

 <p>Omaha Fire Department</p>	Title of Document:		
	Injury Witness Statement		
	Document Type & Number:		
	OFD 295a		
	Issue Date:	Effective Date:	Review Date (if applicable):
1/24/17	1/24/17		
Amends, Replaces, Rescinds:			
Replaces OFD 295a (Rev 07/13)			

Name:

Phone:

Address (City, State, Zip):

Statement:

OFD Officer taking statement:

Rank:

Assignment:

Date:

By checking this box and typing my name _____, I certify that all information on this form is true and correct. I also agree that the checkbox and my typed name serve as my electronic signature.