

Guidelines for a Line of Duty Death

&

Death and Disability Benefits



For Fire Service Personnel

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Important Phone Numbers

Section 1

If your department has suffered a Line of Duty Death, please call the State Fire Marshal's Office immediately at 512-305-7900

- State Fire Marshals Office. 512-305-7900
<http://www.tdi.state.tx.us/fire/indexfm.html>
- Texas Commission on Fire Protection. 512-239-4911
<http://www.tcfp.state.tx.us>
- State Fireman's and Fire Marshal's Association. 800-580-7336
<http://www.sffma.org>
- Federation of Fire Chaplains. 254-622-8514
<http://www.firechaplains.org>
- Texas Fire Chiefs Association. 800-435-9074
<http://www.texasfirechiefs.org>
- Texas State Association of Fire Fighters. 512-326-5050
<http://www.tsaff.org>
- Texas Department of Health - Critical Incident Stress Management
512-834-6749 <http://www.tdh.state.tx.us/hcqs/ems/epcism.htm>
- Fleetwood Memorial Foundation. 817-261-8954
<http://www.fleetwoodmemorial.org>
- WPI Firefighters Fund. 888-616-7976
- U.S. Fire Administration Firefighter Fatality. 301-447-1000
<http://www.usfa.fema.gov/ffmem>
- National Fallen Firefighters' Foundation. 301-447-1365
<http://www.firehero.org>
- National Institute of Occupational Safety and Health Firefighter Fatality Investigation and Prevention Program.
<http://www.cdc.gov/niosh/firehome.html>
- Texas Fire Marshals Association. 972-487-6611
E-mail TXFMA@aol.com
- Emergency Services Training Institute. 877-833-9638
<http://teexweb.tamu.edu/esti/>
- Texas Forest Service. 979-458-6650
<http://txforestservice.tamu.edu/>
- Texas Interagency Coordination Center. 936-875-4786
<http://people.txucom.net/usfws/home.htm>

Notification

Section 2

In this section you will find guidelines on making a death notification.

Death Notification Procedure

I. Introduction

- A. This is the most difficult responsibility of a chaplain.
- B. The chaplain must learn to deliver a death message in a manner that will effectively communicate what has happened and still be an act of positive public relations.

II. The Person Making The Death Notification – Duties

- A. Confirm The Message
 - 1. Don't allow yourself to get involved in a cruel prank.
 - 2. Don't believe every phone call you receive, call back to confirm.
- B. Obtain as Much Information as Possible
 - 1. **What** happened?
 - 2. **When** did it happen?
 - 3. **Where** did it happen?
 - 4. **How** did it happen? (Beware of giving out too much detail)
 - 5. Disregard **Why** it happened.
 - 6. Gather information about **Survivors**.
 - a. Who is the next of kin?
 - b. How many are in the family?
 - c. What are the ages of the children and/or elderly?
 - d. Consider special health conditions of survivors.

III. Go In Pairs At least one person should be in a Class A or Class B uniform

- A. Even with the chaplain, a uniformed firefighter is necessary to lend credibility.
- B. Decide who will take the lead.
- C. Identify yourselves.

IV. VERIFY The Identity and Manifest Compassion.

- A. **Make sure you have the correct address, family and deceased.**
- B. You are there to assist a “**victim of circumstance,**” not to act judgmental.
- C. As a professional in the act of assisting people, you must:
 - 1. **Empathize** and provide necessary resources and support to assist them in responding to your information.

Death Notification Procedure

2. **Assist them in ‘handling’ their responsibilities** resulting from your visit.
- D. You are representing the Chaplain’s Office of the _____ Fire Department.
 - E. As in other situations where you are working with victims, you have the advantage of **being in control** of the situation.
 1. Remember, you **do not bear the responsibility** for the reason of the information you bring.
 2. You must be able to maintain sufficient objectivity to **resist emotional involvement**, which is a constant threat.
- V. Deliver the message In Person and In Private if possible**
- A. Try to get **INSIDE** the residence and close the door, then gather the family together.
 - B. **NEVER notify by phone**
 - C. If a death notification is to be delivered in **another city**, get aid from their fire department.
- VI. Give the News in Small Doses.**
- A. Relate the message straight out, use direct terms, avoid euphemisms, deal with reality, and don’t beat around the bush.
 - B. Let the information “Soak In”.
 - C. Remember, you are there to **assist the victim(s)** of this circumstance to meet and work through the initial trauma.
- VII. Beware of Reactions:**
- A. Shock – fainting
 - B. Disbelief – denial
 - C. Hysterical – Uncontrolled crying
 - D. Anger – fighting
 - E. Blaming you – kill the messenger of bad news
 - F. Don’t take any reaction personally.
- VIII. Find Assistance for the Mourners**
- A. Offer to call their Pastor, Priest, Rabbi, Family, or close friends.

Death Notification Procedure

- B. Do Not Leave Them Alone. Don't drop the bomb and run away; stay and help as long as your services are desired.
- C. Assess the need to call for medical help (Doctor may need to give tranquilizer or sedative).

IX. Provide Needed Information to the Family

- A. Explain the role of the Medical Examiner and leave the contact information for the Medical Examiner.
- B. Explain the reasons for the Firefighter Autopsy.
- C. Explain about funeral home selection and notification.
- D. Assure them that they do not need to make a lot of decisions right now, beyond their immediate needs.
- E. Leave your business cards with them.

X. What About Organ Donations?

- A. Questions regarding organ donations should be considered if the fallen firefighter is medically capable per the attending physician to be a donor and only if the Medical Examiner agrees.

All other information concerning this subject should be discussed by a representative of the Organ Donor Association or hospital with the family.

Principles Involved In The Process of Death Notification:

1. Death must be recognized as a part of living --- each of us will encounter. --- Thus, it is at the time of death that we have a **better understanding** of what life is all about.
2. At the time of encounter with death, individuals are **more open and honest with themselves and with others** than perhaps at any other time in their lives.
3. In making death notifications, the one making the notification is the **'stranger/friend'** who assists the 'victim' of this circumstance' in making the encounter with death. He is the one who can offer the support needed at the time that the **'victim' reaches out for help.**
4. The Chaplains Office has accepted the commitment of having a person who is **professionally proficient** to assist the 'victim of this circumstance' in encountering the trauma of unexpected and/or violent death. (The news media honors a four hour period for us to make notification before names are released to the public).
5. It is usually best to **report completed notification** to the investigating branch officer and also to communications control.
6. Severe injury or death notifications are never easy; but they afford one of the **greatest opportunity to help people** who become 'victims of circumstance'.
7. The cumulative effect of one's experience in making notifications is that of **developing greater sensitivity** to human needs and in the development of **greater proficiency in helping** to meet those needs.

Department Resource Information

Section 3

This form should be filled out prior to any incident and kept in this book, so that the information is available and ready to use in the event of a LODD or LODI.

Department Resource Information Form

LODD Protocol Assistance

Date: _____

Department: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Chief: _____ Contact # _____

Assistant Chief: _____ Contact # _____

Public Information Officer: _____ Contact # _____

Chaplain: _____ Contact # _____

LODD Protocol Coordinator(s) _____

Family Coordinator _____ Contact # _____

Family Coordinator _____ Contact # _____

Funeral Coordinator _____ Contact # _____

Funeral Coordinator _____ Contact # _____

Benefit Coordinator _____ Contact # _____

Hospital Coordinator _____ Contact # _____

Department Coordinator _____ Contact # _____

Department Coordinator _____ Contact # _____

Procession Coordinator _____ Contact # _____

Cemetery Coordinator _____ Contact # _____

Department Structure: Paid Volunteer Combination

EMS: Yes No

Number of employees: _____ Number of volunteers: _____

Number of administration staff: _____

Auxiliary: Yes No

Union: Yes No If yes, Local Number# _____

Union Address: _____

Union Phone: _____

Union Fax: _____

Union President: _____

Member of other fraternal organizations? Yes No

If yes, Organization name: _____

Address: _____

Phone: _____ Fax: _____

Organization name: _____

Address: _____

Phone: _____ Fax: _____

Local Fire Marshal: _____

Address: _____

Phone: _____ Fax: _____

City Dynamics

City County ESD Private

City Office: _____

Mayor: _____

Phone: _____ Fax: _____

County: _____

County Commissioner: _____

Phone: _____ Fax: _____

Private: _____

Headquarters: _____

Phone: _____ Fax: _____

Mutual Aid contracts? Yes No

If yes, provide names: _____

Served by a J.P.? Yes No

Name: _____

Address: _____

Phone: _____ Fax: _____

Medical Examiner: _____

Address: _____

Phone: _____ Fax: _____

Department Attorney: _____

Address: _____

Phone: _____ Fax: _____

Primary Hospital: _____

Hospital CEO: _____

Address: _____

Phone: _____ Fax: _____

Insurance & Benefits

Workers Compensation Private Insurance City Benefits

Workers Compensation Insurer: _____

Policy Holder: _____

Policy Number: _____

Address _____

Phone: _____ Fax: _____

Location of Policy: _____

Private Insurer: _____

Policy Holder: _____

Policy Number: _____

Address: _____

Phone: _____ Fax: _____

Location of Policy: _____

Private Insurer: _____

Policy Holder: _____

Policy Number: _____

Address: _____

Phone: _____ Fax: _____

Location of Policy: _____

City Benefits: _____

Benefits Coordinator: _____

Address: _____

Phone: _____ Fax: _____

City Benefits: _____

Benefits Coordinator: _____

Address: _____

Phone: _____ Fax: _____

Other Benefits? _____

Employee Information

Location of employee files/application: _____

Contact name: _____

Address: _____

Phone: _____ Fax: _____

C.I.P. in place? Yes No

Last updated? _____

Location of C.I.P. _____

Address: _____

Phone: _____ Fax: _____

Department require medical screenings? Yes No

Department psychologist:

Name: _____

Address: _____

Phone: _____ Fax: _____

Uniform Supply:

Name: _____

Address: _____

Phone: _____ Fax: _____

CISD Team:

Name: _____

Address: _____

Phone: _____ Fax: _____

American Red Cross Coordinator:

Name: _____

Address: _____

Phone: _____ Fax: _____

Salvation Army:

Address: _____

Phone: _____ Fax: _____

Bus Company (for rehab):

Name: _____

Address: _____

Phone: _____ Fax: _____

Food Services

Local Pizza Company:

Name: _____

Address: _____

Phone: _____ Fax: _____

Local Deli or Sandwich Store:

Name: _____

Address: _____

Phone: _____ Fax: _____

Other:

Name: _____

Address: _____

Phone: _____ Fax: _____

Super Stores

Wal-Mart:

Manager: _____

Address: _____

Phone: _____ Fax: _____

Target:

Manager: _____

Address: _____

Phone: _____ Fax: _____

Local Grocery Store:

Name: _____

Address: _____

Phone: _____ Fax: _____

LODD Checklists

Section 4

These checklists will help insure that tasks are accomplished while maintaining the organization of personnel and logistics. Please make copies of these checklists and give them to the appropriate coordinators. Keep the original in this book for future use.

There is a Master Checklist, an investigation checklist, and a checklist for each of the following coordinators:

Family Coordinator

Funeral Coordinator

Department Coordinator

Hospital Coordinator

Procession Coordinator

Cemetery Coordinator

Also included is an Immediate Action Guide for Fire Departments, provided by the Texas State Fire Marshal's Office.

TEXAS DEPARTMENT OF INSURANCE

STATE FIRE MARSHAL'S OFFICE

AUSTIN, TEXAS

Firefighter Line-of-Duty Death Immediate Action Guide for Fire Departments

The following protocols are recommended in the event of a line-of-duty death of a fire fighter. The very nature of these incidents will be traumatic to anyone associated with the incident. This guide has been developed by the State Fire Marshal's Office to aid you in assisting your department during this difficult time.

The following recommended protocols, as they apply to a specific incident, can help assure that a thorough investigation into all of the circumstances involved in the incident can take place. Hopefully, the investigation will identify information that may assist in the development of safety programs for firefighters.

State Fire Marshal's Office Contact

- Please call the State Fire Marshal's Office (SFMO) immediately at **512-305-7900**. (This is a 24-hour number). A voice menu will lead you to press a number to report the incident. If you call after office hours, a service will take your name and number and a representative from the State Fire Marshal's Office will call you as soon as is possible. Make sure you tell the service you are reporting a line-of-duty death.
- Please have the following information ready when calling:
 - a. Your name, department, and a telephone number where you can be contacted. If possible, please provide a cellular telephone number and/or your departmental radio dispatcher telephone number to assist us in contacting you.
 - b. Time, date, and location of the incident. A brief description of the type of incident where the fatality occurred. (Structure fire, vehicle fire, wildland fire, etc.)
- You will be contacted by a member of the SFMO Investigative Team to gather more details, including detailed directions to the location of the incident. A Deputy State Fire Marshal will be dispatched to provide immediate assistance. The SFMO Investigative Team will follow as soon as possible to investigate the incident, assist the fire department and the family of the deceased firefighter(s), and prepare a detailed report of the incident. The investigative team from the State Fire Marshal's Office will usually arrive within hours. If any questions arise prior to the arrival of the team, contact the State Fire Marshal's Office for assistance.

- A detailed assistance handbook will be immediately shipped to the fire department to assist the survivors in developing funeral plans consistent with those used to honor fallen firefighters, obtaining benefits, etc.

Secure the Scene of the Incident

Note: If a fire is later suspected to have been intentionally set, the death of a firefighter or civilian will lead to a criminal investigation, where pertinent evidence is identified, **and protected**.

- Establish a security perimeter with the assistance of the appropriate local law enforcement agency.
- Coordinate and establish with the State Fire Marshal's Office on who will conduct the origin and cause investigation.
- Do not disturb the scene except to the extent necessary to complete extinguishment of any fire.
- Do not conduct any salvage and overhaul operations other than that required to complete extinguishment. Attempt to leave furnishings and building contents in their original location.
- Do not move any firefighting hand tools, hose lines, or other portable equipment in the area of the incident.
- If the deceased firefighter(s) was transported to a hospital, mortuary, or medical examiner, secure any personal protective equipment that was left at the scene. If possible, leave the protective equipment in the location where it was found. Any personal equipment removed in resuscitation efforts away from the incident scene should be collected, handled carefully, and stored in a secure, locked location. Any equipment that is wet should be allowed to air dry, unless flammable liquids are suspected. Clothing or equipment where flammable liquids are suspected should be placed in clean, sealed metal containers for laboratory analysis.
- Identify as many witnesses as possible at the fire scene and obtain their names and contact information.

Initial Release of Information Concerning Firefighter Death

- A firefighter death Notification Team, including the Fire Chief, should notify the immediate next-of-kin of the deceased firefighter, in person, as soon as possible, even as the items in #1 above are being completed.
- Request the news media's cooperation in withholding identification of the victim and other identifying information (pictures of Fire Department apparatus numbers, Station Numbers, etc.) to allow time for personal notification of the victim's immediate family.

- The Notification Team should include a family assistance officer, appointed by the department, to assist the family. The duties of the family assistance officer are described in other publications in this guide. The family assistance officer will be the fire department's point of contact with the family of the victim and will assist them in preparing for the funeral, filing for survivors benefits, and assist in obtaining assistance the family requests.
- Consider requesting the assistance of local fire departments to personally notify family members living in other cities.

Firefighter Cause/Manner of Death Determination

- If the body of the deceased firefighter is still at the scene of the incident, contact your medical examiner or justice of the peace and the appropriate law enforcement agency if not already at the scene. Contact the appropriate city/county government officials to inform them that a fatality has occurred.
- If, pursuant to state law, the body is removed from the scene prior to the arrival of an investigative team, please photograph the location of the body and surrounding area before removal. For confidentiality, the investigative team can arrange for photo developing in a secure laboratory outside your area.
- Upon pronouncement of death, request in writing that an autopsy be conducted and that the autopsy be conducted in accordance with the requirements of the U.S. Fire Administration autopsy protocol. (Enclosed in this handbook) This autopsy protocol is to obtain information **vital** in applying for survivor benefits from federal, state, and private agencies; and to assist in developing safety programs to reduce injuries and deaths in the fire service.

Post-Incident Release of Information

- Prior to the determination of the origin and cause of the fire and the cause of the firefighter's death, please caution department members to avoid making statements to the media speculating on these issues.
- A standard statement to the media with the time, date, and location of the incident and the identity of the deceased firefighter, and that the incident is under investigation should be sufficient. The investigative team from the State Fire Marshal's Office will include a public information specialist who can assist you with press releases.

Departmental Support

- Relieve firefighters involved in the incident as soon as possible. Be sure to emphasize confidentiality of the identity of the deceased and the importance of not speculating about the incident to the media.
- Consider using mutual aid units to relieve on-scene firefighters.

- As soon as departmental notification of the deceased firefighter's next-of-kin is completed, encourage other firefighters to contact their families as soon as possible to reassure them.
- All personnel released from the incident scene should immediately prepare a short statement of their independent recollection of the incident.
- Obtain telephone numbers and addresses to aid investigators in contacting firefighters that have left the scene or gone off duty.
- Notify all department members and ensure city or county officials, not previously notified, are informed of the fatality.
- Arrange for Critical Incident Stress Debriefings (CISD) for department personnel involved in the incident, and make counseling available to all department members. If you are unable to contact a local CISD team, contact Mr. Paul Tabor at the Texas Department of Health, EMS Division. His office number is (512) 834-6700. Callers will receive a pager number to call if after hours.

Line of Duty Death Master Checklist

Notification

- ___ Contact Chaplain to assist with notification
- ___ Contact EMS to stage an ambulance one-two blocks from house
- ___ Contact Family Coordinators and have on standby with fire department vehicle

Upon Notification That A Death Has Occurred

Initial Procedures

- ___ Contact Hospital Coordinator(s) and have them respond to the hospital if injured individual is critical but not deceased
- ___ If firefighter is at the hospital, have Family Coordinators bring them to the hospital in a fire department vehicle
- ___ Immediately proceed to treating hospital if individual was brought to hospital
- ___ Have checklists delivered to each coordinator
- ___ Contact Public Information Officer
- ___ Dispatch Fire Marshal/Investigator for photographs and video of the death scene. Secure all pertinent areas with barrier tape
- ___ Have Safety Commander/Scene Coordinator secure all protective clothing, equipment used by injured/deceased firefighter and then transport all items to a secure location.
- ___ Advise all Officials that a death has occurred, through senior ranking officer such as an assistant chief, deputy chief
 - ___ Fire Commissioner, Fire Director
 - ___ Dispatch Fire Marshal/Investigator
 - ___ Union President/Vice-President
 - ___ Mayor (After discussing with senior officers)
 - ___ City Council Members
 - ___ CISD Team

___ State Fire Marshal's Office at 512-305-7900

___ Contact Funeral Coordinator

___ Contact Department Coordinator and have them respond to deceased firefighter's station or main station

___ Determine desired funeral home to receive the body.

Funeral Home _____ Telephone _____

Funeral Director _____

___ Obtain names, telephone numbers, and locations of all immediate family/next of kin.

___ Advise family of need for an autopsy. Have necessary hospital forms signed (as needed)

___ Have "Release of medical information" forms signed by legal party

___ Contact Fire Department Emergency Unit/Ambulance to transport body to morgue

___ Contact Coroner's office for:

___ Firefighter Autopsy Protocol (USFA)

___ Statement of cause of death, if no autopsy is to be done (Medical Examiners Report)

___ Prepare news media release (PIO)

___ Hold news release until all the family has been notified. Release basic information about the firefighter and brief details regarding the incident. Notify media that the investigation normally requires 60-90 days.

___ Have dispatcher make notification to other stations, and personnel via vocal alarm. Have stations place all flags in the Half Staff position immediately and have member shroud badges with a black band or black tape

___ Have dispatcher, PIO, or Department Coordinator release information to general public and fire news media

___ Have black bunting put on select fire stations, headquarters, and the deceased firefighter's station

___ If the firefighter is in the hospital, have Hospital Coordinator and an officer stay until all family members have left

Line of Duty Death Investigations Checklist

Investigative Procedures

___ Ensure that the State Fire Marshal's Office has been notified (512-305-7900)

___ Contact local or internal Fire Marshal/ Fire Investigations

___ Set up departmental "Investigative Team" to assist Fire Investigators as needed

a) _____ d) _____

b) _____ e) _____

c) _____ f) _____

___ Get pictures and video of the Scene

___ Get written statements from all individuals on the scene within 24 hours. These statements are confidential and are not to be reviewed by any individuals including Supervisors. These documents are to be sealed and turned over to the Fire Marshal

___ Get printed chronological from communications

___ Get Investigative Team Members together

___ Take pictures and video at the scene of the death

___ Designate individual to draw diagram/sketch of structure involved (floor plans) for investigative team charts

___ View and video/photograph all personal protective equipment (Including SCBA)

___ Review chronological report

___ Interview all companies on scene

___ Interview all individuals on scene (tape record)

Line of Duty Death Family Coordinator Checklist

- ___ Help family make notification to other family members and friends
- ___ Arrange for child-care for children
- ___ If there is not a fire department chaplain, contact family's church or a church of family's preference
- ___ Transport family to hospital if deceased is in the hospital
- ___ Arrange for food, soda, water, and coffee to be brought to the home
- ___ Answer phone and take messages if the family requests communications assistance
- ___ Determine family's preference for funeral home
- ___ Make an appointment with the funeral home.
- ___ Contact Funeral Coordinators to inform them of the appointment
- ___ Assist family in choosing burial clothes. Inform them of their choices, including options to be buried in uniform, or Class "A" uniform (Lighthouse Uniforms will provide a free Class "A" uniform for the fallen firefighter)
- ___ Assist family in choosing items and pictures that will be used during the visitation and funeral service
- ___ Help make travel and lodging arrangements for out of town family members
- ___ Assist family with locating and obtaining documents that will be needed including:
 - ___ Social Security card
 - ___ Drivers license
 - ___ Will
 - ___ Life insurance
- ___ File or assist the Benefits Coordinator with filing immediate benefits
- ___ Escort family to funeral home, church, and other places as needed

____ During any services, assist family as needed

____ After the funeral, arrange a time with the Benefits Coordinator to meet with the family to go over secondary benefits

Line of Duty Death Funeral Coordinator Checklist

___ Obtain copies of funeral, cemetery, and procession diagrams

___ Contact:

- ___ Honor Guard
- ___ Color Guard
- ___ Procession Coordinator
- ___ Cemetery Coordinator

___ Coordinate with Coroner's Office and funeral home for release of body

___ Contact Funeral Home and arrange family meeting

Date: _____ Time: _____
Funeral Home: _____
Phone Number: _____

___ Meet family and Family Coordinator at Funeral Home. Advise family/Family Coordinator to have the following items with them:

- ___ Burial suit or uniform
- ___ Any items that family would like placed on the deceased such as rings, glasses, etc
- ___ Picture of the deceased to be used for programs, obituaries, etc

___ Determine with the family what LODD service will be incorporated into the funeral:

- ___ Apparatus to carry casket
- ___ American Flag or other flag for casket
- ___ Honor Guard
- ___ Color Guard
- ___ Bag Pipes at service
- ___ Taps to be played at cemetery
- ___ Police escort
- ___ Aerial ladders set up at:
Church ___ Cemetery ___ On route ___
- ___ Helicopter fly-by
- ___ Bell for cemetery
- ___ Memorial instead of flowers
- ___ Other items _____

___ Determine if media will be allowed inside the church during services

Yes ___ No ___

____ Notify Pall Bearers:

- 1) Name _____ Phone _____
- 2) Name _____ Phone _____
- 3) Name _____ Phone _____
- 4) Name _____ Phone _____
- 5) Name _____ Phone _____
- 6) Name _____ Phone _____
- 7) Name _____ Phone _____
- 8) Name _____ Phone _____

Honorary Pall Bearers:

- 1) Name _____ Phone _____
- 2) Name _____ Phone _____
- 3) Name _____ Phone _____
- 4) Name _____ Phone _____
- 5) Name _____ Phone _____
- 6) Name _____ Phone _____
- 7) Name _____ Phone _____
- 8) Name _____ Phone _____

Ushers:

- 1) Name _____ Phone _____
- 2) Name _____ Phone _____
- 3) Name _____ Phone _____
- 4) Name _____ Phone _____
- 5) Name _____ Phone _____
- 6) Name _____ Phone _____
- 7) Name _____ Phone _____
- 8) Name _____ Phone _____
- 9) Name _____ Phone _____
- 10) Name _____ Phone _____

____ Determine dates of:

____ Viewing/visitation: Date _____ Time _____
Location _____
Address _____

____ Services: Date _____ Time _____
Location _____
Address _____

____ Cemetery: Date _____ Time _____
Location _____
Address _____

- ___ Contact Department Coordinator with following information:
 - ___ Flowers & donation information
 - ___ Funeral & services information

- ___ Order casket flag (if not using American Flag) and white gloves for Pall Bearers, Honor Guard and Dignitaries

- ___ Have funeral home deliver casket rollers and hooks to department funeral apparatus

- ___ Coordinate between minister, fire department chaplain, and funeral director for schedule of services (see worksheet)

- ___ Release or have PIO release information on services to public and media

- ___ Arrange transportation for Bag Pipe player

- ___ Advise the mayor and fire chief of any expected participation in the services, such as such as speaking, presenting of the flag, etc

- ___ Contact all coordinators and schedule for all to go to the church and cemetery for planning of the following:
 - ___ Seating arrangements for the funeral services
 - ___ Uniformed fire personnel
 - ___ Dignitaries
 - ___ Fraternal/Organization officials
 - ___ Other agencies or visitors
 - ___ News media

 - ___ Placement and movement of
 - ___ Pall Bearers
 - ___ Honor Guard
 - ___ Color Guard

 - ___ Review with Procession Coordinator placement of vehicles in each location

- ___ Keep a list for Thank You messages from the Chief and Mayor

- ___ Coordinate efforts with Auxiliary and/or Fraternal Organization for reception following funeral

Funeral Coordinator Checklist Contact List

Contact or Obtain the Following	Date Assigned	Date Completed	Contact Person & Contact Number
Funeral Home			
Cemetery			
Facility where services will be held			
Honor Guard			
Color Guard			
Personal Photos			
Piper			
Rifle Team			
Flag			
Military Participation			
Special Presentations (videos, slides, etc)			
Fraternal Organization Participation			
Pallbearers			
Singers			
Special Music			

Funeral Coordinator Checklist
Contact List

Retrieval of Burial Clothes			
Media Participation			
Photographer			
Formal Walk Through			
Staging Area			
Traffic Plans			
Delivery of Flowers			
Memorial Fund			

Funeral Coordinator Checklist

Order of Funeral Service

Time of Day	Allotted Time	Task	Performed By & Contact Number
	2 minutes	Invocation	
	3 minutes	Prayer	
	5 minutes	Opening Remarks	
	3 minutes	Special Music	
	5 minutes	Clergy Remarks	
	2 minutes	Scripture Reading	
	5 minutes	Clergy Remarks	
	5 minutes	Special Music/Poetry Reading	
	10 minutes	Dignitary's Remarks	
	5 minutes	Fraternal Organization Leader's Remarks	
	10 minutes	Fire Chief's Remarks	
	3 minutes	Special Music/Special Reading	
	20 minutes	Eulogy	
	10 minutes	Closing Remarks	
	5 minutes	Special Presentation Slides, Video	
	3 minutes	Closing Prayer	
	2 minutes	Benediction	
	3 minutes	Dismissal Instructions	

Funeral Coordinator Checklist

Funeral Information

Item	Date	Time	Location
Visitation/Viewing			
Rosary/Other Religious Ceremony			
Funeral Service			
Staging Area(s)			
Processional			
Grave side Service			
Reception			

Other Information: _____

Line of Duty Death Department Coordinator Checklist

- ___ Provide up to date information to the members of the department
- ___ Contact Chaplain and make sure that a CISM team has been dispatched
- ___ Set up a room for debriefing
- ___ Place media signs on outside of station to provide privacy for the firefighters
- ___ Provide black tape or bands to members so they can shroud their badges
- ___ Have food, snacks, drinks, and coffee delivered to the station that the deceased was assigned to, and/or to headquarters where logistic meetings for the funeral will be held
- ___ Assign two to three individuals to make contact lists of all persons or organizations wishing to make a donation whether monetary or in-kind
- ___ Photocopy 100 donation receipts
- ___ Assign one or two individuals to fill out donation receipts to individuals who come visit the station to make donations whether monetary or in-kind
- ___ Post information regarding services
- ___ Assist department members with obtaining correct uniforms for services
- ___ Determine and arrange for the transportation needs of the department members attending funeral

Line of Duty Death Hospital Coordinator Checklist

- ___ Meet with hospital administrator to designate the following:
 - ___ Private family waiting area
 - ___ Designated waiting area for personnel
 - ___ Meeting room for investigators, benefits coordinators, etc
- ___ Arrange for snacks, soda, water, and coffee to be made available to family and visiting personnel
- ___ Meet with hospital billing, benefits coordinator to arrange for all medical bills to be sent to the fire department/ city hall
- ___ Arrange for a hospital chaplain or minister to visit with family to determine spiritual/religious needs and rights for the deceased/injured firefighter
- ___ Care for other needs that might arise while the family and firefighter is in the hospital
- ___ Contact Family Coordinator to obtain funeral home information
- ___ Determine when the deceased will be released to the medical examiner or funeral home
- ___ Contact funeral home to have the deceased transported to medical examiner or funeral home

Line of Duty Death Procession Coordinator Checklist

- ___ Obtain procession diagrams
- ___ Contact appropriate personnel or maintenance shop to have apparatus prepared for the funeral procession
- ___ Obtain casket rollers and hooks for the funeral apparatus from the funeral home or the Funeral Coordinator
- ___ Determine who will drive the apparatus in the funeral procession
- ___ Determine routes from funeral service to cemetery. Notify the following:
 - ___ Police department for escorts and traffic control
 - ___ Funeral home director
 - ___ Fire Chief, Department Coordinator, and all other necessary personnel
 - ___ Any other appropriate bureaus
- ___ Determine order (placement) of funeral procession vehicles and apparatus. Determine placement of visiting department/municipalities apparatus in the Funeral procession
- ___ Contact stations located in funeral procession route:
 - ___ Stations # ___ # ___ # ___ # ___ along the route to be draped in black bunting
 - ___ Aerial equipment at raised position
 - ___ Lights on all equipment turned on
 - ___ All personnel in Class "A" uniform
 - ___ All personnel at attention when procession passes their location
 - ___ Fire/EMS apparatus NOT in the procession route, BUT in the territory may move to an intersection of the procession route with lights flashing and stand at attention while the funeral procession passes.
- ___ Arrange for transportation of the Honor Guard, Color Guard, Bag Pipe player
- ___ Meet with Funeral Coordinator and Funeral Director to arrange placement of parking for:
 - ___ Apparatus in procession
 - ___ Apparatus not in procession
 - ___ Dignitaries
 - ___ Other guests

Line of Duty Death Cemetery Coordinator

- ___ Obtain copies of the cemetery diagrams
- ___ Meet with Funeral and Procession Coordinator for information regarding services
- ___ Meet with cemetery employees and determine:
 - ___ a set up point for the crossed ladders
 - ___ parking for procession apparatus
 - ___ parking for personal vehicles
 - ___ parking for funeral apparatus
 - ___ where individuals forming the wall of honor will be lined
 - ___ placement of honor guard, color guard, bugler, bag-pipers
- ___ Secure two aerial trucks and an American Flag for the day of the funeral
- ___ Secure bell for the ringing of the bell ceremony
- ___ Secure life-flight helicopter for fly-over during ceremony
- ___ Meet with family if they come to the cemetery ahead of time to view plot
- ___ On day of burial, help set up crossed ladders and bell

Autopsy Protocol

Section 5

This is a copy of the USFA Firefighter Autopsy Protocol, which is required for some investigations and to obtain benefits. If there is a death, please make sure the Medical Examiner has a copy of this protocol.

To obtain more copies of this protocol, please visit their website at <http://www.usfa.fema.gov/applications/publications/> and type autopsy protocol in the search window.

FIREFIGHTER AUTOPSY PROTOCOL



Federal Emergency Management Agency



United States Fire Administration

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FIREFIGHTER AUTOPSY PROTOCOL

Any opinions, findings, conclusions, or recommendations expressed in this publication do not necessarily reflect the views of the Federal Emergency Management Agency or the United States Fire Administration

ACKNOWLEDGEMENT

This project could not have been undertaken without the expertise of the following people who provided invaluable guidance and input on their own time by serving on the Technical Advisory Committee:

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I. BACKGROUND

The United States Fire Administration (USFA) has a major commitment to improving the health and safety of firefighters. This mission has created an accompanying interest in learning about the causes of firefighter deaths and injuries. In the process of researching firefighter deaths, it was determined that there is no standard protocol in forensic medicine that would assist a coroner or medical examiner in determining the cause of a firefighter death.

Responding to this concern, the USFA, in 1993, initiated a project to develop a standard firefighter autopsy protocol. Experts in forensic pathology, toxicology, epidemiology, and medicolegal aspects of autopsy, as well as representatives of several national fire service organizations, were selected to serve as a Technical Advisory Committee (TAC), providing guidance, consultation, and review during the development of the protocol. The members of the TAC provided the expertise and experience to develop the actual protocol, which accompanies this report.

The consensus of the TAC is reflected in the protocol, which is intended to provide guidance to medical examiners, coroners, and pathologists on uniform recommended procedures for investigating the causes and contributing factors related to firefighter deaths. The protocol recognizes and addresses those attributes of firefighter casualties which distinguish them from the general population, as well as from civilian fire casualties. These differences include the use of protective clothing and equipment, prolonged exposures to the hazardous environment, and specialized training and duties.

The accompanying documentation is intended to describe the need for the protocol, the situational context under which it was developed, and the major issues that relate to it.

Scope of Problem

Firefighting has been described as one of the nation's most hazardous occupations. The National Fire Protection Association (Karter, 1993) estimates that 1,058,300 people in the United States are either full- or part-time firefighters, including both career and volunteer personnel. The number of career firefighters (253,000) has been rising steadily throughout the past decade, while the number of volunteer firefighters (805,300) is declining. According to statistics compiled jointly by the USFA and the National Fire Protection Association (NFPA), 1,920 firefighters have lost their lives while on duty in the United States over the past 15 years -- an average of 128 per year. Approximately 45 percent of all firefighter duty deaths during this period were attributed to heart attacks.

Improvements in firefighter health and safety standards and practices, particularly in the areas of personal protective equipment, physical fitness, and training, are widely believed to be responsible for a significant downward trend in line-of-duty deaths during the last 15 years. Between 1977 and 1991, the nation experienced a 32 percent drop in the annual number of firefighter line-of-duty deaths (see Figure 1). The number of line-

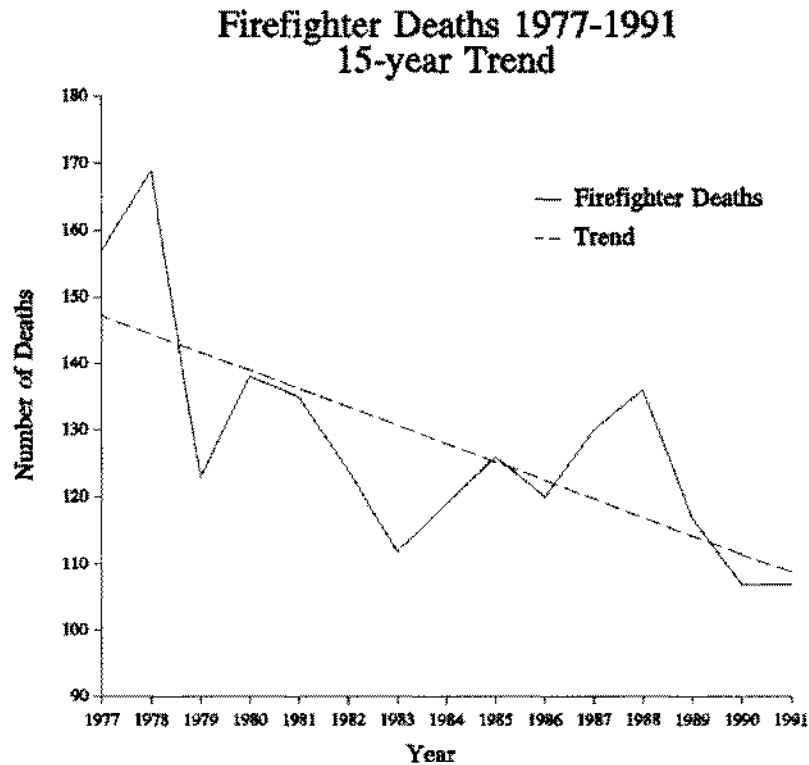


Figure 1

of-duty deaths in 1992 was a record low of 74. Notwithstanding the significant drop in firefighter deaths, too many firefighters die needlessly each year.

The statistical analysis of firefighter fatalities accounts for *how* many firefighters have died and to some extent explains *how* they died, but the available data do not explain *why* firefighters die. Moreover, a dramatic downward shift in the total number of firefighter deaths in 1992 (and preliminary statistics for 1993) begs still more questions about what, if anything, is being done correctly to prevent line-of-duty deaths.

Epidemiological studies of firefighter mortality conducted in recent years provide interesting insights into how firefighter health and mortality rates compare to other population groups, but they too fall short of explaining conclusively why firefighters die (especially any individual firefighter). The interest in occupational health factors relates

to the frequency of sudden deaths due to heart attacks, as well as chronic conditions which include respiratory disorders, heart disease, and cancer.

Rationale for the Protocol

The autopsy protocol was developed to give guidance to qualified professionals on the specific procedures that will be most appropriate in performing an autopsy on a deceased firefighter. The recommended procedures are intended to address the complex relationship between the firefighter and the inherently dangerous work environment where the duties of a firefighter must be performed. **It has been assumed that the user will be qualified, skilled and experienced in performing autopsies, as the protocol is intended only to provide guidance on the special considerations that should apply to a firefighter autopsy.**

It is hoped that a uniform firefighter autopsy protocol will lead to a more thorough documentation of the causes of firefighter deaths for three purposes:

- 1) to advance the analysis of the causes of firefighter deaths to aid in the development of improved firefighter health and safety equipment, procedures, and standards;
- 2) to help determine eligibility for death benefits under the federal government's Public Safety Officer Benefits Program, as well as state and local programs; and
- 3) to address an increasing interest in the study of deaths that could be related to occupational illnesses among firefighters, both active and retired.

The work environment of the firefighter is inherently dangerous. To survive in that environment, the firefighter routinely uses protective clothing, respiratory protection, safety equipment, and standard operating procedures intended to reduce the level of risk, but which cannot eliminate all risks. It is extremely important, in the event of a failure of those protective systems, to fully and carefully determine what, if anything, may have gone wrong and how, if possible, similar occurrences may can be prevented from happening again. An autopsy may provide some of the essential evidence to make those determinations.

The specific issues relating to the determination of eligibility for death benefits are discussed in Part IV of this document. Several areas of interest in the study of chronic health issues are addressed in Part III of this document.

NFPA 1500, *Standard on Fire Department Occupational Safety and Health*, section 8-4.3, recommends, "If a member dies as a result of occupational injury or illness, autopsy results, if available, shall be recorded in the health data base."



II. MEDICOLEGAL AUTOPSY PROCEDURES IN THE UNITED STATES

The need to investigate and understand the cause of death, particularly when it occurs under unusual, confusing, or ambiguous circumstances, is almost universal. Nearly every country has established requirements for the medicolegal investigation of unforseen, unnatural, or violent deaths, usually including workplace accidents and job-related deaths. However, unlike some other industrialized nations, no national system of death investigation exists in the United States. Death investigation in the United States falls under the authority of state and local officials.

Legal structures governing death investigation vary considerably among the 50 states, the District of Columbia, and the territories. Depending on the jurisdiction, the official responsible for determining the cause and manner of death may be a coroner or medical examiner. Most firefighter deaths are investigated as unusual or unforseen deaths according to state laws and regulations, and a high level of discretion is afforded to coroners and medical examiners in the manner of fulfilling their duties and responsibilities. Only one state, Maryland, specifically requires a medicolegal investigation of all firefighter deaths. Other states, such as New Jersey, have designated the Division of Fire Safety as the lead agency for investigating fire service accidents, but have established no autopsy requirements.

Two publications attempt to organize and describe medicolegal autopsy requirements in the United States:

- Combs, D. L., R. G. Parrish, and R. Ing. 1992. *Death Investigation in the United States and Canada, 1992*. Atlanta: Centers for Disease Control, U.S. Public Health Service; and
- Wecht, C. H. 1989. *United States Medicolegal Autopsy Laws*, 3rd ed. Arlington, Va.: Information Resources Press.

Notwithstanding the differences among the various systems, all death investigation systems are intended to respond to questions of who died, how and why a death occurred, and (as applicable) who is responsible for the occurrence. This information in turn may be used in legal proceedings, to compile vital statistics, to evaluate medical care and treatment, and to compile factual information on clinical, anatomical, pathological, physiological, and epidemiological subjects for research purposes.

When Is an Autopsy Required?

An autopsy is not performed as a part of every death investigation. In most cases, the determination of the need to perform an autopsy is a discretionary responsibility of

the coroner or medical examiner. The issuance of a death certificate does not require an autopsy and only a death certificate is needed to qualify for most insurance and death benefit programs. The coroner or medical examiner may determine that no autopsy is required in any situation where there is sufficient other evidence to make conclusive determinations on the cause and manner of death. Frequently, no autopsy is conducted when a firefighter death is believed to have been caused by natural causes, such as cardiac ischemia, even when it occurs on the scene of or responding to a fire or emergency incident (see Goode, 1990).

Many coroners and medical examiners have had to limit the number of autopsies performed because of cost and time constraints. Fiscal pressures have increased as the number of death investigation cases has increased, particularly those involving violent deaths. The cases in which an autopsy is most likely to be omitted include those where there is a known and undisputed cause of death without suspicion of criminal activity; line-of-duty deaths often fall within these parameters. Autopsies are sometimes omitted because of the religious or personal preferences of the deceased and his or her family.

