you do not admit the date and place of the collision as alleged in the complaint, state the date and place of the collision as you recall it.

7. State whether your vehicle was licensed under an Interstate Commerce Commission permit. YES () or NO ().

If the answer is “yes”, state: (a) the number of such permit; (b) the name and address of the permittee; and (c) the name and address of the lessee or other person in control, if any.

(Note: The term “your vehicle” in this and other questions herein has reference to the vehicle in which you were an occupant at the time of the collision.)

8. State on what street, highway, road or other place (designate which) and in what general direction (north, south, east or west) your vehicle was proceeding immediately prior to the collision. (You may include a sketch for greater clarity.)

9. With respect to fixed objects at the location of the collision, state as nearly as possible the point of impact. If you included a sketch, place an X thereon to denote the point of impact.

(Note: The term “point of impact” as used in this and other questions has reference to the exact point on the street, highway, road or other place where the vehicles collided or where any pedestrian was struck.)

10. State whether there were any traffic control devices, signs or police officers at or near the place of the collision. If there were, describe them (i.e., traffic lights, stop sign, police officers, etc.) and state the exact location of each.

11. If you contend that there was a malfunction of a motor vehicle or equipment, state: (a) make, model and year of the motor vehicle and whether or not that vehicle was equipped with power brakes and steering; (b) the nature of the malfunction; (c) the date the motor vehicle was purchased and the name and address of the person from whom the motor vehicle was purchased; (d) the date that that portion of the motor vehicle in which the malfunction occurred was last inspected and the name and address of the person inspecting same; (e) the last date prior to the accident that that portion of the motor vehicle was repaired or replaced, the nature and extent of the repairs, the name and address of the person repairing or replacing same; (f) if the motor vehicle was repaired after the accident, state the name and address of the person repairing same and the nature of the repairs; and (g) attach a copy of any repair bills.

12. If the collision occurred at an uncontrolled intersection, state: (a) which vehicle entered the intersection first; (b) whether your vehicle came to a full stop before entering the intersection; and (c) if your vehicle did not come to a full stop before entering the intersection, state the speed of your vehicle when it entered the intersection.

13. For each other vehicle or pedestrian collided with, state, at the time you first observed the other vehicle or pedestrian, (a) your speed and (b) the speed of the other vehicle or the movement, if any, of the pedestrian, and the distance in feet between (c) the front of your vehicle and the point of impact; (d) the front of the other vehicle or pedestrian and the point of impact, and (e) the front of your vehicle and the other vehicle or pedestrian.

14. State where each vehicle came to rest after the impact. Include the distance in terms of feet from the point of impact to the point where each vehicle came to rest.

15. For each other vehicle or pedestrian involved, state (a) which part of your vehicle; and (b) which part of the other vehicle or pedestrian came into contact.

16. State the following facts with respect to the collision: (a) time; (b) condition of weather; (c) condition of visibility; and (d) condition of roadway.

17. State the names and addresses of all persons occupying your vehicle.

18. For each other vehicle or pedestrian involved, state whether you observed the vehicle or pedestrian prior to the accident? YES () or NO (). If the answer is “yes,” set forth the time that elapsed from the time you first saw the vehicle or pedestrian until the impact occurred.

19. At the time of the impact, state the speeds of all vehicles involved in the collision.

20. Were you charged with a motor vehicle violation as a result of the collision? YES () or NO ().

If the answer is “yes”, state: (a) charge; (b) plea; and (c) disposition.

21. If the Defendant(s) or any occupant of the vehicle consumed any alcoholic beverage or took any drugs or medication within twenty-four (24) hours before the subject incident, state what was consumed.

22. If at the time of the accident you were in the course of your employment, logged on to a Transportation Network Company’s digital network or engaged in a prearranged ride for a Transportation Network Company (TNC), state the name and address of your employer or TNC.

CERTIFICATION

I hereby certify that the foregoing answers to interrogatories are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

I hereby certify that the copies of the reports annexed hereto provided by either treating physicians or proposed expert witnesses are exact copies of the entire report or reports provided by them; that the existence of other reports of said doctors or experts are unknown to me, and if such become later known or available, I shall serve them promptly on the propounding party.

Note: New form interrogatory adopted June 28, 1996 to be effective September 1, 1996; new introductory paragraph added July 5, 2000 to be effective September 5, 2000; certification amended July 28, 2004 to be effective September 1, 2004; interrogatories 9, 13, 15, and 18 amended July 22, 2014 to be effective September 1, 2014; new interrogatory numbers 21 and 22 added August 5, 2022 to be effective September 1, 2022.