

WCD-23(R84)

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 11201-9TH FLOOR

(TOGETHER WITH C-2 WHEN POSSIBLE)

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 _____

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