The failure to conduct autopsies appears to be of significant concern throughout the medicolegal community. Performing autopsies, even in cases of prolonged illness or involving individuals with prior medical histories, would be valuable in conclusively determining the cause of death, gaining a more detailed understanding of injury and disease processes, and evaluating the quality of medical care. According to some in the death investigation profession, a decline in the level of interest in pathology and forensic pathology among medical students has led to a shortage of trained professionals to conduct these procedures.

Autopsies are usually performed to establish or verify the cause of death, or to gather information or evidence that would be helpful in an investigation. Without an autopsy, specific causes, contributing factors, and underlying conditions may go undiscovered and unreported. In the case of firefighter fatalities, this lack of information may significantly hamper our understanding of the hazards of firefighting and limit the ability to develop more effective ways to prevent firefighter deaths and injuries.

* * *

III. OCCUPATIONAL ASPECTS OF FIREFIGHTING OF SPECIFIC CONCERN TO AUTOPSY

Firefighter fatalities often result from complicated scenarios. Due to the nature of the occupation, a firefighter's death could be caused by a wide variety of single factors or a combination of several factors. For example, a firefighter could die from a stress-induced heart attack caused by simple over-exertion; or a firefighter could die from asphyxiation which is actually caused by the failure of his or her breathing apparatus; or a firefighter could die from hypothermia, resulting from being trapped in a structural collapse while fighting a fire on an extremely cold day. A firefighter's death could be caused by the inhalation of toxic products of combustion, burns, traumatic injury, exposure to hazardous materials, radiation, a variety of other singular causes, or a combination of factors.

A better understanding of the actual causes of firefighter deaths, including all of the causal factors, will require a thorough examination of the protective clothing and equipment that are involved in the incident, a detailed analysis of the situation, and the details that can only be obtained through an autopsy, such as carboxyhemoglobin levels and the presence of toxic products in the respiratory and circulatory systems.

Firefighter Death Classification

The joint USFA/NFPA annual analysis of firefighter line-of-duty deaths uses nine categories to describe the mechanism of injury, which are defined in NFPA 901, *Uniform Coding for Fire Protection*. Statistics are compiled according to the cause of death as listed on the death certificate for each case. Additional information may be provided to further define the cause, when incident reports and witness accounts are available. The nine causal categories reported in the USFA/NFPA system are:

- Fell/slipped
- Struck by
- Overexertion/Strain
- Fire Department Apparatus Accident
- Caught/Trapped
- Contact with/Exposure to
- Exiting or Escaping/Jumped
- Assaulted
- Other

While cardiac arrest and other stress-related fatalities are the leading cause of fireground deaths, this classification system does not differentiate the causes of cardiac- and stress-related cases; all are classified as "Overexertion/Strain." Although firefighting is widely recognized as a highly stressful occupation, the physiological and psychological effects of job-related stress have not been clearly established or differentiated, particularly as they affect mortality and morbidity.

The annual USFA/NFPA report also describes firefighter fatalities according to the nature of the death (i.e., the medical cause death), using the following fifteen categories:

- | | | |
|-------------------|-----------------|---------------|
| ▪ Cardiac arrest | ▪ Drowning | ▪ Aneurysm |
| ▪ Internal trauma | ▪ Stroke | ▪ Fracture |
| ▪ Asphyxiation | ▪ Electrocution | ▪ Heat stroke |
| ▪ Crushing | ▪ Hemorrhage | ▪ Pneumonia |
| ▪ Burns | ▪ Gunshot | ▪ Other |

It should be noted that the USFA/NFPA categories do not correspond with International Classification of Disease (ICD-9) or SNOMED (Standardized Nomenclature of Medicine) cause categories.

Trends in Line-of-Duty Deaths

The overall downward trend in line-of-duty deaths has been primarily driven by the downward trend in deaths during fireground operations or while at the fire scene. Fireground deaths account for more than half (963) of all firefighter duty deaths over the last 15 years. Training deaths increased significantly from an average of 5.2 deaths per year during the first 9 years to 11.5 deaths per year during the last 6 years of the period. Responding to and returning from alarms accounted for 26.3 percent of the deaths over the 15-year period.

Heart attacks lead all categories of line-of-duty deaths. Between 1977 and 1991, 45 percent of all firefighter deaths resulted from cardiac disorders, most from myocardial infarction. The proportion of deaths resulting from heart attacks has varied from 33.6 percent to 53.9 percent over the 15-year period.

Fahy (1993) reported that an NFPA study of fatal firefighter heart attacks conducted for the United States Fire Administration determined that about 40 percent of the firefighters who died on duty from heart attacks between 1981 and 1990 (and for whom medical documentation was available) had prior histories of cardiac ischemia, myocardial infarction, or coronary artery bypass surgery. An additional 39 percent had prior histories of acute atherosclerosis (defined as more than 50 percent occlusion); most of these cases involved occlusions greater than 70 percent. Any of these conditions could have represented sufficient cause for disqualification from continued firefighting duty under the provisions of NFPA 1582, *Medical Requirements for Firefighters*, which was adopted in 1992.

The adoption of health maintenance and physical fitness requirements for firefighters is a controversial subject and the requirements of NFPA 1582 have not been widely adopted. This subject is further complicated by the provisions of the Americans

with Disabilities Act (ADA), which may restrict the ability of fire departments to limit the duties of high risk individuals.

Investigation of Line-of-Duty Deaths

Fire suppression and emergency operations are inherently dangerous; however, the data on firefighter line-of-duty deaths presented by the statistics in this document suggest that a significant proportion of firefighter deaths, particularly those on the fireground, are preventable. The International Association of Fire Chiefs (IAFC) has developed the *Guide for Investigation of a Line-of-Duty Death*, which provides a systematic approach to the overall investigation of fireground fatalities. The IAFC guide notes that an autopsy should be requested for every line-of-duty death and the results of the autopsy should be included in the report of the investigation.

There has been a significant decline in the number of firefighter deaths during fireground operations, particularly from exposure to combustion products, which appears to be related to the increased use of better protective equipment. Firefighter deaths due to cardiac ailments remain a significant concern, as do traumatic injuries from vehicle accidents and training accidents.

Evaluating the thermal performance of various types of firefighter protective clothing is an example of an area where considerable insight can be gained through accurate anatomical descriptions obtained from an autopsy. Toxicological studies can help investigators better understand the effectiveness of SCBA use and operating procedures on preventing fireground exposures to hazardous atmospheres. Evaluations of body fat, muscle development, and special coronary studies can help develop a database on the relative fitness of firefighters. These types of studies will help reinforce lessons which should help the fire service improve fireground operating procedures, protective equipment, training, and physical fitness. They can also help support the development and use of criteria for regular medical evaluations for firefighters.

If the number of line-of-duty deaths continues to decline it will become more difficult to evaluate improvements in firefighter safety through the mortality statistics. This will place increased emphasis on the need for a detailed investigation and documentation of each and every line-of-duty death. It is a matter of compelling public interest that information about the cause and manner of all firefighter line-of-duty deaths should be thoroughly and systematically collected. The autopsy results should be an important part of the record in each case.

Fire Toxicology

A complete understanding of the cause of a firefighter's death must include some consideration of toxicological agents that may have been involved and how they may have interacted with the deceased's biological processes and systems to cause death. For

instance, did the inhalation of carbon monoxide result in cardiac ischemia and subsequent cardiac arrest? Did a toxin enter the body through some route other than the respiratory system? Did protective clothing or self-contained breathing apparatus (SCBA) fail to protect the user, or was the user's air supply depleted? These conditions are often accompanied by other injuries which may or may not themselves have caused death, such as crushing forces or prolonged exposure to high radiant heat levels.

Toxicology reports in most autopsies document the positive and negative findings of a series of tests conducted to detect specific substances which may have caused death. Such tests commonly include tests for the presence of pharmacological agents and illegal drugs. In the case of fire victims, the toxicology report should include blood, urine, other body fluids, and tissue analyses for the presence of combustion products and other toxicants (and their biomarkers), as well as alcohol and drugs.

The most common products of combustion are carbon monoxide and either soot or ash, however, acrolein, cyanide, formaldehyde, hydrogen chloride, phenol, phosgene, polyaromatic hydrocarbons (PAHs), nitrogen oxides, sulfur oxides, water vapor, and carbon dioxide may also be present. Blood tests for the presence of ethyl alcohol are typically conducted to determine whether the deceased was under the influence of an intoxicating beverage at the time of death. Urinalysis should include tests for the presence of common narcotics, barbiturates, amphetamines, hallucinogens, or cannabinoids. Tests for other prescription and non-prescription drugs are occasionally performed to detect such compounds as common steroids, analgesics, and other indicators of co-existing illnesses/conditions, as well as of drugs used in emergency resuscitation attempts.

Personal Protective Equipment

Detailed knowledge of the manner of death requires, among other things, an evaluation of the performance of the firefighter's personal protective equipment, which includes protective clothing and breathing apparatus. There is voluminous anecdotal evidence that failure to use proper protective equipment has been responsible for many of firefighter injuries, illnesses, and deaths.

The use of self-contained breathing apparatus (SCBA) has significantly reduced the number of firefighter injuries and deaths that are attributable to smoke inhalation. While thermal and respiratory injuries remain a concern in cases of firefighter autopsies, the widespread use of SCBA has introduced new considerations into the evaluation of these injuries. For example, knowing that a firefighter's death was the result of inhalation of combustion products, when the firefighter was using an SCBA, would indicate the need to fully evaluate the performance of the SCBA.

Experts may need to be consulted to determine how a firefighter's protective clothing and equipment performed or failed to perform. The National Institute of Occupational Safety and Health and several independent consultants are available to assist in the evaluation of personal protective equipment.

Non-Line-of-Duty Deaths

Because of their repetitive exposure to toxic environments and carcinogens, many firefighters are concerned that they are at a higher risk to die prematurely, particularly as their longevity on the job increases. The causes of firefighter deaths that occur off-duty (or non-line-of-duty) can sometimes be attributed to one exposure or to a series of exposures to toxins. There have been some major, well documented exposures of firefighters to certain known carcinogens. It has been suggested, for instance, that fires in occupancies manufacturing or storing chemicals in Elizabeth, New Jersey and Fort Lauderdale, Florida are responsible for increased incidence of cancer among the firefighters who fought these blazes.

In recent years, as many as 29 cases of cancer, including 19 cancer deaths, have occurred among the approximately 100 firefighters who fought a fire in 1968 at the Everglades Fertilizer Plant in Fort Lauderdale, Florida. All but one of these cases was diagnosed after the firefighter had retired or resigned from the fire department. This case has prompted the National Institutes of Occupational Safety and Health (NIOSH) to initiate an epidemiological study of firefighters involved in the Everglades fire.

It can be very difficult to directly attribute a non-line-of-duty death to a line-of-duty exposure, especially if the exposure occurred years before the death. Comprehensive autopsies of firefighters whose death may have been caused by a line-of-duty exposure could help establish a better understanding of the relationship between exposures and premature deaths, however this will require much better data be obtained and maintained than is currently the norm.

Many fire departments have mandated physical requirements and medical examinations for firefighters. Regular medical exams and physical testing can track a firefighter's physical and medical status from hire to retirement, and can serve as a baseline against which to compare, especially after an incident or series of incidents where a firefighter may be concerned that an exposure has jeopardized his or her health. Records of exposures to particular toxins should be kept by the fire department along with the medical records. Such documentation would be valuable in determining whether an exposure led to medical problems, or whether a non-line-of-duty death is related to firefighting or other emergency or occupational activities.

The firefighter autopsy protocol is primarily intended to be applicable to line-of-duty deaths, however it would also be appropriate for non-line-of-duty deaths where an occupational factor is suspected to be involved in the cause of death. For most firefighter deaths which are not duty-related or which involve former firefighters, existing clinical autopsy procedures consistent with the individual's medical history should be appropriate. The USFA firefighter autopsy protocol has been designed to uncover pertinent forensic information consistent with the distinct occupational aspects of firefighting.

Firefighter Health

Several studies have looked at the frequency of premature death rates among active and retired firefighters. Rubin (1992) has described the relationships between the hazards of fire suppression and the risk of premature death from heart disease or cancer as "Firefighter's Disease." He notes that relatively little research has been conducted on firefighter mortality and morbidity or the medical treatment of firefighters.

Rubin proposes that a concern for firefighter health should begin with prevention. He suggests that diet, lack of exercise, and lifestyle may be as responsible for premature firefighter deaths as any job-related exposure. The relationships of lifestyle, exercise, and diet with firefighter mortality appear to be more than just conjecture. Epidemiological studies have demonstrated that firefighters are much less likely than the general population to die from natural causes at a given age, early in their careers, because they must be healthier than the average person to pass the rigorous health and fitness standards in order to be hired or approved for volunteer duty. The death rate for firefighters catches up with the rest of the population by their retirement age, which suggests that the so-called "healthy worker effect" diminishes with time, especially if the individuals do not take care of themselves. This takes into account the factor that firefighters tend to retire at a younger age than the general population.



IV. PUBLIC SAFETY OFFICER BENEFITS PROGRAM

The Bureau of Justice Assistance of the U.S. Department of Justice, administers the Public Safety Officer Benefits (PSOB) program, which was established by Congress to provide death benefits to family members of “public safety officers found to have died as the direct and proximate result of a personal injury sustained in the line of duty.” (28 CFR 32.1).

Evaluation Criteria

Title 28, Part 32 of the *Code of Federal Regulations* outlines the eligibility criteria for receiving benefits under this program. Claimants are required to demonstrate that the injury resulting in the death of the public safety officer was the direct result of activities performed in the line of duty. Several claims have been filed in cases where the death resulted from disease or chronic health conditions that were not clearly related to a specific on-duty event. Many of the claims involving deaths resulting from chronic health conditions, such as coronary artery disease, hypertension, and cancer, have been denied because causality could not be clearly and convincingly demonstrated.

Several states have adopted statutes or regulations that establish a presumption in the case of firefighters, that any cardiac or pulmonary disease is occupationally related. Most of these presumptive regulations were adopted in an era when firefighters were routinely exposed to products of combustion without respiratory protection. Some states have more recently extended this presumption to cover cancer as well.

To determine when cardiac deaths could be considered duty-related under the PSOB regulations, an expert panel was convened by the Law Enforcement Assistance Administration, in April 1978 to consider the relative contributions of carbon monoxide and heart disease in firefighter deaths. As a result of this meeting, a standard was established for evaluating claims involving heart attacks, based on evidence that carbon monoxide can increase the susceptibility of an individual to a sudden myocardial infarction. This standard requires that in order to be considered eligible for PSOB compensation, non-smoking firefighters must have a blood carboxyhemoglobin (COHb) level above 10 percent by volume and that firefighters who smoke must have COHb levels above 15 percent by volume. Even if these criteria are met, benefits can still be denied if the medical examiner or coroner performing the autopsy and the pathologist reviewing the case for PSOB determine that carbon monoxide inhalation was not a significant factor in the death or the COHb level found was not a direct causal factor as defined in the PSOB regulations.

In addition to the requirement to demonstrate that the personal injury was incurred in the line of duty, PSOB awards are contingent upon a finding that the death was not caused by intentional misconduct, grossly negligent conduct, or intoxication of

the deceased. The Department of Justice has never denied a PSOB claim on the basis of intentional misconduct or gross negligence on the part of the deceased, and denials for intoxication have been rare.

Program History

Between 1976 and 1992, 1,428 firefighter claims were reported to the PSOB office. During this period, 855 cases were approved and 603 were denied. (The additional cases include 30 carried over from previous years.) The majority of the cases denied involved coronary artery or related cardiovascular diseases without supporting evidence of elevated COHb levels.

The PSOB regulations do not require that an autopsy be performed to document the cause of death. Only a death certificate must be provided to establish death and indicate the proximate cause; however, cases can be delayed or complicated by failure to provide toxicological evidence to support the cause of death or rule that intoxication is not involved. According to PSOB officials, autopsy reports were submitted in approximately half of the cases processed; however, the overwhelming majority of those for which claims were denied involved cases where no autopsy was performed. PSOB officials point out that of the claims denied, the majority involved cardiac deaths which were unlikely to qualify, even if autopsies had been performed.

Issues and Concerns

Due to the substantial number of firefighter line-of-duty deaths caused by heart attacks, firefighters have expressed considerable interest in the standards used to evaluate these cases. Although it is generally accepted that carbon monoxide exposure can cause cardiac ischemia and subsequent death, considerable disagreement exists regarding the assumption that exposure to combustion products should be the sole determinant to qualify individual heart attack cases as job-related. Many individuals and organizations in the fire service contend that several job-related factors conspire to increase a firefighter's risk of acquiring heart disease.

Similar arguments surround the question of chronic conditions such as cancer. Department of Justice officials indicate that only two claims have been paid in the last 15 years for cancer deaths. Both of these cases involved police officers who died of testicular cancer and in each case there was substantial evidence that the cancer resulted from a single job-related exposure. While it has been established that firefighters routinely operate in environments filled with toxic and carcinogenic compounds, no firefighter cancer death claims have been approved under the PSOB regulations.



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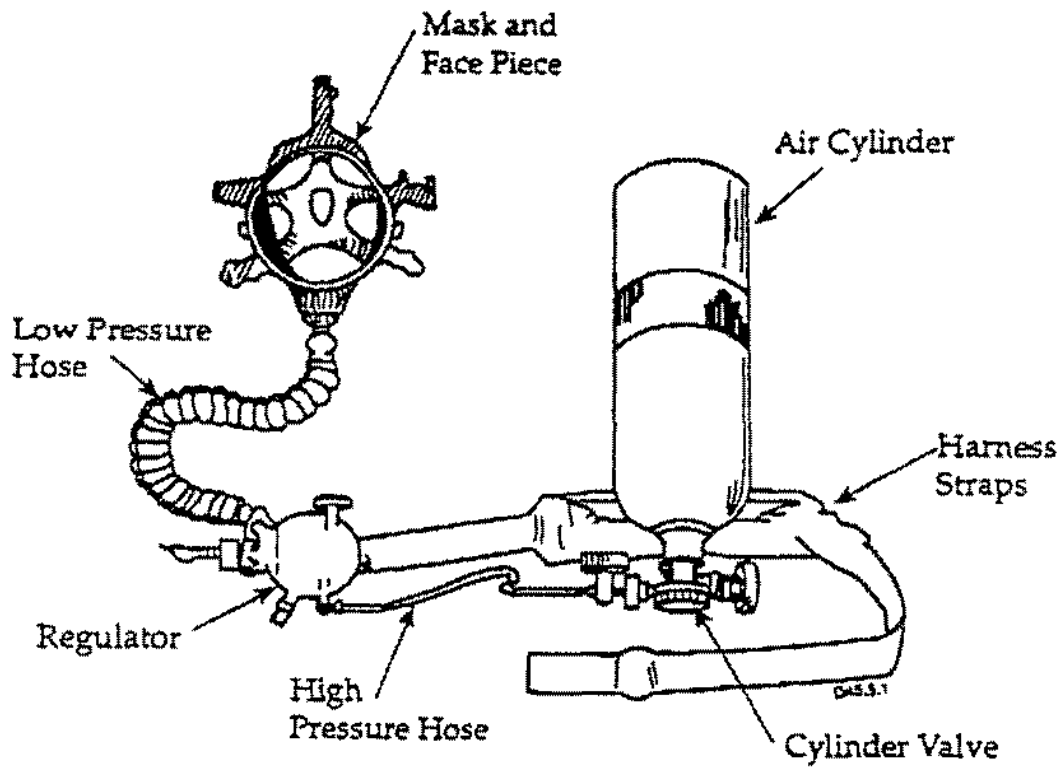
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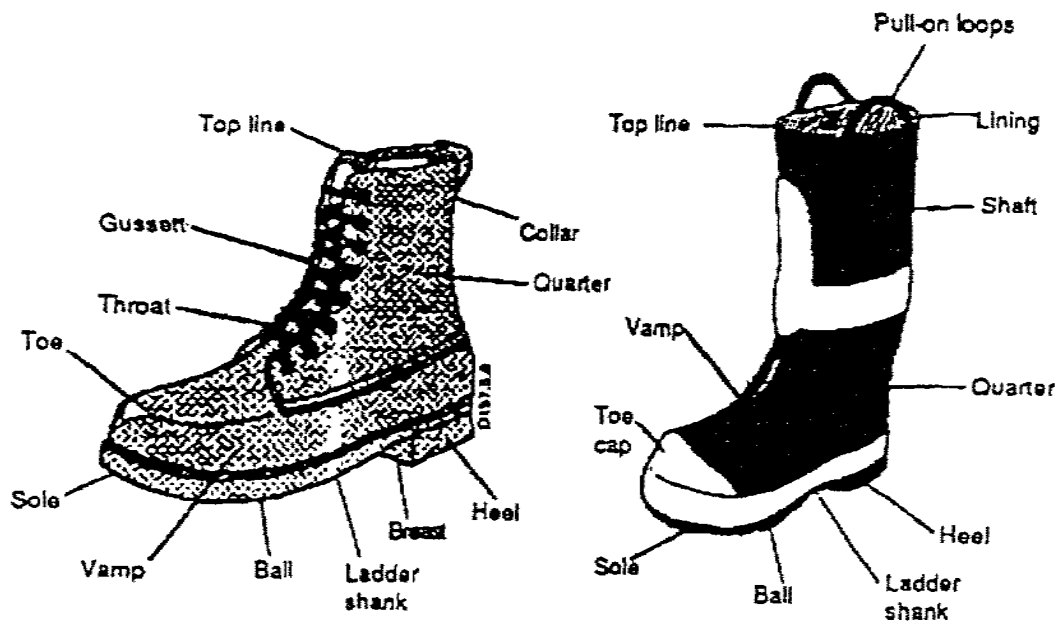


APPENDIX 1

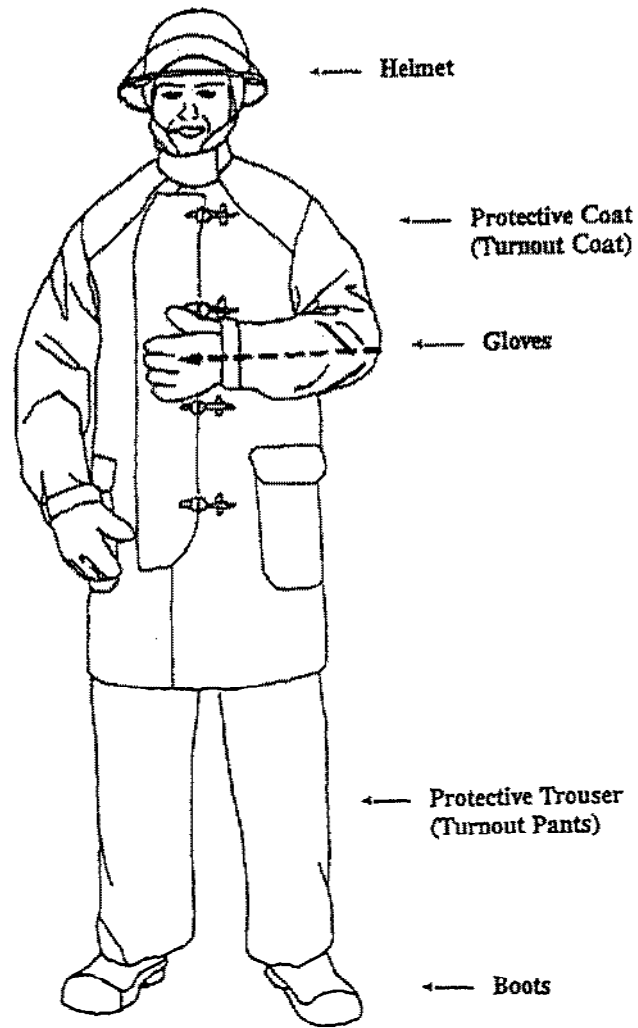
Firefighter Personal Protective Equipment



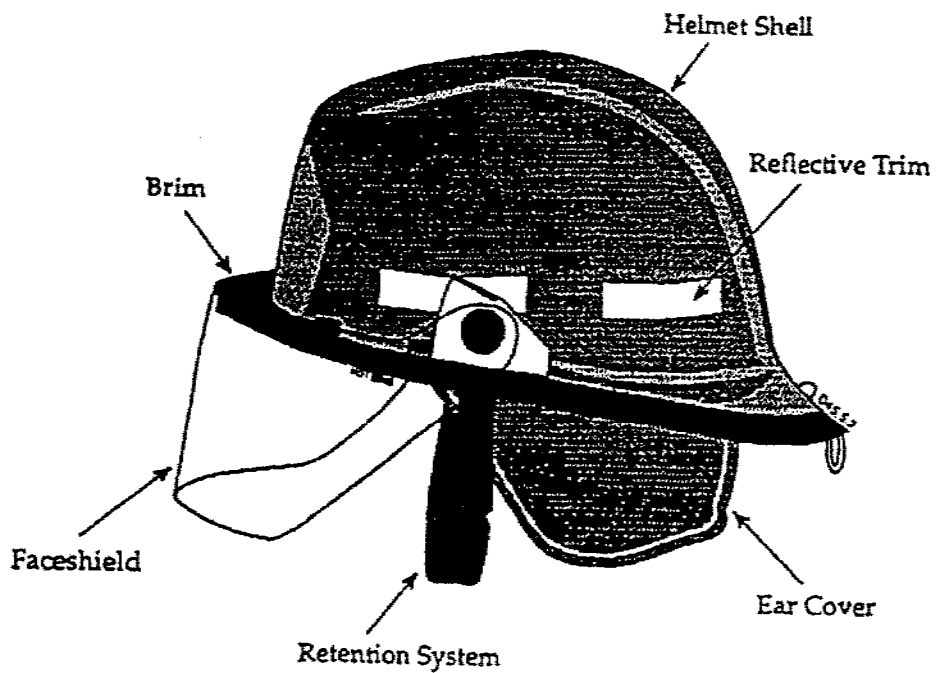
Typical Self-Contained Breathing Apparatus (SCBA)



Typical Boots



**Typical Protective Clothing Ensemble
(Full Ensemble Includes SCBA)**



Typical Helmet

FIREFIGHTER AUTOPSY PROTOCOL



October 1994

PROTOCOL	DISCUSSION
<p><u>I. Preliminary</u></p> <p>A. Circumstances of Death</p> <ol style="list-style-type: none"> 1. Line-of-Duty <ol style="list-style-type: none"> a. Fire suppression activity Other official activity 2. Non-Line-of-Duty <ol style="list-style-type: none"> a. Active firefighter, unrelated activity b. Former firefighter activity <p>B. Medical Records Review</p> <ol style="list-style-type: none"> 1. Fire department injury/exposure records 2. Current medical conditions/medications <ol style="list-style-type: none"> a. Prescribed b. Over-the-counter c. Administered by paramedics <p>C. Complete Work History</p> <ol style="list-style-type: none"> 1. Length of fire combat duty 2. Other jobs held during fire service 3. Jobs held after fire service <p>D. Scene Investigation</p> <p>E. Scene Photography</p> <p>F. Jurisdiction/Authority to Conduct Autopsy</p>	<p>Firefighters are subject to many uncommon occupational hazards, including toxic and superheated atmospheres, explosions, falls, crushing/penetrating forces, contact with fire, electricity, or hazardous materials, and extremely strenuous and stressful physical activities.</p> <p>The autopsy results may be essential to determine why or how a firefighter was incapacitated, how the b. activity related to the cause of death, and whether protective equipment performed properly. Having a clear picture of the nature of firefighting operations that were taking place (and to which the deceased was assigned) will assist in identifying possible mechanisms of injury. If the firefighter was reported missing, try to determine the time of last contact or the length of time between the initial report and the finding of the body.</p> <p>The fire department should have an officer or internal Line-of-Duty Death Investigation Team assigned to conduct a death investigation. Other investigators may include the police, the state fire marshal (or other state officials), and/or federal/state agencies responsible for occupational safety and health. Consult with these officials as necessary.</p> <p>In conducting the medical records review, obtain a documents which pertain to the incident. Document the occupational history of the deceased, including the number of years assigned as a "combat" firefighter, any history of unusual exposures (or changes in frequency of exposure) to hazardous substances, and any relevant occupational medical history. Finally, all recent medical history should be reviewed, including documentation of any attempts at on-scene resuscitation.</p>

<p style="text-align: center;">PROTOCOL</p>	<p style="text-align: center;">DISCUSSION</p>
<p>II. Initial Examination</p> <ul style="list-style-type: none"> A. Identification of Victim B. Document Condition of Personal Protective Equipment (PPE) <ul style="list-style-type: none"> 1. Refer to PPE Identification Diagrams on page 6 for standardized nomenclature PPE description should include: <ul style="list-style-type: none"> Turnout coat Turnout pants Helmet Gloves Boots Self-Contained Breathing Apparatus Personal Alert Safety System (PASS) Protective hood Clothing worn under turnouts 2. Use photographs to enhance documentation C. Maintenance of Custody of Equipment 	<p>Exercise caution when handling contaminated personal protective equipment (PPE), especially from hazardous materials incidents, as residue may be harmful to those involved in the autopsy.</p> <p>PPE should be sealed in a metal can/drum if fire accelerants or other volatile/toxic chemicals are suspected to be present; otherwise PPE should be air-dried and preserved for examination. Preservation of the original state of PPE, including clothing, is essential. PPE should be considered as evidence, and handled accordingly. The Death Investigation Team should perform or assist in the evaluation/documentation of PPE condition and performance. Documentation of the chain of custody of the PPE is required, especially as it may be examined by a number of individuals. Upon completion of any a. examination, PPE should be secured in an evidence storage area. (International Association of Fire Chiefs. 1993. Guide <i>for Investigation of a Line-of-Duty Death</i>. Fairfax, VA: pp. 14, 19).</p> <p>Observations and photos recorded at the scene should indicate whether the deceased was found wearing e. self-contained breathing apparatus (SCBA) and/or other PPE. If SCBA and personal alert safety system (PASS) are user-controlled, were they properly activated or working at the time of discovery of g. the deceased? A swab from the inside of the SCBA facepiece may help in determining operability-</p> <p>A qualified specialist should inspect the PPE and note any damage. The National Institute for Occupational Safety and Health (NIOSH) can assist in the determination of any contribution of the deceased's SCBA to the death. PPE manufacturers may be able to assist in evaluating damage, but PPE should <u>not</u> be returned to the manufacturer for examination (because of concerns about product liability). Breathing apparatus filter cartridges, if anv. should be retained.</p>

PROTOCOL	DISCUSSION
<p>III. External Examination</p> <ul style="list-style-type: none"> A. Document Condition of Body <ul style="list-style-type: none"> 1. Photograph 2. Radiograph B. Document Evidence of Injury C. Document Evidence of Medical Treatment D. Collect Evidence from External Surfaces <ul style="list-style-type: none"> 1. Swabs of nasal/oral soot or other substances 2. Hair 3. Injection Sites E. Collect Vitreous Fluid F. Document Bums <ul style="list-style-type: none"> 1. Location 2. Degree 3. Etiology 4. Percentage of body surface area (BSA) G. Biopsy Skin Lesions 	<p>Firefighters are trained to provide emergency medical care for fire casualties. Of particular importance is that <u>resuscitative efforts for fellow firefighters are likely to be heroic and prolonged</u>. This fact should be taken into account when examining the body for evidence of medical intervention <u>and</u> when interpreting the results of blood gas assay.</p> <p>Note the presence of soot or other unidentified substances on the skin and place samples (swabs) in a sealed container.</p> <p>Certain internal samples (such as soot swabs and vitreous fluid) which can be done before the body is opened are taken at this point because collection can be accomplished in a more controlled manner, thus reducing the potential for cross-contamination of the surfaces.</p> <p>Hair samples should be about the thickness of a finger, pulled out so as to include the roots, tied around the middle, with the proximal and distal ends marked, and stored in a plastic evidence bag.</p> <p>Vitreous fluid should be taken from both eyes. Vitreous fluid can be used to corroborate blood alcohol levels.</p>

PROTOCOL	DISCUSSION
<p>IV. Internal Examination</p> <p>A. Document Evidence of Injury</p> <p>B. Document Evidence of Medical Treatment</p> <p>C. Describe Internal Organ System</p> <p>D. Collect Samples for Toxicologic Analysis</p> <ol style="list-style-type: none"> 1. Blood (2 x 2Occ red- and grey-top tubes) 2. Urine (20 to 3Occ) and/or trimmed bladder 3. Bile (all available) or Gallbladder (ii bile unavailable) 4. Cerebrospinal Fluid (up to approx. 30 ml) 5. Soot swabs from airway <ol style="list-style-type: none"> a. Tracheal b. Bronchial 6. Representative sampling of gastric and duodenal contents (50g; note total amount) 7. Take and retain fresh-frozen samples <ol style="list-style-type: none"> a. Lung 100g b. Kidney 100g c. Liver 100g d. Spleen 100g e. Skeletal muscle (Psoas or Thigh) 20g f. Subcutaneous fat 20g g. Section of bone with marrow (3-4 cm) h. Brain 100g 8. Additional specific samples to be taken: <ol style="list-style-type: none"> a. Tied-off lower lobe of right lung (store in arson debris paint can) b. Peripheral blood from leg vein (fluoridated and red-top tubes) c. Any specimens taken in field or during hospital resuscitation d. Sample hematomas e. Any other sites should be labelled 	<p>Soot swabs should be obtained from the upper and lower airways as well as from the inside of the SCBA facepiece. These will assist in the determination of SCBA usage and operability.</p> <p>Note any unusual odors/colors of anything found during the internal examination.</p> <p>Fresh-frozen samples of vital organs should be taken and retained a minimum of 90 days, preferably longer as storage space permits.</p> <p>An area of growing interest is the cancer rate of firefighters. Potentially cancerous tissue should be biopsied and saved. Additionally, histological type and the exact location of the tumor (if site-specific) within an organ should be documented in detail.</p> <p>In the case of incinerated remains, bone marrow or spleen may be the only source of tissue for toxicological studies, especially for those establishing carbon monoxide levels.</p> <p>Gastric and duodenal contents should be representative. Solid dosage forms should be removed, counted, and analyzed.</p> <p>When taking lung samples, use the right lung because aspirated foreign materials have a greater propensity to lodge in the right lung.</p>

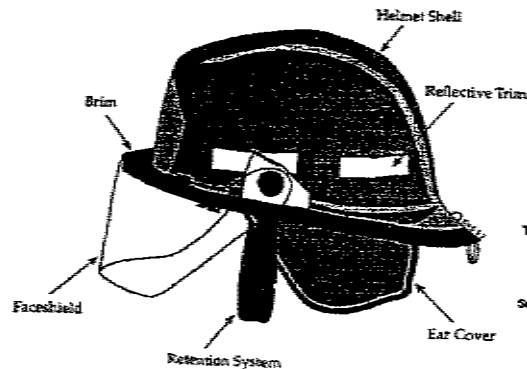
PROTOCOL	DISCUSSION
<p><u>V. Toxicological Examination</u></p> <p>A. Urine Screen/Analysis</p> <ol style="list-style-type: none"> 1. Volatile compounds (e.g., Benzene, Hydrocarbons including accelerants, Ethanol) 2. Psychoactive substances (e.g. Opiate derivatives, Marijuana metabolites, Cocaine metabolites, Stimulants, Phencyclidine) <p>B. Blood Analysis</p> <ol style="list-style-type: none"> 1. Carboxyhemoglobin, Methemoglobin, Sulfhemoglobin 2. Volatile compounds (see A.I. above) 3. Other (e.g., Hydrocyanic Acid, Flouride) 4. Confirm results of positive urine screen <p>C. Subcutaneous Fat Analysis</p> <ol style="list-style-type: none"> 1. Organic compounds, including: <ol style="list-style-type: none"> a. Herbicides b. Pesticides 2. Polychlorinated Biphenyls (PCBs) <p>D. Soot Screen (from swabs)</p> <ol style="list-style-type: none"> 1. Metals, including: <ol style="list-style-type: none"> a. Arsenic b. Antimony c. Lead 2. Organics, including: <ol style="list-style-type: none"> a. Pesticides b. Herbicides c. Vinyl Chloride d. Acrylonitrile e. Acrolein 3. Particulate analysis 	<p>The toxicologic analysis performed for firefighters should be of a higher order than that performed for civilian fire casualties. In addition to ascertaining blood levels of various toxic products that are commonly found in a fire environment, it is beneficial to know about the presence of any judgment-impairing substances. This may be important in the determination of eligibility for death benefits as well as for determining causality.</p> <p>Determination of specific levels of metals, organic compounds, and gross particulate matter should be conducted because firefighter exposure to these substances is believed to be greater than that for civilians. Additionally, this information may yield important clues about the cause, manner, and mechanism of firefighter death.</p> <p>Use vitreous fluids or bile to confirm presence of ethanol in either blood or urine.</p> <p>Use caution when noting the presence of Hydrocyanic Acid as it can be produced by bacterial decomposition within the tissues of the deceased.</p> <p>Check for the presence of PCBs in the subcutaneous fat, as this will help in the determination of a history of exposure.</p>

PROTOCOL	DISCUSSION
<p>VI. Microscopic Examination</p> <p>A. Findings of Microscopic Examination</p>	<p>Representative samples of all organs and body systems should be collected. The sections should be microscopically examined for malignant neoplasms and other abnormalities, including suggestive pre-malignant changes</p>
<p>VII. Summary of Pathological Findings</p> <p>A. Medical Facts</p> <p>1. Correlation</p>	<p>State objective findings related to gross and microscopic examinations. Correlate physical circumstances, toxicological analyses, and other investigative studies to pathological findings.</p>
<p>VIII. Conclusions</p> <p>A. Discrepancies</p> <p>1. Inconsistent observations</p> <p>2. Differences between death certificate and subsequent findings</p> <p>B. Conclusions</p> <p>1. List diagnoses on a separate page</p> <p>2. Cause and manner of death</p>	<p>Include determination of cause and manner of death. Describe discrepancies between evidence collected or observations of eyewitnesses and the autopsy findings.</p>

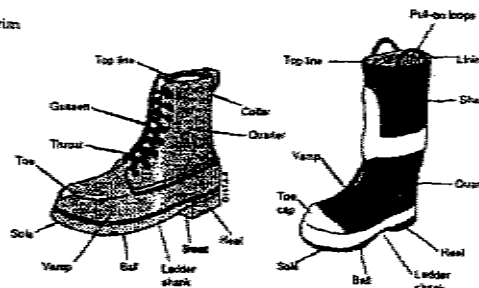
Sample Firefighter Personal Protective Equipment (PPE) Identification Diagrams
(actual PPE styles vary depending on manufacturer)



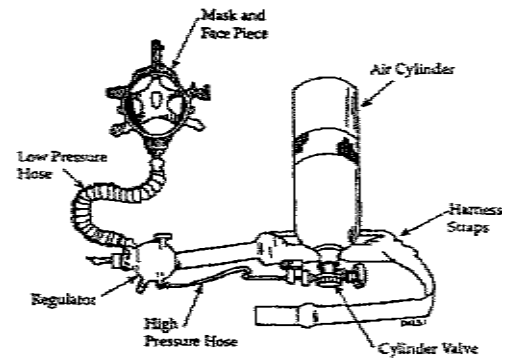
Protective Clothing Ensemble
(Full PPE Includes SCBA)



Helmet



Boots



Self-Contained Breathing Apparatus

Funeral Guidelines

Section 6

This section contains an example of a funeral SOP along with diagrams for setups at the funeral home and cemetery.

Fire Department Funeral Guidelines

PURPOSE

The purpose of this guide is to help establish procedures that will ensure proper support and care for a firefighter's family after the death of an active member of the fire department. These guidelines will also help ensure that proper honors are rendered.

OBJECTIVES

To standardize burial protocol

To promote the honor and respect for the fallen firefighter

To establish lines of authority and responsibilities during notification, funeral and burial proceedings

To establish criteria for each type of funeral: Class I, Class II, Class III, Class IV

To establish criteria as to whom these honors are rendered

CLASSIFICATIONS

Class I- A Class I death is to be considered for members of the department who are killed at the scene of an emergency incident or killed in responding to or returning from the scene of said incident. A Class I death will also include those that are injured at the scene and who later die as a result of these injuries. Class I will NOT include individuals who die of heart, lung, or other causes while not engaging in emergency activities at the time of death.

Class II- A Class II death pertains to members of the department who dies while on duty, but not due to injuries sustained while performing emergency activities.

Class III- A Class III death is a death occurring when an active employee is off duty and not relating to any emergency activities.

Class IV- A Class IV death pertains to the death of a retiree of the fire department.

NOTIFICATION

Line of Duty Death (Class I & II)-

The Chief Dispatcher on duty at the time of the incident will be responsible for contacting the Fire Chief and the Chaplain.

The Fire Chief and the Chaplain will be responsible for contacting the families of firefighters that have been killed in the line of duty. If the firefighter's next of kin are outside of the local township or county, it is the Chief's responsibility to notify the fire or police department nearest the family, and to arrange that a uniformed officer, preferably from the fire department, and accompanying local chaplain, to contact the family in person.

The Chaplain will be responsible for notifying the Public Information Officer and the Funeral Coordinator. Additionally, the Chaplain will contact any fraternal or employee organizations.

The Public Information Officer (PIO) will be responsible for contacting the Mayor's office, City Counsel, and any other appropriate dignitaries. The PIO will also notify all other stations within the department.

The Funeral Coordinator will notify the Honor Guard/Memorial Team.

Active Members/Off Duty Death (Class III)-

Department members that have knowledge of a fellow firefighter's death are encouraged to notify the department through the Chief Dispatcher.

The Dispatcher will then notify the department Chaplain and Administration after receiving and verifying prevalent information on the member's death and applicable funeral information.

The Chaplain, once notified, is then responsible for contacting the family and offering department assistance.

The Chaplain would then contact the department Funeral Coordinator and appropriate fraternal and employee organizations as per the family's wishes.

The department Administration will announce the death and any funeral/memorial arrangements to all stations.

The Funeral Coordinator will contact the Honor Guard Coordinator as per the family's wishes

Retiree Deaths (Class IV)-

The family of the deceased retiree is responsible for contacting the department if they wish department participation in the funeral service.

The Chaplain is responsible for contacting the family upon knowing the family's wishes for the department's participation.

The Chaplain then will contact the Funeral Coordinator and the Honor Guard Coordinator.

Official Announcement

The official announcement to the department should be made by the Chief or by a designated Communications officer assigned by the Chief.

The announcement should follow a set format, and be from the perspective of the Chief or ranking officer, regardless of who reads it.

