

THE CITY OF NEW YORK

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

LAW DEPARTMENT WORKERS' COMPENSATION DIVISION  
350 Jay Street, Brooklyn, New York 11201

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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 \_\_\_\_\_ Apartment # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Tel. # (\_\_\_\_) \_\_\_\_\_ Bus./Work Tel # (\_\_\_\_) \_\_\_\_\_  
Soc. Sec # \_\_\_\_\_ Date of Birth \_\_\_\_\_
3. Name of Employer \_\_\_\_\_
4. Date of Accident \_\_\_\_\_  
Time employee began work \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. Time of Accident \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.
5. Exact location and facility where accident happened \_\_\_\_\_
6. How did accident happen? (describe fully) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Nature and extent of injury \_\_\_\_\_  
\_\_\_\_\_  
Body Part(s) Injured \_\_\_\_\_
8. Did you inform your superior of this accident? \_\_\_\_\_ Date \_\_\_\_\_  
Name of Superior \_\_\_\_\_
9. Names and addresses of witnesses \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_