# Connecticut Fallen Firefighters Memorial
# Line of Duty Death Application

CONNECTICUT STATE FIREFIGHTERS ASSOCIATION

Received at CFA Office of the State Fire Administrator

Stamp Date Here

**Connecticut Fallen Firefighters Memorial Committee**
**Line of Duty Death Application Form**

Instructions

Chief Officer or designee,

Please complete this application in full. Any person attached to the fire department can prepare this document but ultimately must be approved by the chief of department for submission to the Memorial Committee.

All questions and comments should be directed to the Office of the State Fire Administrator at the Connecticut Fire Academy. All completed applications are to be sent by US Mail to:

Connecticut Fire Academy

34 Perimeter Rd.

Windsor Locks CT, 06069-1069

Attention: Connecticut Fallen Firefighters Memorial

**Connecticut Fallen Firefighters Memorial Committee**
**Line of Duty Death Application Form**

Mission: The mission of the Memorial Committee is to review each Line of Duty Death (LODD) application in significant detail to ensure that the honor of having a fallen firefighter's name placed on the Memorial has met the required criteria and to preserve the integrity and the honor of all the fallen honorees on the Memorial.

Honorees added to the Connecticut Firefighters Memorial represent those line-of-duty deaths approved as eligible for inclusion from the previous calendar year through July 31st of the current year.

After the formal application and documentation is submitted to the Memorial Committee, the committee will render an opinion if sufficient information has been obtained to approve adding the name to the Memorial. The Memorial Committee reserves the right to seek additional supportive information. The vote taken by the Memorial Committee to approve the application will be recorded and members present will acknowledge and sign the formal LODD application.

Full Name of the Deceased Firefighter _____

Primary Impacted Fire Department _____

Secondary Impacted Fire Department _____

Date of Incident: _____

Date of Death: _____

Date of Birth: _____

**Firefighter Classification at the time of the incident**

- ☐ Fire Suppression/EMS/Paramedic
- ☐ Fire Investigation
- ☐ Fire Police
- ☐ Fire Chaplain
- ☐ Wildland Suppression Operation
- ☐ Military Suppression Operation

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**Response Mode**

☐ Traveling to/from or operating at a dispatched emergency incident

☐ Traveling to/from or operating at a dispatched non-emergency incident, training exercise, or sanctioned fire service meeting

☐ Other: _____

**Incident Description** – Please provide a comprehensive narrative outlining a timeline of the events leading up to and including the fatal incident.

**Requested Documentation Available and Attached**

☐ Department Incident Run Report

☐ NERIS Report

☐ Death Certificate

☐ Autopsy Report

☐ Notarized Witness Statements

☐ Any additional pertinent information required by current CT legislation

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## History of Occupational Exposure to Hazardous Materials

_____

_____

_____

_____

## Attach any additional information pertinent to this application

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## Chief of the Fire Department Certification

I, the undersigned of the _____ Fire Department or Fire Entity certify that the information contained in this LODD application is to the best of my ability and knowledge accurate, verified, and truthful.

Chief Signature: _____

Printed Name: _____

Date: _____

Email: _____

Cell Phone: _____

Submitted by Printed Name: _____

Signature: _____

Position: _____

Date: _____

Email: _____

Cell Phone: _____

**Connecticut Fallen Firefighters Memorial Committee**
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**Line of Duty Death Application Review**

**Memorial Committee Member Use Only**

**Name of Applicant:** _____

**Name of FD or entity:** _____

**Date of Death:** _____

**Date of Submission:** _____

**List of Memorial Committee members present and voting on date:**

| Member Printed Name | Approval | Denial |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
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