The verbal announcement should be followed with typed copies to be distributed for posting in each station, with a follow up announcement once funeral plans are finalized.

After this announcement is made within the department, it may be made available as a formal written statement to the appropriate media outlets.

Sample Announcement

I, Chief _____, am sorry to report the death of ____ (number) of our brave firefighters. _____ (name or names) died at _____ (time) (date may be necessitated, especially if death was not immediate) while _____ (actively working on, responding to, returning from) incident number _____ at _____ (location). Funeral arrangements are pending at this time, however, a formal announcement of the arrangements, and the department's participation will be made, within the wishes of the family (or families).

ADDITIONAL RESPONSIBILITIES

Funeral arrangements are the ultimate responsibility of the family, but the fire department will provide assistance if requested.

The Funeral Coordinator is responsible for coordinating all necessary department personnel before and during the funeral services. Additionally, the Funeral Coordinator will notify the Honor Guard Coordinator, Shift Coordinator, and any other appropriate agencies to be involved in the services. The Funeral Coordinator insures that the funeral/memorial runs smoothly.

GUIDELINES FOR SERVICES TO BE PROVIDED TO FAMILY BY THE DEPARTMENT

Class I- Line of Duty Death-

Prior to Services

Transportation to funeral home/cemetery to make arrangements

Services of Department Clergy/Chaplain offered to family

Services of Department Funeral Coordinator offered to assist family in making arrangements

Arrangement of Pall Bearers in appropriate class 'A' uniforms with white gloves

Arrangement of Police Escorts for processional to cemetery

Chapel/Church Service

Honor Guard at Casket (during all viewing and visitation at funeral home and leading up to funeral service)

Fire Apparatus for processional to graveside (as well as standing fast at the funeral home during all viewing and visitation)

Color Guard at service

Pipers and Drum Corps at service

Graveside Service

Arched Aerial Ladders with Hanging Flag at entrance to cemetery

Fire Apparatus at gravesite

Color Guard

Services of Department Chaplain, if family wishes

Department Honors/Ceremony

Flag folding and presentation

Pipers and Drum Corps

Bugler to play 'Taps' at cemetery

Fire Walk of Honor

Class II- On Duty Death Not Pertaining To An Emergency Scene-

Prior to Services

Transportation to funeral home/cemetery to make arrangements

Services of Department Clergy/Chaplain available to family upon request

Services of Department Funeral Coordinator available upon request to assist family in making arrangement

Arrangement of Pall Bearers in appropriate uniforms

Arrangement of Police Escorts for processional to cemetery

Chapel/Church Service

Honor Guard at Casket

Fire Apparatus for processional to graveside

Color Guard at service, upon request

Pipers and Drum Corps at service, upon request

Graveside Service

Fire Apparatus at gravesite

Color Guard, upon request

Services of Department Chaplain available

Flag folding and presentation

Pipers and Drum Corps, upon request

Class III- Off Duty Death-

1. Prior to Services

Services of Department Clergy/Chaplain available to family upon request

Services of Department Funeral Coordinator available upon request to assist family in making arrangements

Arrangement of Pall Bearers in appropriate uniforms, upon request

Arrangement of Police Escorts for processional to cemetery, upon request

Chapel/Church Service

Honor Guard at Casket

Uniformed Personnel at service

Uniformed Personnel to serve as Pall Bearers, upon request

Pipers and Drum Corps at service, upon request

Graveside Service

Services of Department Chaplain available

Pipers and Drum Corps, upon request

Class IV- Retiree Death

1. Prior to Services

Services of Department Clergy/Chaplain available to family upon request

Arrangement of Pall Bearers in appropriate uniforms, upon request

Arrangement of Police Escorts for processional to cemetery, upon request

Chapel/Church Service

Honor Guard at Casket

Color Guard, upon request

Uniformed Personnel at service

Uniformed Personnel to serve as Pall Bearers, upon request

Pipers and Drum Corps at service, upon request

Graveside Service

Services of Department Chaplain available

Flag folding and presentation

Pipers and Drum Corps, upon request

GUIDELINES FOR THE FUNERAL/MEMORIAL SERVICE

Class I- Line of Duty Death

All available department personnel to attend in full class 'A' dress uniform, including off duty members.

All members will wear a black band over their badges from the time the death is announced until 24 hours after finish of service, and up to one week after death.

All department flags will fly at half-staff from the time the death is announced until at least 24 hours after finish of service, and up to one week after death.

All regular uniformed personnel will remain covered while outdoors, except during prayers, and uncovered indoors.

All Honor Guard members will be covered at all times during the performance of their duties.

Seating will be reserved as such that the family is nearest the casket followed by the Pall Bearers, the department officers, descending in rank, followed by all other members of the home department. Following that will be all visiting uniformed firefighters, from the longest distance traveled to the least traveled. The City Mayor, Councilmen, and other dignitaries (from Local to most Broad (i.e. Federal)), will be seated either to the side of all firefighters, or directly behind the home department.

Upon conclusion of the service, all personnel, starting with the Pall Bearers, and going further from the casket, will file out, being the first to leave, to assemble outside in preparation of the passing of the casket.

The casket will precede the family filing through the assembled firefighters to the Fire Apparatus or Funeral Coach of choice.

Directly behind the casket as it exits the chapel/church will be the immediate family, followed by extended family and all other attendees.

The Pall Bearers will then place the casket on the appropriate apparatus, or in the funeral coach, if chosen

Class II- On Duty Death-

1. All available department personnel encouraged to attend in full class 'A' dress uniform, including off duty members.

All members will wear a black band over their badges from the time the death is announced until 24 hours after finish of service.

All department flags will fly at half-staff from the time the death is announced until at least 24 hours after finish of service.

All regular uniformed personnel will remain covered while outdoors, except during prayers, and uncovered indoors.

All Honor Guard members will be covered at all times during the performance of their duties.

Seating will be reserved as such that the family is nearest the casket followed by the Pall Bearers, the department officers, descending in rank, followed by all other members of the home department. Following that will be all visiting uniformed firefighters, from the longest distance traveled to the least traveled. The City Mayor, Councilmen, and other dignitaries (from Local to most Broad (i.e. Federal)), will be seated either to the side of all firefighters, or directly behind the home department.

Upon conclusion of the service, all personnel, starting with the Pall Bearers, and going further from the casket, will file out, being the first to leave, to assemble outside in preparation of the passing of the casket.

The casket will precede the family filing through the assembled firefighters to the Fire Apparatus or Funeral Coach of choice.

Directly behind the casket as it exits the chapel/church will be the immediate family, followed by extended family and all other attendees.

10. The Pall Bearers will then place the casket in the funeral coach, if chosen

Class III- Off Duty Death

1. All available department personnel asked to attend in uniform, including off duty members.

All members will wear a black band over their badges from the time the death is announced until 24 hours after finish of service, and up to one week after death.

All department flags will fly at half-staff from the time the death is announced until at least 24 hours after finish of service, and up to one week after death.

All regular uniformed personnel will remain covered while outdoors, except during prayers, and uncovered indoors.

Seating will be reserved as such that the family is nearest the casket followed by the Pall Bearers, any department officers who wish to attend, followed by all other members of the department. Following that will be any visiting uniformed firefighters. Any dignitaries will be seated either to the side of all firefighters, or directly behind them.

Upon conclusion of the service, all personnel, starting with the Pall Bearers, and going further from the casket, will file out, being the first to leave, to assemble outside in preparation of the passing of the casket.

The casket will precede the family filing through the assembled firefighters to the Funeral Coach.

Directly behind the casket as it exits the chapel/church will be the immediate family, followed by extended family and all other attendees.

The Pall Bearers will then place the casket in the funeral coach.

Class IV- Retiree Death

All available department personnel to attend in full class 'A' dress uniform, including off duty members.

All members may wear a black band over their badges from the time the death is announced until 24 hours after finish of service.

All uniformed personnel at the service will remain covered while outdoors, except during prayers, and uncovered indoors.

All Honor Guard members will be covered at all times during the performance of their duties.

Seating will be reserved as such that the family is nearest the casket followed by the Pall Bearers, department officers, all other members of the home department, all visiting uniformed firefighters, and any applicable dignitaries

Upon conclusion of the service, all personnel, starting with the Pall Bearers, and going further from the casket, will file out, being the first to leave, assembling outside in preparation of the passing of the casket.

The casket will precede the family filing through the assembled firefighters to the Funeral Coach.

Directly behind the casket as it exits the chapel/church will be the immediate family, followed by extended family and all other attendees.

The Pall Bearers will then place the casket in the funeral coach.

GUIDELINES FOR PROCESSIONAL TO, AND ASSEMBLY AT GRAVESIDE

Class I- Line of Duty Death-

Note: There are two options for processing to the graveside, marching and vehicular procession.

Marching Processional- It is the responsibility of the Honor Guard Commander/Coordinator to ensure that the order for the marching processional is as follows, and that the Bugler is standing by at the cemetery

Piper (s) and Drummer (s)

Color Guard

Clergy/Department Chaplain

Apparatus/Funeral Coach with Pall Bearers and Honor Guard Escort

Immediate Family

Fire Chief, Department Officers in descending order of rank, and Dignitaries from most local to most broad

Home department uniformed personnel

Visiting Department uniformed personnel from the longest distance traveled to the least traveled

Home Department Additional Apparatus

Visiting Department Apparatus from the longest distance traveled to the least traveled

All other miscellaneous vehicles

Vehicular Procession Only- It is again the responsibility of the Honor Guard Commander/Coordinator to ensure that the order for the vehicular procession is appropriate, as follows, and that Piper (s), Drummer (s), Bugler and Color Guard are standing by at the cemetery.

Lead Car provided by funeral home, containing appropriate Clergy/Department Chaplain

Apparatus/Funeral Coach, with Pall Bearers riding inside if apparatus, or immediately following family in one vehicle if funeral coach

Car or Limousine with Immediate Family

Fire Chief Car followed by officer cars and dignitary cars

Additional Home Department Apparatus

Visiting Department Apparatus from the longest distance traveled to the least traveled

All other Home Department Personnel, if in personal vehicles

All other Visiting Department Personnel, if in personal vehicles

All other Miscellaneous Vehicles

Assembly at Graveside

Two crossed Aerial Ladders with a draped flag shall be at the entrance to the cemetery, so that the entire processional goes underneath them in entering

The Piper (s), Drummer (s) will be assembled approximately 100 yards from the gravesite, and the Bugler will assemble approximately 20 feet past the gravesite

Fire Walk of Honor- the members of the home department shall line up on both sides of the path, in an organized fashion from the Coach/Apparatus to the graveside, approximately 10 feet apart with all additional home department firefighters, and visiting department firefighters lining up behind the front row of firefighters

Once the firefighters are appropriately assembled, the Color Guard will line up at the beginning of the Walk of Honor followed by the Clergy/Chaplain

At this point the Pall Bearers will remove the casket from the Coach/Apparatus and the Honor Guard will command "Firefighters, Attention" All firefighters will then come to attention, awaiting the command "Firefighters, Present Arms" which will signal the Pall Bearers to begin carrying the casket down the Walk of Honor, and all firefighters will render a hand salute just as the casket nears them

The casket will be followed in order by the Immediate Family, the Fire Chief and Officers, in descending rank, command staff, and other dignitaries

Once the casket reaches the gravesite, the piper (s) and drummer (s) will begin playing 'Amazing Grace' as they approach from the distance, marching to approximately 20 feet from the foot end of the graveside

After the piper (s) and drummer (s) reach their appropriate places, the command "Firefighters, Order Arms, Fall In" will be given, instructing the firefighters to move from their places in the Walk of Honor, to orderly lined directly behind the family, who are to be seated directly in front of the casket

The appropriate Clergy/Chaplain then should step forward with the graveside message, which should include the 23rd Psalm, and Firefighter's prayer, depending upon the wishes of the family

At the close of the graveside message, the Clergy/Chaplain will then commence with "Let us now pray." At this time, all are expected to remove and order their covers to their sides, and bow their heads in respect.

Once the Clergy/Chaplain has finished his prayer, all personnel will recover, and the Honor Guard will remove the flag from the casket, and fold it for presentation to the family.

The flag will be passed from one member of the honor guard to the honor guard commander, with both members of the honor guard saluting as it passes.

The presentation to the next of kin will be made by the honor guard commander, who will present it as he explains, "This flag is presented on behalf of a grateful _____ (city, township, county, etc.), as a small token of our appreciation for the honorable and faithful service, and great sacrifice of your loved one.

It is then appropriate for the dispatcher to read this farewell message over the radio. "The members of the _____ Fire Department wish to thank _____ (rank and name) for his/her ____ (#) years of services to the citizens of this (city, city, township, county, etc) of _____ (name). Although you are gone, you will never be forgotten."

At the conclusion of this, the Honor Guard Commander will command "Firefighters, Attention, Present Arms" and the bugler will begin to play 'Taps'

At the conclusion of 'Taps' the command "Firefighters, Order Arms" will be rendered, and the firefighters will stand at attention until the family has begun to depart.

At this point the honor guard commander will command, "Firefighters, Dismissed" concluding the services

Class II- On Duty Death

1. Procession- It is again the responsibility of the Honor Guard Commander/Coordinator to ensure that the order for the vehicular processional is appropriate, as follows, and that Piper (s) and Drummer (s) are standing by at the cemetery.

Lead Car provided by funeral home, containing appropriate Clergy/Department Chaplain

Funeral Coach, with Pall Bearers immediately following family in one vehicle

Car or Limousine with Immediate Family

Fire Chief Car

Additional Home Department Vehicles

Visiting Department Vehicles

All other Home Department Personnel

All other Visiting Department Personnel

All other Miscellaneous Vehicles

Assembly at Graveside

The Piper (s) and Drummer (s) will be assembled approximately 100 yards from the graveside

At this point the Pall Bearers will remove the casket from the Coach and begin carrying the casket to the graveside

The casket will be followed in order by the Immediate Family, the Fire Chief and firefighters

Once the casket reaches the gravesite, the piper (s) and drummer (s) will begin playing 'Amazing Grace' as they approach from the distance, marching to approximately 20 feet from the foot end of the graveside

The appropriate Clergy/Chaplain then should step forward with the graveside message, which should include the 23rd Psalm, and Firefighter's prayer, depending upon the wishes of the family

At the close of the graveside message, the Clergy/Chaplain will then commence with "Let us now pray." At this time, all are expected to remove and order their covers to their sides, and bow their heads in respect.

Once the Clergy/Chaplain has finished his prayer, all personnel will recover, and the Honor Guard will remove the flag, if applicable, from the casket, and fold it for presentation to the family.

The flag will be passed from one member of the honor guard to the honor guard commander, with both members of the honor guard saluting as it passes.

The presentation to the next of kin will be made by the honor guard commander, who will present it as he explains, "This flag is presented on behalf of a grateful _____ (city, township, county, etc.), as a small token of our appreciation for the honorable and faithful service of your loved one.

It is then appropriate for the dispatcher to read this farewell message over the radio. "The members of the _____ Fire Department wish to thank _____ (rank and name) for his/her ____ (#) years of services to the citizens of this (city, city, township, county, etc) of _____ (name). Although you are gone, you will never be forgotten."

At this point the services are concluded

Class III- Off Duty Death

1. Procession- It is again the responsibility of the Honor Guard Commander/Coordinator to ensure that the order for the vehicular processional is appropriate, as follows, and that Piper (s) and Drummer (s) are standing by at the cemetery.

Lead Car provided by funeral home, containing appropriate Clergy/Department Chaplain

Funeral Coach, with Pall Bearers immediately following family in one vehicle

Car or Limousine with Immediate Family

Fire Chief Car

Additional Home Department Vehicles

All other Department Personnel

All other Vehicles

Assembly at Graveside

The Piper (s) and Drummer (s) will be assembled approximately 100 yards from the graveside

At this point the Pall Bearers will remove the casket from the Coach and begin carrying the casket to the graveside

The casket will be followed in order by the Immediate Family and present firefighters

Once the casket reaches the gravesite, the piper (s) and drummer (s) will begin playing 'Amazing Grace' as they approach from the distance, marching to approximately 20 feet from the foot end of the graveside

The appropriate Clergy/Chaplain then should step forward with the graveside message, which should include the 23rd Psalm, and Firefighter's prayer, depending upon the wishes of the family

At the close of the graveside message, the Clergy/Chaplain will then commence with "Let us now pray." At this time, all are expected to remove and order their covers to their sides, and bow their heads in respect.

Once the Clergy/Chaplain has finished his prayer, all personnel will recover

It is then appropriate for the dispatcher to read this farewell message over the radio. "The members of the _____ Fire Department wish to thank _____ (rank and name) for his/her ____ (#) years of services to the citizens of this (city, city, township, county, etc) of _____ (name). Although you are gone, you will never be forgotten."

At this point the services are concluded

Class IV- Retiree Death

1. Procession- It is the responsibility of the Funeral Coordinator to ensure that the order for the vehicular processional is appropriate, as follows, and that Piper (s) and Drummer (s) are standing by at the cemetery, according to the families wishes.

Lead Car provided by funeral home, containing appropriate Clergy

Funeral Coach, with Pall Bearers immediately following family

Car or Limousine with Immediate Family

Fire Chief Car

Additional Department Vehicles

All other Department Personnel

All other Vehicles

Assembly at Graveside

The Piper (s) and Drummer (s) will be assembled approximately 100 yards from the graveside, according to the wishes of the family

At this point the Pall Bearers will remove the casket from the Coach and begin carrying the casket to the graveside

The casket will be followed in order by the Immediate Family and present firefighters

Once the casket reaches the gravesite, the piper (s) and drummer (s) will begin playing 'Amazing Grace' as they approach from the distance, marching to approximately 20 feet from the foot end of the graveside

The Clergy then should step forward with the graveside message, which should include the 23rd Psalm, and Firefighter's prayer, depending upon the wishes of the family

At the close of the graveside message, the Clergy will then commence with "Let us now pray." At this time, all are expected to remove and order their covers to their sides, and bow their heads in respect.

Once the Clergy has finished his prayer, all personnel will recover

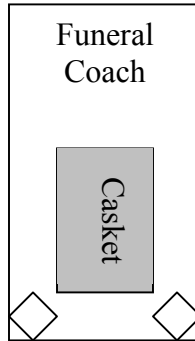
If it is then appropriate, according to local customs, for the dispatcher to read this farewell message over the radio. "The members of the _____ Fire Department wish to thank _____ (rank and name) for his/her _____ (#) years of services to the citizens of this (city, city, township, county, etc) of _____ (name). Although you are gone, you will never be forgotten."

At this point the services are concluded

Diagrams

Processional Vehicles/No Marching

Lead Car With Clergy



Family Car(s)

Fire Chief and Department Officer Cars

Dignitary Car(s)

Department Apparatus
Station Apparatus First

Visiting Apparatus
Farthest Away To Most local

Department Personnel In Personal Vehicles

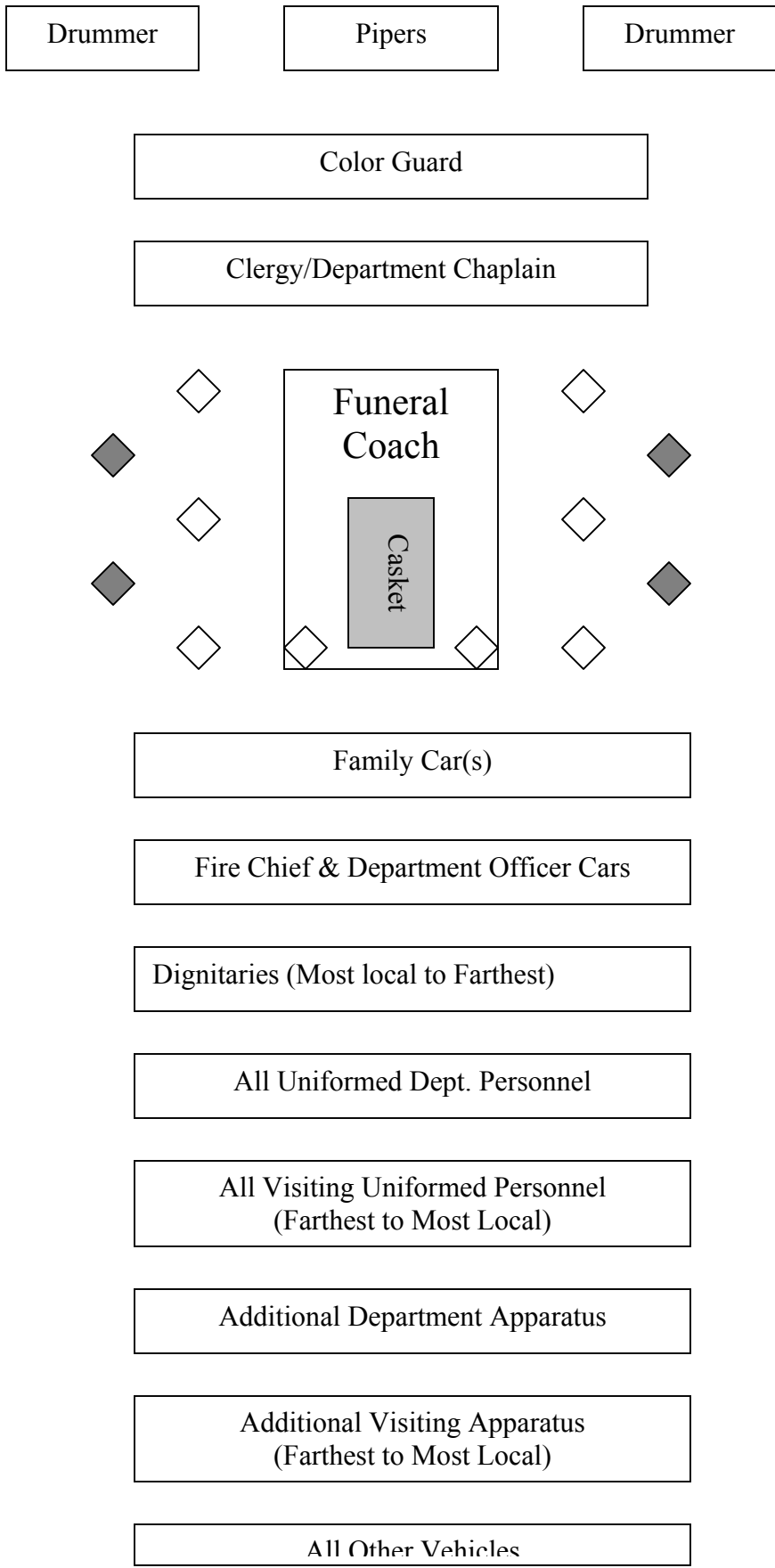
Visiting Department In Personal Vehicles

All Other Vehicles

KEY
◇ - Pall Bearers

Diagrams

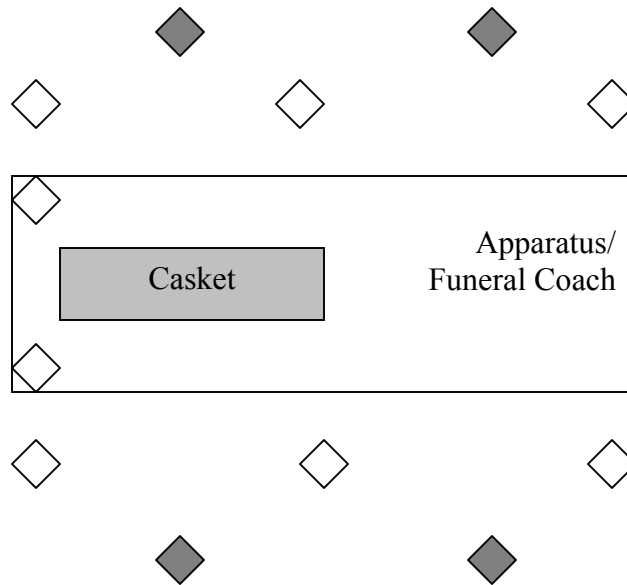
Processional Marching



Diagrams

The Processional - Marching

Location of Pallbearers around the Funeral Coach when marching



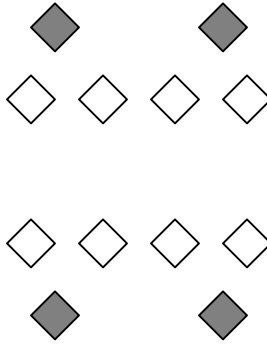
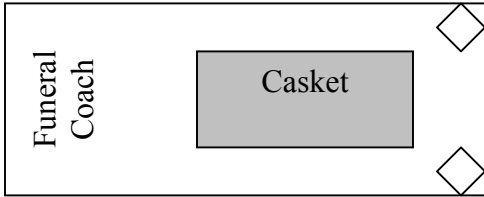
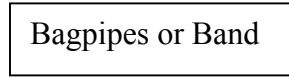
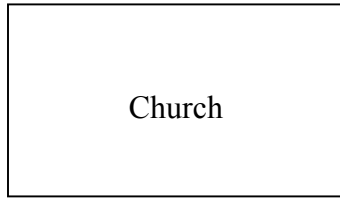
KEY

- ◇ - Pallbearers
- ◆ - Honor Guard

Two Pallbearers should ride on the tailboard, one on each side of the casket. Pallbearers riding on the tailboard should never obstruct the view of the casket.

Diagrams Church Formations

Outside Church



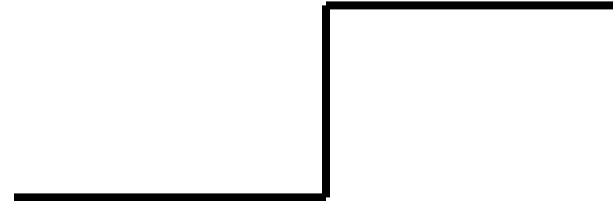
Marching Processional
(if marching)



KEY

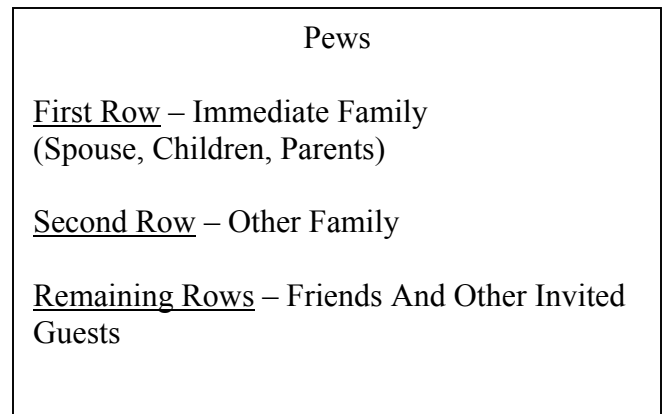
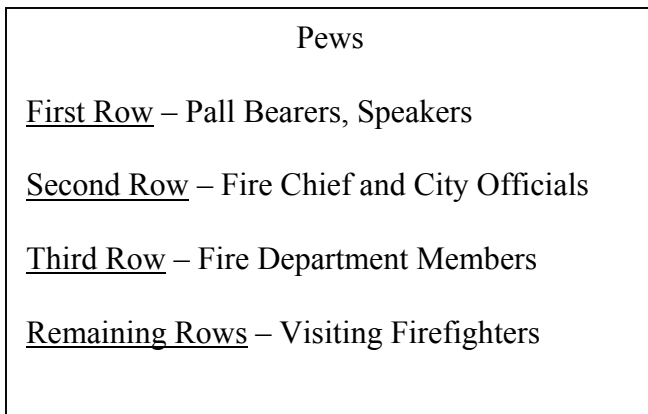
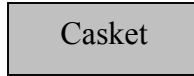
◇ - Pallbearers

◆ - Honor Guard

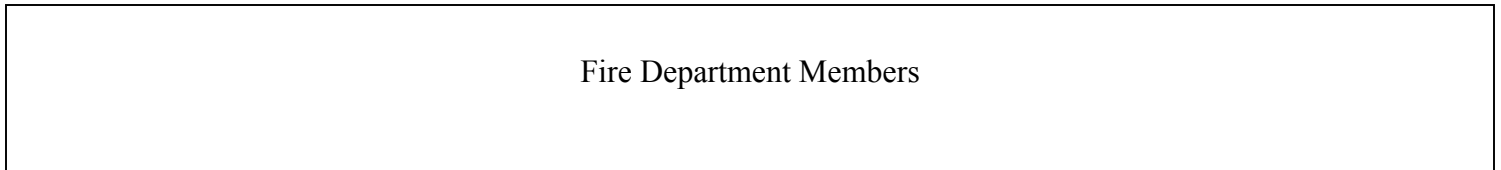
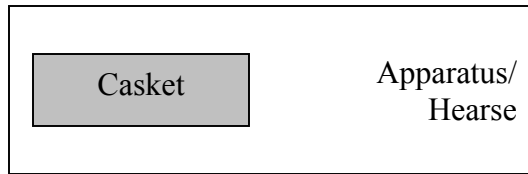
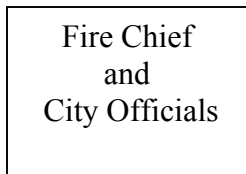
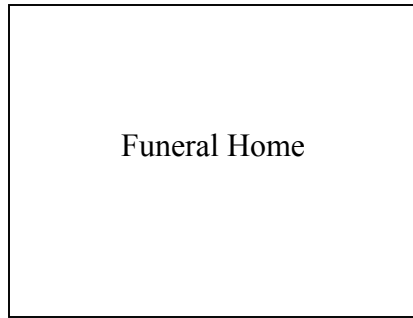


Diagrams Church Formations

Inside Church

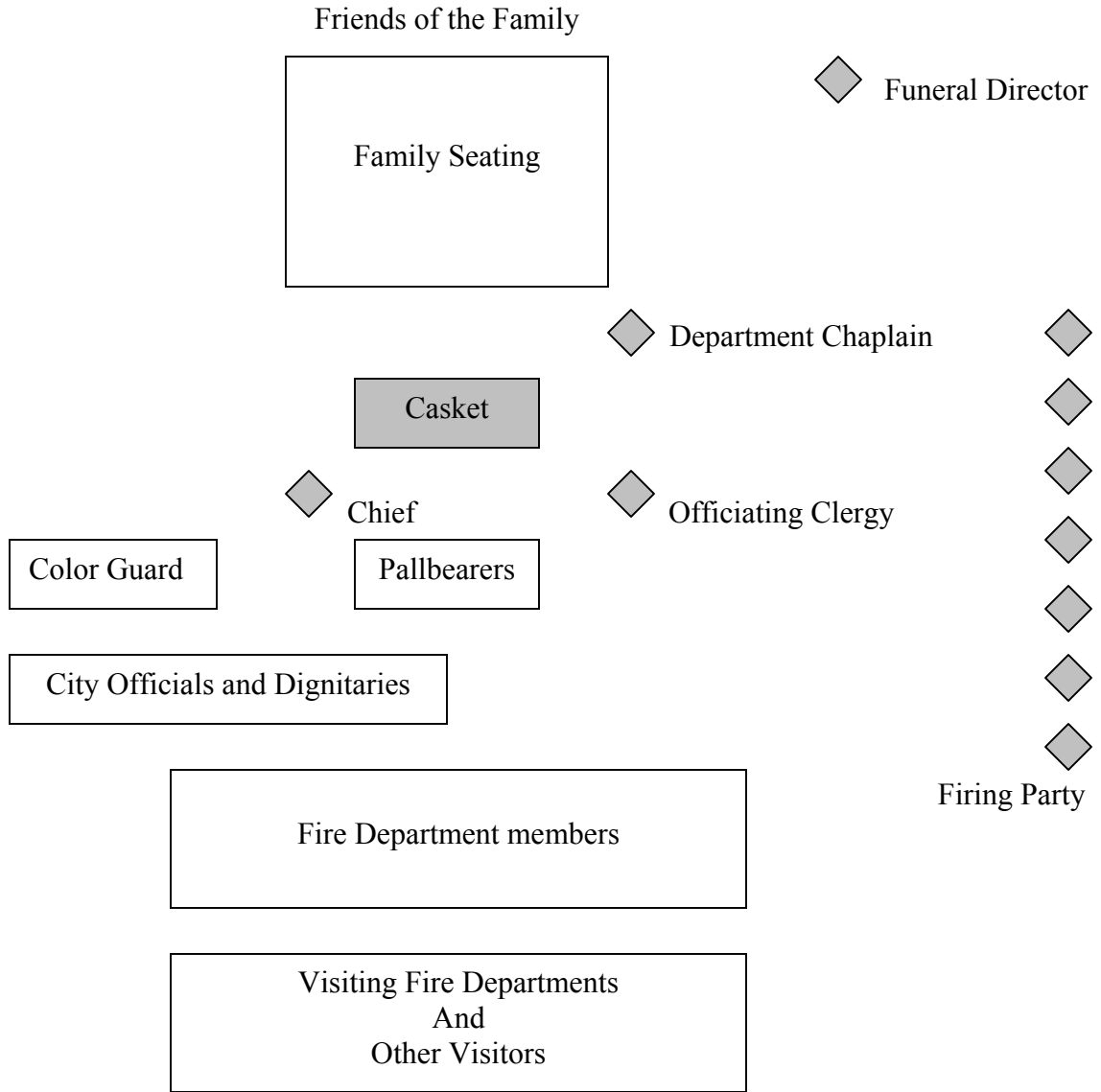


Diagrams At The Funeral Home



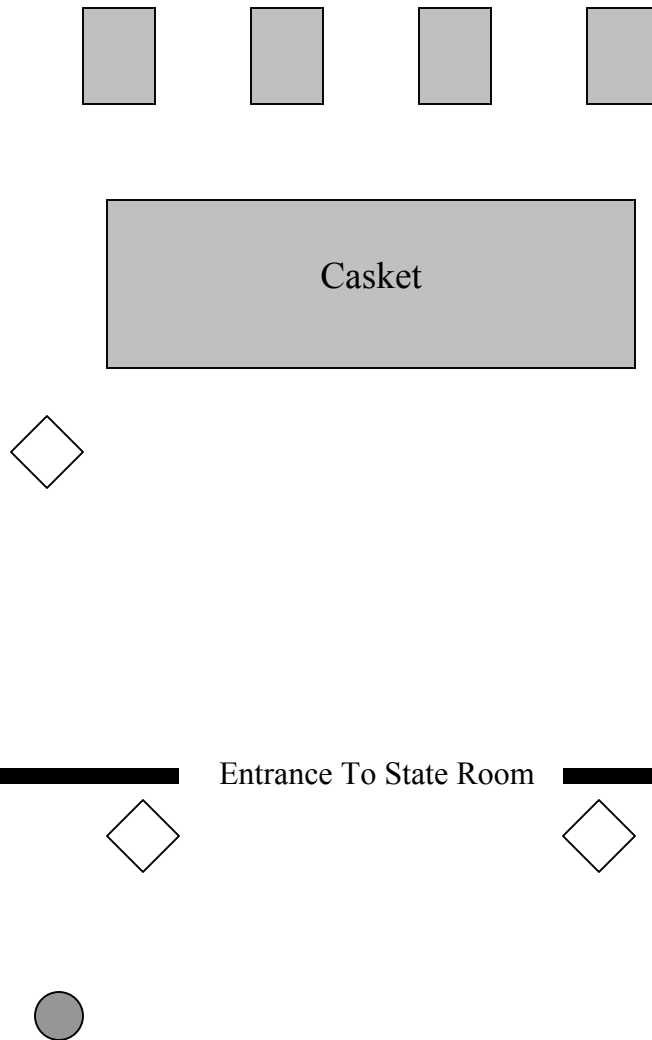
Diagrams Cemetery Formation

◆ Bugler/ Bagpiper

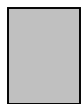


Color Guard should be standing at an angle. If the Firing Party is from the American Legion, the Firing Party will stay in that formation until American Legion presentation is completed. After the presentation is completed, Firing Party will give 21 gun salute, then the members of the American Legion may leave. If the Firing Party is not with the American Legion, the members of the Firing Party will stay in formation for entire graveside service.

Diagrams
Funeral Home Visitation, Body In State



KEY



- Flags: Country, State, City, Department and/or Union



- Honor Guard Member: One individual will stand at attention by the casket during the entire time of visitation. Individual may be replaced every 30 minutes to one hour.



- Chief or other Fire Department officer

Uniforms

Section 7

Here is some information on obtaining a free dress uniform for the fallen firefighter to be buried in.



Picture Courtesy of: Salt Lake Fire Department

Fallen Firefighter Dress Uniform Program

Any Firefighter, killed in the line of duty, will be provided, for burial purpose, at request of the immediate family, a Class A Dress Uniform.

There is no charge for the uniform, rank striping or Maltese Crosses. The only cost involved is for freight, which we will bill to the affiliated department.

The **FALLEN FIREFIGHTER DRESS UNIFORM PROGRAM** is a service provided exclusively by Lighthouse Uniform Company, with the hope that in some small way, it will help with the grieving process, and to also let firefighters across the country know, we are thinking of them and we appreciate all they do in all of our communities.

Call Us Toll-Free

1-800-426-5225

When contacting Lighthouse Uniforms to obtain a dress uniform for the fallen firefighter, please have the following sizes ready to give to them; neck, shirt, jacket, and pants.



1532 15th Avenue West
Seattle, WA 98119
1-800-426-5225
www.lighthouseuniform.com

Firefighter Information

Section 8

Here is where you will put the information on the fallen firefighter that will be important to the investigations and the filing of benefits.

Items that need to be in this section are the firefighters original application, the firefighter's Confidential Information Form, and a copy of the firefighter's birth and death certificates.

A blank Confidential Information Form is included in this section so that it may be copied and filled out by all the members of your department. Keep the blank original in this section for future use.

After the funeral, place the firefighter's information in a separate binder, so that it will remain available as the investigations continue and the benefits are filled. This information may be needed for up to two (2) years following a death.

Confidential Information Form

Houston Fire Department

CONFIDENTIAL

Name of employee: _____ Employee ID#: _____

Date of hire: _____

D.O.B: _____ S.S.N.: _____

Sex: ___ Male ___ Female Race: _____

Place of Birth: _____

Marital Status: _____

Home Address: _____ Home Phone: _____

_____ Cellular Phone: _____

Station Assigned: _____

Division Assigned: _____

Other Place of Employment?

Business: _____

Supervisor: _____

Phone: _____

Address: _____

Confidential Information Form

Notification

Do you have anyone you would like to assist the Chief and Chaplain with notification?

Name: _____ Relation: _____

Phone: _____

Address: _____

Name: _____ Relation: _____

Phone: _____

Address: _____

Would you like for your pastor to be contacted? Yes No

Pastor's name: _____

Church's name: _____

Church's Phone Number: _____

Military Service

Veteran? Yes No

If Yes, What Branch of Service? _____

Service Serial Number: _____

Date Entered Service: _____ Date of Discharge: _____

Location of Military Discharge Papers (DD214): _____

Highest Grade, Rank or Rating Received: _____

Wars/Conflicts Served: _____

Entitled to a military funeral? Yes No

Do you desire a military funeral? Yes No

Do you desire the American Flag on your casket? Yes No

Confidential Information Form

Family Information

Name of spouse or significant other:

_____ D.O.B. _____

Address if different: _____

Home Phone: _____ Work Phone: _____

Pager/Cell Phone: _____

Specified visiting/calling hours? __Yes__ No

from _____ to _____

Name of child: _____

D.O.B.: _____ Phone: _____

Address: _____

Name of child: _____

D.O.B.: _____ Phone: _____

Address: _____

Name of child: _____

D.O.B.: _____ Phone: _____

Address: _____

Name of child: _____

D.O.B.: _____ Phone: _____

Address: _____

Confidential Information Form

Name of mother: _____

Phone: _____

Address: _____

Name of father: _____

Phone: _____

Address: _____

Contact In-Laws: __ Yes __ No

Name of mother-in-law: _____

Phone: _____

Address: _____

Name of father-in-law: _____

Phone: _____

Address: _____

Name of sibling: _____

Phone: _____ Relationship: _____

Address: _____

Confidential Information Form

Name of sibling: _____

Phone: _____ Relationship: _____

Address: _____

Name of sibling: _____

Phone: _____ Relationship: _____

Address: _____

Name of sibling: _____

Phone: _____ Relationship: _____

Address: _____

Contact ex-spouse: Yes No

Name of ex_spouse: _____

D.O.B.: _____

Address: _____

Home Phone: _____ Work: _____

Contact Other Individuals: Yes No

Other Individual(s) Name: _____

Phone: _____ Relationship: _____

Address: _____

Confidential Information Form

Other Individual(s) Name: _____

Phone: _____ Relationship: _____

Address: _____

Other Individual(s) Name: _____

Phone: _____ Relationship: _____

Address: _____

Funeral Arrangement Information

Do you have any prearranged funeral plans? Yes No

Location of prearrangements: _____

Are there any prearranged cremation plans? Yes No

Location of prearrangements: _____

Has a cemetery plot been purchased? Yes No

Plot Number: _____ Cemetery: _____

Location of cemetery: _____

Is there a funeral home preference? Yes No

Name: _____

Phone: _____

Address: _____

Confidential Information Form

Is there a cemetery preference? Yes No

Name: _____

Phone: _____

Address: _____

Do you request a fire department funeral? Yes No

Do you attend a local church regularly? Yes No

Denomination: _____

Church Name: _____

Address: _____

Pastor: _____

Are you a member of fraternal organization? Yes No

If yes, is their participation requested? Yes No

Name of the person making arrangements if different from spouse/significant other:

Phone Number: _____

Address: _____

Is there a preference? Burial Cremation

Confidential Information Form

If cremation is chosen, is there a preference for disposition of the ashes?

___ Home ___ Cemetery ___ Scattering

Open casket? ___ Yes ___ No

Viewing: ___ Public ___ Private ___ None

Clothing preferences? ___ Uniform ___ Civilian

If uniform, ___ Class A ___ Class B ___ Class C

Uniform size: Shirt: _____ Pants: _____ Jacket: _____

Personal Accessories:

- Wedding Band Stays On _____ or Given to: _____
- Glasses Stays On _____ or Given to: _____
- Other _____ Stays On _____ or Given to: _____

Who will deliver the eulogy? _____

List preferences for pallbearers:

_____	_____
_____	_____
_____	_____
_____	_____

Do you desire flowers? ___ Yes ___ No

Are flowers to be omitted in lieu of a favorite charity, agency, or organization?

