

THE CITY OF NEW YORK

EMPLOYEE'S NOTICE OF INJURY  
(PURSUANT TO 818 OF WORKERS' COMPENSATION LAW)  
FORWARD TO: LAW DEPARTMENT, WORKERS' COMPENSATION DIVISION  
350 JAY STREET, BROOKLYN, NY 11201-9<sup>TH</sup> FLOOR

(TOGETHER WITH C-2 WHEN POSSIBLE)

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ANSWER ALL QUESTIONS FULLY. THIS IS YOUR NOTICE TO YOUR EMPLOYER TO 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 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 \_\_\_\_\_

9. Names and address of witness \_\_\_\_\_

Dated \_\_\_\_\_

Sign Here \_\_\_\_\_