

THE CITY OF NEW YORK
EMPLOYEE'S NOTICE OF INJURY
(PURSUANT TO § 18 OF WORKERS' COMPENSATION LAW)

LAW DEPARTMENT, WORKERS' COMPENSATION DIVISION
350 JAY STREET, BROOKLYN, NY 11201-9TH FLOOR

(TOGETHER WITH C-2 WHEN POSSIBLE)

ANSWER ALL QUESTIONS FULLY. THIS IS YOUR NOTICE TO YOUR EMPLOYER OF INJURY ON THE JOB. PRINT OR TYPE LEGIBLY.

1. Full name of injured person _____
(First) (Middle) (Last)

2. Address _____

Home Tel. No. _____ Business Tel. No. _____

Employee's S.S. No. _____ Date of Birth _____

3. Name of Employer _____ Department of _____

4. Date of Accident _____ Hour _____ AM _____ PM _____

5. Exact location where accident happened _____

6. How did accident happen? (describe fully) _____

7. Nature and extent of injury _____

8. Did you inform your supervisor of this accident? _____ Date _____

Name such person _____

9. Names and addresses of witnesses _____

Dated _____ Sign Here _____