___ Yes ___ No,

Name of organization: _____

Phone Number: _____

Address: _____

Confidential Information Form

Favorite songs: _____

Favorite poem: _____

Favorite readings: _____

Favorite Bible Verse: _____

Financial Information

Do you have Will? __ Yes __ No Date of Will _____

Location of Will: _____

Executor: Name: _____

Phone: _____

Address: _____

Prepared by (attorney): _____

Phone: _____

Address: _____

Please list any insurance policies you have.

Insurance Company: _____

Type of Police: _____

Policy #: _____

Location of Policy: _____

Confidential Information Form

Insurance Company: _____

Type of Police: _____

Policy #: _____

Location of Policy: _____

Insurance Company: _____

Type of Police: _____

Policy #: _____

Location of Policy: _____

Please list any financial assets (mutual funds, stocks, bonds, vehicles)

Type/Description: _____

Location: _____

Type/Description: _____

Location: _____

Type/Description: _____

Location: _____

Type/Description: _____

Location: _____

Loans, long-term outstanding bills

Type/Description: _____

Location: _____

Confidential Information Form

Type/Description: _____

Location: _____

Type/Description: _____

Location: _____

Type/Description: _____

Location: _____

Bank Account Information

Bank: _____ Branch: _____

Location: _____

Phone: _____

Type of Account: Checking: _____ Savings: _____

Bank: _____ Branch: _____

Location: _____

Phone: _____

Type of Account: Checking: _____ Savings: _____

Medical Information

I have had treatment for:

- Cancer: _____
- Tuberculosis: _____
- Kidney Disorder: _____
- Diabetes: _____
- Circulatory Problems: _____
- Heart: _____
- Other: _____

Confidential Information Form

I am allergic to the following drugs: _____

Physician: _____ Field of Practice: _____
Phone: _____
Address: _____

Physician: _____ Field of Practice: _____
Phone: _____
Address: _____

Physician: _____ Field of Practice: _____
Phone: _____
Address: _____

Dentist: _____
Phone: _____
Address: _____

Are you an organ donor? __Yes__ No

Do you have any of the following?

- Scars: _____

- Tattoos: _____

- Surgical Implants: _____

Confidential Information Form

What are your wishes regarding life support measures?

I have a living will: ___ Yes ___ No

Location of document: _____

Other Information

Do you have an attorney? __ Yes __ No

Name: _____

Phone: _____

Address: _____

Do you have any special requests, wishes, or directions that you would like to be cared for in the event of your death or serious injury?

Confidential Information Form

This form will be confidential and sealed in your Personal Information Packet. In the event of your death or serious injury, this form will be utilized to ensure that you are cared for.

Signature _____ Date _____

Next of Kin Signature _____ Date _____

Notary Seal

CONFIDENTIAL FORM!
NOT TO BE RELEASED EXCEPT UPON THE EVENT OF THE DEATH OR INJURY
OF THIS INDIVIDUAL.

IAFF Department of Occupational Health & Safety Line-of-Duty Death Information Form

Deceased:

Date Received Time Received

Local # District VP

Rank Social Security Number

Age IAFF Membership Number

Date of Death Cause of Death

Next of Kin (relationship)

Address

Telephone

Children Age

Local Union Official

Union Official Title

PSOB Contact

Union Local #

Address

Telephone

Governor

Address

Fire Chief

Fire Department City

Address

Telephone

Municipal Official
(including title)

Address

Telephone

U.S. Senator

Address

U.S. Senator

Address

U.S. Congressman

Address

Funeral Home
(including address)

Date(s) of Wake

Time

Funeral Date

Time

Funeral Address
(including name)

Telephone

FAX this Form, as soon as possible to:

IAFF Department of Occupational Health and Safety

202-737-8418

Monetary Benefits

Section 9

In this section you will find a summary of the monetary benefits available for a LODD or LODI, along with benefits filing forms. They are arranged so that those benefits that pay out for immediate needs are listed first, while those that require a greater amount of time to process are listed last.

Please make a copy of the form to be filled out and keep the blank original here for future use.

The benefits coordinator(s) for the Texas State Fire Marshal's Line of Duty Death Task Force Team is available to assist you in filling out the forms for local, state, and federal benefits.

Setting Up Memorial Funds

IMPORTANT! PLEASE READ

When setting up a memorial fund for the family of the fallen firefighter, do not set the account up under the individual's or family's name. A personal account will be viewed by the IRS as taxable income and can be taxed heavily.

To set up a memorial account, put the account under a nonprofit organization, such as the fire department (if volunteer), the local union, or other fraternal organization. Because such organizations are assigned a nonprofit code, for example a 501(c)3 for charity or a 501(c)6 for structured organizations, any donation made to this particular account will not be taxed by the IRS. When the donated money is ready to be given to the family, a check made out by the hosting organization to the family will be viewed as a donation, and will not be taxable income.

- Example 1: Please make checks payable to the Anywhere Volunteer Fire Department. In the memo section of the check, please write "John Doe Memorial Fund"
- Please make checks payable to the Anywhere Fire Department Memorial Fund

Line of Duty Death Summary of Benefits As Listed on the National Fallen Firefighters Foundation Website.

Federal Benefits For Fallen Firefighters

Public Safety Officer's Benefit	<p>The Public Safety Officers' Benefits Act of 1976, as amended, authorizes the Department of Justice, Bureau of Justice Assistance, Office of Justice Programs, to pay a benefit to specified survivors of public safety officers found to have died as the direct and proximate result of a personal injury, traumatic injury involving external force sustained in the line of duty, and to claimant public safety officers found to have been permanently and totally disabled as the direct result of a catastrophic injury sustained in the line of duty.</p> <p>As a result of the unprecedented loss of life by public safety officers on September 11, 2001, Congress increased the one time payment to \$250,000, retroactive for all eligible deaths on or after January 1, 2001. The payment is adjusted annually to reflect the cost of living. As of October 2002, the amount of the benefit for a qualified survivor, or a qualified disabled public safety officer, is \$262,100.</p>
Lighthouse Uniforms	<p>Provides a free Class A uniform for the fallen firefighter. Department pays for shipping which is billed at a later date.</p> <p>Contact: 800-426-5225</p>

Texas State Benefits For Fallen Firefighters

One-time Death Benefit	<p>Effective September 1, 2001, \$250,000 lump sum payment to eligible spouse if firefighter died in performance of duty and from exposure to a risk. If no spouse, payment in equal shares to children. New legislation includes children with no limit on age. If no eligible surviving spouse or children, payment to parents in equal shares.</p> <p>Career firefighters: Spouse and dependent children are eligible for continued health insurance benefits.</p> <p>Contact: Employees Retirement System of Texas, P.O. Box 13207, Austin, TX 78711-3207 --- (512) 476-6431 --- (877) 275-4377 --- www.ers.state.tx.us.</p>
Workers' Compensation	<p>Workers' compensation is not mandatory for career or volunteer firefighters so this benefit may not apply to all firefighters. For those firefighters covered under workers' compensation, weekly benefit of 75% of employee's average weekly wage paid 50% to surviving spouse and 50% divided equally among dependent children. If no spouse survives, children receive total benefit, and vice versa. Children are eligible for benefits until age 18, age 25 if a full-time student, or longer if disabled. Lifetime benefit for spouse who does not remarry. Upon remarriage, spouse receives a two-year lump sum and benefits terminate.</p>

	<p>Contact: Texas Workers' Compensation Commission, 4000 South IH-35, Austin, TX 78704-7491 --- (512) 440-5690 --- (800) 252-7031 -- - www.twcc.state.tx.us.</p>
Funeral Benefit	<p>Workers' compensation is not mandatory for career or volunteer firefighters so this benefit may not apply. For those firefighters covered under workers' compensation, maximum of \$6,000 for burial expenses, plus the cost of transporting the body to the home area.</p> <p>Contact: Workers' Compensation, as listed above.</p>
Retirement/Pension Plan	<p>Volunteer and career firefighters: Texas Local Fire Fighters' Retirement Act, covering many municipalities and departments, provides different death benefits and monthly allowances for each local plan. Departments and municipalities determine the details of their individual plans.</p> <p>Contact: Firefighters Pension Commission, P.O. Box 12577, Austin, TX 78711 --- (512) 936-3372.</p> <p>Volunteer and auxiliary firefighters: Texas Statewide Emergency Services Personnel Retirement Act provides a lump-sum payment of \$60,000 (as of 1999) to the beneficiary and monthly pension payments equal to 66 2/3% of the member's full retirement annuity to be shared equally between spouse and minor children. Children are eligible until age 18, age 19 if full-time student, or if the child became disabled before his or her 22nd birthday and remains incapable of self-support. This is a lifetime benefit for the spouse. Department must participate in the plan for firefighter to receive benefits.</p> <p>Contact: Firefighters Pension Commission, as listed above.</p> <p>Career firefighters: Texas Municipal Retirement System gives each municipality the option to participate. Method and amount of distribution varies between plans. The municipality may provide a lump sum supplemental death benefit equal to the firefighter's annual salary.</p> <p>Contact: Texas Municipal Retirement System, P.O. Box 149153, Austin, TX 78714-9153 --- (512) 476-7577 --- (800) 924-8677 --- www.tmr.com.</p>
Education Benefit - Children	<p>For deaths occurring before September 1, 2001: Tuition, dues, fees, and charges waived at public state institutions. Does not include lodging, board, or clothing. May be used at public junior colleges, senior colleges, and universities. Can be used for eight semesters and is not restricted to undergraduate education. Applicant must be age 21 or under when first applying.</p> <p>For deaths occurring on or after September 1, 2001: Student exempt from tuition and fees at institution of higher education until the student receives a bachelor's degree or 200 hours of college credit, whichever occurs first. If the student elects to reside in housing provided by the institution and qualifies to reside there, the institution shall pay the cost of the student's contract for housing and food, as well as the cost of the student's textbooks, until the student receives a bachelor's degree or 200 hours or course credit. whichever</p>

	<p>occurs first.</p> <p>Contact: Texas Higher Education Coordinating Board, Capitol Station, P.O. Box 12788, Austin, TX 78711 --- (512) 427-6101.</p>
Education Benefit - Spouse	<p>For deaths occurring before September 1, 2001, no benefits.</p> <p>For deaths occurring on or after September 1, 2001, same benefits as for children.</p> <p>Contact: Texas Higher Education Coordinating Board, as listed above.</p>
Non-Profit or Private Organizations	<p>IAFF Department of Occupational Health and Safety LODD 1750 New York Ave. NW, Washington, DC 20006 202.737.8484</p> <p>State Firemen's & Fire Marshal's Association of Texas 4450 Frontier Trail Austin, Texas 78745 (512) 454-3473 (800) 580-7336 www.sffma.org SFFMA member benefits provides a \$2,000.00 accidental death policy to all individual members of the association. Family members are also covered at \$1,000.00 for spouse and \$500.00 for each child. Benefit is provided through the American Income Life Insurance Company.</p> <p>Fleetwood Memorial Foundation 501 South Fielder Road Arlington, TX 76013 (817) 261-8954 www.fleetwoodmemorial.org Grants awarded ranging from \$1,000 to \$10,000. Designed to provide immediate financial relief. Funds also available for education expenses in state public institutions for the dependent children.</p> <p>Williams-Pyro Incorporated Firemen's Fund 2721 White Settlement Road Fort Worth, TX 76107 (817) 335-1147 (888) 616-7976 Provides grants to the families based on need.</p> <p>The Hundred Club of San Antonio P.O. Box 6741 San Antonio, TX 78209-6741 (210) 366-8735 Serves residents of San Antonio/Bexar County. \$2,500 benefit immediately after death. Trust fund set up for each child. Extra benefits depending on individual situation.</p> <p>The Victoria 100 Club P.O. Box 5176 Victoria, TX 77903-5176 (361) 578-1502 Serves residents of Victoria Countv. Assistance varies accordina to</p>

	<p>each individual case.</p> <p>The Hundred Club of Wichita Falls 1111 Seventh Street Wichita Falls, TX 76301 (940) 723-2104</p> <p>100 Club Survivors Fund 1233 W. Loop South, Suite 1250 Houston, TX 77027 Serves Houston public safety officers' survivors. \$10,000 check to assist with needs.</p>
Crime Victims	<p>Texas Crime Victims' Compensation Fund. Firefighter's death must have been the result of a violent crime such as arson. Survivors are eligible to receive up to \$50,000 to help cover medical costs, counseling, loss of wages, childcare, funeral expenses, and other costs.</p> <p>Contact: Crime Victims' Compensation Program, Office of the Attorney General, P.O. Box 12198, Austin, TX 78711-2198 --- (512) 936-1200 --- (800) 983-9933 --- www.oag.state.tx.us.</p>
Veteran's Affairs	<p>Veterans' Administration 1-800-827-1000 www.va.gov</p> <p>Provides various burial services and benefits for military members and veterans.</p>

Education Benefits

Public Safety Officers Educational Assistance Program	<p>This Department of Justice program provides educational assistance to children and spouses of law enforcement, fire and emergency public safety officers killed or disabled in the line of duty. Available only to those survivors who have received benefits under the Public Safety Officers' Benefits program listed under one-time death benefits.</p> <p>The benefits may be used solely to defray educational expenses, including tuition, room and board, books, supplies, and other education fees. The allowance, as of 2003, is \$680 per month for full-time students, and lesser amounts for part-time students. Covers all eligible survivors of public safety officers killed or permanently disabled on or after January 1978. New regulations require an offset for any other federal, state or local government scholarship awards.</p> <p>Contact: PSOB, Bureau of Justice Assistance, 810 7th Street, NW, Washington, DC 20531---(888) 744-6513</p>
National Fallen Firefighters Foundation Scholarship Program	<p>This program offers educational assistance to spouses, children, and stepchildren of firefighters honored at the National Fallen Firefighters Memorial in Emmitsburg, Maryland. Application form and information are available online at www.firehero.org. Or call (301) 447-1365 for assistance.</p>
IAFF- W. H. McClennan Scholarship	<p>Makes annual scholarship awards available to children of firefighters who died in the line of duty. The applicant's parent must have been a member in good standing of the International Association of Fire Fighters at the time of death.</p> <p>Contact: W. H. "Howie" McClennan Scholarship Office of the General President The International Association of Fire Fighters 1750 New York Avenue. N.W.</p>

	Washington, D.C. 20006 http://www.iaff.org/academy/scholarships/mcclennan.html
Master Guard	Contact: Mr. Chris Roberts Assistant to the President MasterGuard Corporation 1726 W. Crosby Rd. Suite 114 Carrollton TX 75057 972-446-9966 Telephone 972-446-1138 Fax chris@masterguard.com

Federal Tax Exemption

In June 2001, President Bush signed a law amending the IRS code to exempt pensions or annuity payments on public safety death benefits. This means that all survivors receiving an annuity on account of the death of a public safety officer killed in the line of duty can exclude these benefits from gross income on their tax returns.

This law corrects an inequity in the current tax code that granted the exemption only to families whose loved one died after December 31, 1996. The new law applies to all survivors and takes effect for payments received after December 31, 2001.

The Fleetwood Foundation

REQUEST FOR FINANCIAL ASSISTANCE

Fleetwood Memorial Foundation
501 South Fielder Road
Arlington, Texas 76013
(817) 261-2368
Homepage: www.fleetwoodmemorial.org
E-mail: fleetwood@fleetwoodmemorial.org

The Fleetwood Memorial Foundation is a nonprofit organization established to provide financial assistance to **Certified Texas Peace Officers and Fire Protection Personnel** who suffer from an injury in the **line of duty**¹. Assistance is also available to the family of any Certified Texas Peace Officer or Fire Protection Personnel whose death is line of duty related. This request for financial assistance will be reviewed by members of the Fleetwood Memorial Foundation's Executive Committee, based on information on this form and on independent inquiries made by the committee or other persons acting for the committee.

All requests for assistance will be evaluated based on need and circumstances, without regard to race, color, national origin, religion or gender.

PLEASE RESPOND TO ALL APPLICABLE QUESTIONS

Section I (this information pertains to the officer/fire fighter involved)

1. **Full Name:** _____
(Last) (First) (Init.)
2. **Address:** _____
(Street)

(City) (State) (Zip)
3. **Date of Birth:** _____
4. **Spouse's name:** _____
5. **Dependent Children:** _____
(Name) (Age) (Name) (Age)

(Name) (Age) (Name) (Age)
- Other Dependents:** _____
(Name) (Age) (Name) (Age)
- Children in college:** _____
(Name) (Name)
- Which College(s):** _____

¹"line of duty" does not automatically mean "on duty". No injuries considered normal worker's compensation covered type of injuries will be considered. (i.e. slip & fall in Section V and strains during normal exercise, auto accidents while going to lunch, etc. are not in the "line of duty" for the purposes of awarding the grant)

Section III

Please provide additional information (if known) that would help the Foundation determine the financial needs of this individual/family:

- 1. Amount of Department Life Insurance: _____
 Amount of Disability Insurance: _____
 Amount of other Life Insurance: _____
- 2. Amount of Worker's Compensation Benefits received or will be received: _____
- 3. Amount of Federal Funds received or will be received: _____
- 4. Income from outside employment: _____
 Number of hours worked per week: _____ Amt. earned per hour: _____
 Amount of time expected to miss due to incident: _____
- 5. Spouse's Income: _____
 Will spouse miss any work to care for injured: _____ How much time: _____
 Amount of wages: _____

The information provided herein submitted by _____ for the benefit of (officer/fire fighter) _____ and is believed to be correct and factual.

Signed: _____ Date: _____

- I. **Retraining or Rehabilitation for Fire Fighters or Peace Officers**
 Educational Aid is available for the retraining or rehabilitation of injured personnel if unable to return to their previous job. The injury must have been in the "line of duty". Training costs cannot exceed the costs of instate books and tuition at a State or County institute of higher learning in the State of Texas. The recipient must proceed on a degree path and after the first semester will be paid for the hours passed the previous semester. There will be no payment for non grade-point hours, and room and board will be based on funds as available.
- II. **Educational Aid for Resident Dependent Children**
 Under Section 54.204 of the Higher Education Code for the State of Texas, dependent children of a Fire Fighter or Peace Officer having suffered an injury in the "line of duty" resulting in disability or death are exempt from all tuition, fees and charges at any public junior or senior college in the State of Texas. Upon documentation of this exemption, the Fleetwood Memorial Foundation can provide financial assistance for housing and other needs based on funds available. This assistance will be affected by the student's academic performance.

For Foundation Use Only

Date Request Received: _____

The Executive Committee (recommends) (does not recommend) a grant in the amount of:

\$ _____

To be disbursed by _____ payable to _____

(REQUIRES TWO SIGNATURES)

(1) _____
(Signed)

(2) _____
(Signed)

(3) _____
(Signed)

(4) _____
(Signed)

Disbursement Date: _____

Amount _____

Check Number _____

By _____

Comments: _____

The 100 Club



Established in Houston, Texas in 1953, the 100 Club is a well-recognized organization within the community it serves. The 100 Club began when 100 men, each contributing \$100, wanted to help that families of Houston Police officers that were killed in the line of duty.

The effort put forth by these men has developed into a half century of support for law enforcement in not only Harris County, but nine surrounding counties – Austin, Chambers, Fort Bend, Galveston, Grimes, Liberty, Montgomery, Walker, and Waller Counties. In October 2001, The 100 Club reached another milestone in its history by providing benefits to the dependents of Firefighters killed in the line of duty.

The continual growth of The 100 Club is only possible through it's members and donations made from the community. Your membership helps The 100 Club continue to support the Law Enforcement and Firefighters that protect you.

Line of Duty Deaths

The 100 Club assists dependents of law enforcement officers and firefighters who have been killed in the line of duty. Assistance will begin after The 100 Club has received written notification confirming a line of duty death has occurred from the chief executive officer of the involved agency and that the deceased officer or firefighter had dependents. **Financial assistance is not provided in line of duty deaths where there are no surviving dependents.**

Upon written notification of the line of duty death, The 100 Club will present the surviving spouse with a letter expressing condolences from the Board and \$10,000 to assist with any immediate financial needs. This presentation usually takes place within 72 hours of our notification.

When the time is appropriate, representatives of our Benefits Committee will contact the surviving spouse to make arrangements to meet and discuss the family's financial situation. The result of that meeting will be shared with the full Benefits Committee who will make a recommendation to the Board of Directors for approval. After approval, the family will be presented with the Club's gift. A press release is sent to the media in an effort to inform the public of the gift. This presentation is usually held at the monthly Board meeting and the news media is usually invited to the luncheon meeting.

The 100 Club, Inc.
1233 West Loop South Suite 1250
Telephone: 713-952-0100
Fax: 713-952-0181
Toll-Free: 877-955-0100

Texas Crime Victims Application



ATTORNEY GENERAL OF TEXAS
GREG ABBOTT

APPLICATION

For Texas Crime Victims' Compensation Benefits

Please read the directions on this page before completing the application.

- Reading these instructions will help you complete each section correctly.
- **Include all the documentation you can** - if you have a copy of the police report, protective order with affidavit, hospital or doctor bills, be sure to **send them with the application.**
- **If you do not have this documentation, do not wait to mail the application.** Send the application as soon as you have completed it. Collect all other additional information so that you will have it when we contact you.
- **Keep this front page** so that you will have our address and phone number.

Mail your completed application to:

**Office of the Attorney General
Crime Victims' Compensation (011)
P.O. Box 12198
Austin, Texas 78711-2198**

- **If your address or phone number changes, it is important that you call and let us know.**
 - The toll free number for victims, family members, and service providers is **1-800-983-9933**.
 - Austin callers should use **936-1200**.
- **If you need help completing this application,** contact your local law enforcement agency's Crime Victim Liaison or your local District Attorney's Victim Assistance Coordinator. The Crime Victims' Compensation staff is also available to help.

NOTA: Si tiene alguna pregunta sobre esta solicitud o si la desea en español, favor de llamar a la División de Compensación para las Víctimas de Crimen al 1-512-936-1200 o 1-800-983-9933.

GENERAL INFORMATION

What is the Crime Victims' Compensation Program?

- May provide financial assistance to victims of violent crime for related expenses that cannot be reimbursed by insurance or other sources.
- Is administered by the Office of the Attorney General, which is committed to assisting victims who qualify under the statutory guidelines of the Texas Crime Victims' Compensation Act (Texas Code of Criminal Procedure, Chapter 56) and the procedures under 1 Texas Administrative Code, Part III, chapter 61.
- Money in the Compensation Fund comes from fees paid by those convicted of a crime.

What are the basic conditions to be eligible for Crime Victims' Compensation benefits?

- The victim must be a resident of Texas, a United States resident who is victimized while in Texas, or a Texas resident victimized in another state or country that does not have a compensation fund.
- The victim must report the crime to law enforcement within a reasonable amount of time so as not to hinder the investigation or prosecution of the offense, unless there is a valid exception.
- The victim must cooperate with law enforcement officials in the investigation and prosecution of the case.
- Benefits may be denied or reduced if the victim's own behavior contributed to the crime.
- All other available sources or reimbursements, including Medicare and Medicaid, personal health insurance, civil suit recovery or settlement, or court ordered restitution to the compensation program, must be used.
- The Compensation Program must be notified when a civil lawsuit is filed related to the crime or if restitution is ordered.

Who may be eligible for Crime Victims' Compensation benefits?

- Victims of violent crime who sustain emotional or physical injury as a direct result of the crime.
- Dependents of a victim and immediate family members.
- Persons who have a legal responsibility or who assume financial responsibility for covered bills or expenses.

Who is not eligible for Crime Victims' Compensation benefits?

- The offender, an accomplice, or person to whom an award would unjustly enrich the offender or accomplice.

- Anyone injured in a motor vehicle accident, unless the driver intentionally caused the injury, was driving while intoxicated, failed to stop and render aid, or caused the injury or death of the victim due to criminal negligence or manslaughter.
- Anyone incarcerated in a penal institution when the crime occurred.
- Any victim or claimant who provides false or forged information to the Crime Victims' Compensation Program.

What expenses may be covered with Crime Victims' Compensation benefits?

- Reasonable medical, hospital, counseling, and funeral expenses.
- Loss of earnings or support.
- Counseling for immediate family members of the victim.
- Reasonable attorney fees for assistance in filing the application and obtaining benefits.
- Eyeglasses, hearing aids, dentures, or prosthetic devices if damaged or needed as a result of the crime.
- Certain related travel expenses.
- Crime scene clean-up.
- Property seized as evidence.
- Necessary expenses related to new child or adult dependent care needs.
- One-time relocation expenses for victims of family violence or sexual assault in victim's residence.
- Emergency awards in cases of extreme need.

What expenses are not covered by Crime Victims' Compensation benefits?

- Property damage or loss.
- Pain and suffering.
- Expenses not directly resulting from the crime.
- Travel expenses to and from a funeral.

Tex. Gov't Code Ann. §559.003(a) (Vernon Supp. 2003)

The Office of the Attorney General, Crime Victims' Compensation Division collects information about individuals who complete and file this document with the Office of the Attorney General. Upon request, you are entitled to the following: to be informed about the information collected; to receive and review the information; and to have the Office of the Attorney General correct information about you that is incorrect.

Please keep this page for your records.

APPLICATION FORM

For Texas Crime Victims' Compensation Benefits

Si desea hablar con alguien en español, marque esta cajita por favor. Español

Please print clearly and use black ink, or type in the information.

1.

VICTIM INFORMATION

The **VICTIM** is the person who was injured or killed as a result of the crime. *If the victim is a minor, you must also fill out the **CLAIMANT INFORMATION** section below.* If there is more than one victim, each victim must have a separate application.

VICTIM'S Last Name _____ First Name _____ Middle Name _____
Street Address _____ Apt. # _____ City _____ State/Zip _____
Mailing Address _____ City _____ State/Zip _____
Home phone (_____) _____ Work phone (_____) _____
Social Security Number _____ - _____ - _____ Date of Birth _____ / _____ / _____
Sex (check one) Male Female

What kind of assistance do you need? Check all that apply.

- Loss of Earnings Loss of Support Counseling Funeral/Burial Relocation Crime-Related Travel
 Child or Dependent Care Crime Scene Clean-Up Replacement of Property Seized as Evidence Medical
 Other _____

2.

CLAIMANT INFORMATION

The **CLAIMANT** is a person, other than the victim, who had expenses as a direct result of the crime, or an immediate family member of the victim who requires counseling as a result of the crime, or who has legal authority to act on behalf of the victim. In order to contact CVC and discuss the claim, a caller must be on the application as a victim or claimant.

CLAIMANT'S Last Name _____ First Name _____ Middle Name _____
Street Address _____ Apt. # _____ City _____ State/Zip _____
Mailing Address _____ City _____ State/Zip _____
Home phone (_____) _____ Work phone (_____) _____
Social Security Number _____ - _____ - _____ Date of Birth _____ / _____ / _____
Relationship to Victim _____
Sex (check one) Male Female

What kind of assistance do you need? Check all that apply.

- Loss of Earnings Loss of Support Counseling Funeral/Burial Relocation Crime-Related Travel
 Child or Dependent Care Crime Scene Clean-Up Replacement of Property Seized as Evidence Medical
 Other _____

CLAIMANT'S Last Name _____ First Name _____ Middle Name _____
Street Address _____ Apt. # _____ City _____ State/Zip _____
Mailing Address _____ City _____ State/Zip _____
Home phone (_____) _____ Work phone (_____) _____
Social Security Number _____ - _____ - _____ Date of Birth _____ / _____ / _____
Relationship to Victim _____
Sex (check one) Male Female

What kind of assistance do you need? Check all that apply.

- Loss of Earnings Loss of Support Counseling Funeral/Burial Relocation Crime-Related Travel
 Child or Dependent Care Crime Scene Clean-Up Replacement of Property Seized as Evidence Medical
 Other _____

See next page to enter more information. NOTE: If there are more than three (3) claimants, please list them on a separate sheet of paper.

RETURN THIS PAGE TO OFFICE OF THE ATTORNEY GENERAL

CLAIMANT'S Last Name _____ First Name _____ Middle Name _____
Street Address _____ Apt. # _____ City _____ State/Zip _____
Mailing Address _____ City _____ State/Zip _____
Home phone (_____) _____ Work phone (_____) _____
Social Security Number _____ - _____ - _____ Date of Birth _____ / _____ / _____
Relationship to Victim _____
Sex (check one) Male Female

What kind of assistance do you need? Check all that apply.

- Loss of Earnings Loss of Support Counseling Funeral/Burial Relocation Crime-Related Travel
 Child or Dependent Care Crime Scene Clean-Up Replacement of Property Seized as Evidence Medical
 Other _____

3. CIVIL LAWSUIT & ATTORNEY INFORMATION

Have you filed a civil lawsuit in relation to this crime? (circle one) Yes No

Do you plan on filing a civil lawsuit in relation to this crime? (circle one) Yes No

What is your **Attorney's name?** _____

What is your **Attorney's phone number?** (_____) _____

Attorney's Address _____ **City** _____ **State/Zip** _____

4. INFORMATION ABOUT THE CRIME

Complete this section with as many details as you have available. You must complete this section or your claim will not be processed.

On what date did the Crime occur? _____

What is the Police Report Number (if known)? _____

What is the Child Protective Service Number (if known)? _____

What is the Prosecutor Case Number (if known)? _____

What was the location of the crime?

Address _____

City _____ State/Zip _____ County _____

What is the name of the law enforcement agency that was notified? _____

Did the victim know the suspect? (circle one) Yes No

If yes, how did the victim know the suspect? _____

What is the suspects name? _____

What is the suspects social security number (if known)? _____ - _____ - _____

Describe the crime and the injuries, if there were any.

Have you ever filed charges against the suspect? (circle one) Yes No

If this is a family violence crime, have you obtained a permanent protective order? (circle one) Yes No

Court number _____ Effective date _____

What kind of crime occurred? Check all that best describes the type of crime that occurred.

- Adult Sexual Assault Child Sexual Assault Child Physical Abuse Assault (Non-Family)
 Aggravated Assault Family Violence DWI/Vehicular Crime Elder Abuse Homicide Stalking
 Kidnaping Other (please specify) _____

RETURN THIS PAGE TO OFFICE OF THE ATTORNEY GENERAL

5.**VICTIM EMPLOYMENT & MEDICAL INFORMATION**

Was the victim employed on the date of the crime? (circle one) Yes No

Was the victim self-employed on the date of the crime? (circle one) Yes No

Occupation _____ Job Title _____

What was the name of the victim's employer on the date of the crime? _____

Employer's Address _____ City _____ State/Zip _____

Phone (____) _____ Fax (____) _____

If the victim has physical injuries, please provide the name of the treating doctor.

Doctor's name _____

Phone (____) _____ Fax (____) _____

6.**INSURANCE AND REIMBURSEMENT SOURCES**

By law, **you must first use all existing sources of financial assistance or reimbursement** before receiving payments from the Crime Victims' Compensation Fund. Crime Victims' Compensation must first verify application to these sources and the amount received, if any, before determining reimbursement.

Does the victim or the claimant have access to any of the following? (check all that apply).

Medicare Medicaid Health Insurance Burial Insurance Workers Compensation Auto Insurance

Home Insurance Disability Insurance Social Security Veteran's Benefits Other _____

What is the Medicare Number? _____ What is the Medicaid Number? _____

What is the name of the Health Insurance Company? _____

Health Insurance Co. Street Address _____ City _____ State/Zip _____

Group Policy Number _____

If the crime was motor vehicle related, include the name of the auto insurance company and the policy numbers for both the victim and the suspect, if available.

Victim's Auto Insurance Company name _____ Policy number _____

Suspect's Auto Insurance Company name _____ Policy number _____

7.**DEPARTMENT OF JUSTICE INFORMATION**

In order to comply with regulations from the United States Department of Justice, we must collect the following information about the victim of the crime. **This information is for statistical purposes only. It will not be used in determining whether the victim is eligible for Crime Victims' Compensation benefits.**

Was the victim disabled at the time of the crime? (circle one) Yes No

To which ethnic group does the victim belong? (check one)

American Indian or Alaskan Native Black Hispanic White Asian or Pacific Islander

What is their National Origin (Country of Birth)? _____

Where did you find out about the Crime Victims' Compensation Program? (check all that apply)

Public Service Announcement Compensation Program Advocacy Group Victim Assistance Program Poster

Brochure Hospital Law Enforcement Other _____

IMPORTANT: This affidavit is part of your application and must be completed and signed before action can be taken on the application. **READ EVERYTHING BEFORE YOU SIGN AT THE BOTTOM.**

Subrogation Agreement. In accordance with Texas Code of Criminal Procedure, Article 56.52, I agree to notify the Crime Victims' Compensation Division (CVC) of the Office of the Attorney General in writing before I file a lawsuit against another party as a result of this crime. I further agree that I shall not settle or resolve any such action without prior written authorization from CVC. If I recover any money by judgment, settlement, or other collateral source as a result of the incident that gave rise to this claim, I agree to repay CVC for any and all amounts that CVC has awarded to me. I agree that Travis County, Texas will have jurisdiction over any cause of action that arises between me and the Office of the Attorney General as a result of this claim.

Authorization for release of information. I hereby authorize any financial institution, social service agency, government agency, hospital, physician, mental health facility, counselor, psychologist, psychiatrist, employer, insurer, or other persons with information relating to financial, health, or employment status to release information concerning this application for benefits to the employees of the Crime Victims' Compensation Division of the Office of the Attorney General of Texas as needed to process this claim. This information is to include, but is not limited to, financial, employment, diagnosis, and treatment information. A copy of this signed release will be considered the same as the original.

Affirmation and Authorization. I swear and affirm under penalty of perjury under the laws of the State of Texas (Penal Code § 37.02) that the information provided in the application for Texas Crime Victims' Compensation and any additional information that I provide are true and correct to the best of my knowledge. I understand that the Attorney General of the State of Texas or any agent or representative of the office has the right to verify the information provided. I understand that if false, intentionally incomplete, or misleading information is provided, my application will be denied and I may be subject to criminal punishment under the Texas Penal Code and administrative penalties under the Texas Code of Criminal Procedure, Chapter 56.

VICTIM OR CLAIMANT MUST SIGN BELOW IN ORDER TO PROCESS THIS APPLICATION

NOTE: You must be eighteen years of age or older to sign this application, unless you are legally married or emancipated.

By signing this application, the victim or claimant has indicated an intent to make confidential his or her identifying information. Please note that Section 552.132 of the Texas Public Information Act only provides confidentiality for the identity of victims, as defined by Subchapter B, Chapter 56 of the Code of Criminal Procedure.

If a victim or claimant wishes to make his or her identifying information public, **please state your request here** Yes No

Signature **X** _____

Printed Name **X** _____ Date _____

Date of Birth _____ Victim's SS# _____ - _____ - _____

**IF THE VICTIM CANNOT SIGN THE APPLICATION (MINOR OR INCAPACITATED ADULT)
THE CLAIMANT MUST SIGN HERE IN ORDER TO PROCESS THIS APPLICATION.**

Signature **X** _____

Printed Name **X** _____ Date _____

Date of Birth _____ Claimant's SS # _____ - _____ - _____

If someone helped you fill out this application, list his or her name and phone number here.

Name _____ Phone _____

**RETURN THIS PAGE TO OFFICE OF THE ATTORNEY GENERAL
Crime Victims' Compensation (011) • P.O. Box 12198 • Austin, Texas 78711-2198**

Williams-Pyro Inc.

WPIFF

Williams-Pyro, Inc. founded the WPI Firefighter's Fund (WPIFF) in 1999 when two firefighters died fighting a nearby church fire. Compounding the tragedy, their families were denied benefits by the city the men had served as commissioned firefighters. Their families were left to battle a large municipality, and after two years, their rights to benefits were restored.

Unfortunately, stories like this are all too common. When firefighters are killed or injured in the line of duty, their families often wait several months or longer for benefits to begin. Therefore, WPIFF established its mission to aid families with little support after such a tragedy and to better equip volunteer departments who are severely under-funded.



WPIFF strives to assist the firefighting community that protects our families, homes, and communities. To this end, WPIFF provides financial assistance to the families of firefighters killed or injured in the line of duty and to volunteer fire departments for much-needed equipment. No administrative costs are paid by outside donations. Williams-Pyro, Inc. sponsors WPIFF by paying all administrative costs, allowing every dollar donated to WPIFF to be used only to help the firefighting community.

For more information about WPIFF, please contact Rebecca at 817-872-1500 ext.119 or email WPIFF@williams-pyro.com. You may send your tax-deductible gift to:

**WPI Firefighters Fund
200 Greenleaf Street
Fort Worth, Texas 76107**

Fire Department Benefits

City Insurance

Volunteer Insurance

Union Insurance

Public Safety Officer's Benefits

Military Benefits



Veteran's Burial Benefits

Veteran's Burial Allowance

The U.S. Department of Veterans Affairs (VA) furnishes a partial reimbursement of eligible veterans' burial and funeral costs. When the cause of death is not service-related, the reimbursement is generally described as two payments: (1) a burial and funeral expense allowance, and (2) a plot interment allowance. You may be entitled to a VA burial allowance if:

- You paid for a veteran's burial or funeral **AND**
- You have not been reimbursed by another government agency or some other source, such as the deceased veteran's employer **AND**
- The veteran was discharged under conditions other than dishonorable.

In addition, at least one of the following conditions must be met:

- The veteran died because of a service-related disability **OR**
- The veteran was getting VA pension or compensation at the time of death **OR**
- The veteran was entitled to receive VA pension or compensation but decided not to reduce his/her military retirement or disability pay **OR**
- The veteran died in a VA hospital or while in a nursing home under VA contract.

Service-related death. The VA will pay an allowance toward burial expenses.

Non-service related death. The VA will pay an allowance toward burial and funeral expenses, and a plot interment allowance. If the death happened while the veteran was in a VA hospital or under contracted nursing care, the cost of moving the deceased may be reimbursed.

HEADSTONES AND MARKERS

- The VA furnishes upon request, at no charge to the applicant, a Government headstone or marker to mark the unmarked grave of an eligible veteran in any cemetery around the world.
- Flat bronze, granite or marble markers and upright granite and marble headstones are available. The style chosen must be in consistent with existing monuments at the place of burial. Niche markers are also available to mark columbaria used for interment of cremated remains.

Burial Flags

Most veterans are eligible for a burial flag. Reservists entitled to retired pay are also eligible to receive a burial flag.

To facilitate receiving veteran benefits for which you may be eligible, you may need the following when you contact the Veterans Administration Office:

- Proof of the veteran's military service (DD 214)
- Service Serial Number
- Marriage License (if applicable)
- Children's Birth Certificate (if applicable)
- Certified Copy of the Death Certificate

Veterans' Administration Toll-Free Phone Number

1-800-827-1000

www.va.gov

INSTRUCTION AND INFORMATION SHEET FOR SF 180, REQUEST PERTAINING TO MILITARY RECORDS

- 1. Information needed to locate records.** Certain identifying information is necessary to determine the location of an individual's record of military service. Please try to answer each item on the SF 180. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available." Include as much of the requested information as you can.
- 2. Restrictions on release of information.** Release of information is subject to restrictions imposed by the military services consistent with Department of Defense regulations and the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The service member (either past or present) or the member's legal guardian has access to almost any information contained in that member's own record. Others requesting information from military personnel/health records must have the release authorization in Section III of the SF 180 signed by the member or legal guardian, but if the appropriate signature cannot be obtained, only limited types of information can be provided. If the former member is deceased, surviving next of kin may, under certain circumstances, be entitled to greater access to a deceased veteran's records than a member of the public. The next of kin may be any of the following: unremarried surviving spouse, father, mother, son, daughter, sister, or brother. Employers and others needing proof of military service are expected to accept the information shown on documents issued by the military service departments at the time a service member is separated.
- 3. Where reply may be sent.** The reply may be sent to the member or any other address designated by the member or other authorized requester.
- 4. Charges for service.** There is no charge for most services provided to members or their surviving next of kin. A nominal fee is charged for certain types of service. In most instances service fees cannot be determined in advance. If your request involves a service fee, you will be notified as soon as that determination is made.
- 5. Health and personnel records.** Health records of persons on active duty are generally kept at the local servicing clinic, and usually are available from the Department of Veterans Affairs a week or two after the last day of active duty. (See page 2 of SF180 for record locations/addresses.)
- 6. Records at the National Personnel Records Center.** Note that it takes at least three months, and often up to seven, for the file to reach the National Personnel Records Center in St. Louis after the military obligation has ended (such as by discharge). If only a short time has passed, please send the inquiry to the address shown for active or current reserve members. Also, if the person has only been released from active duty but is still in a reserve status, the personnel record will stay at the location specified for reservists. A person can retain a reserve obligation for several years, even without attending meetings or receiving annual training. (See page 2 of SF180 for record locations/addresses.)
- 7. Definitions and abbreviations.** DISCHARGED -- the individual has no current military status; HEALTH -- Records of physical examinations, dental treatment, and outpatient medical treatment received while in a duty status (does not include records of treatment while hospitalized); TDRL – Temporary Disability Retired List.
- 8. Service completed before World War I.** National Archives Trust Fund (NATF) forms must be used to request these records. Obtain the forms by e-mail from inquire@nara.gov or write to the Code 6 address on page 2 of the SF 180.

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and E.O. 9397 of November 22, 1943. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the facility servicing the service member's record may not have all of the information needed to locate it. The purpose of the information on this form is to assist the facility servicing the records (see the address list) in locating the correct military service record(s) or information to answer your inquiry. This form is then filed in the requested military service record as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Transportation (Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served.

PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

Public burden reporting for this collection of information is estimated to be five minutes per response, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (NHP), 8601 Adelphi Road, College Park, MD 20740-6001. **DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND COMPLETED FORMS AS INDICATED IN THE ADDRESS LIST ON PAGE 2 OF THE SF 180.**

REQUEST PERTAINING TO MILITARY RECORDS

To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type. If you need more space, use plain paper.

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (last, first, and middle)	2. SOCIAL SECURITY NO.	3. DATE OF BIRTH	4. PLACE OF BIRTH
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.)			
BRANCH OF SERVICE	DATES OF SERVICE		CHECK ONE
	DATE ENTERED	DATE RELEASED	OFFICER
			ENLISTED
a. ACTIVE SERVICE			
b. RESERVE SERVICE			
c. NATIONAL GUARD			
6. IS THIS PERSON DECEASED? If "YES" enter the date of death.		7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE?	
NO	YES	NO	YES

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. REPORT OF SEPARATION (DD Form 214 or equivalent). This contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. NOTE: If more than one period of service was performed, even in the same branch, there may be more than one Report of Separation. Be sure to show EACH year that a Report of Separation was issued, for which you need a copy.

