



**COUNTY OF ALAMEDA  
CAO RISK MANAGEMENT UNIT**

**Witness to a Job Related Injury**

\_\_\_\_\_  
Name of Injured County Employee

\_\_\_\_\_  
Location of Accident

\_\_\_\_\_  
Date & Time of Accident

Please explain what you observed and your involvement:

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date Completed

\_\_\_\_\_  
Name of Witness

\_\_\_\_\_  
Witness Daytime Phone Number

\_\_\_\_\_  
Witness Home Address

Is Witness a County employee? Yes  
No

Send completed form to:

AIMS  
P.O. Box 269120  
Sacramento, CA 95826  
Phone (800) 444-6157 or (916) 563-1900  
Fax (916)563-1919