

## CALIFORNIA COUNTY RECORDERS

Alameda	1106 Madison Street, Room 214, Oakland, CA 94607, (510) 272-6363
Alpine	P.O. Box 217, Markleeville, CA 96120-0217, (530) 694-2286
Amador	500 Argonaut Lane, Jackson, CA 95642, (209) 223-6468
Butte	25 County Center Drive, Administration Building, Oroville, CA 95965, (530) 538-7691
Calaveras	Government Center, 891 Mountain Ranch Road, San Andreas, CA 95249, (209) 754-6372
Colusa	546 Jay Street, Colusa, CA 95932-2491, (530) 458-0500
Contra Costa	730 Las Juntas, Box 350, Martinez, CA 94553, (925) 646-2365
Del Norte	981 H Street, Suite 160, Crescent City, CA 95531, (707) 464-7216 or 7205
El Dorado	360 Fair Lane, Placerville, CA 95667, (530) 621-5490
Fresno	2281 Tulare Street, Room 303, or P.O. Box 766, Fresno, CA 93712, (559) 488-3476
Glenn	526 West Sycamore Street, Courthouse, Willows, CA 96988, (530) 934-6412
Humboldt	825 5th Street, Fifth Floor, Eureka, CA 95501, (707) 445-7382
Imperial	940 Main Street, Room 206, El Centro, CA 92243-2865, (760) 482-4272
Inyo	Courthouse, 168 N. Edwards Street, Independence, CA 93526, (760) 878-0222
Kern	1655 Chester Avenue, Bakersfield, CA 93301, (661) 868-6400
Kings	Government Center, 1400 W. Lacey Blvd., Hanford, CA 93230, (559) 582-3211, X 2475
Lake	Courthouse, 255 North Forbes Street, Lakeport, CA 95453, (707) 263-2293
Lassen	Courthouse, 220 S. Lassen Street, Room 5, Susanville, CA 96130, (530) 251-8234
Los Angeles	12400 Imperial Highway, Room 1002, Norwalk, CA 90650, (562) 462-2137
Madera	County Government Center, 209 West Yosemite, Madera, CA 93637, (559) 675-7724
Marin	3501 Civic Center Drive, Courthouse, Room 234, San Rafael, CA 94903, (415) 499-6094
Mariposa	4982 10th Street, P.O. Box 35, Mariposa, CA 95338, (209) 966-2332
Mendocino	501 Low Gap Road, #1020, Ukiah, CA 95482, (707) 463-4376
Merced	2222 M Street, Merced, CA 95340, (209) 385-7627
Modoc	204 Court Street, Room 107, Alturas, CA 96101, (530) 233-6205
Mono	83 Main Street, P.O. Box 237, Bridgeport, CA 93517-0237, (760) 932-5530
Monterey	Church and Alisal Street, P.O. Box 29, Salinas, CA 93902-0029, (831) 755-5041
Napa	900 Coombs Street, Room 116, P.O. Box 298, Napa, CA 94559-2936, (707) 253-4105
Nevada	950 Maidu Avenue, Nevada City, CA 95959, (530) 265-1221
Orange	12 Civic Center Plaza, P.O. Box 238, Santa Ana, CA 92702-0238, (714) 834-2248