An **UNDELETED** Report of Separation is requested for the year(s) _____

This normally will be a copy of the full separation document including such sensitive items as the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost. An undeleted version is ordinarily required to determine eligibility for benefits.

A **DELETED** Report of Separation is requested for the year(s) _____

The following information will be deleted from the copy sent: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.

2. OTHER INFORMATION AND/OR DOCUMENTS REQUESTED _____

3. PURPOSE (Optional - An explanation of the purpose of the request is strictly voluntary. Such information may help the agency answering this request to provide the best possible response and will in no way be used to make a decision to deny the request.) _____

SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER IS:

Military service member or veteran identified in Section I, above
 Next of kin of deceased veteran _____ (relation)

Legal guardian (must submit copy of court appointment)
 Other (specify) _____

2. SEND INFORMATION/DOCUMENTS TO:
 (Please print or type. See item 3 on accompanying instructions.)

3. AUTHORIZATION SIGNATURE REQUIRED (See item 2 on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct.

Name _____
 Street _____ Apt. _____
 City _____ State _____ Zip Code _____

Signature of requester (Please do not print.) _____
 ()
 Date of this request _____ Daytime phone _____
 Email address _____

LOCATION OF MILITARY RECORDS

The various categories of military service records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent. Please refer to the Instruction and Information Sheet accompanying this form as needed.

BRANCH	CURRENT STATUS OF SERVICE MEMBER	ADDRESS CODE	
		Personnel Record	Health Record
AIR FORCE	Discharged, deceased, or retired before 5/1/1994	14	14
	Discharged, deceased, or retired on or after 5/1/1994	14	11
	Active (including National Guard on active duty in the Air Force), TDRL, or general officers retired with pay	1	
	Reserve, retired reserve in nonpay status, current National Guard officers not on active duty in the Air Force, or National Guard released from active duty in the Air Force	2	
	Current National Guard enlisted not on active duty in the Air Force	13	
COAST GUARD	Discharge, deceased, or retired before 1/1/1898	6	
	Discharged, deceased, or retired 1/1/1898 – 3/31/1998	14	14
	Discharged, deceased, or retired on or after 4/1/1998	14	11
	Active, reserve, or TDRL	3	
MARINE CORPS	Discharged, deceased, or retired before 1/1/1905	6	
	Discharged, deceased, or retired 1/1/1905 – 4/30/1994	14	14
	Discharged, deceased, or retired on or after 5/1/1994	14	11
	Individual Ready Reserve or Fleet Marine Corps Reserve	5	
	Active, Selected Marine Corps Reserve, TDRL	4	
ARMY	Discharged, deceased, or retired before 11/1/1912 (enlisted) or before 7/1/1917 (officer)	6	
	Discharged, deceased, or retired 11/1/1912 – 10/15/1992 (enlisted) or 7/1/1917 – 10/15/1992 (officer)	14	14
	Discharged, deceased, or retired on or after 10/16/1992	14	11
	Reserve; or active duty records of current National Guard members who performed service in the U.S. Army before 7/1/1972	7	
	Active enlisted (including National Guard on active duty in the U.S. Army) or TDRL enlisted	9	
	Active officers (including National Guard on active duty in the U.S. Army) or TDRL officers	8	
	Current National Guard enlisted not on active duty in Army (including records of Army active duty performed after 6/30/1972)	13	
NAVY	Discharged, deceased, or retired before 1/1/1886 (enlisted) or before 1/1/1903 (officer)	6	
	Discharged, deceased, or retired 1/1/1886 – 1/30/1994 (enlisted) or 1/1/1903 – 1/30/1994 (officer)	14	14
	Discharged, deceased, or retired 1/31/1994 – 12/31/1994	14	11
	Discharged, deceased, or retired on or after 1/1/1995	10	
	Active, reserve, or TDRL	10	
PUBLIC HEALTH SERVICE	Commissioned Corps – active, inactive, terminated, retired	15	

ADDRESS LIST OF CUSTODIANS (BY CODE NUMBERS SHOWN ABOVE) – Where to write/send this form

1	Air Force Personnel Center HQ AFPC/DPSRP 550 C Street West, Suite 19 Randolph AFB, TX 78150-4721	6	National Archives & Records Administration Old Military and Civil Records (NWCTB-Military) Textual Services Division 700 Pennsylvania Ave., N.W. Washington, DC 20408-0001	11	Department of Veterans Affairs Records Management Center P.O. Box 5020 St. Louis, MO 63115-5020
2	Air Reserve Personnel Center /DSMR HQ ARPC/DPSSA/B 6760 E. Irvington Place, Suite 4600 Denver, CO 80280-4600	7	Commander U.S. Army Reserve Personnel Command ATTN: ARPC-ZCC-B 1 Reserve Way St. Louis, MO 63132-5200	12	Army National Guard Readiness Center NGB-ARP 111 S. George Mason Dr. Arlington, VA 22204-1382
3	Commander CGPC-Adm-3 U.S. Coast Guard 2100 2nd Street, S.W. Washington, DC 20593-0001	8	U.S. Total Army Personnel Command ATTN: TAPC-MSR-S 200 Stoval Street Alexandria, VA 22332-0444	13	The Adjutant General (of the appropriate state, DC, or Puerto Rico)
4	Headquarters U.S. Marine Corps Personnel Management Support Branch (MMSB-10) 2008 Elliot Road Quantico, VA 22134-5030	9	Commander USAEREC ATTN: PCRE-F 8899 E. 56th St. Indianapolis, IN 46249-5301	14	National Personnel Records Center (Military Personnel Records) 9700 Page Ave. St. Louis, MO 63132-5100
5	Marine Corps Reserve Support Command (Code MMI) 15303 Andrews Road Kansas City, MO 64147-1207	10	Navy Personnel Command (PERS-313C1) 5720 Integrity Drive Millington, TN 38055-3130	15	Division of Commissioned Personnel ATTN: Records Officer 5600 Fishers Lane, Room 4-36 Rockville, MD 20857-0001

LAWS RELATING TO FUNERAL HONORS FUNCTIONS AT FUNERALS OF VETERANS, AS AMENDED OR ENACTED BY SECTION 578 OF PUBLIC LAW 106-65

I. AUTHORITY AND ADMINISTRATION

TITLE 10, UNITED STATES CODE

* * * * *

Subtitle A—General Military Law

* * * * *

PART II—PERSONNEL

* * * * *

CHAPTER 75—DEATH BENEFITS

Sec.

1491. Funeral honors functions at funerals for veterans.

* * * * *

§ 1491. Funeral honors functions at funerals for veterans

(a) AVAILABILITY OF FUNERAL HONORS DETAIL ENSURED.—The Secretary of Defense shall ensure that, upon request, a funeral honors detail is provided for the funeral of any veteran.

(b) COMPOSITION OF FUNERAL HONORS DETAILS.—

(1) The Secretary of each military department shall ensure that a funeral honors detail for the funeral of a veteran consists of two or more persons.

(2) At least two members of the funeral honors detail for a veteran’s funeral shall be members of the armed forces, at least one of whom shall be a member of the armed force of which the veteran was a member. The remainder of the detail may consist of members of the armed forces or members of veterans organizations or other organizations approved for purposes of this section under regulations prescribed by the Secretary of Defense. Each member of the armed forces in the detail shall wear the uniform of the member’s armed force while serving in the detail.

(c) CEREMONY.—A funeral honors detail shall, at a minimum, perform at the funeral a ceremony that includes the folding of a United States flag and presentation of the flag to the veteran’s family and the playing of Taps. Unless a bugler is a member of the detail, the funeral honors detail shall play a recorded version of Taps using audio equipment which the detail shall provide if adequate audio equipment is not otherwise available for use at the funeral.

(d) SUPPORT.—To provide a funeral honors detail under this section, the Secretary of a military department may provide the following:

(1) Transportation, or reimbursement for transportation, and expenses for a person who participates in the funeral honors detail and is not a member of the armed forces or an employee of the United States.

(2) Materiel, equipment, and training for members of a veterans organization or other organization referred to in subsection(b)(2).

(e) WAIVER AUTHORITY.—

(1) The Secretary of Defense may waive any requirement provided in or pursuant to this section when the Secretary considers it necessary to do so to meet the requirements of war, national emergency, or a contingency operation or other military requirements. The authority to make such a waiver may not be delegated to an official of a military department other than the Secretary of the military department and may not be delegated within the Office of the Secretary of Defense to an official at a level below Under Secretary of Defense.

(2) Before or promptly after granting a waiver under paragraph(1), the Secretary shall transmit a notification of the waiver to the Committees on Armed Services of the Senate and House of Representatives.

(f) REGULATIONS.—The Secretary of Defense shall prescribe regulations to carry out this section. Those regulations shall include the following:

1. A system for selection of units of the armed forces and other organizations to provide funeral honors details.
2. Procedures for responding and coordinating responses to requests for funeral honors details.

(3) Procedures for establishing standards and protocol.

(4) Procedures for providing training and ensuring quality of performance.

(g) ANNUAL REPORT.—The Secretary of Defense shall submit to the Committee on Armed Services of the Senate and the Committee on National Security of the House of Representatives a report not later than January 31 of each year beginning with 2001 and ending with 2005 on the experience of the Department of Defense under this section. Each such report shall provide data on the number of funerals supported under this section, the cost for that support, shown by manpower and other cost factors, and the number and costs of funerals supported by each participating organization. The data in the report shall be presented in a standard format, regardless of military department or other organization.

(h) VETERAN DEFINED.—In this section, the term ‘veteran’ means a decedent who—

1. served in the active military, naval, or air service (as defined in section 101(24) of title 38) and who was discharged or released therefrom under conditions other than dishonorable; or
2. was a member or former member of the Selected Reserve described in section 2301(f) of title 38.

* * * * *

* * * * *

PART II—PERSONNEL GENERALLY

* * * * *

CHAPTER 1213—SPECIAL APPOINTMENTS,
ASSIGNMENTS, DETAILS, AND DUTIES

Sec.

12503. Ready Reserve: funeral honors duty.

* * * * *

§ 12503. Ready Reserve: funeral honors duty (a) ORDER TO DUTY.—A member of the Ready Reserve may be ordered to funeral honors duty, with the consent of the member, in preparation for or to perform funeral honors functions at the funeral of a veteran as defined in section 1491 of this title.

(b) SERVICE CREDIT.—A member ordered to funeral honors duty under this section shall be required to perform a minimum of two hours of such duty in order to receive—

1. service credit under section 12732(a)(2)(E) of this title; and
2. (2) if authorized by the Secretary concerned, the allowance under section 435 of title 37.

(c) REIMBURSABLE EXPENSES.—A member who performs funeral honors duty under this section may be reimbursed for travel and transportation expenses incurred in conjunction with such duty as authorized under chapter 7 of title 37 if such duty is performed at a location 50 miles or more from the member's residence.

(d) REGULATIONS.—The exercise of authority under subsection

(a) is subject to regulations prescribed by the Secretary of Defense.

(e) MEMBERS OF THE NATIONAL GUARD.—This section does not apply to members of the Army National Guard of the United States or the Air National Guard of the United States. The performance of funeral honors duty by those members is provided for in section 115 of title 32.

* * * * *

CHAPTER 1215—MISCELLANEOUS PROHIBITIONS AND
PENALTIES

Sec.

12552. Funeral honors functions at funerals for veterans.

* * * * *

§ 12552. Funeral honors functions at funerals for veterans Performance by a Reserve of funeral honors functions at the funeral of a veteran (as defined in section 1491(h) of this title) may not be considered to be a period of drill or training, but may be performed as funeral honors duty under section 12503 of this title

* * * * *

TITLE 32, UNITED STATES CODE

* * * * *

CHAPTER 1—ORGANIZATION

Sec.

114. Funeral honors functions at funerals for veterans.

115. Funeral honors duty performed as a Federal function.

* * * * *

§ 114. Funeral honors functions at funerals for veterans Subject to such regulations and restrictions as may be prescribed by the Secretary concerned, the performance of funeral honors functions by members of the National Guard at funerals for veterans of the armed forces may be treated by the Secretary concerned as a Federal function for which appropriated funds may be used. Any such performance of funeral honors functions at such a funeral may not be considered to be a period of drill or training, but may be performed as funeral honors duty under section 115 of this title.

§ 115. Funeral honors duty performed as a Federal function (a) ORDER TO DUTY.—A member of the Army National Guard of the United States or the Air National Guard of the United States may be ordered to funeral honors duty, with the consent of the member, to prepare for or perform funeral honors functions at the funeral of a veteran under section 1491 of title 10. However, a member of the Army National Guard of the United States or the Air National Guard of the United States may not be ordered to perform funeral honors functions under this section without the consent of the Governor or other appropriate authority of the State concerned.

(b) SERVICE CREDIT.—A member ordered to funeral honors duty under this section shall be required to perform a minimum of two hours of such duty in order to receive—

1. service credit under section 12732(a)(2)(E) of title 10; and
2. (2) if authorized by the Secretary concerned, the allowance under section 435 of title 37.

(c) REIMBURSABLE EXPENSES.—A member who performs funeral honors duty under this section may be reimbursed for travel and transportation expenses incurred in conjunction with such duty as authorized under chapter 7 of title 37 if such duty is performed at a location 50 miles or more from the member's residence.

(d) REGULATIONS.—The exercise of authority under subsection (a) is subject to regulations prescribed by the Secretary of Defense.

* * * * *

CHAPTER 81—CIVILIAN EMPLOYEES

* * * * *

§ 1588. Authority to accept certain voluntary services (a) AUTHORITY TO ACCEPT SERVICES.—Subject to subsection (b) and notwithstanding section 1342 of title 31, the Secretary concerned may accept from any person the following services:

(1)***

* * * * *

(4) Voluntary services as a member of a funeral honors detail under section 1491 of this title.

* * * * *

Public Safety Officer's Benefits



BJA Bureau of Justice Assistance Fact Sheet

Public Safety Officers' Benefits Program

History

The Public Safety Officers' Benefits (PSOB) Act (42 U.S.C. 3796, et seq.) was enacted in 1976 to assist in the recruitment and retention of law enforcement officers and firefighters. Specifically, Congress was concerned that the hazards inherent in law enforcement and fire suppression and the low level of state and local death benefits might discourage qualified individuals from seeking careers in these fields, thus hampering the ability of communities to provide for public safety.

The PSOB Act was designed to offer peace of mind to men and women seeking careers in public safety and to make a strong statement about the value American society places on the contributions of those who serve their communities in potentially dangerous circumstances.

The resultant PSOB Program, which is administered by the Bureau of Justice Assistance (BJA), presents a unique opportunity for the U.S. Department of Justice; federal, state, and local public safety agencies; and national public safety organizations to become involved in

PSOB Service Standards Commitment

The mission of the PSOB staff is to assist public safety officers, their agencies, and their families before, during, and after a tragedy occurs. Three core values guide our daily operations and measure our performance. They are:

- We will respond rapidly and accurately to PSOB death and disability benefits claims.
- We will be humane in our support of public safety officers, their agencies, and their families.
- We will seek and pursue opportunities to expand our assistance to the public safety field.

To improve our response time, we continuously assess our allocation of staff and organizational processes. To ensure accuracy, we will use medicolegal experts and independent legal analyses from outside the PSOB Program.

To provide our services in the most sensitive and professional manner, PSOB staff receive training on key issues associated with grief, critical incident stress, and posttraumatic stress disorder. We also solicit and use information provided to us on the tone and impact of our verbal and written communication with the public safety field.

One example of the PSOB Program giving more to the field is a series of regional training sessions conducted to help law enforcement agencies prepare for the loss of an officer. It is essential that all public safety agencies be prepared to effectively assist the family, fellow officers, and the community to move forward in the aftermath of a tragedy.

Our commitment to support the public safety community has never been stronger, and it will continue to grow.

promoting the protection of public safety officers before tragedies occur. Each year, the PSOB Program receives substantial information about line of duty deaths and encourages public safety agencies to adopt model policies that can help guide an agency through the tragic event of a line of duty death.

PSOB Program Benefits

The PSOB Program provides a one-time financial benefit to the eligible survivors of public safety officers whose deaths are the direct and proximate result of a traumatic injury sustained in the line of duty. The benefit was increased from \$50,000 to \$100,000 for deaths occurring on or after June 1, 1988. Since October 15, 1988, the benefit has been adjusted each year on October 1 to reflect the percentage of change in the Consumer Price Index.

The PSOB Program provides the same benefit to public safety officers who have been permanently and totally disabled by a catastrophic personal injury sustained in the line of duty if that injury permanently prevents the officer from performing *any* gainful work. Medical retirement, workman's compensation, or social security benefits for a line of duty disability do not, in and of themselves, establish eligibility for PSOB benefits.

The PSOB Program also includes the Public Safety Officers' Educational Assistance (PSOEA) Act. This Act expands upon the former Federal Law Enforcement Dependents Assistance Program to provide financial assistance for higher education of the spouses and children of federal, state, and local public safety officers permanently disabled or killed in the line of duty. The educational assistance may be used to defray relevant expenses, including tuition, room and board, books, supplies, and education-related fees. Please see the separate PSOEA Program Fact Sheet for further information.

Since 1977, on average, the PSOB Program has received 275 benefit claims each year for line of duty deaths of public safety officers. PSOB Program staff respond rapidly and with sensitivity to requests for assistance from claimants and public safety agencies. They also provide moral support and, when necessary, referrals to organizations such as Concerns of Police Survivors (COPS) and the National Fallen Firefighters Foundation (NFFF), which can provide long-term support for surviving family members and coworkers of deceased public safety officers.

PSOB Program Effective Dates

The effective dates for PSOB Program benefits are as follows:

Death Benefits

- ❑ State and local law enforcement officers and firefighters are covered for line of duty deaths occurring on or after September 29, 1976.
- ❑ Federal law enforcement officers and firefighters are covered for line of duty deaths occurring on or after October 12, 1984.
- ❑ Members of federal, state, and local public rescue squads and ambulance crews are covered for line of duty deaths occurring on or after October 15, 1986.
- ❑ Federal Emergency Management Agency (FEMA) personnel and state, local, and tribal emergency management and civil defense agency employees are covered for deaths occurring on or after October 30, 2000.

Disability Benefits

Federal, state, and local law enforcement officers, firefighters, and members of public rescue squads and ambulance crews are covered for catastrophic personal injuries sustained on or after November 29, 1990. FEMA personnel and state, local, and tribal emergency management and civil defense agency employees are covered for such injuries sustained on or after October 30, 2000. The public safety officer must be separated from his or her employing agency for medical reasons, and must be receiving the maximum allowable disability compensation from his or her jurisdiction, in order to initiate a claim for PSOB disability benefits. Eligible officers may include persons who are comatose, in a persistent vegetative state, or quadriplegic.

Public Safety Officers Eligible for PSOB Program Benefits

Under the PSOB Program, a *public safety officer* is a person serving a *public agency* in an official capacity, with or without compensation, as a law enforcement officer, firefighter, or member of a public rescue squad or ambulance crew. *Law enforcement officers* include, but are not limited to, police, corrections, probation, parole, and judicial officers. *Volunteer firefighters* and *members of volunteer rescue squads and ambulance crews* are covered under the program if they are officially recognized or designated members of legally organized volunteer fire departments, rescue squads, or ambulance crews.

In October 2000, Public Law 106-390 (Sec. 305) designated FEMA employees as public safety officers under the PSOB Act if they are performing official, hazardous duties related to a declared major disaster or emergency.

The legislation also indicates that state, local, and tribal emergency management or civil defense agency employees working in cooperation with FEMA are, under the same circumstances, considered public safety officers under the PSOB Act.

A *public agency* is defined as the United States; any U.S. state; the District of Columbia; the Commonwealth of Puerto Rico; any U.S. territory or possession; any unit of local government; any combination of such states or units; and any department, agency, or instrumentality of the foregoing. To be eligible for benefits, a public safety officer's death or total and permanent disability must result from injuries sustained in the line of duty. *Line of duty* is defined in the PSOB regulations (28 C.F.R. 32) as any action that the public safety officer whose primary function is crime control or reduction, enforcement of the criminal law, or suppression of fires is authorized or obligated by law, rule, regulation, or condition of employment or service to perform. Other public safety officers—whose primary function is not law enforcement or fire suppression—must be engaged in their *authorized* law enforcement, fire suppression, rescue squad, or ambulance duties when the fatal or disabling injury is sustained.

Survivors Eligible for Program Death Benefits

Once BJA approves a claim for death benefits, the benefit will be paid to eligible survivors in a lump sum, as follows:

- ❑ *If there are no surviving children of the deceased officer, to the surviving spouse.*
- ❑ *If there is a surviving child or children and a surviving spouse, one-half to the child or to the children in equal shares and one-half to the surviving spouse.*
- ❑ *If there is no surviving spouse, to the child or in equal shares to the children.*
- ❑ *If none of the above apply, to the parent or in equal shares to the parents.*

Under the PSOB Act, *child* is defined as any natural child who was born before or after the death of the public safety officer, or who is an adopted child or stepchild of the deceased public safety officer. At the time of death, the *child* must be 18 years of age or younger; or 19 through 22 years of age and pursuing a full-time course of study or training, if the child has not already completed 4 years of education beyond high school; or 19 years or older and incapable of self-support due to a physical or mental disability.

For PSOB Program benefits to be paid, a public safety officer must be survived by an eligible survivor; public safety officers cannot predesignate their beneficiaries.

PSOB Program Limitations and Exclusions

No PSOB Program benefit can be paid:

- ❑ If the death or permanent and total disability was caused by the intentional misconduct of the public safety officer or if the officer intended to bring about his or her own death or permanent and total disability.
- ❑ If the public safety officer was voluntarily intoxicated at the time of death or permanent and total disability.
- ❑ If the public safety officer was performing his or her duties in a grossly negligent manner at the time of death or permanent and total disability.
- ❑ To a claimant whose actions were a substantial contributing factor to the death of the public safety officer.
- ❑ To noncivillian members of the military serving as law enforcement officers, firefighters, or rescue squad or ambulance crew members, or to any of their survivors.

PSOB benefits do not cover death or permanent and total disability resulting from stress; strain; occupational illness; or a chronic, progressive, or congenital disease (*such as heart or pulmonary disease leading to a heart attack*), unless there is a traumatic injury that is a substantial contributing factor in the death or permanent and total disability. Medical proof of the traumatic injury (such as a blood test for carbon monoxide poisoning) may be necessary for coverage in these cases.

Reduction of Benefits

The PSOB Program benefit is reduced by certain payments made under the District of Columbia Code and may itself reduce benefits under Section 8191 of the federal Employees' Compensation Act. However, state and local benefits must not be reduced by benefits received under the PSOB Act, and the PSOB benefit is not reduced by any benefit received at the state or local level.

Interim Payment

If BJA determines an urgent claimant need before the final action of paying a death benefit, an interim benefit payment not exceeding \$3,000 may be made to the eligible survivor(s) if it is probable that the death is compensable.

Attachment and Tax Exemption

PSOB death and disability benefits are not subject to execution or attachment by creditors. The Internal Revenue Service (IRS) has ruled that the benefit is not subject to federal income tax (IRS Ruling No. 77-235, IRS 1977-28) or to federal estate tax (IRS Ruling No. 79-397).

Attorneys' Fees

The PSOB Act authorizes BJA to establish the maximum fee that may be charged for services rendered to the claimant by another party in connection with any PSOB claim filed with BJA. Contracts for a stipulated fee and contingent fee arrangements are prohibited by PSOB regulations (28 C.F.R. 32.22(b)). BJA assumes no responsibility for payment of claimant attorney fees (28 C.F.R. 32.22(d)).

Filing a Claim

Eligible survivors or disability claimants may file claims directly with BJA or through the public safety agency, organization, or unit in which the public safety officer served. In most cases, the public safety agency provides BJA with sufficient information to determine whether the circumstances of the death or permanent and total disability support a benefit payment. The public safety agency prepares a Report of Public Safety Officer's Death or Permanent and Total Disability Claim Form to accompany the claim for death benefits completed by the eligible survivor(s) or, in the case of

disability claims, the prerequisite disability certification package completed by the injured officer. BJA will determine whether and to whom a benefit should be paid.

For Further Information

For more information about the Public Safety Officers' Benefits Program or to share your observations and recommendations, please contact:

U.S. Department of Justice Response Center

1-800-421-6770 or 202-307-1480

Response Center staff are available Monday through Friday, 9 a.m. to 5 p.m. eastern time.

Bureau of Justice Assistance

Public Safety Officers' Benefits Program
810 Seventh Street NW.

Washington, DC 20531

202-307-0635

Toll Free: 1-888-SIGNAL13 (744-6513)

Fax: 202-616-0314

World Wide Web: www.ojp.usdoj.gov/BJA

Bureau of Justice Assistance Clearinghouse

P.O. Box 6000

Rockville, MD 20849-6000

1-800-688-4252

World Wide Web: www.ncjrs.org

FS000271

July 2001

U.S. Department of Justice

Office of Justice Programs

Bureau of Justice Assistance

Washington, DC 20531

Official Business

Penalty for Private Use \$300

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Steps for Filing a PSOB Claim After a Line-of-Duty Death

<p>1. Immediately after the fatality...</p>	<p>The department/agency must...</p> <ol style="list-style-type: none"> 1. Notify the family. 2. Secure the scene. 3. Begin an investigation of the incident. 4. Make arrangements for an autopsy. 5. Identify a department member to serve as a liaison between the department/agency and the PSOB office.
<p>2. Immediately after being named the department's liaison...</p>	<p>The liaison must...</p> <ol style="list-style-type: none"> 1. Call PSOB staff at 1-888-744-6513. 2. Provide accurate, up-to-date information including these items: <ul style="list-style-type: none"> • Fire department/agency name • Liaison's name • Phone numbers for the department/agency and the liaison • A fax number or mailing address so PSOB can send the claim initiation guidance letter • Deceased firefighter's name • Date of incident and date of death • A brief description of the incident <p>Relay the information very carefully and include only what is known. Do not speculate on the cause of death if you do not know it.</p> <p>On evenings, weekends, and holidays, leave a phone message with the liaison's name and telephone numbers.</p>
<p>3. PSOB responds.</p>	<p>After receiving the call, PSOB will fax or mail a "Claims Guidance Package" to the department liaison as soon as possible. The package will include:</p> <ul style="list-style-type: none"> • Claim initiation guidance letter • Report of Public Safety Officer's Death form Claim for Death Benefits form • Consent to Release Confidential Information form • PSOB Act

<p>4. After receiving the Claims Guidance Package, the department liaison should...</p>	<ol style="list-style-type: none"> 1. Meet with the claimant (the immediate next-of-kin) and together complete the Claim for Death Benefits and the Report of Public Safety Officer's Death forms. 2. Assure that the family provides a copy of the death notice. 3. Gather the other documentation requested in the claim initiation guidance letter. 4. Submit completed forms and all supporting documents to PSOB as soon as possible.
<p>5. After the PSOB specialist receives the documentation, he or she...</p>	<ol style="list-style-type: none"> 1. Reviews the package. 2. May contact the department liaison and/or family if further information is needed. 3. Submits unresolved medical questions to an independent physician for review.
<p>6. PSOB staff evaluate the file and...</p>	<p>Prepare a determination which is routed for review by staff and the Office of General Counsel.</p>
<p>7. If the claim is approved...</p>	<p>The PSOB office will send a letter notifying the claimant and the department of the decision on the claim.</p>
<p>8. If the claim is denied...</p>	<p>The PSOB Specialist will:</p> <ol style="list-style-type: none"> 1. Send a letter notifying the claimant and the department of the denial of the claim. 2. Provide information on the appeals process.

Special Death
Benefits for
Employees
In High-Risk
Professions

WHAT IS REQUIRED TO APPLY?

To apply for death benefits under Chapter 615, you will be required to provide documents that verify:

- The individual's death,
- The death occurred as a result of a personal injury sustained in the line of duty,
- The individual held a position covered by the terms of Chapter 615,
- Marriage between the decedent and the surviving spouse,
- Parentage of the surviving children,
- Date of birth for children,
- Guardianship of the estates of the minor children if the children do not reside with a natural parent, and
- Funeral expenses.

The applicant may be asked to furnish other required documentation. If a parent is making the claim, documents verifying relationship will also be required.

HOW TO APPLY FOR BENEFITS

For further information on the financial assistance available under Chapter 615 of the Government Code, contact:

Survivor Benefits Section

Customer Benefits Division
Employees Retirement System of Texas
P.O. Box 13207
Austin, TX 78711-3207

(512) 867-7711 (within the Austin calling area)
Toll-free number (877) 275-4377
(outside the Austin calling area)

Chapter 615 Benefits are in addition to any other benefits for which the survivors may qualify.

Read this brochure if you're a public employee whose job duties put you at risk of being killed.

Employees Retirement System of Texas

18th and Brazos, P.O. Box 13207
Austin TX 78711-3207
(512) 867-7711 in Austin
(877) 275-4377 toll-free

www.ers.state.tx.us

Published May 2004

CHAPTER 615



SPECIAL DEATH BENEFITS FOR EMPLOYEES IN HIGH-RISK PROFESSIONS

EMPLOYEES RETIREMENT SYSTEM OF TEXAS

BENEFITS UNDER CHAPTER 615

The Texas Legislature enacted Chapter 615 of the Government Code of Texas to provide death benefits for eligible survivors of certain public employees killed in the line of duty. This program is administered by the Employees Retirement System of Texas and is funded by the State of Texas. It is not a part of any retirement program.

WHO QUALIFIES FOR BENEFITS?

This program may be available to survivors of the following individuals:

- Peace officers (As defined by Article 2.12 of the Criminal Procedure Code),*
- A custodial officer of the Texas Department of Criminal Justice (TDCJ),*
- Eligible probation officers,
- Parole officers employed by TDCJ,
- Jailers or guards of county jails,
- An employee subject to certification by the Texas Commission on Fire Protection,
- A member of an organized volunteer fire fighting, police reserve or auxiliary unit,
- Eligible emergency medical personnel,
- A juvenile correctional employee of the Texas Youth Commission,
- Eligible employees of the Texas Department of Mental Health and Mental Retardation,
- Eligible personnel whose primary duties

*See Additional Benefits

➤ Officers commissioned by the State Board of Dental Examiners, or

➤ Chaplains designated for an organized volunteer fire fighting unit or other fire departments or law enforcement agencies of this state.

To be eligible to receive death benefits under Chapter 615, the deceased individual must have suffered a death as a result of a personal injury sustained in the line of duty.

There are no age or length-of-service eligibility requirements for this benefit.

WHAT ARE THE BENEFITS?

LUMP SUM PAYMENT

The surviving spouse may receive a lump sum payment of \$250,000. If there is no spouse, a surviving child is eligible to receive the benefit. If there are multiple children, the amount will be divided in equal shares. If there is no eligible surviving spouse or child, equal shares may be paid to surviving parents.

MONTHLY PAYMENTS

Minor children (under 18) may also receive a monthly benefit. Payments are paid to the appointed guardian or legal representative,

- One child - \$200 per month
- Two children - \$300 per month
- Three or more children - \$400 per

EDUCATION BENEFITS

Higher education benefits, which may include exemption from tuition, housing, textbooks, and fees at qualified Texas institutions of higher education, may be available to the surviving spouse or surviving children. They must have been claimed as dependents on the income tax return filed with the Internal Revenue Service by the deceased in the year preceding the year of death. The student financial aid office of the public institution should be contacted for further information.

HEALTH INSURANCE

An eligible surviving spouse may be entitled to continue health benefits until the spouse remarries, becomes eligible for group health insurance through employment or becomes eligible for federal Medicare benefits.

An eligible surviving minor child may be entitled to continue health insurance until the child reaches age 18 or becomes eligible for group health insurance through employment.

An eligible surviving non-minor dependent may be entitled to continue health insurance until the day he/she marries, becomes eligible for group health insurance through employment or becomes eligible for federal Medicare benefits.

ADDITIONAL BENEFITS

In the event of the death of a peace officer or custodial officer of TDCJ, the surviving spouse may be eligible to receive a monthly annuity. He or she also may receive a benefit up to but not to exceed \$6,000 for funeral expenses. If there is no spouse, the benefit will be paid to the guardian of any minor children.



EMPLOYEES RETIREMENT SYSTEM OF TEXAS

P. O. Box 13207 Austin, TX 78711-3207
(512) 867-7711 or (877) 275-4377 (toll free)



**DOCUMENTS REQUIRED FOR CLAIMS TO BENEFITS
UNDER CHAPTER 615 OF THE GOVERNMENT CODE
(Fire Fighters)**

Information provided to the Employees Retirement System of Texas (ERS) is maintained for administration of your benefits. If you have questions about your information, or believe that information provided to ERS may be incorrect, please notify your benefits coordinator or ERS.

The following documents are required in order to claim benefits under Chapter 615 of the Government Code.

1. A certified copy of the death certificate.
2. A certified copy of the autopsy report, if any.
3. Affidavits from witnesses detailing the facts of the fatality, if any.
4. Certified copies of any investigative reports.
5. A newspaper account of the fatality, if any.
6. A sworn statement from the employer that, at the time of the fatality, the decedent held a position covered by the terms of Chapter 615 of the Government Code and that death was a result of a risk or hazard inherent to that employment.
7. Additional certifications from the appropriate authority as outlined on the reverse side.
8. A sworn statement from the person making the claim providing: (a) the name and Social Security number of the decedent; (b) the date of death; (c) the name, address and social security number of the surviving spouse; (d) the name, address, social security number and date of birth of all minor children; and (e) the names and addresses of persons caring for the minors. If there is not a surviving spouse or children, please provide the names, addresses, and social security number of parents.
9. A copy of the marriage certificate showing marriage between the decedent and the surviving spouse.
10. Certified copies of birth certificates for all minor children.
11. A copy of the decedent's birth certificate if benefits are being claimed by parents.
12. A certified copy of the Letter of Guardianship for the estate of all minor children if the lump sum benefit is being claimed on their behalf.
13. If a payment is made monthly, certified copies of Letters of Guardianship of the estates of all children or, if no guardian is to be named, the attached Application for Payments Due Minor Child, completed by a surviving natural parent, living in Texas.
14. The attached Marriage Certification form (ERS 2.55) completed by the surviving spouse.
15. The enclosed Obligations of Guardians form (ERS 2.71) completed by the guardian or natural parent of the minor children.

NOTE: In order to pay children born after the date of death, a certificate of the attending physician that the child was conceived during the decedent's lifetime is required.

CERTIFICATIONS REQUIRED FOR:

PAID LAW ENFORCEMENT OFFICER:

A certification from the Texas Commission on Law Enforcement Officer Standards and Education that the decedent was a Commissioned Peace Officer certified by that commission.

PAID FIREMAN:

A certification from the Commission on Fire Protection Personnel Standards and Education that the decedent was certified by that commission, or

A certification from the head of the state agency, political or legal subdivision of the State of Texas, for whom the decedent worked, that aircraft crash and rescue fire fighting were the principal duties of the decedent.

ORGANIZED VOLUNTEER FIREMAN:

A certification from the head of the Organized Volunteer Fire Department that the organization has not less than 20 active members, conducts a minimum of 2 drills each month, each drill being at least 2 hours long and attended by a majority of all active members and renders fire fighting services without remuneration.

PAID PROBATION OFFICER:

A certification from the district judge or judges for whom the decedent worked or who appointed the decedent, that the decedent had the qualifications and duties set out in Section 10, Article 42.12, Texas Code of Criminal Procedures, 1965, as amended.

PAID PAROLE OFFICER:

A certification from the Executive Director of the Board of Pardons and Paroles that the decedent was an officer of the Division of Parole Supervision and had the qualifications and duties set out in Sections 26 through 29, Article 42.12, Texas Code of Criminal Procedures, 1965, as amended.

SUPERVISORY PERSONNEL IN A COUNTY JAIL:

A certification from the sheriff that the decedent was appointed as jailer or guard of a county jail and performed a security, custody, or supervisory function over the admittance, confinement or discharge of prisoners, and,

A certification from the Texas Commission on Law Enforcement Officer Standards and Education that the decedent was certified by that commission.

EMERGENCY MEDICAL SERVICE TECHNICIAN:

A certification from the head of the organization that the decedent was employed by a political subdivision of the state, performed emergency medical services or operated an ambulance, and was qualified as an emergency medical technician or at a higher level or training under Section 773.047, 773.048, or 773.049, Health and Safety Code.



Employees Retirement System of Texas
P.O. Box 13207
Austin, Texas 78711-3207
(512) 867-7711 or Toll Free 1-877-275-4377



CERTIFICATION OF MARRIAGE

*This form is to be completed by the surviving spouse,
notarized and returned to our office.*

I do hereby certify that I was married to _____
at the time of death.

Signature of Surviving Spouse

Social Security Number

Home Mailing Address City State Zip Code

Home Telephone Number

Date

NOTARY

STATE OF TEXAS
COUNTY OF _____

THIS INSTRUMENT WAS ACKNOWLEDGED, SWORN TO, AND SUBSCRIBED BEFORE ME ON THE

____ DAY OF _____, _____ BY _____
Month Year

(SEAL)

Signature, Notary Public in and for the State of Texas

Typed or Printed Name

Notary Commission Expires



EMPLOYEES RETIREMENT SYSTEM OF TEXAS

P. O. Box 13207 Austin, TX 78711-3207
(512) 867-7711 or (877) 275-4377 (toll free)



OBLIGATIONS OF GUARDIANS

Information provided to the Employees Retirement System of Texas (ERS) is maintained for administration of your benefits. If you have questions about your information, or believe that information provided to ERS may be incorrect, please notify your benefits coordinator or ERS.

Please read the instructions below. Sign and return the original of this form to this office and retain a copy for your records.

To assist this office in the proper administration of your account, you must notify this office immediately in writing, for any of the below reasons:

1. If you are removed as guardian or managing conservator by the court. In such an instance, payments would go to the new guardian.
2. If the minor beneficiary dies, marries or is declared to be an adult by the court. In such an instance, payment for that child will cease.
3. If the child(ren's) name is/are changed by a court of law. A name change will not affect rights to benefits. We will need a copy of the court order to verify the name change on our payroll.
4. If your name or address changes. Although it will not have any affect on your right to receive benefits for the child(ren), we will need a copy of your marriage license to verify a name change on the payroll.

I understand that my right to receive benefits is dependent upon compliance with the above instructions.

Signature: _____

Date: _____

NOTRAY PUBLIC

STATE OF _____ COUNTY OF _____

This instrument was subscribed, sworn to, and acknowledged before me on this ____ day of

_____, _____ by _____
Month Year (Printed name of surviving spouse)

Notary Public Signature

SEAL

Printed Name of Notary

Notary Commission Expires



EMPLOYEES RETIREMENT SYSTEM OF TEXAS

P. O. Box 13207, Austin, Texas 78711-3207

(512) 867-7711 or (877) 275-4377 (toll free)



DECLARATION OF KNOWLEDGE OF SURVIVING CHILDREN

Information provided to the Employees Retirement System of Texas (ERS) is maintained for administration of your benefits. If you have questions about your information, or believe that information provided to ERS may be incorrect, please notify your benefits coordinator or ERS.

I hereby certify, under the penalties of perjury, that, to the best of my knowledge, the following is a complete listing of all surviving children of _____:
(Name Of The Deceased)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

Signature

Date

NOTARY PUBLIC

STATE OF _____ COUNTY OF _____

This instrument was subscribed, sworn to, and acknowledged before me on _____ day of

_____, _____ by _____
Month Year (Name of Surviving Spouse)

Notary Public Signature

SEAL

Printed Name of Notary

Notary Commission Expires

Firefighters' Pension



OFFICE OF THE FIRE FIGHTERS' PENSION COMMISSIONER

Commissioner Lisa Ivie Miller
Office of the Fire Fighters' Pension Commissioner
P.O. Box 12577 Austin, TX 78711
Telephone: (512) 936-3372
Toll Free: (800) 919-3372
Fax: (512) 936-3480

Benefit Programs

Retirement Eligibility

At age 55 with 15 years qualified service, a member is eligible for a retirement of 6 times the average monthly contribution. If the monthly contribution is \$12.00, the member is eligible for a retirement of \$72.00 a month. A member will be vested and have some retirement coming at age 55 with as little as 5 qualifying years in the pension system.

For each qualifying year a member stays in the pension system after the 15 years required for full retirement, the member's retirement increases 7 percent compounded annually. There is no maximum amount.

On-Duty Disability Benefit

If a member is injured while on-duty, the member receives at least \$300.00 a month as long as the member is unable to perform his/her duties for the participating department and the duties of any other occupation for which the person is reasonably suited by education, training, and experience. Both criteria must be met. The amount of the monthly disability increases \$50.00 for every \$12.00 increase in dues paid for the member by the department.

On-Duty Death Benefits

The beneficiaries receive a lump-sum payment of at least \$60,000.00. This is in addition to state and federal benefits for an on-duty death. This lump-sum payment goes to whomever is listed on the member's enrollment form. If the amount of dues which would have been paid in for a member at the end of 15 years or the amount actually paid in for a member is greater than \$5,000.00, then the greater amount is paid by the agency.

In addition to the lump-sum benefit for on-duty death, the spouse and minor children share equally in a monthly pension of two-thirds of the member's retirement. (The member is automatically vested with 15 years of service if killed on-duty, if the member has less than 15 years of service.) As long as both spouse and one or more dependents survive an additional one-third of the monthly retirement annuity shall be paid to the minor children in equal shares.

Note: Members may also be eligible to receive benefits under Chapter 615 of the Government Code of Texas that provides death benefits for eligible survivors of certain public employees killed in the line of duty. The program is funded by the State and is administered by ERS. It is not part of any retirement program. For more information please visit http://www.ers.state.tx.us/Retirement/CPO-CO/Chapter_615_Benefits.htm

Off-Duty Death Benefits

The beneficiaries receive a lump-sum payment of at least \$2,160.00. The amount is based on years of service and amount of dues paid but cannot be less than \$2,160.00. If the active member is vested and of retirement age at the time of off-duty death, the surviving spouse is entitled to receive two-thirds of the monthly pension the decedent would have received if the decedent had retired on the date of death. When a terminated vested member dies before retirement, the spouse is eligible to receive two thirds of the member's pension effective the date of the member's 55th birthday.

