## WITNESS' REPORT OF INJURY

JNIT				
		(Shop	o or Division)	
	THE CITY OF N	NEW YORK		
NSWER ALL QUESTIONS I /ITNESS OF INJURY ON TH			R EMPLOYER OF	
1. Full name of witness:				
	(First)	(Middle)	(Last)	
2. Address:				
2 Witness Assident Susta	and how			
5. Witness Accident Susta	ined by	l by: (Name of Injured)		
4. Date of Accident:	Hour	A.M.	P.M.	
5. Description of Accident	:			
Date:				
Borough:		(SIGN HERE)		
		(IELEPHONE)		