

WITNESS' REPORT OF INJURY

**WCD-26**

UNIT \_\_\_\_\_  
(Shop or Division)

THE CITY OF NEW YORK

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

1. Full name of witness: \_\_\_\_\_  
(First) (Middle) (Last)

2. Address: \_\_\_\_\_

3. Witness Accident Sustained by: \_\_\_\_\_  
(Name of Injured)

4. Date of Accident: \_\_\_\_\_ Hour \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. \_\_\_\_\_

5. Description of Accident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Borough: \_\_\_\_\_

(SIGN HERE) \_\_\_\_\_

(TITLE) \_\_\_\_\_

(TELEPHONE) \_\_\_\_\_