APPLICATION FOR DEATH BENEFITS

Applicant's Name: _____ Social Security No. _____

Reference Fire Fighter: _____ Social Security No. _____

(Check One) Active FF (On-Duty) Active FF (+20 yrs of Service) Active FF (Off-Duty) Retired FF

To: Board of Trustees of the Texas Local Fire Fighters' Retirement Act of _____ (city), Texas Date _____, 20____

Comes now _____, the (check one) spouse, dependent child, or dependent parent of the deceased fire fighter and respectfully shows unto the Board of Trustees the following reasons and causes for benefits to be granted to this Applicant: (complete either "A" or "B")

A C T I V E	<p>A. Applicant avers that the deceased was an ACTIVE fire fighter duly appointed and enrolled in the fire department and participated in the above-mentioned retirement system for a total of _____ years _____ months, and _____ days (from ____/____/____ to ____/____/____) at the time of his/her death on the _____ day of _____, 20____. Said decedent's monthly salary at the time of his/her death, was \$ _____, and that his/her total salary for the past _____ months immediately preceding his/her death was \$ _____. Applicant states under oath that at the time of the deceased's death: (select one)</p> <p><input type="checkbox"/> He/She was performing his/her regular duties as a fire fighter;</p> <p><input type="checkbox"/> He/She was off-duty and was NOT performing his/her regular duties as a fire fighter nor did he/she receive any compensation whatsoever for the duties or acts he/she was performing at the time of his/her death. Applicant further states that his/her spouse was not performing a duty for himself/herself for profit at the time of his/her death;</p> <p><input type="checkbox"/> He/She was off-duty and was NOT performing his/her regular duties as a fire fighter (if YOUR plan allows for outside employment to NOT be a factor in determining death benefit eligibility); OR</p> <p><input type="checkbox"/> He/She has served more than 20 years and said deceased was entitled to receive retirement benefits (as provided in Sections 13 and 15 of the above-mentioned Act). (NOTE: The total amount of death benefits is NOT to exceed what the deceased fire fighter would have received had he/she been retired.)</p>
I N A C T I V E	<p>B. Applicant avers that the deceased was RETIRED OR VESTED TERMINATED from the fire department at the time of his/her death on the _____ day of _____, 20____, and was being paid (or was scheduled to be paid) a regular monthly retirement benefit of \$ _____ (if Vested Terminated, please list the date the benefits were to begin here ____/____/____). Applicant avers that he/she is the spouse, dependent child, or dependent parent of the deceased retiree (reference Section 15 of the Act).</p>

Applicant is submitting a copy of the Death Certificate. If a Death Certificate is not available at this time, Applicant avers that the deceased lost his/her life in the following manner and from the following cause: _____

Applicant hereby offers to make proof of any and all facts contained herein at the request of the Board that he/she do so.

WHEREFORE, Applicant respectfully prays that this Honorable Board grants to the Applicant monthly benefits of _____ dollars and _____ cents (\$ _____)) per month starting on the _____ day of _____, 20____ as provided in Section 15 of the Act, which are as follows: (Please show the date of plan and calculation used to determine benefits) _____

Applicant's Signature: _____ Social Security # _____ / _____ / _____

SUBSCRIBED AND SWORN to before me, the undersigned authority, on this the _____ day of _____, 20____.

(Notary Seal)

Notary Public, State of Texas

**CERTIFICATION OF SERVICE AND SALARY OR BENEFIT AMOUNT
BY THE CITY OF _____, TEXAS**

Reference Fire Fighter: _____ Social Security No. _____

(Check One) Active Fire Fighter Retired Fire Fighter

To: **Board of Trustees of the Texas Local Fire Fighters' Retirement Act of _____ (city), Texas** Date _____, 20_____

(Complete either "A" if the fire fighter was active or "B" if the fire fighter was retired or vested terminated.)

A C T I V E	<p>A. I, _____, Auditor, Finance Director, or Secretary of the City of _____, Texas, hereby certify that as such Auditor, etc., I have the custody and charge of all payrolls of the fire department of said city, and all warrants being issued by and out of my office.</p> <p>I certify that _____ (the deceased) has appeared on the payrolls of the fire department of said city, for the _____ years, _____ months, and _____ days *immediately preceding the date of his/her death. (*If your pension plan covers a different period of time, so indicate in the blanks: _____.)</p> <p>At the time of his/her death, said payrolls reveal that he/she held the rank of _____, at a monthly salary of \$_____. The total salary paid (including all elements of pay as defined by your plan document) as a fire fighter during the (select one) <input type="checkbox"/> biweekly, <input type="checkbox"/> monthly, or <input type="checkbox"/> annual period was \$_____.</p> <p>Therefore, the monthly average salary, as defined in your plan document, amounts to \$_____.</p>
I N A C T I V E	<p>B. I, _____, Chairman, Vice-Chairman, or Secretary of the Board hereby certify that I have custody and charge of the benefit payment records of the Texas Local Fire Fighters' Retirement Act of _____ (city), Texas.</p> <p>I certify that _____ (the deceased) had been receiving retirement benefits or was vested terminated and was entitled to receive retirement benefits from fire department of said city. At the time of his/her death, my records reveal that he/she received a monthly benefit amount of \$_____ or was to receive a monthly benefit of \$_____ beginning on ____/____/____.</p>

Signature: _____ Title: _____

SUBSCRIBED AND SWORN to before me, the undersigned authority, on this the _____ day of _____, 20_____.

(Notary Seal)

Notary Public, State of Texas

APPROVAL OF DEATH BENEFITS

Board of the Texas Local Fire Fighters' Retirement Act of _____(city), Texas

Applicant's Name: _____ **Social Security No.** _____

Reference Fire Fighter: _____ **Social Security No.** _____

(Check One) Active FF (On-Duty) Active FF (+20 yrs of Service) Active FF (Off-Duty) Retired FF

To: Office of the Fire Fighters' Pension Commissioner Date: _____, 20____
P.O. Box 12577
Austin, Texas 78711

1) Pursuant to the provisions of the Texas Local Fire Fighters' Retirement Act, Section 15, this Board at a meeting held on _____ / _____ / _____ did grant to the Applicant death benefits from said fire department. Benefits are to begin on the _____ day of _____, 20____ and are as follows: *(select one and ONLY one)*

To the spouse of the above-mentioned deceased fire fighter the amount of _____ dollars and _____ cents (\$ _____) per month so long as he/she lives or until he/she remarries (if your plan provides for payment after remarriage, please explain in a cover letter or attach the appropriate plan language).

To the dependent child who is unmarried and under 18 years of age (or if over 18 years of age is a full-time student) and/or is totally disabled (reference Section 15 of the Act) the benefit amount of _____ dollars and _____ cents (\$ _____).
 (Note that the benefit amount is to be paid to the guardian of the dependent child.)

To the dependent parent of the above-mentioned deceased fire fighter (in the event that there is no spouse), the amount of _____ dollars & _____ cents (\$ _____) per month (if your plan provides for payment to a dependent parent regardless of whether or not there are spouse benefits being paid, please explain in a cover letter or attach the appropriate plan language).

2) Benefit amounts are determined by the following method: *(select one or complete "D")*

A. _____% of the Highest/Last _____-months average salary plus (if applicable) an additional amount of \$ _____ per month for _____ years of service in excess of _____ years;

B. _____% for each year of participation in the Retirement Act. This is the percentage of the total amount the beneficiary would have been entitled to receive **had the fire fighter's death occurred as the result of the performance of his/her duty**;

C. _____% of the **retired** fire fighter's monthly benefit amount; **OR**

D. OTHER: _____

GRANTED AND RECORDED in the minutes of the Board of Trustees of _____(city), Texas, on the _____ day of _____, 20____.

 Chairman, Pension Board

 Vice-Chairman, Pension Board

 Secretary/Treasurer, Pension Board

Texas Municipal Retirement System

CHAPTER EIGHT

DEATH BENEFITS

Your Beneficiary

Your beneficiary is the person you choose to receive your TMRS benefit in the event of your death. You will be asked to choose a beneficiary when you become a



TMRS member. When you vest (after five or 10 years of service, depending on your city's plan), TMRS will ask you to examine your beneficiary choice.

When you vest, your choice of beneficiary becomes especially important. If you die after you are vested, and you have not chosen a beneficiary after vesting, here is how TMRS will pay benefits:

- To your surviving spouse;
- If you have no spouse, to any surviving children;
- If you have no children, to the last beneficiary you named before you became vested; or
- If you have never named a beneficiary, to your estate.

Choosing a beneficiary and making sure your choice is kept up-to-date are two of your most important responsibilities as a TMRS member.

Your Beneficiary's Options

If you are a vested TMRS member, but die before you retire, your designated beneficiary has choices about how to receive your benefit.

A beneficiary who is your spouse can choose to:

- select a monthly benefit to begin immediately, payable either for 15 years or for life. The monthly benefit includes the city's matching funds and any other credits that would be used to calculate your normal retirement;
- withdraw (refund) your member deposits and interest in a lump sum (this option **does not** include the city's matching funds); or

- leave your member deposits and interest with TMRS, where they would continue to earn interest until the date you would have reached age 60. Your survivor's benefit will then be calculated, and your spouse will receive a benefit either for life or for 15 years.

Your spouse will have 180 days from your date of death to choose to receive a benefit immediately, or to leave your member deposits with TMRS.

Member deposits and interest may be refunded to your spouse any time after the initial choice, but withdrawing the deposits and interest will prevent your beneficiary from receiving a lifetime monthly benefit.

A beneficiary who is not your spouse can elect to:

- select a monthly benefit payable immediately, either for 15 years or for life. Your surviving beneficiary's monthly benefit would include the city's matching funds and any other credits that would be used to calculate your normal retirement; or
- withdraw (refund) your member deposits and interest in a lump sum (this option would not include the city's matching funds).

If you are not vested at the time of your death, your beneficiary will receive a refund of your member deposits and interest.

Supplemental Death Benefits

Your city may choose to include Supplemental Death Benefits in its retirement plan. If your city has made this election and you die while employed by the city, TMRS will pay your designated beneficiary or estate a benefit approximately equal to your current annual salary, plus any retirement benefits due.



For Supplemental Death Benefits purposes, "annual salary" is calculated as the amount on which you made the required member deposits to TMRS during the 12 months before your death. If you were paid less than 12 months, the amount of salary you actually received is converted to an annual basis to determine a current annual salary.

Period of Coverage

You are covered for Supplemental Death Benefits if:

- Your city has adopted the Supplemental Death Benefits option for all its TMRS members; and
- As a city employee, you are required to make member deposits with TMRS.

You are covered on the first day of the first month in which these requirements are satisfied.

Except as described below under “Extended Coverage,” coverage stops on the last day of any month in which any of these requirements is not satisfied.

Extended Coverage

If circumstances cause you to be absent from your city employment for an extended period of time, your coverage under the Supplemental Death Benefits program may be extended if:

- As a result of illness or injury, you are unable to engage in any gainful employment or you are on extended leave under the provisions of the federal Family Medical Leave Act (FMLA);
- You made a required member deposit with TMRS as an employee of a city offering the coverage for Supplemental Death Benefits for the month preceding the first entire month of your absence from work; and
- Your application is approved by the TMRS Board of Trustees.

Extended Coverage continues until the end of the month in which any of the following occurs:

- You return to work;
- The Board finds that you have become able to engage in gainful employment;
- You cease to be a member of TMRS;
- You retire; or
- The city terminates coverage.

An application for **Extended Supplemental Death Benefits** must be made in writing to the Board of Trustees and must contain a statement from your doctor regarding your inability to work and the length of time you are expected to be away from the job.

Retiree Supplemental Death Benefits

A Supplemental Death Benefit in the amount of \$7,500 is paid on the death of a retired employee as long as the city (from which you retired in TMRS) offers such coverage.

Refunds (Withdrawing Your Deposits)

If your employment terminates with all participating TMRS cities, you may choose to - but do not have to - apply for a refund of your total member deposits plus interest.

If you leave your city before you are vested (after five or 10 years of service, depending on your city's plan), and do not go to work for another TMRS city, you may leave your member deposits with the System for up to 60 months and keep your TMRS membership. After the 60-month period, your membership terminates. If you go to work for a public employer who participates in the Proportionate Retirement Program, the 60-month limit does not apply (see page 27). If you leave your member deposits with TMRS, your deposits will stop earning interest after the 60-month period. Therefore, at that time, you should apply for a refund of your member deposits and interest. You can roll over your refund into an IRA or other eligible retirement plan for income tax purposes. See page 54 for more on rollovers.

If you stop working for one TMRS city, but become employed by another TMRS city (before withdrawing your member deposits), your membership in TMRS has not terminated. **You cannot withdraw your member deposits and interest.**

If you leave employment with a TMRS city and go to work in a position covered by one of the retirement systems that participates in the Proportionate Retirement Program (see page 27), you may withdraw your member deposits, but you should be aware of the value of your TMRS service credit under the Proportionate Retirement Program.



IMPORTANT:

A refund only includes your member deposits and interest. It does NOT include the city's matching funds **even if you are vested.**



Supplemental Death Benefit Application

MEMBER INFORMATION											
Social Security Number						Member's Full Name (First, Middle, Last)					
			-								
City Number				City Name (required)				Retirement Number (if applicable)			

BENEFICIARY CERTIFICATION

I, _____ (name of beneficiary), affirm that I am the beneficiary designated under the plan and am related to the above deceased member as _____ (relationship). I further certify that the death of the above member occurred on _____ (date of death). I hereby make application for payment of the Supplemental Death Benefit.

The payment should be mailed to:

Beneficiary's Full Name			Social Security Number (required)		
Address (number and street)					
City		State	Zip Code	Daytime Phone Number ()	

A COPY OF THE DEATH CERTIFICATE MUST BE FURNISHED BEFORE PAYMENT CAN BE MADE.

Signature of Beneficiary			Date		
--------------------------	--	--	------	--	--

Any corrections or whiteouts must be initialed. Please use only black ink and do not highlight.

Please read information provided on the reverse side of this document.



Texas Municipal Retirement System
P.O. Box 149153 Austin, Texas 78714-9153
(512) 476-7577 (800) 924-8677
TMRS-71 Revised 08/30/1999



SUPPLEMENTAL DEATH BENEFIT APPLICATION NOTES

Purpose

The purpose of this form is to allow you, as designated beneficiary, to apply for this benefit. Participating cities, at their option may elect to provide a Supplemental Death Benefit covering:

Current employees who are members of TMRS – this benefit is paid to the designated beneficiary of a current employee and is equal to the employee's current annual salary. The current annual salary for this purpose is the amount actually paid to the employee as compensation for services, and on which contributions were made to TMRS, during the twelve calendar months prior to the month of death. If compensation was paid for a lesser period of time, the compensation actually paid is converted to an annual basis to determine annual salary

Retired employees who were employees of that city at the time of retirement – this \$5,000 benefit is paid to the designated beneficiary of a retired employee.

TMRS requires the following documents prior to payment of this benefit:

- A photocopy of the member's death certificate
- The Supplemental Death Benefit Application completed by you as designated beneficiary.

Taxation of the Supplemental Death Benefit

The Supplemental Death Benefit is based on a program of term life insurance. If made payable to an individual, this payment does not represent the receipt of income for federal income tax purposes within the meaning of Section 101(a)(1) of the Internal Revenue Code of 1986. However, there may be tax implications if the payment is made payable to an estate.

What if the beneficiary is a minor?

If the beneficiary is a minor child, someone other than the child must apply for the supplemental death benefit (on behalf of the beneficiary). In addition, one of the following items may be required:

- Letters of Guardianship (certified copy)
- Trust Agreement
- Affidavit of Natural Parent (Do not complete this form TMRS-71). Contact TMRS for the applicable form.

TMRS WILL NOT ACCEPT:

- assignments of the benefit
- alterations without initials
- an incomplete form
- an application in pencil



Supplemental Death Benefit Application

(Minor Beneficiary with Parent as Guardian)

MEMBER INFORMATION											
Social Security Number						Member's Full Name (First, Middle, Last)					
City Number				City Name (required)				Retirement Number (if applicable)			

GUARDIAN CERTIFICATION

I, the undersigned, hereby affirm that I am the surviving parent (as a result of being the biological mother or biological father of the child, or by formal adoption) of _____ (name of minor beneficiary); that I am over eighteen (18) years of age and have not been convicted of a felony or crime involving moral turpitude; that I have not relinquished my parental rights, nor has any judicial order ever been entered terminating or limiting my rights, privileges, duties and powers with regard to such minor child; and that there is no other person appointed by order of any Court to be guardian of the person or estate of such minor child. I affirm that under Section 151.003 of the Texas Family Code, I am the person entitled to receive such sum as may be due to the minor whose name is set forth below from the Supplemental Death Benefit Fund of the Texas Municipal Retirement System, and request that such payment be made to me as Guardian, for the benefit of the minor child, at the address given below.

I further affirm that the minor whose name is set forth below is the beneficiary designated under the plan and is related to the deceased member as _____ (relationship).

I hereby make application on behalf of the minor whose name is set forth below for payment of the Supplemental Death Benefit.

The payment should be mailed to:

Minor Beneficiary's Full Name			Minor's Social Security Number (required)		
Address (number and street)			Guardian's Full Name		
City	State	Zip Code	Daytime Phone Number ()		

A COPY OF THE DEATH CERTIFICATE MUST BE FURNISHED BEFORE PAYMENT CAN BE MADE.

Signature of Parent (Guardian)	Date
--------------------------------	------

Any corrections or whiteouts must be initialed. Please use only black ink and do not highlight.

Please read information provided on the reverse of this document.



SUPPLEMENTAL DEATH BENEFIT APPLICATION NOTES

Purpose

The purpose of this form is to allow you, as Parent and Guardian of the minor beneficiary, to apply for this benefit. Participating cities, at their option, may elect to provide a Supplemental Death Benefit covering:

Current employees who are members of TMRS – this benefit is paid to the designated beneficiary of a current employee and is equal to the employee's current annual salary. The current annual salary for this purpose is the amount actually paid to the employee as compensation for services, and on which contributions were made to TMRS, during the twelve calendar months prior to the month of death. If compensation was paid for a lesser period of time, the compensation actually paid is converted to an annual basis to determine current annual salary

Retired employees who were employees of that city at the time of retirement – this \$5,000 benefit is paid to the designated beneficiary of a retired employee.

TMRS requires the following documents prior to payment of this benefit:

- A photocopy of the member's death certificate
- The Supplemental Death Benefit Application completed by you as designated beneficiary.

Taxation of the Supplemental Death Benefit

The Supplemental Death Benefit is based on a program of term life insurance. If made payable to an individual, this payment does not represent the receipt of income for federal income tax purposes within the meaning of Section 101(a)(1) of the Internal Revenue Code of 1986. However, there may be tax implications if the payment is made payable to an estate.

TMRS WILL NOT ACCEPT:

- assignments of the benefit
- alterations without initials
- an incomplete form
- an application in pencil

Education Benefits

Section 10

This section contains information on education benefits that are available to the family of a firefighter who dies in the line of duty.



BJA Bureau of Justice Assistance Fact Sheet

Public Safety Officers' Educational Assistance Program

The Federal Law Enforcement Dependents Assistance (FLEDA) Act was enacted in October 1996 to enhance the appeal of service in civilian federal law enforcement agencies by providing financial assistance for higher education to spouses and children of federal law enforcement officers killed in the line of duty. Congress and the President amended the Act in 1998 to provide educational assistance to spouses and children of police, fire, and emergency public safety officers killed in the line of duty, thus creating the Public Safety Officers' Educational Assistance (PSOEA) Program. The PSOEA Program also makes assistance available to spouses and children of public safety officers permanently and totally disabled by catastrophic injuries sustained in the line of duty.

Background

By amending the FLEDA Act, Congress and the President extended educational assistance to include not only the families of federal law enforcement officers but all public safety officers. In so doing, they made an important statement about how vital our public safety officers are to our nation's safety.

The PSOEA Program recognizes that benefits available to these families through the Public Safety Officers' Benefits (PSOB) Program, administered by the Bureau of Justice Assistance, U.S. Department of Justice, are often consumed by basic needs and are not sufficient to support costs of higher education. For many families, however, access to higher education is instrumental in their ability to move forward in the aftermath of a line-of-duty tragedy.

PSOEA Program Benefits

The PSOEA Program provides an educational assistance allowance to eligible survivors of public safety officers whose deaths or permanent and total disabilities are the direct and proximate result of a traumatic injury sustained in the line of duty.

PSOEA benefits may be used solely to defray educational expenses, including tuition, room and board, books, supplies, and education-related fees. The amount of assistance is determined by whether the student attended school as a full-time, three-quarter-time, or half-time student. Also, the amount of assistance is subject to change consistent with the current computation of educational assistance allowance set forth in Title IV of the Higher Education Act, Section 3532 of Title 38, United States Code.

PSOEA Program Effective Dates

Under the PSOEA Program, the families of federal, state, and local police, fire, and emergency public safety officers are covered for line-of-duty deaths that occurred on or after January 1, 1978. The effective date for families of permanently and totally disabled federal law enforcement officers is October 3, 1996. Families of state and local police, fire, and emergency public safety officers are covered for line-of-duty permanent and totally disabling injuries that occurred on or after October 1, 1997. Families of Federal Emergency Management Agency (FEMA) personnel and state, local, and tribal emergency management and civil defense agency employees are covered for such injuries sustained on or after October 30, 2000.

Eligibility for PSOEA Benefits

The PSOEA Program stipulates that PSOEA benefits are to be provided directly to dependents who attend a program of education at an eligible educational institution and are the spouses or children of federal, police, fire, and emergency public safety officers whose deaths or permanent and total disabilities are covered by the PSOB Program (42 U.S.C. 3796 et seq.). Public safety officers' children are no longer eligible for assistance, however, after their 27th birthday, absent a finding by the Attorney General of extraordinary circumstances. Assistance under the PSOEA Program is available for 45 months of full-time education or training or for a proportional period of time for a part-time program.

For Further Information

For more information about the PSOEA Program, to obtain a copy of the PSOEA regulations and application form, or to share your observations and recommendations, please contact:

Public Safety Officers' Educational Assistance Program

Public Safety Officers' Benefits Program
Bureau of Justice Assistance

810 Seventh Street NW.

Washington, DC 20531

1-888-SIGNAL13 (744-6513)

Fax: 202-616-0314

World Wide Web: www.ojp.usdoj.gov/BJA

Bureau of Justice Assistance Clearinghouse

P.O. Box 6000

Rockville, MD 20849-6000

1-800-688-4252

World Wide Web: www.ncjrs.org

Clearinghouse staff are available Monday through Friday, 8:30 a.m. to 7 p.m. eastern time. Ask them to place you on the BJA mailing list.

Department of Justice Response Center

1-800-421-6770 or 202-307-1480

Response Center staff are available Monday through Friday, 9 a.m. to 5 p.m. eastern time.

FS000270

July 2001

U.S. Department of Justice

Office of Justice Programs

Bureau of Justice Assistance

Washington, DC 20531

Official Business

Penalty for Private Use \$300

PRESORTED STANDARD POSTAGE & FEES PAID DOJ/BJA PERMIT NO. G-91



U.S. Department of Justice
Office of Justice Programs
Bureau of Justice Assistance
Public Safety Officers' Benefits Program
Washington, DC 20531

FAX (202) 616-0314

**APPLICATION FOR
PUBLIC SAFETY OFFICERS'
EDUCATIONAL ASSISTANCE
(42 U.S.C. 3796d)**

Important: No benefits can be paid unless a completed application has been received (28 CFR Part 32.20). The information requested on this form is necessary to determine your eligibility for educational assistance. Your responses are considered confidential (38 USC 5701) and may be disclosed outside of the Office of Justice Programs only if the disclosure is authorized under the Privacy Act. **Paperwork Reduction Notice:** Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and that impose the least possible burden on you to provide us with information. The estimated average time to complete and file this application is approximately 20 minutes. If you have comments regarding the accuracy of this estimate or suggestions for making this form more simple, please write to the Public Safety Officers' Benefits Program at the above address.

PART I – APPLICANT INFORMATION

1. Name (First, Middle, Last)

2. Social Security Number

3. Date of Birth

4. Relationship of Applicant to Public Safety Officer

Spouse

Child

5. Applicant's **PERMANENT** Mailing Address
(Include Street/P.O. Box, City, State, Zip Code)

6. Contact Information

The contact for all educational assistance matters will be the:
applicant applicant's parent / guardian

_____ name of parent / guardian

(For phone numbers, include area code)

Home Phone: _____

Day Phone: _____

Cell Phone: _____

E-Mail Address: _____

7. Payment Information

I would like to receive my educational benefits by check.

I would like to receive my educational benefits by Direct Deposit.

Complete the following for Direct Deposits only:

Name of Bank: _____

Type of Account: Savings Checking

Account Number: _____

Bank's 9-Digit Routing Number: _____

**PLEASE CONTACT THE PSOB OFFICE IF ANY OF THE INFORMATION
IN PART I CHANGES AFTER YOU SUBMIT YOUR APPLICATION**

National Fallen
Firefighter's
Foundation



Sarbanes Scholarship Program

When a firefighter dies in the line of duty, the family must adjust to life without their loved one, who often was the primary breadwinner. Many grieving spouses are left to care for children without sufficient financial assistance. To support their families, they need additional job skills or education. Children left without a parent need to know they still have a chance to attain their educational dreams.

In 1992, the U. S. Congress created the National Fallen Firefighters Foundation. Our mission is to honor all fallen firefighters and to assist their survivors in rebuilding their lives. One way we do this is by offering spouses and children the opportunity to pursue their personal, educational and career goals through the Foundation's scholarship programs.

Spouses, children, and stepchildren of firefighters honored at the National Fallen Firefighters Memorial are eligible to apply for assistance. Scholarships are awarded for undergraduate and graduate studies, vocational-technical training, and certification and job training programs. They may be used for study at in-state or out-of-state public and private schools.

Since 1997, the Foundation and its partners have awarded 219 scholarships totaling over \$750,000 to spouses, children, and stepchildren of fallen firefighters from 34 states. Fields of study for the recipients have ranged from Accounting to Auto Mechanics, and from Fire Science to Elementary Education.

Eligibility Requirements

- Spouse, child, or stepchild of a fallen firefighter honored at the National Fallen Firefighters Memorial in Emmitsburg, Maryland. Children must currently be under the age of 30 or have been under the age of 22 at the time of their firefighter's death.
- High school diploma or equivalency or in the final year of high school.
- Currently pursuing or planning to pursue undergraduate or graduate studies, a certification program or job skills training at an accredited institution.
- Currently enrolled or planning to enroll as a full- or part-time student.

Selection Criteria

- Academic standing
- Statement of Interest including personal, academic and career goals as well as involvement in extracurricular activities, including community and volunteer activities
- Two letters of recommendation; at least one from a member of the fire service

Applications must be received by April 1, 2005.



2005-2006 Application Form National Fallen Firefighters Foundation Scholarship Programs

Application and required attachments must be received by April 1, 2005. Incomplete or late applications will not be considered.

APPLICANT INFORMATION

Applicant's Name: _____
Last First Middle Initial

Mailing Address: _____
Street Address/P.O. Box/Apt. Number

City State Zip Code

The above address is: home school other (check one)

E-mail address: _____

Home Phone: (_____) _____ Daytime Phone: (_____) _____

Date of Birth: _____ Social Security Number: _____

FAMILY INFORMATION

Fallen Firefighter's Name: _____

Department/Agency Name: _____

City: _____ State: _____

Date of Death: _____

Your Relationship to the Fallen Firefighter: _____

Did your family receive funds from the Department of Justice
Public Safety Officers' Benefits Program? Yes No Don't know

If so, would you like information on related scholarship assistance? Yes No

ACADEMIC INFORMATION

Type of program in which you plan to enroll for the 2005-2006 academic year:

Graduate Bachelor Associate Technical/Trade Certification

Planned Field of Study: _____

Enrolled or Planning to Enroll: Full-time Part-time

Information on the Institution You Will Attend (if known):

Name: _____

City _____ State _____

Phone Number: (____) _____

Estimated annual costs for: Tuition _____

Books _____

REQUIRED APPLICATION DOCUMENTS

(These may be attached to your application or mailed separately)

- An official transcript or letter from a school official from the most recent institution attended. If unavailable, please provide a written explanation and a copy of the highest-level diploma or certification received.
- A Statement of Interest of 400 words or less including:
 - why you want the scholarship
 - your personal, educational and career goals
 - a list of extracurricular, community, and/or volunteer activities. Include dates of participation and a brief description of each activity. You may provide an explanation for lack of involvement under special circumstances.
 - special circumstances, such as financial hardship, family responsibilities, etc.
 - any other information you want the Scholarship Committee to consider
- Two letters of recommendation. One letter should be from a teacher, employer, or a member of the community familiar with you and your goals and the other from a member of the fire service. If it is not possible to provide a letter from a member of the fire service, please submit a statement explaining why. If you do not have a letter from a member of the fire service, **you must submit a second letter from another source.**
- Recent photograph for Foundation newsletter. Will only be used if you are selected.

You must submit a full application package, even if you have previously received a Foundation scholarship.

I certify that all of the information contained in this application and attachments is accurate. I understand that the Foundation may verify all information I have provided as part of my application for this scholarship.

Signature

Date

**Send this application and all required information to:
Scholarship Committee, National Fallen Firefighters Foundation
P. O. Drawer 498, Emmitsburg, Maryland 21727**

International
Association
Of
Fire Fighters

Masterguard
Fallen Hero's Fund
and
Scholarship Program

MasterGuard Education Fund

A portion of the proceeds from MasterGuard fire alarms is donated to **The MasterGuard Education Fund**. This Fund is used to donate money to organizations for Burn Survivors & educate the public on Home Fire Safety and to provide MasterGuard's Fallen Heroes Scholarship Fund.



Fallen Heroes Scholarship Fund

The MasterGuard Fallen Heroes Scholarship Fund seeks to offer education opportunity to the children of our fallen firefighters. This program is designed to fit the needs of the sons and daughters of our nation's fallen heroes.

Applications must be postmarked by April 1, 2005 for consideration for Fall Semesters.

Scholarship Eligibility

- Spouse, son, daughter, legally adopted child, or stepchild of a fallen firefighter who met the criteria for inclusion on the National Fallen Firefighters Memorial in Emmitsburg, Maryland. Children of fallen firefighters must be under the age of 30.
- Applicant must have high school diploma or equivalency or be within the final year of high school.
- Applicant must be pursuing or planning to pursue undergraduate or graduate studies, or job skills training at an accredited university, college, community college, or technical school.
- Full and part-time students are eligible.
- Demonstrate academic and personal potential.

Criteria

- Academic standing (minimum 2.0 grade point ratio or "C" average)
- Involvement in extracurricular activities, including community and volunteer activities
- Personal Statement (200 words or less)
- Two letters of recommendation; at least one should be from a member of the fire service and neither should be from a relative.

The Fund reserves the right to give Benevolent Scholarships to families of Fallen Firefighters.

For more information contact:

Mr. Chris Roberts
Vice President
MasterGuard Corporation
801 Hammond, Suite 200
Coppell, TX 75019
972-393-1700 Telephone
972-393-1701 Fax
chris@masterguard.com

Application Fallen Heroes Fund Scholarship Program

Applications must be postmarked on or before April 1, 2001. The Scholarship Committee will not consider incomplete applications.

Please type or print all information. The Fund keeps all information confidential.

APPLICANT INFORMATION

Applicant's Name: _____
Last First Middle Initial

Mailing Address: _____
Street Address/P.O. Box/Apt. Number

City State Zip Code

Home Phone: (_____) _____ Daytime Phone: (_____) _____
Area Code Area Code

Date of Birth: _____ Social Security Number: _____

FAMILY INFORMATION

Fallen Firefighter's Name: _____

Department/Agency Name: _____

City: _____ State: _____

Date of Death: _____

Your Relationship to the Fallen Firefighter: _____

ACADEMIC INFORMATION

Type of program for the upcoming year: _____

Graduate Bachelor's Associate's Technical/Trade

Planned Field of Concentration (Major): _____

Enrolled or Planning to Enroll: Full-time Part-time

Information on the Institution You Will Attend (if known):

Name: _____

Mailing Address: _____

Street Address/P.O. Box/Apt. Number

City

State

Zip Code

Phone Number: (_____) _____

Area Code

REQUIRED ATTACHMENTS

An official transcript, or letter from a school official, from the most recent institution attended. If unavailable, include a letter of explanation along with a copy of the highest level diploma received.

A list of extracurricular, community, and/or volunteer activities. Include dates of participation and a brief description of the activity.

A personal letter of interest, stating why you want the scholarship, what you intend to do upon completion of your education, any special circumstances (such as financial hardship or family responsibilities), and any other information you want the Scholarship Committee to know about you.

Two letters of recommendation; at least one should be from a member of the fire service.

I certify that all of the information contained in this application and attachments are accurate. I understand that the Fund may verify all information I have provided as part of my application for this scholarship.

Signature

Date

Send this application and all required information to:
Scholarship Committee, Fallen Heroes Fund
801 Hammond, Suite 200, Coppell, TX 75019
FAX: (972) 446-9966; e-mail: marketing@masterguard.com

Texas Higher Education



TEXAS HIGHER EDUCATION COORDINATING BOARD

P.O. Box 12788 • Austin, Texas 78711 • 512-483-6340

STUDENT SERVICES DIVISION

Thank you for your recent inquiry regarding Section 54.204 of the Texas Education Code which provides exemption from payment of certain fees and tuition at public colleges and universities in Texas for children of firemen, peace officers, custodial employees of TDC or game wardens employed in Texas who have suffered an injury, sustained in the line of duty, resulting in death or disability.

The procedure for applying for the exemption should begin several months prior to the student's registration in an eligible institution. When application for admission is made, it would be wise to request from the college or university an application for the tuition exemption.

The student will then contact the head of the agency with whom the parent was employed to request a letter written on official letterhead certifying the death or disability of the officer while in the line of duty. The letter of certification should include the information called for in the enclosed sample letter of certification. As you will note in the enclosed copy of the statute, the letter of certification of injury needs to be signed by the administrator of the department. In the case of disability, the head of the department shall attach a copy of the examining physician's statement verifying the patient's disability in accord with the description of disability contained in the statute.

When the letter of certification is received in the office of the Assistant Commissioner for Student Services, Texas Higher Education Coordinating Board, P. O. Box 12788, Capitol Station, Austin, Texas, 78711, a letter certifying the student's eligibility for the waiver of tuition and fees is sent to the Vice President of Business Affairs at the appropriate college or university.

If there are several children in a family who will be eligible for the exemption, a separate letter should be submitted for each child as he/she begins to make preparations for enrollment at a particular institution.

Exemption of Children of Certain Firemen,
Peace Officers, Employees of the Texas Department
of Corrections, and Game Wardens From Payment of Fees

Sec. 54.204. CHILDREN OF DISABLED FIREMEN AND PEACE OFFICERS. (a) In this section:

(1) "Eligible employee" means a full-paid or volunteer firefighter, or a full-paid municipal, county, or state peace officer, or a custodial employee of the Texas Department of Corrections, or a game warden.

(2) "Disability" means inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration. An individual shall not be considered to be under a disability unless he furnishes such proof of its existence as may be required.

(b) The governing board of each institution of higher education shall exempt from the payment of all dues, fees, and charges any person whose parent is an eligible employee who has suffered an injury, resulting in death or disability, sustained in the line of duty according to the regulations and criteria then in effect governing the department or agency in which he was employed. The exemption does not apply to general property deposits or to fees or charges for lodging, board, or clothing.

(c) A person is not entitled to the exemption if the person:

(1) does not apply initially for the exemption before the date the person:

(A) becomes 21 years of age, if the person is not covered by Paragraph (B); or

(B) becomes 22 years of age, if the person is eligible to participate in a school district's special education

program under Section 29.003;

(2) does not meet all entrance requirements of the institution; or

(3) does not maintain a scholastic average sufficient to remain in good standing.

(d) Subject to Subsection (e), a person may receive an exemption only for the first 120 undergraduate semester credit hours for which the person registers.

(e) A person is not entitled to an exemption for any term or semester the person begins after the date the person becomes 26 years of age.

(f) A person entitled to an exemption under the provisions of this section shall, when transferring from a public junior college to a public senior college or university, meet the standard entrance requirements required by the senior college or university of an applicant for admission not covered by the provisions of this section.

(g) An eligible employee whose injury results in a disability shall submit to a physical examination by a physician designated by the United States Social Security Administration to conduct physical examinations and to make disability reports to the Social Security Administration. If the physician decides the injury received has resulted in a disability, he shall certify this fact to the head of the department which employs the employee.

(h) The head of the department which employed the eligible employee at the time he sustained the injury shall file a certificate with the Coordinating Board, Texas College and University System, on a form prepared by the board for the purpose. The head of the department shall attach the certificate of the examining physician if an examination is required by Subsection (g) of this section. A copy of the certificate on file with the coordinating board is sufficient evidence for the institution to grant the exemption.

Acts 1971, 62nd Leg., p. 3072, ch. 1024, art. 1, Sec. 1, eff. Sept. 1, 1971. Amended by Acts 1975, 64th Leg., p. 1386, ch. 534, Sec. 1, eff. Sept. 1, 1975; Acts 1999, 76th Leg., ch. 1531, Sec. 1, eff. Aug. 30, 1999; Acts 2001, 77th Leg., ch. 465, Sec. 1, 2, eff. June

Education Benefit Section 54.204

When referencing or researching this education benefit the key word is EXEMPTION.

Exemption of Children of Certain Firemen, Peace Officers, Employees of the Texas Department of Corrections, and Game Wardens Disabled or Deceased in the line of duty from Payment of Fees

(a) In this section:

(1) "Eligible employee" means a full-paid or volunteer fireman, or a full-paid municipal, county or state peace officer, or a custodial employee of the Texas Department of Corrections, or a game warden.

(2) "Disability" means inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration. An individual shall not be considered to be under a disability unless he furnishes such proof of its existence as may be required.

(b) The governing board of each institution of higher education shall exempt from the payment of all dues, fees, and charges any person whose parent is an eligible employee who has suffered an injury, resulting in death or disability, sustained in the line of duty according to the regulations and criteria then in effect governing the department or agency in which he was employed. The exemption does not apply to general property deposits or to fees or charges for lodging, board, or clothing.

(c) A person is not entitled to the exemption if the person:

(1) does not apply initially for the exemption before the date the person:

(a) becomes 21 years of age if the person is not covered by Paragraph (b) or
(b) becomes 22 years of age, if the person is eligible to participate in a school district's special education program under Section 29.003

(2) does not meet all entrance requirements of the institution, or

(3) does not maintain a scholastic average sufficient to remain in good standing.

(d) A person may receive an exemption only for the first 120 undergraduate semester credit hours for which the person registers.

(e) A person is not entitled to an exemption for any term or semester the person begins after the date the person becomes 26 years of age.

(f) A person entitled to an exemption under the provisions of this section shall, when transferring from a public junior college to a public senior college or university, meet the standard entrance requirements required by the senior college or university of an applicant for admission not covered by the provisions of this section.

(g) An eligible employee whose injury results in a disability shall submit to a physical examination by a physician designated by the United States Social Security Administration to conduct physical examinations and to make disability reports to the Social Security Administration. If the physician decides the injury received has resulted in a disability, he shall certify this fact to the head of the department which employs the employee.

(h) The head of the department which employed the eligible employee at the time he sustained the injury shall file a certificate with the Texas Higher Education Coordinating Board on a form prepared by the board for this purpose. The head of the department shall attach the certificate of the examining physician if an examination is required by Subsection (g) of this section. A copy of the certification on file with the Coordinating Board is sufficient evidence for the institution to grant the exemption.

Texas Higher Education Coordinating Board
Ms. Angela Crowder
P.O. BOX 12788, Capitol Station
Austin, Texas 78711
Phone: (512) 427-6344
Fax: (512) 427-6420
Toll-Free: (800) 242-3062
Web: <http://www.collegefortexans.com>

How Do You Apply?

Obtain a sample letter from the Texas Higher Education Coordinating Board.

Have the parent's prior employer complete the sample letter on official letterhead.

Submit the letter to the Texas Higher Education Coordinating Board.

The Texas Higher Education Coordinating Board will notify the College or University of the student's eligibility.

Educational Benefits Chapter 615.0225 - legal

House Bill 877, 77th Texas Legislature, 2001
Educational Benefits, Government Code, Section 615.0225

Relating to the benefits provided to the surviving spouse and minor children of certain public employees killed in the line of duty on or after September 1, 2000.

Subchapter B, Chapter 615, Government Code, is amended by adding Section 615.0225 to read as follows:

(a) A person is eligible to receive education benefits under this section if the person is:

(1) a surviving spouse; or
(2) a surviving child, if the child was claimed as a dependent on the income tax return filed with the Internal Revenue Service by the listed individual in the year preceding the year in which the listed individual died.

(b) An eligible person who enrolls as a full-time student at an institution of higher education as defined by Section 61.003, Education Code, is exempt from tuition and fees at that institution of higher education until the student receives a bachelor's degree or 200 hours of course credit, whichever comes first.

(c) If the student elects to reside in housing provided by the institution of higher education and qualifies to reside in that housing, the institution shall pay from the general revenue appropriated to the institution the cost of the student's contract for and housing until the student receives a bachelor's degree or 200 hours of course credit, whichever occurs first. If there is no space available in the institution's housing, the institution shall, from the general revenue appropriated to the institution, pay to the student each month the

equivalent amount that the institution would have expended had the student lived in the institution's housing. The institution is not required to pay the student the monthly payment if the student would not qualify to live in the institution's housing.

(d) The institution of higher education shall, from the general revenue appropriated to the institution, pay to the student the cost of the student's textbooks until the student receives a bachelor's degree or 200 hours of course credit, whichever occurs first.

