

# 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):**

<u>Name</u>	<u>Relationship</u>	<u>Mailing Address</u>
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### **FIRE DEPARTMENT INFORMATION**

Fire Department: \_\_\_\_\_ Name of Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_

Fire Chief: \_\_\_\_\_ 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 )

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**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:

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

- |  |   |
|--|---|
| <input type="checkbox"/> Responding to an Emergency Incident               | <input type="checkbox"/> Training               |
| <input type="checkbox"/> Working at the Scene of a Fire Incident           | <input type="checkbox"/> After an Incident      |
| <input type="checkbox"/> Working at the Scene of a Non-Fire Incident       | <input type="checkbox"/> Other On-Duty Activity |
| <input type="checkbox"/> Returning from the Scene of an Emergency Incident | <input type="checkbox"/> Other _____            |
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Please feel free to attach copies of incident reports, newspaper clippings or any other information that may be helpful to the Memorial Committee.