Connecticut State Firefighter's Association Memorial Committee

C/O The Connecticut Fire Academy
34 Perimeter Road
Windsor Locks, CT 06096-1069

Line of Duty Death Notification Form

Full Name of Deceased Firefighter:_____ Rank:_____
(First, Middle, Last)

Date of Incident: _____ Date of Death: _____ Total Years of Service:_____

Sex: M F Date of Birth: _____ Time Fatal Injury(ies) Occurred: _____

Please indicate the classification of the deceased Firefighter:

☐ Career (Paid) ☐ Part-Time (Paid) ☐ Paid-on-Call ☐ Other _____

☐ Volunteer ☐ Wildland (Full-Time) ☐ Wildland (Part-Time) ☐ Wildland (Contract)

Indicate the type of unit that the deceased Firefighter was assigned to for the fatal incident:

☐ Engine ☐ Ladder/Truck ☐ Quint ☐ Heavy Rescue/Squad

☐ FD Ambulance/EMS Vehicle ☐ Command Vehicle ☐ Tanker/Water Tender ☐ Admin/Fire Marshal

☐ Brush/Wildland Apparatus ☐ Aircraft ☐ Firefighter's Personal Vehicle

Was the deceased firefighter operating as a part of his or her regularly assigned company at the time of the fatal incident? ☐ Yes ☐ No If no, please explain (on a separate sheet if necessary)

Please list the deceased firefighter's Next of Kin (spouse, children, surviving parents):

Name	Relationship	Mailing Address

FIRE DEPARTMENT INFORMATION

Fire Department: _____ Name of Contact Person: _____

Address:_____

Phone Number:_____ FAX Number: _____

Fire Chief Name: _____ E-Mail for Contact Person: _____

Categorize the Area Served by Your Department as Primarily: ☐ Rural ☐ Suburban ☐ Urban

Total Number of Active Fire Department members: _____ Social (non-active) members: _____

Type of Department: ☐ Career ☐ Volunteer ☐ Combination (Career and Volunteer)

INCIDENT - Please attach a description or briefly describe how the fatal injuries were sustained. Please note significant factors that may have contributed to the firefighter's death:

TYPE OF DUTY - Please indicate the duty being performed by the Firefighter at the time of the fatal injury:

☐ Responding to an Emergency Incident

☐ Working at the Scene of a Fire Incident

☐ Working at the Scene of a Non-Fire Incident

☐ Returning from the Scene of an Emergency Incident

☐ Training

☐ After an Incident

☐ Other On-Duty Activity

☐ Other _____

Please feel free to attach copies of incident reports, newspaper clippings or any other information that may be helpful to the Memorial Committee.

FIRE CHIEF CERTIFICATION –

I the undersigned, as fire chief of the _____ fire department certify the information contained within this document is to the best of my knowledge, true and is offered for consideration in good faith.

_____ Fire Chief's Signature

_____ Printed Name

Revised 3/06