Web: <http://www.collegefortexans.com>

Educational Exemption under Chapter 615

Higher education benefits, which may include exemption from tuition, housing, textbooks, and fees at qualified Texas institutions of higher education, may be available to the surviving spouse or surviving children. They must have been claimed as dependents on the income tax return filed with the Internal Revenue Service by the deceased in the year preceding the year of death. Contact the Texas Higher Education Coordinating Board for more information. Key word: EXEMPTIONS

Angela Crowder
Texas Higher Education Coordinating Board
Austin, Texas
Phone: 512-427-6344
Web: <http://www.collegefortexans.com>

Information Search - Financial Aid/Exemptions

Web-site operated by Texas Higher Education Coordinating Board provides information pertaining to the exemptions afforded to spouses and children of certain deceased Peace Officers, Employees of the Texas Department of Corrections, and Game Wardens from Payment of Fees. This exemption must be used at a Texas public institution.

To obtain information on the exemptions under Texas Education Code 54.204 or Government Code 615.0225 under www.collegefortexans.com and follow these steps:

Paying for college
Types of Financial Aid
Exemptions
For the Surviving Spouse and Dependent Children of Certain Deceased Public Servants(Employees)
Texas Public Institutions

Universities
Community Colleges
Technical Colleges
Health Related Institutions
State Colleges
Multi-Intitutional Teaching Centers (MITCs)

This listing will provide information on available schools, address, phone numbers, and websites for the financial aid and admissions offices.

Web: <http://www.collegefortexans.com>

How Do You Apply?

Contact the registrar's office at the Texas public college or university you are or will be attending for information on claiming this exemption. Students must be able to provide proof of meeting the program's eligibility requirements.

Department
Assistance
Program

The 100 Club
In the
10 County Area



THE 100 CLUB

1233 West Loop South, Suite 1250 Houston, Texas 77027-9107
Office 713-952-0100 Fax 713-952-0181 Internet: www.the100club.org

Howard D. Moon, CLU, Chairman
Charles F. Milstead, President
Vice Presidents: John R. Braniff
Richard C. Kuriger, III
Thomas E. "Tom" Pizzo, Jr.
Jerry Johnston Andrew, Secretary/Treasurer
Richard A. Hartley, Executive Director

YEAR TO DATE - MARCH 31, 2003 (UNAUDITED)

HISTORY

BEGAN IN 1953, ONE HUNDRED MEN GAVE \$100 EACH. CHARTER APPROVED MARCH 1960. PURPOSE IS THREE-FOLD:

1. TO PROVIDE ASSISTANCE TO DEPENDENTS OF CERTIFIED PEACE OFFICERS AND FIREFIGHTERS WHO ARE KILLED IN THE LINE OF DUTY WHILE PROTECTING OUR LIVES AND PROPERTY.
2. TO PROVIDE LAW ENFORCEMENT AGENCIES WITH LIFE PROTECTING EQUIPMENT THAT CANNOT BE SECURED THROUGH BUDGETED FUNDS; AND
3. TO PROVIDE LAW ENFORCEMENT WITH EDUCATIONAL OPPORTUNITIES.

ORGANIZATION

VOLUNTEER MEMBERSHIP ORGANIZATION MANAGED BY A BOARD OF DIRECTORS ELECTED BY THE MEMBERS. SUPPORT IS PROVIDED TO LAW ENFORCEMENT AT THE FEDERAL, STATE, COUNTY, AND MUNICIPAL LEVELS IN AUSTIN, CHAMBERS, FORT BEND, GALVESTON, GRIMES, HARRIS, LIBERTY, MONTGOMERY, WALKER, AND WALLER COUNTIES. SUPPORT IS ALSO PROVIDED TO FAMILIES OF FIREMEN "KILLED IN THE LINE OF DUTY" IN THESE COUNTIES.

BENEFITS TO FAMILIES

FIRST CHECK GIVEN TO A FAMILY WAS \$1,000. NOW \$10,000 GIVEN IMMEDIATELY. AMOUNT GIVEN TO DATE \$5,830,381.34 WITH ONE HUNDRED FIVE (105) FAMILIES RECEIVING BENEFITS. A TOTAL OF \$1,547,548.53 IS BEING HELD IN THE SURVIVORS FUND FOR THE DEPENDENTS OF PEACE OFFICERS AND FIREFIGHTERS "KILLED IN THE LINE OF DUTY".

EQUIPMENT

LIFE PROTECTIVE EQUIPMENT SUCH AS BULLET PROOF VESTS, COMMUNICATION EQUIPMENT, ETC. HAS BEEN GIVEN IN THE AMOUNT OF \$8,196,984.56.

EDUCATIONAL

THERE ARE CURRENTLY 62 STUDENTS ENROLLED IN THE 100 CLUB EDUCATIONAL PROGRAMS AT SAM HOUSTON STATE UNIVERSITY, THE UNIVERSITY OF HOUSTON, AND PRAIRIE VIEW A&M UNIVERSITY. THE PROGRAMS HAVE 294 GRADUATES, 141 UNDERGRADUATE DEGREES AND 153 GRADUATE DEGREES.

A TOTAL OF \$2,604,591.11 HAS BEEN SPENT ON THE 100 CLUB EDUCATIONAL PROGRAMS SINCE THEY BEGAN IN 1982.

MEMBERSHIP

1,000 MEMBERS IN 1976. 19,028 PRESENT MEMBERSHIP

TOTAL GIFTS

CURRENT FISCAL YEAR TO DATE, MARCH 31, 2003, 100 CLUB EXPENDED \$1,266,337.31 FOR THE ABOVE PURPOSES.

A TOTAL OF \$19,531,749.34 HAS BEEN EXPENDED FOR ALL PURPOSES SINCE THE CLUB'S INCEPTION.

OFFICERS AND DEPENDENTS DESERVE TOTAL COMMUNITY SUPPORT. WE GIVE FUNDS AND SYMPATHY. AN OFFICER GIVES HIS/HER LIFE, WHILE PROTECTING OURS.

The 100 Club provides funds to dependents of Peace Officers & Firefighters who are killed in the line of duty, educational opportunities, and life saving equipment.

DIRECTORS: Robyn Adair, George R. Bolin, Clair Branch, N. M. "Mack" Brown, J. L. "Bubba" Butera, James M. "Jim" Clepper, Patrick B. Collins, George A. DeMontrond, III, Fred Gebhardt, Dick Graves, Jodie Lee Jiles, Clarence F. Kendall, II, H. Stuart Lang, Jr., Bob Lawrence, Webb K. Melder, John J. Montalbano, Jack Moore, MD, Garry L. Plotkin, John F. Rader, III, Jack M. Rains, Gary Randazzo, Barry Silverman, Jeff Swantkowski, E. P. White, and Charlie D. Worthen **LIFETIME DIRECTORS:** K. S. "Bud" Adams, Jr., Morton A. Cohn, Mary Cooper, Freeman B. Dunn, Farrell G. Huber, Jr., L. Bryan Hutcheson, David H. Morris, and Mark Nielsen

Caring For The Survivors

Section 11

In this section you will find information to help the department and the family cope with the loss.

Caring For The Survivors

By Federation of Fire Chaplains

PART 1-CARING FOR YOUR DEPARTMENT

Caring for the members of the fire department after a death has occurred can be an overwhelming and confusing task. The Fire Chief is the individual that everyone looks to for answers when a tragedy occurs. The Fire Chief has many duties to carry out when a death does occur, and ensuring that proper care and support is given to the department and the family is one of his duties. Know that he/she has these duties to carry out, questions to answer, and many people to care for can bring on that feeling of being overwhelmed.

Caring for the members of the fire department is different than caring for the family members. While the feelings of grief and loss are usually the same, i.e. sadness, anger, and doubt, the death itself and the situation surround the death is what causes the difference in how the two sides are cared for. How and when the support is given ensures the outcome of the healing process.

In order for the Fire Chief and other officers in a department to ease the overwhelming feelings that come with a death and focus on the care of it's personnel, it is important that they know several things.

- Individual members will react to the death in different ways. Some members will need to take time off or even leave the department. Others will become more focused on their work as a firefighter.
- Those that were directly involved with the incident and the firefighter who has been killed will most likely experience their emotions to a more extreme degree. It is necessary to remove those individuals from the scene of the incident as soon as possible.
- The Fire Chief cannot do it by his/herself. They must enlist the help of many other individuals to get through this time.
- Firefighters tend to experience 'survivor guilt' and post traumatic stress disorder after the event. This is one of the areas that separate the care of the family from the care of the firefighters. While a family might experience PTSD, the type of PTSD is going to be different. The firefighter might relive the incident and maybe watching the firefighter die over and over again, while the family member suffers from the death itself.
- Pre-Planning is necessary!

Pre-Planning

The death of a firefighter can send any stable fire department into a chaotic tailspin, especially if the death occurred while on duty. It can be even more chaotic when the department is unprepared. It's difficult for most people to think or talk about death and dying, but it's so important for a department to do more than just think about it. Department have got to prepare for it.

Preparing and pre-planning for a death doesn't just include writing the guidelines. Preparation has got to include setting up a support system for the members of the department. Having therapists, counselors, organizations, clergy, businesses, and specialized teams available should a death occur will help build a strong foundation for a support team. This also makes sure that everyone in the department is cared for.

Pre-planning also includes that proper paper work, forms, and benefits information are on hand. Trying to collect the important paper work at the last minute can not only add significant stress to the department, but to the family as well. When it comes to the paperwork, an unprepared department can cause unnecessary friction between them and the family. Being unprepared in this area can also cause distrust from the members of the department in their leaders.

Another area that is vital in the care of your department members is the Personal Information Packets. These packets include pertinent personal information about each member in the department that can be quickly accessed in the event of an emergency. A more in depth review will be covered in the section 'How to Set Up Personal Information Packets.'

The importance of preplanning the guidelines in the event that there is a loss of a firefighter cannot be overstated. And, it is just as crucial that a department if prepared to handle the needs of their staff. This guideline will assist you in developing plans for you to follow in the different areas, which directly affect the members of your department.

How To Establish An Effective 'Departmental Care' System

Building a Support Structure

When a tragedy occurs, there can never be too many helping hands, if you know where to place those helping hands. If a department hasn't made pre-arrangements with individuals or agencies that will help provide their services during a tragedy, if a tragedy should occur they would quickly become inundated by people offering to help. With so many people wanting to offer assistance, it can be quite overwhelming on a department and it's leaders. In the confusion of everything that is going on with the incident, leaders often become confused on where exactly the help is needed. They have the people there to help, they just don't know where to send them. Feelings of being overwhelmed take over and then the needed help is either not utilized or turned down. Those that are offering their assistance can also feel like they are being ignored when they know there is problem that they can help alleviate. Those on the outside looking in can

often see a clearer picture of the needs that need to be met. They aren't as clouded by the emotions and stress that come with such a tragedy.

You know you need to have the people there to help support your efforts at the time of loss. You know there are needs that are going to need to be met. So how do you make sure that the right people are there to help and the needs of your department are going to be met? You prearrange for the services of those individuals or agencies.

Let's start off with the internal structure of your department. Should a firefighter die, these positions need to be activated by the Chief or other officer in charge (please go to the Definitions Page under the section Department Preparation to review the specific roles of these individuals):

- Chaplain or Clergy Coordinator
- Hospital Relations Coordinator
- Benefits Coordinator
- Family Coordinator
- Department Coordinator
- Funeral Coordinator
- Procession Coordinator
- Cemetery Coordinator
- The Legal Team
- The Investigation Team

Make sure that you have appointed willing personnel for each of these positions before an event takes place. A better idea is to appoint at least two individuals for each coordinator position if your department is large enough to do so. This assures that everyone will be available to fulfill these roles in the event of a death. Make sure that the individual(s) that are selected for these positions are well educated on what their duties will be once they are activated.

The two most important positions for the care of your department personnel will be the Chaplain(s) and the Department Coordinator. These two sets of individuals will be working directly with the surviving members. It's a good idea to make sure that the individuals that hold these positions work well with people, have excellent communication skills, and work sufficiently under stress.

The Department Coordinator is the individual that provides the members of the department with up to date information on funeral/memorial plans, as well as new information that comes from the investigation of the incident. It is important that the members of your department are always being informed of any new developments. This individual also coordinates the efforts for finding mutual aid if necessary, and finding fresh personnel should any personnel affected by the incident need to be relieved of duty. Under no circumstances should a person who has been directly affected by the loss of the firefighter be ordered to stay either on the scene or at the department. The Department Coordinator also should work closely with the Chaplain to ensure that proper psychological and spiritual care is offered. This means that the Coordinator needs to alert the CISM team, and any therapists, counselors, or clergy have been called.

The Chaplain is one of the department's most vital resources in the care of the firefighter. It is strongly encouraged that a department has a Chaplain on staff or as a volunteer. These individuals are specially trained in the area of the emergency field and the issues that affect them. The Chaplain is a spiritual advisor as well as a counselor. Their work with the firefighters is priceless. Trusting bonds are built with this individual and deep relationships develop over time. If a Chaplain is already active in a department before a death occurs, the relationship with the personnel will already be there. In the event of a death, firefighters are more likely to express their feelings and emotions and start the grieving process if they know the Chaplain. If you have a larger department it's wise to have a team of Chaplains available at all times, even if your department never experiences a loss.

Other Clergy should be available, if the need arises. It is likely that your department is filled with individuals that come from varying religious backgrounds. Therefore, a Rabbi will have a more difficult time offering spiritual assistance to a firefighter who is Catholic. Contact the different church denominations in your area and ask to speak with the leader or minister of the church. Ask the leader if they could provide a clergy member from their church to be available to assist the firefighters in the event of a death or serious injury. If they are able to provide someone, obtain the necessary contact information.

Councilors and Therapists also need to have pre-arrangements made for their services. Find therapists that specialize in trauma, PTSD, and family care. You can find psychologists in your area by calling the American Psychological Association's referral hotline. Call **1-800-964-2000**. The operator will use your zip code to locate and connect you with the referral system in your area. When you locate a psychologist, ask about fees and ask if they do pro-bono work during emergency situations. Also ask if they or someone else in their practice would be available to contact at any time.

CISM or Critical Incident Stress Management is a team that is made up of individuals who are trained to work with emergency workers affected by traumatic situations. Many of these individuals are firefighters or paramedics. There are also chaplains and councilors that make up the structure of the team. They are on call 24 hours per day. Their primary duties are to hold a debriefing session where members talk about the traumatic incident. It is a good idea to wait at least two to three days after the event before scheduling the debriefing sessions. Don't schedule the session after a visitation, funeral, or memorial service. Never schedule a session the same day as an incident. Care should be given to the members of the department by the chaplains, clergy members, and therapists during the first twenty-four hours. Make it mandatory for all members that were on the scene where the death took place, to attend the sessions. Also schedule debriefing sessions for three months, six months, and one year after the incident.

Food Service Businesses need to be contacted and asked that their services be made available during an incident. Pizza and sandwich shops, fast food restaurants can have food sent to the scene, the departments, or to the family. This is especially important at scenes where victim recovery will take a while. Sometimes body recovery can take days. Members have been known to stay on the scene until the body has been removed. Having refreshments available to the crews that are working or the individuals that are assisting the department members will not only help quell hunger but help boost what morale they do have.

Super Stores like Wal-Mart or K-Mart should be contacted as well. In the event of an incident that requires crew members to stay on scene for long periods of time, these stores can provide necessities such as blankets, tooth paste, toothbrushes, snacks, even clothing. They can supply needed items to your department.

Agencies like the Red Cross can assist on scene doing rehab for the firefighters. They can set up staging areas for firefighters to rest. During hot weather, the Red Cross has been known to call the local metro system to borrow a bus to place on the scene. The bus was air-conditioned and was a wonderful relief to the crews. The Red Cross has a vast amount of resources available that can assist in the care of department personnel.

Having contacts in all of these areas available, creates a strong support system for your department. If an a death should occur, you won't need to waste valuable time searching for the right people to help in the right places. Instead, you can pull out your contact list and start making the phone calls and assigning duties or expressing your needs for those certain individuals. The Department Coordinator can make the phone calls to the contacts on the list. It is important that the contacts be made soon after the department learns of the death, if possible within a couple of hours.

Make sure that the list is updated every six months to a year. Management in businesses change, clergy members move on to different churches, and organizations have been known to change their phone numbers. The list becomes a hassle if the contacts are no longer available.

The Proper Paperwork

Paperwork, paperwork, paperwork. Everything is run by the paperwork. Everything needs paperwork. A death or injury is no exception. It's extremely difficult and disheartening when a death does occur and the department doesn't have the proper paperwork available.

While most of the paperwork that is involved with a line of duty death is related to the family, if the members of the department see that the department is not prepared in this area, they can quickly lose faith and trust in their leaders. There is never a good time to lose the faith of your personnel, especially at a time when a death has just occurred.

During a crisis emotions run high, fears develop, and individuals start to rethink the situation. They need to know that they can be dependent on the leaders of their department to handle the situation to the very best of their abilities. Personnel that see a department falter because of paperwork problems, begin to question whether or not they will be protected or their families

will be protected should the same thing happen to them. These feelings of distrust can affect the healing process.

Be prepared in this area. Make sure that you have plenty of the necessary paperwork that is going to be needed should a death occur.

The Importance of Confidential Information Packets and How to Put Them Together

CIPs or Confidential Information Packets are extremely vital in being adequately prepared to handle the death or injury of a member of your department. The CIP gives you all the pertinent information that is needed about each individual in your department. When an individual is severely injured or dies, you can take their CIP and know who to contact, what their wishes are, and what important information needs to be followed through. CIPs also help in the identification of the individual, if needed.

Here is what needs to be included in the CIP:

The Confidential Information Forms (CIF). The CIF is a document that will provide crucial information regarding the individual. The form contains a vast amount of detailed personal information such as family information, notification information, insurance information, any pre-planned funeral information such as a living will, personal wishes regarding a memorial service or funeral in the event the individual should die. A CIF is available through our PDF Forms area for you to review and/or download.

The CIF needs to be filled out by every member of the department. The CIF needs to be signed by the firefighter, next of kin, and a public notary. Encourage the firefighter to have the next of kin thoroughly review the CIF before signing it. This will help ensure that the final wishes of the firefighter are met.

The Survivors Information Form is also filled out by the firefighter and put into the CIP. This form has specific information about how the firefighter would like his funeral to be conducted. It also contains contact information for physicians, attorneys, and pastors and other advisors. In the event the firefighter should die, this form needs to be copied and given to the Funeral Coordinator and the Family Coordinator. The original will be given to the next of kin. The Coordinators need to respect the confidentiality of this form and not share it with any other person. A sample of this form is also available through our PDF Forms area.

A current photograph of the individual needs to be placed in the CIP. This helps with the identification of the individual if needed. If permission is granted by the next of kin, the picture can be used on prayer cards, memorial bulletins, and on the department website.

A copy of the yearly physical results, blood work results, and EKG need to be included in the CIP. The reason for this is, many firefighters die on duty from heart attacks or other illnesses. Knowing of any medical problems can help determine whether that problem played a role in the

death of the firefighter. If the firefighter was brought to the hospital, the physicians have an automatic health history to review. The physical results can also help the medical examiner determine if there were any changes in the system at the time of death. For example, if the individual tested negative for Hep C at his last physical, and then at the time of death tested positive for the disease, this could be a factor that the medical examiner takes into consideration when determining a cause of death.

Have your firefighters regularly checked for Hepatitis, HIV, Tuberculosis, heart and lung problems, and musculoskeletal injuries.

The last item that needs to be included, if possible, is a copy of the individual's dental records. Not all individuals have this available. Encourage your members to have them made. The dental records are used to determine a positive identification of a firefighter that has been considerably disfigured from their injuries. If the incident involves multi-casualties, where two or more of the victims are disfigured, positive identification can be made quicker if the dental records are readily available.

After all of the items have been completed and obtained, the packet needs to be sealed and placed in a secured area. It is not to be opened unless in the event of an LODD or severe injury where this information is required in the assistance of the department, individual, and family. The packet needs to be updated every year, the form needs to be reviewed, a new picture needs to be placed in the file if necessary, and a new copy of medical records from the physical needs to be included. A policy should be put into place that a firefighter will not be allowed to perform his duties unless the CIP has been completed. New recruits will not be placed into stations for duty until their CIP has been completed.

There is a lot of information that needs to be obtained and made readily available to the department in the event of a loss of life. Don't wait until the last minute to build your support system, getting paperwork ordered, and CIPs in place. Have this information ready and available as soon as possible. Being prepared will better help you, help your department.

There is an Officer's Support Network Information Sheet available for you to use in setting up your contacts. Visit our PDF Forms area and download the form. If you have any questions or would like assistance in this area, please do not hesitate to email us.

Caring For The Survivors

By Federation of Fire Chaplains

PART II- CARING FOR THE FAMILIES

When a firefighter makes the ultimate sacrifice he or she leaves behind a family that needs support. And it is up to their fire department family to provide that.

The first thing is the unfortunate burden of notifying the firefighter's next of kin; this may be a spouse, a grown child, or a parent. If at all possible, it is important that a counselor or the department chaplain accompany the fire chief that has been designated to break the news. It also might be helpful to have medical personnel on standby in the event the family needs medical intervention

Notifying the Family

Before notifying the family or next of kin, compile all critical information and verify that it is accurate. Obtain any known facts surrounding the incident.

- If the Fire Chief does not personally know the surviving family member(s) or significant other, locate an individual, preferably someone in the department, who does to accompany the Fire Chief and Chaplain when notification is made.
- Ensure that the individual that is being notified is the appropriate person to receive the notification. If your members have filled out Personal Information Packets, this should help verify this information.
- Have a Chaplain available for emotional support. Have an ambulance available on standby, approximately a 1/8 of a mile from the place of notification.
- Use the firefighters first name during the notification.
- Take a direct approach when notifying the family. Be straightforward. Don't be afraid to use the words "your husband was killed" or "because of injuries she sustained, Name has died."
- Console the best you can. This is where the Chaplain comes in to assist. Be prepared to face different types of response behavior- anger, denial, even physical violence is possible. If physical violence does erupt, do not hesitate to contact a law enforcement officer. Notify the dispatcher of the situation and to request an officer that is going to act compassionately. Some individuals will have physical reactions, this is the reason for having medical back up available.
- Be specific and tactful. Be prepared to answer any questions the family might have.
- Gradually increase the level of distressing information, according to your perception of the individual's tolerance to what has already been stated.
- Make sure the information that you give is clear and to the point. If the firefighter has died, relay that information. Make sure that you do not give the family any false sense of hope.
- Whenever possible, honor the wishes of the family to view the body, go to the hospital, the medical examiners office (morgue) etc.

Family members may live far from the department. If the next of kin's location is far from the department, request another agency to assist in making the notification. Contact the police department and have an officer either make the notification, or have the police department contact the local fire department. The Fire Chief might be able to make the notification. When relying on outside agencies to make a notification, request that the assisting agency conform as much as possible to your guidelines. Provide the agency with as much information about the incident as possible. Also, assure the agency and family that your department will be sending its own personnel as soon as it is possible.

If the firefighter is injured, or if the deceased was brought to a hospital, special needs have got to be met while the firefighter is in the hospital. Activate or assign a Hospital Coordinator. If possible have a Public Information Officer available to handle all media and press relations. It is the job of the PIO and Hospital Coordinator to shield the family from the press.

Here are other duties that need to be performed by the Hospital Coordinator

- Meet with hospital personnel to arrange for the appropriate reception of family members. Arrange for a waiting facility for family and arriving department members. If needed arrange for refreshments to be brought to the waiting room
- If the firefighter has not yet died, the family has the right to visit the individual prior to death. It is psychologically beneficial for surviving family members, especially older children to be able to do so. Whether the firefighter has died at the incident, in route to the hospital, or at the hospital, immediate family members should be allowed to see their loved one if they desire.
- Transportation to the hospital should be provided for the family members. While it is recommended that family members not drive themselves, some will wish to have their vehicle available. In that case, provide a driver to take them in their own vehicle. If transporting in a department vehicle, *avoid* allowing family members to overhear radio transmissions. Transportation Coordinator(s) should always notify the Hospital Coordinator prior to transporting family members. If needed ask for police escorts. If the firefighter has not yet deceased, it is appropriate to drive the vehicle with lights. Do not use sirens, this could increase the anxiety of the family member.
- The Hospital Coordinator should provide information regarding the status of the firefighter, as well information regarding the incident to the family as soon as they arrive at the hospital. The Hospital Coordinator should remain with the family the entire time at the hospital. A Clergy member, and other family peers should also be with the family.
- The Hospital Coordinator should ensure that all medical bills are sent to the fire department, not the family.
- Decisions should not be made for the family. Families need to make all decisions regarding the care of the deceased. Provide the family with the needed information and support will enable them to make the necessary decisions themselves.

After the initial notification, it is often very helpful to offer to make the first telephone contact with other relatives. You should be prepared to explain the circumstances of the death and answer any questions. The general circumstances of death should be explained without going into too much detail. The person notifying next of kin and/or the Chaplain should stay with the family member until the Family Coordinator and other support people arrive. Support people may be family, friends, church members or fellow fire fighters and/or their spouses

The Funeral

The Funeral Coordinator should contact the Family Coordinator to establish the family's desires as to Fire Department participation in the funeral. The family's wishes are to be paramount and they should be given options:

1. A formal service at home, funeral home, church or cemetery, which may include the use of an engine, fire department pallbearers, honorary pallbearers and color guard.
2. A semi-formal service at home, funeral home, church or cemetery, which may involve active pallbearers, honorary pallbearers, and color guard.
3. A non-formal service at home, funeral home, church or cemetery, without active fire department involvement, other than members attending the viewing and/or funeral service.
4. A private service at home, church or cemetery; respecting the family's wishes to have no fire department participation at the funeral.

If the family wishes the department to be involved, the Funeral Coordinator should designate an individual or business to take care of food after the service. It is also helpful to provide a map of the areas involved should be prepared assist out-of-town guests and others that may need it.

After Funeral Care

After the funeral, when the family is ready, the Benefits Coordinator should be available to go over death benefits, pension, and any other financial help that is needed.

Support will be needed with practical things as well. Help with things such as changing oil in the car, cleaning the house, and childcare are essential for recovery from a devastating loss.

Most importantly, the family will need help through the grieving process. Formal grief counseling should be offered to the family. If they do not wish this, then make sure there is someone available to talk when they need to. Most of us are uncomfortable with the grieving process. When faced with someone's raw pain, we attempt to shield ourselves from it. We often try to change the subject or distract the person to shield ourselves from feeling pain. But that will do more harm than good. A person must be allowed to express their pain. Encourage them to talk about their loved one. Share stories about the person, don't be afraid to talk about him or her.

Make sure that the family knows that they are still part of the extended fire department family. Don't be afraid to invite them to department events, picnics, etc. They need to know that they and their loved on have not been forgotten.

The National Fallen Firefighters Foundation has several resources for people who have lost someone in the line of duty. This includes a quarterly newsletter for survivors and a Survivor's Support Network. The Survivors Support Network consists of a group of "experienced" survivors who can lend emotional support to survivors in the difficult months after a death. Network participants are matched with survivors of similar experiences and circumstances who can relate on a personal level to the loss of a loved one. Their website can be viewed at www.firehero.org The can also provide departments with guidelines for dealing with line of duty deaths.

20 Needs Of A Family After A Death

By Wendy C. Norris & Stephanie Wiens

1. **Food**- Make sure that both the family of the deceased and the department has adequate supplies of food and drinks. During a death, individuals, especially those involved with planning funerals and memorials, will forget to eat or drink.
2. **A Babysitter**- For survivors with children under 12, it is essential to have someone care for the children so that funeral arrangements can be made, the individual can spend time talking with family and friends, or so they can spend time alone.
3. **Bills**- Have a family member or a trusted member of the department ensure that any bills that are due, are paid. Sometimes survivors will forget to pay the bills during the initial phases of loss and grief.
4. **Resources**- Provide a list of grief resources such as websites, books, pamphlets, and phone numbers.
5. **Friendship**- The support of the department. Having members of the department visit or call on a regular basis ensures the survivor that they have not been forgotten. Someone to take them out to dinner, a movie, or to the park.
6. **A Handy-Man**- Someone who can help with maintenance around the home such as yard-work, vehicle assistance (oil-change), minor home repairs.
7. **An Ear**- Have someone available to listen to the survivor so they can talk out their feelings and emotions.
8. **A Shoulder & Arms**- Someone who is not afraid to provide hugs and shoulder to lean on.
9. **Provide A List**- Have a list ready of things that must be done or completed:
 - Contact Social Security
 - Life Insurance (& credit ins. on home)
 - Credit Cards (Remove husband. name)
 - Change Title on home
 - Husband's employer benefits
 - Health Insurance Coverage
 - Checking/Savings Accts (Remove husband name)
 - Retirement accounts benefits
10. **A Form Letter**- Have a form letter to present to a survivor so that their loved-ones name is removed from various mailing lists.
11. **A Shopper**- Someone who can go to the grocery store, the pharmacy, or to just run errands
12. **A Domestic Expert**- Someone who can assist survivors with domestic chores
13. **No Fear**- Don't be afraid to be with a grieving survivor. Don't be afraid to talk about the loved one who has died. Don't be afraid of tears. Don't be afraid of anger. Don't be afraid of moments of silence.
14. **A Quiet Presence**- You don't always need to fill silence with words. Sometimes words can hurt. It's better to be quiet and listen than it is to talk just to try and make an uncomfortable moment 'comfortable.'

15. **A List Writer-** Making lists will make life easier for the survivor during the first few weeks after a loss. Stress, grief, and trauma can cause memories to lapse. These memory lapses tend to make survivor's feel like they have lost control. Writing a list will give control back to the survivor.
16. **Faith-** For those survivors who are part of a religious/spiritual group such as church or synagogue, have a chaplain or minister available.
17. **Honesty-** Even in the most traumatic deaths or difficult situations, providing honest and truthful answers will build trust between you and the survivor. It will also help in the healing process. A note on this subject, even though honesty is always the best policy, deliver information in a delicate and sensitive way.
18. **Communication-** Open lines of communication will help keep confusion and stress to a minimum. One way to do this is to have coordinators or liaisons from the department in position. Such coordinators are: Family Coordinator, Funeral Coordinator, Department Coordinator. Also, having a Public Information Officer available to deal with media relations will keep department survivors as well as family survivors stress to a minimum.
19. **A Chauffeur-** Someone to drive the family members around during the first few days following a death. After a death occurs, grief can sometimes be so overwhelming, that operating a vehicle can be unsafe for those individuals.
20. **A Presence-** Just having a presence in the lives of the surviving family can be the greatest gift of all. A presence from the department needs to be with the family for many months and sometimes years after a death occurs.

Memorials

Section 12

This section contains the various firefighter memorials that can be used to honor the fallen firefighter; they include state and national memorials.

State Firemen's
And
Fire Marshals'
Association

The History of the Firemen's Monument on the Capitol Grounds

State Firemen's and Fire Marshals' Association of Texas



Dedication Ceremony

AUSTIN - During the construction of the present Capitol, on March 28, 1883, Governor John Ireland approved an act passed by legislature "to permit the State Firemen's Association to erect a monument on the Capitol grounds." The law required the monument to cost at least \$5,000 and "that the names of only those firemen who have lost their lives in discharge of their duty as firemen shall have their names engraved on said monument."

The Firemen's Association did not erect the monument at the time, probably because of the construction of the Capitol, and in February 1895 the legislature amended the 1883 act to provide for the selection of a site for the monument. Jaeggli & Martin of Brenham contracted to build the monument and Frank Teich of San Antonio became the subcontractor for the project. Teich cut the gray granite from his quarry near Llano in Llano County, and polished the huge granite blocks in his workshop in San Antonio. By May 1896, work had begun to erect the monument on the Capitol grounds. By late June, the monument was nearly completed, and the Firemen's

Association was planning a dedication ceremony. After completion of the monument on June 30, it was "veiled" in sheeting and unveiled on the afternoon of July 7, 1896 during a statewide meeting of the Firemen's Association in Austin.

In place of the bronze statue of a fireman holding a baby on the monument today, the Firemen's Monument originally had a tall obelisk (an upright four-sided usually monolithic pillar that gradually tapers as it rises and terminates in a pyramid) topped by a granite statue of a fireman holding a large fire hose. The obelisk and original granite statue were replaced by the bronze statue, and the monument, rededicated in May 1905 at another statewide meeting of the Firemen's Association in Austin. On the base of the sculpture is stamped "MFD by W.H. Mullins, Salem, Ohio, J. Segesman, Sculptor."

According to newspaper articles from the Austin Daily Statesman, dated July 7, 1896..."the firemen will with much pomp and glory unveil the monument in the Capitol grounds which has been constructed under the personal supervision of the foremen's committee. These ceremonies will be most imposing in every particular, and a chorus of 600 voices accompanied by a brass band and under the leadership of Professor Besserer will render some appropriate music. 106 fire companies were represented." In another article dated July 8, 1896..."The firemen's monument, which was unveiled and presented to the firemen yesterday, in conception, material and design is certainly an admirable work of art. It is of gray granite, 50 feet 2 inches in height, and stands on a pedestal composed of four bases, the first base being 12 feet square, the second 9 feet square, the third 7x6, and fourth base 6x6, the four bases together forming a pedestal about 6 feet 6 inches in height. On the third section of the base on the east side is engraved, "Erected by the State Firemen's Association of Texas," and on the west side is the figure "1896." On a cap above the inscriptions, there are on the four sides engraved, a hose carriage, engine, hook and ladder and crossed trumpets."

To add names of fallen firefighters in the line of duty, contact the State Preservation Board in writing of the request. The SPB then notifies the SFMA requesting an examination of the case. Based upon findings of the Association, the request is either approved or denied. The cost of adding names is paid by the requesting fire department.

State Preservation Board
P. O. Box 13286
Austin, Texas 78711-3286
(512) 463-5495 (512) 475-3366 (Fax)



State Firemen's and Fire Marshals' Association of Texas

Phone: (512) 454-3473 • Fax: (512) 453-1876
807 Stark Street • Austin, Texas 78756

Helen L. Johnson, EFO
Executive Director

SFFMA MEMORIAL MONUMENT TEXAS STATE CAPITOL GROUNDS

The State Firemen's & Fire Marshals' Association of Texas has a Firemen's Monument on the Capitol Grounds in Austin, Texas. This Monument was erected in 1896. and names are affixed to that Monument based on the following criteria:

1. Department and Individual Membership in the SFFMA
2. Must be a Volunteer Firefighter
3. Firefighter died in the Line of Duty
4. Request Letter must be sent to:
The State Preservation Board
P O Box 13286
Austin TX 78711
Phone: 512/463-5495 FAX: 512-475-3366
5. A fee of \$400.00 is paid to the State Preservation Board for engraving
6. Preservation Board sends request to SFFMA for approval

The SFFMA holds an annual Memorial Service at the Monument for the unveiling of engraved names.

If you have further questions, please call Helen L. Johnson at 512/454-3473

SFFMA ACCIDENTAL DEATH POLICY

As a Member Benefit, the SFFMA provides a \$2,000.00 Accidental Death Policy to all Individual Members of the Association. When an Accidental Death occurs (including LODD), the department/family must send a copy of the Death Certificate to the SFFMA for processing the benefit. Family members are also covered at \$1,000 for spouse and \$500 for each child. Send information to SFFMA, 807 Stark St. Austin TX 78756 . Benefit provided by American Income Life Insurance Company.

Tommy Anderson, President, Santa Fe; David Luedeke, 1st VP, Needville; Bo Welborn, 2nd VP, Silsbee; Thomas Harwell, 3rd VP, Cameron; Kyle Stephens, 4th VP, Decatur; Richard Harmon, Past President, Wichita Falls; Richard VanWinkle, Secretary, Alvarado; R. R. "Bob" Doolittle, Sr. Asst. Secretary, LaMarque; Ben Kennedy, Chaplain, Bryan; Trez Martinez, Mascot, Brenham

National
Firefighters'
Memorial
Emmitsburg, MD

The United States Congress created the National Fallen Firefighters Foundation to lead a nationwide effort to remember America's fallen firefighters. Since 1992, the tax-exempt, nonprofit Foundation has developed and expanded programs to honor our fallen fire heroes and assist their families and coworkers.

Helping Families of Fallen Heroes

When a firefighter dies in the line of duty, the Foundation provides survivors with a place to turn. Families can receive emotional assistance through a Fire Service Survivors Network for as long as they need it. This contact with other fire service survivors can be an important part of their healing. Families receive a quarterly newsletter and specialized resources. Our Web site provides information on benefits, the Memorial Weekend, and other programs. Spouses, children, and stepchildren are eligible for scholarships to assist with education and job training.

Guiding Fire Departments Through Tragic Losses

The Foundation offers training for senior fire officers on how to prepare for a line-of-duty death. Departments have information readily available to help them plan how to support the department and families through the worst possible time. A Chief-to-Chief Network provides immediate assistance after a department loses a firefighter.

Memorial Weekend



Firefighters who made the ultimate sacrifice, will be honored at the Memorial Weekend, held in October at Emmitsburg, Maryland.

Each October, a grateful nation honors its fallen fire heroes during the National Fallen Firefighters Memorial Weekend. Rich in fire service tradition, the Weekend celebrates how these brave men and women lived and what they represented in their communities.

Thousands of people attend the private and public events held on the campus of the National Fire Academy in Emmitsburg, Maryland. The campus is easily accessible, located near the historic Gettysburg, Pennsylvania National Park.

Fire service personnel from across the country volunteer to serve as family escorts and assist with weekend activities.

Hundreds of Honor Guard members join together in a show of respect to their fallen comrades and their families. It is a Weekend that reminds everyone of the very special bond shared by the fire service family.

Walk Of Honor



Welcome to the National Fallen Firefighters Memorial Park, home of the official national monument to all firefighters. Since 1981, America has honored its fire service heroes at the National Fallen Firefighters Memorial located on the campus of the National Fire Academy in Emmitsburg, Maryland. In 1990, Congress designated it as the official monument to all firefighters who have died in the line of duty.

In Memoriam

The Foundation is dedicated to honoring the memory of America's fallen fire heroes. We want to ensure that each firefighter whose name is listed at the National Memorial is remembered.

The Roll of Honor lists the names of all firefighters honored at the National Memorial since 1981. You can search this list by name of firefighter, name of department, state, or year of death. You may also view profiles of all of the 1999 - 2001 fallen fire heroes by the individual name. We are adding the profiles of the 2002 fallen heroes as we receive them.

We encourage families to submit information for the other firefighters listed on the Roll of Honor.

We have also compiled the total number of firefighter losses by state since the Memorial was established.

Honoring the memory of how these brave firefighters lived and what they meant to their loved ones, their communities, and our nation is important. Our online Memory Wall provides a place for family and friends to post messages in tribute to their firefighters.

International
Association
Of
Fire Fighters

I.A.F.F. Fallen Fighter Memorial



The mission of the IAFF Fallen Fire Fighter Memorial, which is located in the shadow of Pike's Peak, is to honor the sacrifice made by professional fire fighters and paramedics who have given their lives in the line of duty. Since its creation in 1976, the names of over 1600 fallen IAFF members have been engraved into the wall of honor located behind the memorial. The organization also provides assistance to surviving families and serves as a public reminder of the risks fire fighters take every day.

In 1987, nationally renowned sculptor Gary Coulter fashioned a bronze likeness of a fire fighter descending a ladder while cradling an infant in one arm. Towering 20 feet above the park's surface, "Somewhere, Everyday" epitomizes the courage and bravery displayed daily by professional fire fighters across our continent.

In 1989, memorial volunteers erected the first of two granite walls to bear the names of fallen IAFF members and the names of brothers and sisters who fall in the line of duty have been etched here since. Although thousands have died throughout our union's history, names etched on this wall only date back through 1976, when the United States federal government first began tracking line-of-duty deaths in the fire service.

In 1996, Coulter added another unforgettable image to Memorial Park. His second creation, "Lamentations", depicts a fire fighter grieving the loss of his comrades. Additional upgrades over the the years have steadily transformed this tribute to our fallen family members into a memorial of international stature. Paving stone, monument lighting, flag standards and walkways now beautify this hallowed place, creating an atmosphere of dignity and reverence for all who visit here.

The Memorial Site is located on the corner of Pikes Peak Avenue and Hancock Avenue.

1826 East Platte Ave., Suite 109
Colorado Springs, CO 80909
Phone: (719) 442-2014
Toll Free (877) 423-3336 (U.S. Only)
Fax: (719) 633-5929
<http://daily.iaff.org/ffm/index.aspx>

Beaumont
Fire
Museum

Texas Firefighter Memorial

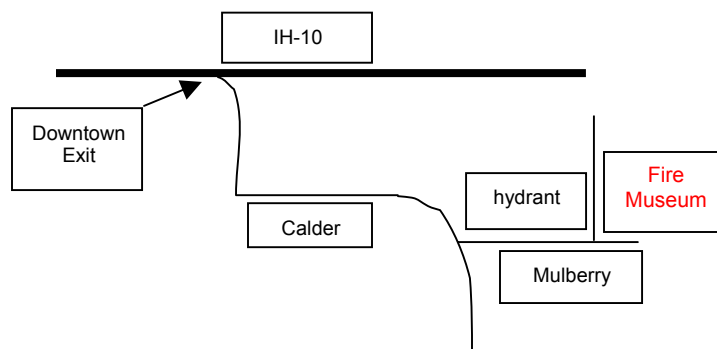
Texas Firefighter Memorial

The Fire Museum of Texas is in the process of creating the Texas Firefighter Memorial surrounding the "World's Largest Fire Hydrant" in the C. A. "Pete" Shelton Plaza. Surrounding the hydrant will be an eight foot dark grey walkway leading out to the street. Antique style lamp posts and landscaping will complete the picture with crepe myrtle trees and indian hawthorn bushes. In the circle area there will be engraved bricks from fire departments, fire organizations, retired firefighters and firefighters who have fallen in the line of duty or passed away. Bricks will continue to be sold until we run out of available space. If you are interested in purchasing a brick please contact the Fire Museum at (409) 880-3927. An engraved brick costs \$100 and checks should be made payable to the Fire Museum of Texas.

Location

We are 84 miles east of Houston, 74 miles northeast of Galveston, and only 30 minutes west of the Louisiana border.

If you are coming from Houston take IH-10 East to the Downtown Exit, turn left at Calder, left at Mulberry, located on the corner of Walnut and Mulberry right behind the "World's Largest Fire Hydrant." From Baton Rouge - follow same directions as above except take IH-10 West to the Downtown Exit.



