

EMPLOYEE'S NOTICE OF INJURY
(Pursuant to §18 of Workers' Compensation Law)

FORWARD TO: LAW DEPARTMENT, WORKERS' COMPENSATION DIVISION

100 Church Street, New York, NY 10007

(TOGETHER WITH C2 WHEN POSSIBLE)

ANSWER ALL QUESTIONS FULLY. THIS IS YOUR NOTICE TO YOUR EMPLOYER OF INJURY ON THE JOB. PRINT OR WRITE 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 CITY OF NEW YORK—DEPARTMENT OF

4. Date of accidentHour.....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 superior of this accident?Date?.....
Name such person

9. Names and addresses of witnesses
.....

Dated.....19

(Sign here).....

THIS IS NOT A CLAIM FORM. A CLAIM FORM MAY BE SECURED AT ANY OFFICE OF THE STATE WORKERS' COMPENSATION BOARD.