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*Selection Process for the*



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F A L L E N   F I R E F I G H T E R S  
M E M O R I A L

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January 2013

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# SELECTION PROCESS FOR THE NEW YORK STATE FALLEN FIREFIGHTERS MEMORIAL

## **Introduction**

The creation of a permanent, official New York State Memorial to honor the memory of NYS firefighters who died in the line of duty became a reality on October 5, 1999. The Memorial stands as an enduring tribute to the fire service of New York State to whom we all owe immeasurable thanks and prayers. It will forever remain a symbol of the gratitude of New York's citizens.

Inclusion on the Memorial Wall must meet two basic components. First, the potential Nominee must be a firefighter, and second, the potential Nominee's death must be as a result of services performed in the line of duty as determined by an authoritative agency.

In order to ensure long-term continuity and consistency in the selection of the firefighters to be honored, the following procedures, definitions, and requirements shall apply to each potential Nominee.

## **Definitions**

For the purposes of the selection process, the terms listed herein shall have the following meanings:

1. "Firefighter" means a person who is involved in the prevention and suppression of fire and/or explosions; or the enforcement of federal, state, county or municipal laws/codes concerning fire prevention, suppression or arson; and who is employed by, or is a member of, a volunteer, municipal, county, state or federal department that is duly authorized and empowered to engage in fire suppression and prevention activities.
2. "Line of Duty Death" means any action as a firefighter which is required, authorized or recognized in law, rule, regulation, condition of employment, or by virtue of association in a duty to act and such action has been recognized by an authoritative agency.
3. "Authoritative Agency" means:
  - a. A governmental agency recognized by law that possesses the authority to award death benefits to a firefighter by New York State or United States Law, or
  - b. The Office of Fire Prevention and Control.

## **Nomination for Inclusion**

Nominations for inclusion on the New York State Fallen Firefighters Memorial must be in writing and satisfy the guidelines in the documentation section. Nominations will be accepted from the potential Nominee's fire department, surviving family member(s), or other representative.

### **Exclusion from Consideration**

Deaths excluded from consideration are those which:

- do not meet the definitions of “Line of Duty Death”, as defined herein;
- occurred while the individual was engaged in illegal activity;
- are attributable to alcohol or controlled substance abuse;
- caused by gross negligence or misconduct by the firefighter; or
- caused by the deceased’s action to bring about his or her own death.

### **Exceptions and Clarifications**

The following lists exceptions and clarifications to the selection process.

1. The issue of full-time employment versus part-time employment shall not constitute a basis for denial of inclusion. The issue is whether the person was acting as a firefighter at the time of death or injury.
2. The issue of paid versus non-paid employment shall not constitute a basis for denial of inclusion. In this regard, volunteer firefighters are not compensated for their services, but nonetheless perform their duties in an official capacity.
3. The issue of “on-duty” versus “off-duty” shall not constitute a basis for denial of inclusion. Personnel in the fire service have a duty to act and are frequently called upon and expected to respond to emergencies and/or requests for assistance while they are technically “off-duty”.
4. Firefighters on military leave activated into the National Guard or for military deployment to respond to a war, civil disorder, or natural or technological disasters and die as a result of such activities are eligible for consideration.

### **Documentation**

Prior to being considered for inclusion on the New York State Fallen Firefighters Memorial, the following written documentation is required and must be filed with the New York State Office of Fire Prevention and Control (OFPC).

#### **Fallen Firefighter Information**

1. Fallen firefighter’s name
2. Status (career, volunteer, paid on call, etc.)
3. Age
4. Date of incident
5. Date of death and, if known, date of funeral
6. Description of incident/cause of death. Provide known facts.
7. Copy of Death Certificate, if available.

#### **Department Information**

1. Name of Chief, Manager, or Contact Person

2. Name of Department/Agency
3. Address of Department/Agency
4. Department Phone and Fax numbers
5. E-mail address (if available)

### **Surviving Family Member or Representative Information**

1. Name
2. Relationship
3. Address
4. Phone number

### **Death Benefit Award Information (if award was received)**

1. NYS Workers Compensation Board
2. NYS Local Police and Fire Retirement System
3. FDNY Pension Unit
4. US Department of Justice, Public Safety Officers Benefit Program

The nomination shall be submitted with the submission form (Attachment 1) as the cover sheet. The form is available from the Office of Fire Prevention and Control at: <http://www.dhSES.ny.gov/ofpc/memorial>

In addition to the required information listed above, other documentation supporting the nomination may also be included, such as, death certificates, police reports, coroner or medical examiner reports, newspaper articles, sworn statements or affidavits of persons having firsthand knowledge or pertinent facts and circumstances, historical records, etc.

### **Review and Consideration**

Nominations should be transmitted to the New York State Office of Fire Prevention and Control, 1220 Washington Avenue, Bldg. 7A, Fl. 2, Albany, N.Y. 12226, who will collect and review completed nominations for accuracy and completeness.