Fire Museum of
Texas 400 Walnut
Beaumont, TX
77701 (409) 880-
3927

"Walk of State"

Texas Firefighter Memorial

Fire Museum of Texas
Beaumont, Texas

INSTRUCTIONS FOR ORDERS

Please use the following guidelines when preparing your order.

- Text is limited to three lines of print:
- Only 16 letters/spaces per line:
- Be sure the entire letter is inside the box and only one (1) letter, comma, hyphen or period per block:
- Allow one blank box between each word:
- There should be only one order per form:
- Please use capital letters ONLY - print not script:
- Orders will be limited to fire departments, fire organizations, retired and deceased firefighters in the state of Texas;
- Names of individuals will be accepted for Line of Duty Deaths, retired firefighters, and families who want a brick in memory of a firefighter.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LINE #1 (16 LETTERS OF SPACES)															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LINE #2 (16 LETTERS OF SPACES)															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LINE #3 (16 LETTERS OF SPACES)															
<u>PLEASE PRINT CLEARLY</u>															

The Fire Museum of Texas will send a confirmation before the bricks are printed to ensure accuracy of the "engraved brick." The cost per brick is \$100.00. Please make all checks payable to the Fire Museum of Texas.

Thank you for your support!

**P.O. Box 3927, Beaumont, Texas 77704
(409) 880-3927**

Table of Honor Ceremony

**The Table of Honor Ceremony for our Fallen Comrades
Developed by the
National Association of Emergency Medical Technicians**

Legend:

Normal text is spoken

Gray text reflects action

PRESENTING THE TABLE OF HONOR

AS LIGHTS START TO DIM:

THE CANDLE BEARER WILL MARCH FORWARD (SLOW MARCH), POSITION HIMSELF FACING THE AUDIENCE AND LIGHT THE CANDLE ON THE TABLE OF HONOR TABLE. AFTER LIGHTING THE CANDLE, SLOW SALUTE, AND DEPART THE AREA.

AS THE LIGHTS ARE COMPLETELY DIMMED:

NARRATOR:

LADIES AND GENTLEMEN, TONIGHT, WE OFFER A SYMBOL. A SYMBOL REPRESENTATIVE OF THOSE COMRADES WHO HAVE MADE THE ULTIMATE SACRIFICE. WE OFFER THIS SYMBOL AS A SIGN WE HAVE NOT FORGOTTEN THEIR SACRIFICE AND AS A RENEWAL OF THE OATH EACH OF US HAS TAKEN TO CARE FOR OUR FELLOW MAN.

LADIES AND GENTLEMEN, PLEASE REMAIN SEATED SO THAT ALL MAY SEE THE ARRIVAL OF OUR HONORED GUESTS.

TABLE OF HONOR ESCORTS, POST! (COMMAND)

*- THE SPOTLIGHT WILL BE TURNED ON AND POSITIONED ON THE TABLE HONOR ESCORTS WHO WILL SLOW MARCH TO THE TABLE. THE FIRE ESCORT WILL LAY A FIRE WHEEL CAP ON THE TABLE, SLOWLY LIFT A SINGLE WINE GLASS TO WAIST LEVEL, SLOWLY INVERT THE GLASS, SLOWLY RETURN IT TO THE TABLE, SLOW SALUTE, AND RETURN TO THE POSITION OF "ATTENTION."
· IMMEDIATELY FOLLOWING THE FIRE ESCORT, THE POLICE ESCORT WILL LAY A POLICE WHEEL CAP ON THE TABLE, SLOWLY LIFT A SINGLE WINE GLASS TO WAIST LEVEL, SLOWLY INVERT THE GLASS, SLOWLY RETURN IT TO THE TABLE, SLOW SALUTE, AND RETURN TO THE POSITION OF "ATTENTION."
· IMMEDIATELY FOLLOWING THE POLICE ESCORT, THE EMS ESCORT WILL LAY AN EMS WHEEL CAP ON THE TABLE, SLOWLY LIFT A SINGLE WINE GLASS TO WAIST LEVEL, SLOWLY INVERT THE GLASS, SLOWLY RETURN IT TO THE TABLE, SLOW SALUTE, AND*

EMS ESCORT: THE EMS ESCORT WILL COMMAND (IN A LOW VOICE), POST!
ALL ESCORTS WILL SIMULTANEOUSLY EXECUTE THE APPROPRIATE FACING MOVEMENT TO POSITION THEMSELVES FACING THE EXIT. WITHOUT COMMAND, THE FIRE ESCORT WILL STEP OFF, FOLLOWED BY THE POLICE ESCORT, AND THE EMS ESCORT, AND WILL PROCEED OUT THE DESIGNATED EXIT WITH ALL IN-STEP.

· AS THE EMS ESCORT DEPARTS THE ROOM THE SPOTLIGHT WILL BE TURNED OFF AND THE OVERHEAD LIGHTS WILL SLOWLY BE TURNED ON.

NARRATOR: THE TABLE YOU SEE BEFORE YOU TONIGHT IS SET FOR THOSE RESPONDERS WHO CANNOT BE WITH US. WE STAND WITH AND REPRESENT ALL OF THEM HERE TONIGHT.

THE THREE SERVICE HATS SYMBOLIZE EVERYONE WHO HAS SERVED AS A PUBLIC SAFETY SERVANT.

THE WHITE TABLE CLOTH REPRESENTS THE PURITY OF THEIR RESPONSE TO THE CALL.

THE TABLE IS ROUND, TO SHOW OUR CONCERN FOR THEM IS NEVER-ENDING.

THE BLACK NAPKIN STANDS FOR THE EMPTINESS THESE RESPONDERS HAVE LEFT IN THE HEARTS OF THEIR FAMILIES AND FRIENDS.

THE SINGLE RED ROSE IN THE VASE REMINDS US OF THEIR FAMILIES AND LOVED ONES,

THE RED, WHITE, AND BLUE RIBBON AROUND THE VASE REPRESENTS THE LOVE OF OUR COUNTRY AND WAY OF LIFE, WHICH INSPIRED THEM TO ANSWER THE CALL.

THE SLICE OF LEMON ON THE BREAD PLATE REMINDS US OF THEIR BITTER FATE.

THE SALT ON THE BREAD PLATE REPRESENTS THE TEARS OF THEIR FAMILIES.

THE WINE GLASS IS TURNED UPSIDE DOWN TO REMIND US THAT OUR DISTINGUISHED COMRADES CANNOT BE WITH US TO DRINK A TOAST OR JOIN IN THE FESTIVITIES THIS EVENING.

THE AMERICAN FLAG IS PRESENT TO MOURN THE FACT THAT THEY WILL NOT RETURN AND TO PAY TRIBUTE TO THEIR PASSING.

TAPS IS PLAYED

RETIRING THE TABLE OF HONOR

JUST PRIOR TO RETIRING THE TABLE OF HONOR, THE ESCORTS WILL ASSEMBLE.

NARRATOR: LADIES AND GENTLEMEN, PLEASE REMAIN SEATED FOR THE RETIRING OF THE TABLE OF HONOR.

· WHEN THE SPOTLIGHT COMES ON, THE TABLE OF HONOR ESCORTS WILL PROCEED TO THEIR DESIGNATED POSITION AT THE TABLE AND STAND AT ATTENTION.

· THE SPOTLIGHT WILL NOW STAY AFFIXED TO THE TABLE OF HONOR.

· AFTER THE EMS ESCORT IS IN HIS/HER DESIGNATED POSITION, HE/SHE WILL OBSERVE A STANDARD PAUSE, AND EXECUTES A SLOW HAND SALUTE. ALL ESCORTS WILL CUE ON THE EMS ESCORT ON WHEN TO EXECUTE A SLOW HAND SALUTE.

· AS SOON AS ALL ESCORTS HAVE EXECUTED THE SLOW SALUTE, "AMAZING GRACE" ON THE BAGPIPES PLAYS, AND AT ITS CONCLUSION THE EMS ESCORT WILL EXECUTE A SLOW ORDER, ARMS. ALL ESCORTS WILL CUE ON THE EMS ESCORT ON WHEN TO EXECUTE A SLOW ORDER, ARMS AND WILL FOLLOW ALL OF THE FOLLOWING MOVEMENTS ON THE CUE OF THE EMS ESCORT:

· SLOWLY REACHING FOR THE GLASS.

· SLOWLY RAISING THE GLASS.

· SLOWLY FLIPPING THE GLASS.

· SLOWLY PLACING THE GLASS BACK ON THE TABLE, UPRIGHT.

· SLOWLY REACHING FOR THE APPROPRIATE WHEEL CAP

· SLOWLY TURNING THE WHEEL CAP

· SLOWLY PLACING THE WHEEL CAP ON THE UPTURNED LEFT ARM, HOLDING THE BRIM WITH THE TIPS OF THE FINGERS.

ALL ESCORTS ARE NOW BACK AT THE POSITION OF ATTENTION.

· THE EMS ESCORT WILL COMMAND (IN A LOW VOICE), POST!

· ALL ESCORTS WILL SIMULTANEOUSLY EXECUTE THE APPROPRIATE FACING MOVEMENT TO POSITION THEMSELVES FACING THE EXIT.

· WITHOUT COMMAND, THE FIRE ESCORT STEPS OFF, FOLLOWED BY THE POLICE ESCORT, AND THE EMS ESCORT, AND WILL PROCEED OUT THE EXIT WITH ALL IN-STEP.

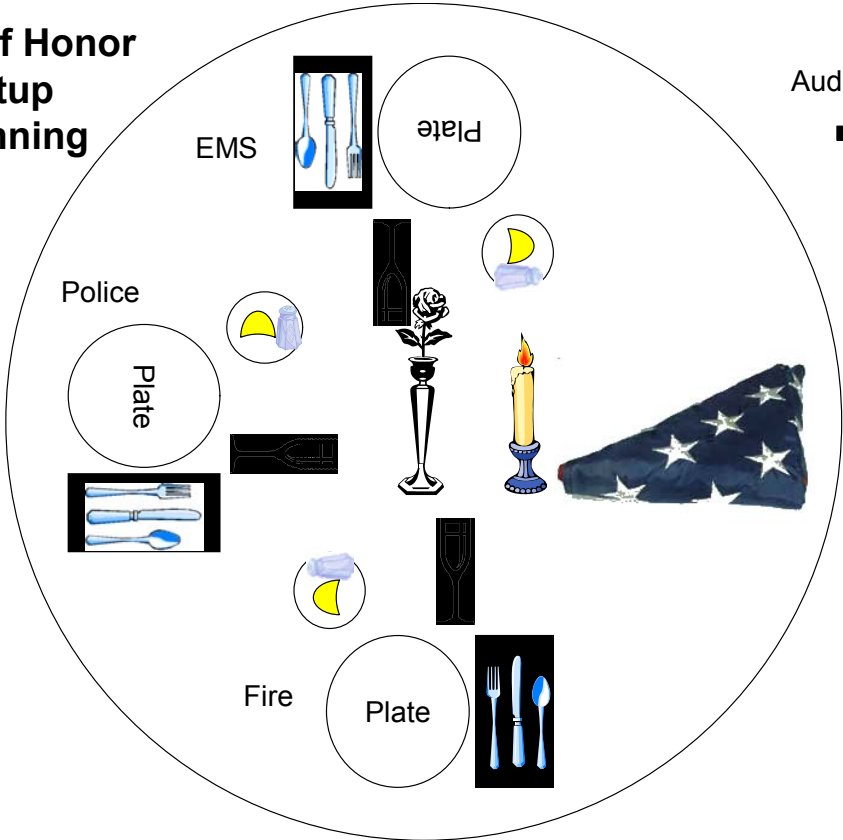
· AS THE EMS ESCORT STARTS TO EXIT THE SPOTLIGHT WILL BE TURNED OFF AND THE OVERHEAD LIGHTS WILL SLOWLY BE TURNED ON.

· IMMEDIATELY AFTER THE EMS ESCORT STEPS-OFF, THE CANDLE BEARER WILL COME FORWARD, POSITION FACING THE AUDIENCE AND EXTINGUISH THE CANDLE, AND PROCEED BACK TO HIS/HER SEAT IN THE AUDIENCE.

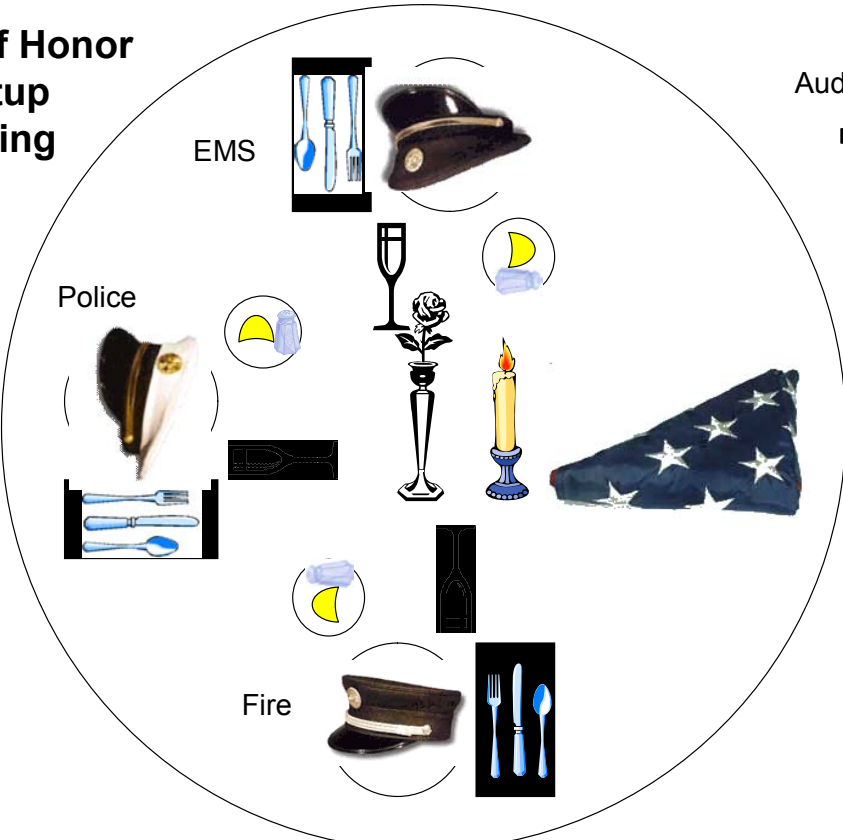
Items necessary for Table of Honor Ceremony:

1. U.S. flag, folded (PREFERABLY a casket sized flag)
2. A small round table that seats four
3. A white table cloth
4. 3 place settings
5. Three wine glasses
6. Wheel hats from the Fire, Police, and EMS
7. A red rose in flower vase with a red, white, and blue ribbon tied around it
8. Candle (long burning preferably no-drip) with holder (Snuffer also)
9. 3 slices of lemon
10. 3 Salt shakers
11. Three black napkin
12. Members to represent the 3 services, in dress uniform
13. Audio support for the music (on CD taps is track 2 and Amazing Grace is track 3)

**Table of Honor
Setup
Beginning**



**Table of Honor
Setup
Ending**



Incident Reports

Section 13

Here is where you will put the reports that are directly related to the firefighter's death.

The reports that should be kept are:

- The department's run record from the original call the firefighter was dispatched on.
- The EMS run record if the firefighter was treated and/or transported by EMS.
- The department's initial report on firefighter fatality (if your department has one).
- Law Enforcement's report on the incident.
- Autopsy report.
- Insurance reports (if any were done).
- Department/County Fire Marshal's report.
- State Fire Marshal's report.
- NIOSH report.
- Other federal reports that may have been filed and completed, such as NTSB, FAA, etc.

After the funeral, these reports should be placed in the binder with the firefighter's information, so they may be available for future inquiries.



Fire Fighter Fatality Investigation and Prevention Program

REVISED: May 2003

The United States currently depends on approximately 1.2 million fire fighters to protect its citizens and property from losses caused by fire. Of these fire fighters, approximately 210,000 are career/paid and approximately 1 million are volunteers. The National Fire Protection Association (NFPA) and the U.S. Fire Administration estimate that on average, 105 fire fighters die in the line of duty each year.

In fiscal year 1998, Congress recognized the need for further efforts to address the continuing national problem of occupational fire fighter fatalities, and funded NIOSH to conduct independent investigations of fire fighter line-of-duty deaths.

Fire Fighter Fatality Investigations

The NIOSH Fire Fighter Fatality Investigation and Program conducts investigations of fire fighter line-of-duty deaths to formulate recommendations for preventing future deaths and injuries. The program does not seek to determine fault or place blame on fire departments or individual fire fighters, but to learn from these tragic events and prevent future similar events.

The goals of the program are to:

- Better define the magnitude and characteristics of line-of-duty deaths among fire fighters
- Develop recommendations for the prevention of deaths and injuries
- Disseminate prevention strategies to the fire service.

Traumatic Injury Deaths

The program uses the Fatality Assessment and Control Evaluation (FACE) model to conduct investigations of fireground and non-fireground fatal injuries resulting from a variety of circumstances such as motor vehicle incidents, burns, being struck-by objects, falls, diving incidents and electrocutions. NIOSH staff also conduct investigations of selected non-fatal injury events. Each investigation results in a report summarizing the incident, and includes recommendations for preventing future similar events. Personal and fire department identifiers are not included in the NIOSH investigative reports.

NIOSH staff with respirator expertise also assist with investigations in which the function of respiratory protective equipment may have been a factor in the incident. NIOSH staff evaluate the performance of the self-contained breathing apparatus (SCBA) as a system, and will conduct evaluations of SCBA maintenance programs upon request.

Cardiovascular Disease (CVD) Deaths

NFPA data show that heart attacks are the most common type of line-of-duty deaths for fire fighters. NIOSH investigations of these fatalities include assessing the contribution of personal and workplace factors. Personal factors include identifying individual risk factors for coronary artery disease. The workplace evaluation includes the following assessments:

- Estimating the immediate physical demands placed upon the fire fighter
- Estimating the fire fighters acute exposure to hazardous chemicals
- Assessing efforts by the fire department to screen for coronary artery disease risk factors
- Assessing efforts by the fire department to develop fitness and wellness programs.

Database

Another component of the program is the research database containing information for each injury incident. The database serves as a valuable tool to identify trends and analyze risk factors among line-of-duty injury deaths. Used in conjunction with individual incident reports, the database helps provide valuable information for developing broad-based recommendations for fire fighter injury prevention programs. As with the investigation reports, personal and fire department identifiers are not included in the database.

Information Dissemination

Information dissemination is one of the important goals for the NIOSH Fire Fighter Fatality Investigation and Prevention Program. The Fire Fighter Fatality Investigation and Prevention Program disseminates the investigative reports and other related publications to stakeholders who can take action to help prevent fire fighter line-of-duty deaths and injuries. These stakeholders include fire departments, fire fighters, program planners and researchers.

What to Expect During a NIOSH Investigation

NIOSH is notified of a line-of-duty death in a number of ways, including notification by the United States Fire Administration (USFA), a fire department representative, the International Association of Fire Fighters (IAFF), or the State Fire Marshal's Office. NIOSH conducts investigations of both career and volunteer fire fighter line-of-duty deaths. Once notified of a line-of-duty death, a NIOSH representative will contact the fire department to make the necessary arrangements to conduct the investigation. NIOSH investigators will review all applicable documents (e.g., department standard operating procedures, dispatch records, the victim's training records, coroner/medical examiner's reports, death certificates, blueprints of the structure, police reports, photographs and video). Additionally, investigators will interview fire department personnel and fire fighters who were on the scene at the time of the incident. NIOSH will also work closely with other investigating agencies. When needed, NIOSH will enlist the assistance of other experts, such as experts in motor vehicle incident reconstruction or fire growth modeling.

Once the investigation is complete, NIOSH will summarize the sequence of events related to the incident, and prepare a draft report. Each department and union representative (if applicable) will have the opportunity to review this portion of the report in draft form to ensure it is technically accurate. The report is then finalized with the addition of recommendations for preventing future deaths and injuries under similar circumstances. Once the fire department and union (if applicable) have received the final copy of the NIOSH report, it is made available to the public by posting the report on the NIOSH website.

Who do I contact for further information?

If you have any questions regarding the NIOSH Fire Fighter Fatality Investigation and Prevention Program, please contact the NIOSH Division of Safety Research at:

National Institute for Occupational Safety and Health
Division of Safety Research
Surveillance and Field Investigations Branch
1095 Willowdale Road, M/S H-1808
Morgantown, WV 26505-2888
Phone: (304) 285-5916 FAX: (304) 285-5774

Additional Resources

Section 14

In this section you will find samples of forms, letters, and other information that may be needed in the event of a firefighter's death.

Please make copies of the original and place the original back in this section for future use.

Helpful Telephone Numbers and Internet Web Site Addresses

State Fire Marshal's Office. 512-305-7900.
<http://www.tdi.state.tx.us/fire/indexfm.html>

Texas Commission on Fire Protection.
512-239-4911. <http://www.tcfp.state.tx.us>

State Firemen's and Fire Marshals' Association. 800-580-7336 or 512-454-3473. <http://www.sffma.org/>

Texas Fire Chiefs Association. 800-435-9074 or 512-454-6350. <http://www.texasfirechiefs.org/>

Texas State Association of Fire Fighters.
512-326-5050. <http://www.tsaff.org/>

Texas Department of Health-Critical Incident Stress Management. 512-834-6749.
<http://www.tdh.state.tx.us/hcqs/ems/epcism.htm>

Fleetwood Memorial Foundation. 817-261-8954.
<http://www.fleetwoodmemorial.org/>

WPI Fire Fighters Fund. 888-616-7976.

US Fire Administration Firefighter Fatality.
301-447-1000. <http://www.usfa.fema.gov/ffmem/>

National Fallen Firefighters' Foundation.
301-447-1365. <http://www.firehero.org>

National Institute of Occupational Safety and Health Fire Fighter Fatality Investigation and Prevention Program. <http://www.cdc.gov/niosh/firehome.html>

Texas Fire Marshals Association.
972-487-6611. E-mail TXFMA@aol.com

Firefighter Ministries. 281-335-5434.
<http://www.fallenfirefighter.com>

Emergency Services Training Institute. 877-833-9638.
<http://teexweb.tamu.edu/esti/>

Texas Forest Service. 979-458-6650.
<http://txforestservice.tamu.edu/>

Texas Interagency Coordination Center. 936-875 4786.
<http://people.txucm.net/usfws/home.htm>

Immediate Actions for an LODD

- Call the State Fire Marshal's Office immediately at 512-305-7900.
- Provide as many details as possible, including detailed directions to scene.
- Secure the Scene. Establish a security perimeter with the assistance of the appropriate local law enforcement agency. Do not disturb the scene. Avoid salvage and overhaul except to the extent necessary to complete extinguishment of any fire. Attempt to leave furnishings, hose lines, fire equipment and building contents in their original location.
- Gather names and addresses of witnesses.
- The State Fire Marshal's Office will send an investigative team to assist in the Origin and Cause investigation. Try to disturb the scene as little as possible prior to their arrival.
- If the deceased firefighter(s) was transported, secure any personal protective equipment left at the scene. If not, contact your medical examiner or justice of the peace. If, pursuant to state law, the body is removed from the scene prior to the investigative team's arrival, photograph the body's location and surrounding area before removal. If possible, leave protective equipment in the location where it was found.
- A firefighter death Notification Team, including the Fire Chief, should notify the immediate next-of-kin of the deceased firefighter, in person, as soon as possible, even as the items above are being completed.

- Tell department members not to make statements to the media speculating on the fire's origin and cause, and the cause of the firefighter's death. DO NOT release the deceased fire fighter's name until the family has been notified. The media statement should give the time, date, and location of the incident and state that the incident is under investigation.
- Relieve firefighters involved in the incident as soon as possible. As soon as they are released, they should immediately prepare a short statement of their independent recollection of the incident. As soon as the department has notified the deceased firefighter's next-of-kin, encourage other firefighters to contact their families as soon as possible to reassure them.

Line-of-Duty-Death Investigations in Texas

Working together to minimize firefighter deaths and injuries in Texas

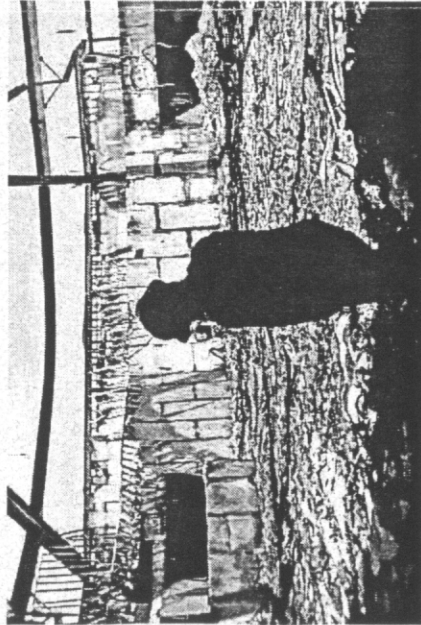


Published by

State Fire Marshal's Office
Texas Department of Insurance
July 2003

Line-of-Duty-Death Investigations in Texas

As of September 1, 2001, the State Fire Marshal's Office is responsible for investigating all line-of-duty deaths (LODD) involving any fire-service personnel in Texas.



In cooperation with fire-service organizations such as the State Firemen's & Fire Marshals' Association, Texas Fire Chiefs Association, Texas Association of Firefighters, Texas Fire Marshals Association, Texas Commission on Fire Protection, Texas Forest Service, Firefighter Ministries, and Emergency Services Training Institute, the State Fire Marshal's Office has established a task force for conducting LODD investigations.

Currently, the task force comprises the State Fire Marshal's Investigative Division, the Fire Ground Operations Division, and the Benefits Task Division.

The State Fire Marshal's Office is responsible for each LODD report's interviews, building conditions, fire alarm/sprinkler activation status, etc.

The Fire Ground Operations Division investigates fire suppression activities, standard operating procedures, and personal protective equipment.

The Benefits Division helps those fire departments and families with available qualifying benefits and funeral procedures/guidelines for a fire service funeral.

The LODD investigation studies all events and conditions that led to the fire fighter's death. The LODD report describes the incident, including

- conditions of the fire building.
- cause and origin.
- condition and performance of firefighter personal protective equipment.
- fire scene operations.
- any other contributing factors.

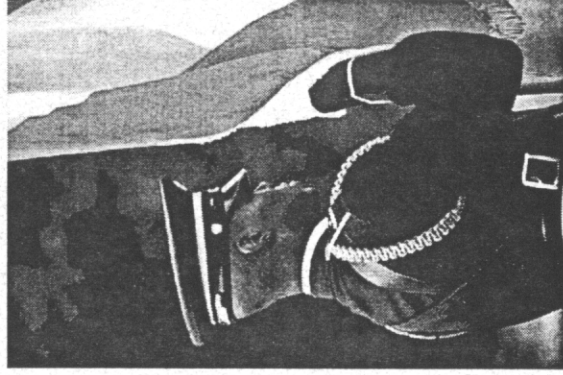
Non-fire scene fatality incidents arising from motor vehicle incidents, training, or non-emergency operations should be reported and may be investigated or documented.

Line-of-duty death investigations aren't meant to replace a local fire marshal's origin-and-cause investigative efforts. Task forces will work cooperatively with local officials in the event of a line-of-duty death to ensure a thorough investigation.

In the event of a line-of-duty death in your area, notify the State Fire Marshal's Office immediately at **512-305-7900** (this a 24-hour number). A voice menu will prompt you to press a number to report the incident. If you call after office hours, a service will take your name and number and a representative from the State Fire Marshal's Office will call you as soon as is possible. Make sure you tell the service you are reporting a line-of-duty death.

Please have the following information ready when calling:

- Your name, department, and a telephone number where you can be contacted. If possible, please provide a cellular telephone number and/or your departmental radio dispatcher telephone number to assist us in contacting you.
- Time, date, and location of the fatal incident, as well as a brief description of the type of incident. (Structure fire, vehicle fire, wildland fire, motor vehicle accident, training accident, etc.)



A member of the SFMO Investigative Team will contact you for additional details, including detailed directions to the location of the incident.

A Deputy State Fire Marshal will be dispatched to provide immediate assistance.

The State Fire Marshal will be notified. He will determine the extent of the response needed and then the other task force members will be notified.

If you have comments or questions concerning line-of-duty death investigations, please contact Chris Barron with the State Fire Marshal's Office at **512-305-7943**.

Sample Press Release

The _____ Fire Department regrets to announce the death of one their own. At _____ (time) on _____ (Date), _____ (rank of individual) _____ (name of individual) was killed in the line of duty during _____ (give short description of incident, example: an early morning apartment fire.)

_____ (name of individual) is survived by _____
_____ (list survivors, example: a wife and two children).

More information will be given at a later date when details become available.

Funeral arrangements are being made at this time and information will be released at a later time.

Donations can be made to: _____ Fire Department or
_____ Memorial Fund at the _____ Bank (give address and phone number of bank)

Donations Contact Form

Use this form to keep a record of all individuals, organizations, and businesses that wish to make a donation of in-kind materials or services. When the service or in-kind material is needed, you will be able to make contact with those listed below.

Name: _____ Business: _____

Phone Number(s): _____

Items/Services to be Donated: _____

Name: _____ Business: _____

Phone Number(s): _____

Items/Services to be Donated: _____

Name: _____ Business: _____

Phone Number(s): _____

Items/Services to be Donated: _____

Name: _____ Business: _____

Phone Number(s): _____

Items/Services to be Donated: _____

After the Funeral

The _____ Fire Department wishes to express its sincere condolences in the loss of your loved one. Your family member was a member of our family too and will be missed by us all. We know you are going through a tremendous life-changing time of tragedy and loss and we will do all we can to stand by you and assist you through this time. The information listed below is simply to help you through some of the issues that by necessity must be handled following the death of a member of the department. You have been assigned a Family Coordinator, _____, who will do everything possibly to assist you as you work your way through all these details. If you have any questions or needs simply contact them at _____ and they will do everything possible to assist you.

1. You will need a number of documents to insure that necessary personal and financial matters can be handled as easily as possible. These will include:
 - An autopsy report if an autopsy is conducted
 - Birth certificates of both the deceased and beneficiaries
 - Marriage certificate
 - Death certificate (at least 15 copies are recommended)
 - VA or Military records
2. You should consult with your family attorney to review all matters.
3. If your family member died in the line of duty, there are federal, state, and local benefits that may be applied for. Your Family Coordinator and local and/or state Benefits Coordinator will work with you to make application for these benefits if they apply to you.
4. The City of _____ provides a life insurance benefit to its members. Once again, your Family Coordinator and Benefits Coordinator will aid you in obtaining these benefits. If your family member had any personal life insurance policies, you will need to contact your insurance agent(s) as soon as possible.
5. If your family member had outstanding loans, you will need to check to determine if they are covered by insurance provisions that pay off the debt. This includes mortgage insurance.
6. You will need to work with your county tax office to transfer ownership of property and vehicles to your name.
7. If your family member served in the military, there may be veterans benefits for which you can apply. Your Family Coordinator and/or Benefits Coordinator will work with you to determine what benefits may be available.

8. You will need to change the title of all bank accounts.
9. If your family member was killed in the line of duty, and if you have minor children, there may be scholarships available for the children to attend college. Your Benefits Coordinator will work with you to obtain benefits in this area.
10. You will be receiving bills for any number of things during the coming weeks and months. Carefully review all bills before making payment. Make sure they are legal, honest, and accurate. Don't pay any bills for which you do not have a written, itemized statement. This includes bills related to your family member's last illness, previous debts, and funeral expenses. Some bills may be covered by insurance or otherwise not be legally due. Your Family Coordinator will work with you on bills that need to be immediately paid.
11. Don't make any hurried decisions or snap judgments on financial matters. As you receive insurance or retirement account money, it is best to simply put it into a savings account. There will be time to invest wisely after a greater degree of stability returns to your life. It would be wise to consult with a qualified financial planner who can look at your total picture and help you decide the best course of action.

Ringling of the Bell

Chaplain or Department Member read or recites:

Throughout most of history, the life of a firefighter has been closely associated with the ringing of a bell. As he began his hours of duty, it is the bell that started it off. Through day and night, each alarm was sounded by a bell, which called him to fight fire and to place his life in jeopardy for the good of his fellow man. And when the fire was out, and the alarm had come to an end, the bell rang three times to signal the end.

And now our Brother _____ has completed his task, his duties well done, and the bell rings three times in memory of, and in tribute to, his life and service.

Officer in charge calls firefighters to attention.

Color Guard called to Present Arms

Bell is struck three times

Color Guard called to Order Arms

Moment of silence

Then move to Radio Call Out

Radio Call Out- Last Alarm

Tone Out For Call

Dispatcher “ Attention all members of the _____ Fire Department, this is the last alarm for _____ who made the ultimate sacrifice on _____. These tones signify that firefighter _____ has completed the call and has returned home.”

Tone For Call Completed

ATTENTION
MEMBERS OF THE MEDIA
Do Not Go Beyond This Point

For The Privacy Of Department Personnel
Please Do Not Enter Fire Department Premises

Contact Public Information Officer:

ATTENTION

**Do Not Go Beyond This Point
Without Permission From Investigators**

Evidence Processing

Resources

Books & Magazines

Grief

Bereavement Magazine

www.bereavementmag.com

Grief in the Workplace

www.bereavementmag.com/catalog/productdetails.asp?WhichProduct=1115



Swallowed by a Snake: The gift of the masculine side of healing

By Thomas Golden

This book is about loss and is meant to be a map and guide through such an experience. It will help both men and women understand the masculine side of healing and help men move through the pain of loss.

When Good-bye is Forever: Learning To Live Again After The Loss of a Child

By John Bramblett

An excellent book for parents that have lost a child. Offers words of encouragement, advice, and practical information.

A Journey Through Grief

By Alla Renee Bozarth, Ph.D

Gentle advice, reflections and inspirational thoughts on grief and grieving.

Talking About Death: A Dialogue Between Parent and Child

By Earl A Grollman

Rabbi Grollman is a highly regarded grief therapist. Of his many books on grief and bereavement, several, like this one, specifically address talking to children and teens about death.

Help for the Hard Times: Getting Through Loss

By Earl Hipp

A book specifically for teens discussing issues of grief and loss in a frank and helpful manner.

How to Go On Living When Someone You Love Dies

By Therese A Rando, Ph.D

A thorough examination of the effects of death on a family, this book deals with the many different circumstances and relationships involved in the loss of a loved one.

Survivor Guilt



Survivor Guilt

By Aphrodite Matsakis

Most people who survive a traumatic event feel guilty -- especially if other people were killed or severely injured. This breakthrough book, by a psychotherapist who specializes in PTSD, shows survivors step by step how to overcome chronic guilt and related psychological problems.

PTSD



Why Am I Still So Afraid? Understanding Post Traumatic Stress Disorder

By John Barnhill

Comprehensive guide explains the complex symptoms of this treatable disorder. Written by a psychiatrist and psychoanalyst.

I Can't Get over It : A Handbook for Trauma Survivors

by Aphrodite Matsakis

This book was written to guide survivors of crime, accidents, rape, family violence, and sexual abuse through the process of recovering from Post-Traumatic Stress Disorder (PTSD). Now in an updated edition, this guide includes new information on suicide, traumatic memories, depression, guilt, and the new EMDR (Eye Movement Desensitization and Reprocessing) technique.

Understanding Post Traumatic Stress : A Psychosocial Perspective on Ptsd and Treatment

by Ruth Williams

Discusses normal and abnormal reactions to trauma, assessment and measurement of trauma, types of trauma, an integrative model of adjustment, and intervention and treatment.

Critical Incident Stress Management

Critical Incident Stress Management (Cism) : A New Era and Standard of Care in Crisis Intervention

By George S., Jr Everly, Jeffrey T. Mitchell

Innovations in Disaster and Trauma Psychology : Applications in Emergency Services and Disaster Response

By George S. Jr Everly

Funeral Planning



At Journey's End : The Complete Guide to Funerals and Funeral Planning

By Abdullah Fattah

A guide for planning a funeral for one's self or for a loved one. This book also offers informative and reliable information on autopsies, collecting paperwork, disposition of flowers, even little known or misunderstood facts concerning foreign burials, and religious traditions.

In Memoriam : A Practical Guide to Planning a Memorial Service

By Amanda Bennett

An extensive planning guide to help ease the difficult responsibilities involved in memorializing a life that has ended. This book can be used for pre-planning, or can be an emergency manual when a death is unexpected. This is an excellent book for Chaplains to have on hand.

A Labor of Love : How to Write a Eulogy

by Garry M. Schaeffer

This book offers ideas on writing Eulogies. Writing the eulogy can be stressful on an individual, Labor of Love will help ease some of that stress. This book offers useful tips and samples of eulogies.

Remembrances and Celebrations: A Book of Eulogies, Elegies, Letters, and Epitaphs

By Jill Werman Harris

This book provides guidance in this profoundly important task. The book offers a wide range of examples of memorial tributes and expressions of bereavement drawn from both the famous and the obscure, from ancient times to the present.

Final Celebrations : A Guide for Personal and Family Funeral Planning

By Kathleen Sublette & Martin Flagg

Assists families who are experiencing the planning the funeral of a loved one. Answering the questions that families might have.

RESOURCES

Website Resources

Grief

Sweeney Alliance-Grieving Behind the Badge or HUGS

<http://www.sweeneyalliance.org/>

An organization that was founded to help people cope with a loved one's death. This organization offers workshops. The website has articles, resources, and links.

GriefNet

<http://www.griefnet.org/>

More than 60 email support groups and two web sites, including a newsletter, memorials, bookstore, and more.

Memory Of

<http://www.memory-of.com/>

Online forums to discuss and receive support for those who have lost a loved one. One can also create online memorials of their loved one.

Adult Sibling Grief

<http://www.adultsiblinggrief.com/>

Assistance, resources and support for the siblings of those who have died.

Mental Health Net on Grief

<http://www.mentalhelp.net/>

Comprehensive listing of grief and bereavement information and self-help resources

Beyond Indigo

<http://www.beyondindigo.com/grief/>

Grieving Resources & Articles that include: What Is Grief?, Tips For the Grieving During the Holiday Season, Handling Grief Through the Holidays, Helping a Friend or Neighbor Cope

Support Officer

<http://www.supportofficer.org/grief/index.htm>

Great site geared towards the emergency services. Excellent articles and informative links.

Crisis, Grief, & Healing

www.webhealing.com

Information on recovering from personal loss, including a column, and book excerpts, from a psychotherapist.

Children's Grief & Loss

www.childrengrief.net

A website that is comprehensive in the care of children and grief. Articles, links, and resources just about children and grieving

The Bruderhof Grief Companion

<http://www.griefcompanion.org/>

Everyone grieves differently. But no one needs to carry grief alone. Whatever loss you are grieving, here you can share your loss with others, and find material that other grieving people have found helpful and comforting. Grieving takes time. Take time to grieve.

The Most Difficult Journey

<http://health.groups.yahoo.com/group/tmdj/>

A Yahoo group for those who are survivors of suicide. Prevention, grief issues, and support.

Post Traumatic Stress Disorder

Mental Health-PTSD

www.mentalhealth.com/dis/p20-an06.html

Information about the disorder: an overview, diagnosis, treatments, booklets, magazine articles, and other resources.

Gift From Within

<http://www.giftfromwithin.org/>

A non-profit organization dedicated to those who suffer post-traumatic stress disorder (PTSD), those at risk for PTSD, and those who care for traumatized individuals.

American Psychiatric Association

http://www.psych.org/public_info/ptsd.cfm

Background and treatment information with a bibliography and list of support organizations.

The Anxiety Network

www.anxietynetwork.com/ptsd.html

Links to current websites with information regarding Post-Traumatic Stress Disorder

Critical Incident Stress Management

The International Critical Incident Stress Foundation, Inc.

<http://www.icisf.org>

An organization that is dedicated to the prevention and mitigation of disabling stress through the provision of: Education, training and support services for all Emergency Services professions.

Rescuing the Rescuer

www.advancedrt.com/articles/rtarticles/RTCISD.html

An article on CISM and the affect on an emergency worker.

Never Walk Alone

<http://www.geocities.com/CapitolHill/Lobby/3082/>

A wonderful site about CISM. Layman terms and definitions, easy to understand, wonderful resources! This is a great site to visit if you are confused about CISM.

Funeral & Memorial Planning

Deni Enterprises

<http://www.deni.net>

Funeral pre-planning services. Helpful information on how the process works, and what options are available.

The Funeral Help Plan

<http://www.dragonet.com/funeral/main.htm>

A consumer's guide to funeral arrangement, with all the scams and sales ploys covered. Includes a directory of links to help you make sound financial decisions in this emotional time.

Funeral & Memorial Planning

www.growthhouse.org/funeral.html

A comprehensive guide to best of the net resources for funeral planning and death and dying issues.

Support Services & Support Groups

National Fallen Firefighters Foundation

www.firehero.org

An organization that works specifically with the families and departments that have experienced a line of duty death. Support services include the Chief to Chief Network, and family support.

Compassionate Friends

<http://www.compassionatefriends.org>

Assisting families in the positive resolution of grief following the death of a child.

American Self-Help Group Clearinghouse

<http://www.selfhelpgroups.org/>

A keyword-searchable database of over 1,100 national, international, model and online self-help support groups for addictions, bereavement, health, mental health, disabilities, abuse, parenting, caregiver concerns and other stressful life situations. Also lists local self-help clearinghouses worldwide, research studies, information on starting face-to-face and online groups, and a registry for persons interested in starting national or international self-help groups.

Grief Share

<http://www.griefshare.org>

Christian organization helps people locate local support groups.

HALOS

<http://www.halos.org>

Support resource for family and friends who have lost a loved one to homicide.

Other Resources**The Comfort Company**

<http://www.thecomfortcompany.net/>

Words of sympathy do not come easily and comforting sympathy gifts are difficult to find. With this in mind, we have carefully selected or custom designed a meaningful collection of sympathy and condolence gift ideas with the hope of bringing comfort and remembrance to those who are grieving.

My Heart's Missing Link

<http://www.myheartsmissinglink.com/>

Heart-shaped pendant (with a "missing link" and the birthstone of your loved one in the center) to wear as an external symbol of mourning and loss

