WITNESS' REPORT OF INJURY

WCD-26

UNIT			
		(Shop or Division)	
	THE CITY OF N	EW YORK	
ANSWER ALL QUESTIONS I WITNESS OF INJURY ON TH			R EMPLOYER OF
1. Full name of witness:	(First)	(Middle)	(Last)
2. Address:			
3. Witness Accident Sustai	ned by:	(Name of Injured)	1
4. Date of Accident:	Hour		
5. Description of Accident:			
Data:			
Date:Borough:		(SIGN HERE)	
-			
		(TELEPHONE)	