



Empty rectangular box for stamp or marking.

Agency Report on Accident

Member Number	Last 4 Digits of SSN
<input type="text"/>	<input type="text"/>

First Name	M.I.	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Employment [MM/DD/YYYY]	Title
<input type="text"/>	<input type="text"/>

Last Day Worked [MM/DD/YYYY]	Last Day Paid [MM/DD/YYYY]	Current Status
<input type="text"/>	<input type="text"/>	<input type="text"/>

1. Do you have a report of an accident occurring to this member on: [MM/DD/YYYY]
- Yes** (Please submit a copy of the employee's report with this completed form)
- No** (Do not proceed further. Please sign and date this form and return it to NYCERS)

If yes, please state where and when the accident occurred: _____

Describe injuries sustained: _____

Describe conditions of the area and/or weather conditions (i.e., was there water, oil, snow, or any slippery substances, which may have contributed to the condition of the area, include weather reports, if available?):

Also, please submit any photographs of the area, which were taken immediately following the incident.

2. Did the accident occur during business hours and while in the performance of duty?
- Yes** **No** Please explain: _____
3. Did the accident occur without willful negligence on the employee's part?
- Yes** **No** Please explain: _____
4. Are there any charges pending against the employee which could lead to dismissal?
- Yes** **No** Please explain: _____
5. Do you have an employer's report (Form C2) and/or eyewitness statements on this accident?
- Yes** **No** Please explain: _____

Please also submit any other documents or any other additional information, which may help NYCERS to properly process the application.

Authorized Agency Personnel

Print Name:	Signature:
<input type="text"/>	<input type="text"/>
Title	Date
<input type="text"/>	<input type="text"/>