



**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: Sedgwick
P.O. Box 619079
Roseville, CA 95661-9079
(800) 922-5020 (voice) / (866) 548-2637 (fax)