

Omaha
Fire
Department



Title of Document:

Vehicle Accident Witness Statement

Document Type & Number:

OFD 295 (Rev 01/17)

Issue Date:

1/25/17

Effective Date:

1/25/17

Review Date (if applicable):

Amends, Replaces, Rescinds:

Replaces OFD 295 (Rev 2-07)

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.