Nominations must be received by May 1<sup>st</sup> to ensure that such nomination(s) will be considered for the annual October Memorial ceremony. Nominations received after May 1<sup>st</sup>, will be carried over to the following year. Year of death does not affect eligibility.

Nominations for deceased persons that provide documentation that their death was recognized as a "Line of Duty" death by the NYS Workers Compensation Board, FDNY Pension Unit, OFPC, or the US Department of Justice will automatically be included on the Memorial Wall. Nominations that have been recognized by one or more of the above named organizations will not be subject to further review. Nominations that do not include designation by any of the listed authoritative agencies will be reviewed by a peer review group representing the fire service of New York State. The group will consist of one representative from the Firemen's Association of the State of New York, New York State Professional Firefighters Association, New York State Association of Fire Chiefs, Fire Districts Association of the State of New York, New York State Fire Coordinators Association, New York City Uniformed Firefighters Association, and the New York City Uniformed Fire Officers Association.

The peer review group will be provided the nominations in advance of the scheduled meeting. The group shall review the pertinent facts and circumstances to determine if sufficient documentation exists to satisfy the selection criteria. The peer review committee shall, by majority vote, recommend to the State Fire Administrator whether to recognize the nomination in question. The State Fire Administrator, his/her designee may, at its discretion, approve, deny, or remand the submission for additional documentation.

Once a determination has been made, written notification will be sent, by registered or certified mail, to the Nominee's fire department and the contact surviving family member or representative, if one has been identified.

### **Appeal Process**

A denial by the State Fire Administrator or his designee is appealable within 90 days of the date the denial notification was received. An appeal may be made by the Nominee's fire department, surviving family member or other representative. The request for appeal shall be in writing and received by the Office of Fire Prevention and Control within 90 days of the report of the denial notification.

The appeal will be considered by the Appeals Committee, which is comprised of the Division of Homeland Security and Emergency Services (DHSES) Commissioner or his designee, who shall serve as Chair, and one representative of the Firemen's Association of the State of New York and one representative of the New York State Professional Firefighters Association. Neither the DHSES Commissioner designee or the Organizational representatives shall be the same individuals serving on the peer review committee or involved in the initial decision.

The appeal needs to identify the basis and/or reasons why the determination should be reconsidered. Any additional information that the fire department, surviving family member or representative put forth for consideration must be included in the appeal request.

The Appeals Committee shall review all submitted documentation and consider the record of the previous action on the nomination. The Appeals Committee may utilize the staff from the Office of Fire Prevention and Control to gather additional information. The Appeals Committee must base its decision on the selection criteria and render a ruling, by majority vote, within 90 days of receipt of the appeal.

The ruling of the Appeals Committee shall be considered the final determination.

### **Non-Reciprocal**

The determination that a firefighter died in the line of duty, and the facts and circumstances associated with the incident satisfy the criteria for inclusion on the New York State Fallen Firefighters Memorial shall have no bearing and shall not be considered in the determination of such benefits and/or privileges.



PRINT NAME OF FALLEN: \_\_\_\_\_  
LAST FIRST MI

## Submission Procedures of a Firefighter Death for Consideration of Inclusion on the New York State Fallen Firefighters Memorial

### Documentation Requirements

Prior to being considered for inclusion to the New York State Fallen Firefighters Memorial, the following written documentation must be filed with the New York State Office of Fire Prevention and Control.

### Required Fallen Firefighter Information

- Fallen firefighter's name
- Status (career, volunteer, paid on call, etc.)
- Age
- Date of incident
- Date of death and, if known, date of funeral
- Detailed official description of the incident, circumstances and occurrences that contributed to the death and cause of death. Provide known facts and do not speculate.

### Department Information

- Name of Chief/Manager or Contact person
- Name of Department/Agency
- Address of Department/Agency
- Department Phone and Fax numbers
- E-mail address (if available)

### Death Benefit Award Information (if award was received)

- Verification by the NYS Workers Compensation Board, FDNY Pension Unit or the US Dept. of Justice that such death was a line of duty death and appropriate death benefits have been awarded (if awarded)

### Required Surviving Family Member or Representative Information

- Name
- Relationship
- Address
- Phone number

### If available, additional documentation may include but is not limited to:

- Death certificates
- Police reports
- Coroner or medical examiner reports
- Newspaper articles
- Sworn statements or affidavits submitted by persons having firsthand knowledge or pertinent facts and circumstances
- Historical records
- Or, other supporting written documentation

### Submit Documentation/Direct Questions to:

The NYS Fallen FF Memorial  
c/o NYS Office of Fire Prevention and Control  
State Office Campus  
1220 Washington Avenue • Building 7A, 2nd Floor  
Albany, NY 12226  
phone: (518) 474-6746 • fax: (518) 474-3240 • e-mail: [Daniel.Baker@dhses.ny.gov](mailto:Daniel.Baker@dhses.ny.gov)  
web: [www.dhses.ny.gov/ofpc](http://www.dhses.ny.gov/ofpc)