

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) _____