

**WCD 26 – WITNESS STATEMENT**

Facility	Division, Unit or Shop
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**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. Work address:			
3. Witnessed Accident Sustained by: (Name of Injured)			
4. Date of Accident:	Time of Accident/Injury:	A.M.	P.M.
5. Location of Accident:			
6. Description of Accident:			
7. Names of other witnesses:			

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Work Telephone

\_\_\_\_\_  
Home Telephone