Placer	2954 Richardson Drive, Auburn, CA 95603, (530) 886-5600
Plumas	520 Main Street, Room 102, Quincy, CA 95971, (530) 283-6218
Riverside	2724 Gateway Drive, or P.O. Box 751, Riverside, CA 92502-0751, (909) 486-7000
Sacramento	600 8th Street, or P.O. Box 839, Sacramento, CA 95812-0839, (916) 874-6334
San Benito	440 5th Street, Room 206, Hollister, CA 95023-3896, (831) 636-4029
San Bernardino	222 W. Hospitality Lane, San Bernardino, CA 92415-0022, (909) 387-8314
San Diego	1600 Pacific Highway, Room 260, or P.O. Box 1750, San Diego, CA 92112-4147, (619) 237-0502
San Francisco	One Dr. Carlton B. Goodlett Place, City Hall Room 190, San Francisco, CA 94102-4698 Marriage Records: (415) 554-4176
San Joaquin	6 South El Dorado, Second Floor, or P.O. Box 1968, Stockton, CA 95201-1968, (209) 468-3939
San Luis Obispo	1144 Monterey Street, Suite C, San Luis Obispo, CA 93408, (805) 781-5080
San Mateo	Vital Records, 1st Floor, 555 County Center Dr., Redwood City, CA 94063-1665, (650) 363-4713
Santa Barbara	1100 Anacampa Street, P.O. Box 159, Santa Barbara, CA 93102-0159, (805) 568-2250
Santa Clara	County Government Center, East Wing, 70 W. Hedding St., San Jose, CA 95110, (408) 299-4227
Santa Cruz	701 Ocean Street, Room 230, Santa Cruz, CA 95060, (831) 454-2800
Shasta	1500 Court Street, Room 102, Redding, CA 96001-1679, (530) 225-5678
Sierra	P.O. Drawer D., Downieville, CA 95936, (530) 289-3295
Siskiyou	311 4th Street, P.O. Box 8, Yreka, CA 96097, (530) 842-8065
Solano	701 Texas Street, Fairfield, CA 94533, (707) 421-6293
Sonoma	585 Fiscal Drive, Room 103F, or P.O. Box 1709, Santa Rosa, CA 95402, (707) 565-2651
Stanislaus	1021 I Street, Suite 101, or P.O. Box 1670, Modesto, CA 95353, (209) 525-5251
Sutter	433 Second Street, or P.O. Box 1555, Yuba City, 95992-1555, (530) 822-7134
Tehama	633 Washington Street, P.O. Box 250, Red Bluff, CA 96080, (530) 527-3350
Trinity	101 Court Street, P.O. Box 1215, Weaverville, CA 96093, (530) 623-1215
Tulare	County Civic Center, 221 S. Mooney Blvd., Room 105, Visalia, CA 93291-4593, (559) 733-6419
Tuolumne	2 South Green Street, Sonora, CA 95370, (209) 533-5531
Ventura	800 South Victoria Avenue, LN 1260, Ventura, CA 93009, (805) 654-2295
Yolo	625 Court Street, Room 105, Woodland, CA 95695, (530) 666-8130
Yuba	935 14th Street, Marysville, CA 95901, (530) 741-6547

