



Westchester County Department of Correction
Employee Notice of Claim
Regarding Incident of Accident / Injury / Illness



Information About You:

Name: _____
Last First Middle Initial

Home Address: 10 Woods Road Valhalla NY 10595
Street Address City State Zip

Home Phone: (XXX) XXX-XXXX Age: _____ Date of Birth: XX/XX/XXXX ☐ Male ☐ Female

Employee ID: _____ Job Title: _____

Regular Schedule Shift: _____ Years with the Department: _____ Division: _____

Information About the Incident:

Sector Supervisor at time of Incident: _____ Date: _____

Shift working at time of Incident: _____ Division: _____

Location of Incident: _____

Employee's statement as to how and why the accident / injury occurred. Statement is to be as complete and detailed as possible. (Continue to page 2 if more space is needed)

Is this a reoccurrence of a prior injury? ☐ Yes ☐ No

If "Yes" give date of original injury: _____ Injured part of the body: _____

Witnesses (additional Witnesses add to page 2)

_____	10 Woods Road, Valhalla, NY 10595
Name	Address
_____	10 Woods Road, Valhalla, NY 10595
Name	Address

The foregoing statement is a true and accurate accounting of the accident/injury/illness which I am hereby claiming to be job related. I fully understand that a material false statement will be considered to be willfully and fraudulently made and may result in disciplinary action and/or prosecution.

Immediate Disposition: Employee sent: ☐ Home ☐ Hospital ☐ Other: _____

_____	_____
Physician Name	Address

_____	_____
Hospital Name	Address

_____	_____
Employee Signature	Date

_____	_____
Supervisor Signature	Date