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

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. # (____)_____**Cell Tel. # (____)**_____ **Bus./Work Tel # (____)**_____

   Employee's Personal Email Address _____

   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** _____

   _____

8. **Body Part(s) Injured (Exact body part, ex: right hand, left index finger, etc)** _____

   _____

9. **Did you inform your superior of this accident?** _____ **Date**_____

   Name of Superior _____

10. **Names and addresses of witnesses** _____

    _____

    Date_____ **Signature**_____

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