May 20, 2004

*State Bureau of Vital Records 916-445-2684*

**CITY OF SACRAMENTO  
REPORT OF INDUSTRIAL INJURY**

TYPE:       MEDICAL TREATMENT REQUIRED       EXPOSURE       INCIDENT REPORT

Supervisor complete this report for all injuries or illnesses reported by an employee as work-related. White Copy — Send to Workers' Compensation when completed. Yellow Copy — Departmental Copy. Pink Copy — Employee Copy. Goldenrod Copy — Send to Workers' Compensation Unit Immediately.

**Note:** Fatalities, Hospitalization, or Serious Injuries must be reported **Immediately** by phone to 449-5741 or 911.

Please TYPE OR PRINT - WRITE ON FIRM SURFACE

EMPLOYEE	LAST NAME <b>MALIK</b>	FIRST NAME <b>Toni</b>	MI <b>I</b>	SOCIAL SECURITY NUMBER <b>399-44-0499</b>
HOME ADDRESS (NUMBER & STREET) <b>4691 Bradford Dr.</b>		CITY <b>Sacramento</b>		STATE <b>CA</b>
DATE OF BIRTH <b>7-27-46</b>	AGE <b>59</b>	HIRE DATE <b>4-29-01</b>	MO'S OF SERVICE <b>53</b>	EMPLOYEE CLASSIFICATION TITLE <b>Deputy City Clerk</b>
EMPLOYEE'S DEPT/DIV - ORG. NUMBER <b>0700</b>			HOME PHONE <b>95820 916 452-3861</b>	
INJURY	DATE OF INJURY <b>9-20-05</b>	TIME OF INJURY <b>11:00</b>	DATE INJURY REPORTED	TIME INJURY REPORTED
ON CITY-BUSINESS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DESCRIPTION INJURY (SCRATCH, CUTS, ETC.) <b>Bruises only</b>		FATAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PART OF BODY INJURED <b>Knee &amp; Hands</b>
CAUSE OF INJURY	HOW DID INJURY HAPPEN? (STATE ALL DETAILS) <b>Slipped &amp; fell on bathroom floor near sink (water on floor)</b> <b>Fell on knee and hit one hand on waste can and left hand on floor</b>			
SPECIFY MACHINE, TOOL OR OBJECT MOST CLOSELY CONNECTED WITH ACCIDENT				
WHAT WAS EMPLOYEE DOING WHEN INJURY OCCURRED? <b>entering ladies room</b>				
WITNESS(es) TO INJURY <b>Nancy Bennett</b>				
INVESTIGATION WHAT UNSAFE ACT/CONDITION CONTRIBUTED TO INJURY?				
WHAT SAFETY EQUIPMENT WAS USED; IF NONE, COULD EQUIPMENT HAVE PREVENTED INJURY?				
EMPLOYEE'S IMMEDIATE SUPERVISOR (SIGNATURE)		OTHER COMMENTS, IF ANY:		
TREATMENT	ATTENDING PHYSICIAN	ADDRESS	ZIP CODE	PHONE
IF HOSPITALIZED, NAME OF HOSPITAL	ADDRESS	ZIP CODE	PHONE	
OTHER TREATMENT INFORMATION, IF ANY.				
DIVISION CHIEF'S COMMENTS (INCLUDE MEASURES TO PREVENT REOCCURRENCE).				
DATE COMPLETED	COMPLETED BY (SIGNATURE)	DEPT. HEAD/DIV. CHIEF REVIEW (SIGNATURE)	DATE	

### NOTICE TO SUPERVISOR

Be advised that it is your responsibility to complete this form for each and every work-related injury or illness reported by an employee. You do not have the authority to determine whether or not an injury or illness is job-incurred. The responsibility for that decision rests solely with the Workers' Compensation Unit within the City's Department of Personnel.

### NOTICE TO INJURED EMPLOYEE

Be advised that it is your responsibility to report each and every work-related injury or illness (NO MATTER HOW SLIGHT) to your supervisor. Failure to report an injury may jeopardize your rights to workers' compensation benefits.

### BENEFITS AVAILABLE

All necessary medical treatment authorized by the City's Workers' Compensation Unit. After 30 days you may select a doctor of your choice. If you do so, either you or your doctor must promptly advise the Workers' Compensation Unit of the doctor's name, address and telephone number, and your doctor must submit a written report to the Workers' Compensation Unit.

If you have notified your employer, in writing, prior to the date of injury, that you already have a personal physician who has previously treated you and has your medical records, you may be treated by this personal physician from the date of injury.

Temporary disability payments during your recovery period will normally amount to two-thirds of your average weekly earnings, limited to the maximum amount as prescribed by law. Career City employees are entitled to a salary continuation benefit (I.O.D. Time) paid in lieu of temporary disability as defined by the City Charter.

If you are permanently disabled, further benefits will be paid in accordance with the severity of your injury.

Rehabilitation/retraining is available if it is determined that you will be medically unable to return to your normal job and you are further determined to be a qualified injured worker. This may also apply if you have been off work for over 180 days.

In cases involving disputes, you may file an application for adjudication of claim before the Workers' Compensation Appeals Board.

For further information, you may contact the Information & Assistance Officer located at 1006 4th Street, Sacramento, CA. The phone number is 322-9114. You may also contact an attorney.

For answers to any questions you have regarding your injury claim, call your workers' compensation claims representative at:

**WORKERS' COMPENSATION UNIT  
DEPARTMENT OF PERSONNEL  
CITY OF SACRAMENTO  
921 10TH STREET, THIRD FLOOR  
SACRAMENTO, CA 95814  
(916) 449-5741**

SIGNATURE OF INJURED EMPLOYEE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Signature acknowledges receipt of this form by injured employee.)