



*Selection Criteria for the*  
NEW YORK STATE  
**FALLEN FIREFIGHTERS**  
**MEMORIAL**

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January 2010

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# SELECTION CRITERIA FOR THE NEW YORK STATE FALLEN FIREFIGHTERS MEMORIAL

## **Introduction**

On October 5, 1999 New York State created a memorial to honor the memory and heroism of New York State's firefighters who died in the line of duty. The Memorial stands as an enduring tribute to the fire service of New York State.

The inclusion of names on the Memorial Wall must be seriously considered and held to a specific standard. The A Nominee must be a firefighter, as defined herein, and the Nominee's death must meet the definition of line-of-duty death.

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

## **Selection Committee**

The New York State Fallen Firefighters Memorial Selection Committee shall be comprised of 11 members. The membership breakdown is as follows:

- The Deputy State Fire Administrator, who shall serve as Chair;
- 2 representatives of the New York State Professional Firefighters Association;
- 1 representative of the New York City Uniformed Firefighters Association;
- 1 representative of the New York City Uniformed Fire Officers Association;
- 1 representative of the Albany Fire Department;
- 1 representative of the Firemen's Association of the State of New York;
- 1 representative of New York State Association of Fire Chiefs;
- 1 representative of New York State Association of Fire Districts;
- 1 representative of New York State County Fire Coordinators Association; and
- 1 member designated by the State Fire Administrator.

Each Organization with authorized representation shall submit a letter to the State Administrator by January 15, of each year, designating its voting representative(s) for that year and up to two alternates that are authorized to attend meetings and vote on behalf of the Organization in the absence of the designated representative.

The State Fire Administrator shall designate a member and alternate for the member and designate an alternate for the Deputy State Fire Administrator by January 15 of each year. The alternate of the member designated by the State Fire Administrator is authorized to attend meetings and vote on behalf of designated member in his or her absence. The alternate of the Deputy State Fire Administrator is authorized to attend and chair meetings and vote on behalf of the Deputy State Fire Administrator in his or her absence.

The Selection Committee shall meet at least annually, and other times as necessary, to carry out their responsibility of determining the names to be inscribed on the Memorial Wall.

## **Definitions**

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

1. “Firefighter” means a person who is involved in, or training for, the prevention and suppression of fire and/or explosions or the control of emergencies; 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 death attributable to any action which is required, authorized or recognized in law, rule, regulation, condition of employment, or by virtue of association in a duty to act and that is directly related to: the response to, operation at, or return from and emergency incident; conducting authorized fire prevention or fire investigation activities directly related to an emergency incident; or participating in hands – on training for the suppression of fires and explosions or the control of emergencies.

Line of duty death also means death related to an illness (non-trauma) directly related to an emergency incident (not cumulative over time), with the onset of such illness occurring within twenty-four hours, or shortly thereafter, of the incident and where there is no evidence of a prior medical condition which may have contributed to the death.

Line of duty death does not include death while participating in any administrative social or civic activities, such as meetings, social events, fundraising or parades.

## **Exclusion from Consideration**

Deaths which will be excluded from consideration are those which:

- do not meet the definition of “Line of Duty Death” as defined herein;
- occurred while the individual was engaged in activities for which he or she was not medically cleared for;
- occurred while the individual was engaged in classroom training, other non-strenuous training activity or physical fitness training;
- occurred while the individual was engaged in illegal activity;
- are attributed to alcohol or controlled substance abuse;
- caused by gross negligence or misconduct by the firefighter;
- caused by the deceased’s intention to bring about his or her own death;
- occurred more than five years prior to January 1 of the year of the Selection Committee meeting at which nominations are to be considered

## **Exceptions and Clarifications**

When the criteria are otherwise satisfied, the following issues shall be considered irrelevant to the selection process and shall not prevent the inclusion of that person:

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 in an official capacity 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 these military activities are eligible for consideration.

## **Nomination for Inclusion**

Nominations for recognition at 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 Nominee’s fire department, surviving family member(s) or other representative.

## **Documentation**

Prior to being considered for recognition at the New York State Fallen Firefighters Memorial, the following written documentation must be submitted to the New York State Fallen Firefighters Memorial Selection Committee:

### **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. Do not speculate.)

## **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

The nomination shall be submitted with the submission form containing the information listed in Attachment 1 as the cover sheet. The form is available from the Office of Fire Prevention and Control at:

<http://www.dos.state.ny.us/fire/pdfs/memorial/lodds submission.pdf>

In addition to the required information listed above, 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.

## **Review and Consideration**

Nominations shall be transmitted to the New York State Office of Fire Prevention and Control, 99 Washington Avenue, Suite 500, Albany, N.Y. 12231, which will collect and disseminate completed nominations and forward the information to the Selection Committee for review and consideration.

Nominations must be received by March 1<sup>st</sup> to ensure that such nomination(s) will be considered for the upcoming Memorial ceremony. Nominations received after March 1<sup>st</sup>, but before the Selection Committee meeting on the decisions related to the submitted nominations, may be considered for inclusion for the current year's Memorial ceremony. Nominations received thereafter will be carried over to the following year.

The Selection Committee will review the pertinent facts and circumstances to determine if sufficient documentation exists to satisfy the criteria. Six members present shall constitute a quorum. All decisions of the Selection Committee shall be by majority vote. Every present member, or their present alternate, shall have one vote. In the event of a tie vote, the nomination shall be carried over for action at the next meeting.

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

## **Approval for Inclusion**

The Selection Committee will consider all nominations for inclusions transmitted to the New York State Office of Fire Prevention and Control to determine if a nominee's death meets the selection criteria. The Committee may, at its discretion, approve, deny, or remand the submission for additional documentation. The Selection Committee may request additional information/documentation. Such requests shall be in writing and sent by registered or certified mail. In order to be considered part of the review, additional information/documentation must be received by the Office of Fire Prevention and Control within 60 days of receipt of Memorial Selection Committee's request.

## **Appeal Process**

The decision of the Selection Committee is appealable within 90 days of the date 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 written notification of the Selection Committee's denial.

The appeal will be considered by the Appeals Committee, which is comprised of the State Fire Administrator, 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. The State Fire Administrator, the Firemen's Association of the State of New York and the New York State Professional Firefighters Association shall designate up to two alternates to consider appeals and vote in their absence. The State Fire Administrator's designee and the Organizational representatives shall not be the individuals serving as a member of, or an alternate to, the Selection Committee.

Each organization with authorized representation shall submit a letter to the State Fire Administrator by January 15 of each year, designating its voting representative for that year and up to two alternates that are authorized to attend meetings and vote on behalf of the Organization in the absence of the designated representative.

The appeal needs to identify the basis and/or reasons that the Selection Committee's 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 Selection Committee's 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 shall base its decision on the selection criteria and render a ruling, by majority vote, within 90 days of receipt of the Appeal.

The Appeals Committee may sustain, overturn or remand the nomination back to the Selection Committee for review and determination based on a revision of the selection criteria.

The ruling of the Appeals Committee to sustain or overturn the Selection Committee shall be the final determination.

### **Reconsideration**

Upon issuance of revised selection criteria, a nomination which has been disapproved within the previous five years by either the Selection Committee or the Appeals Committee may be resubmitted to the Selection Committee. A request for reconsideration shall be in writing and sent to the New York State Office of Fire Prevention and Control at 99 Washington Avenue, Suite 500, Albany, N.Y. 12231.

The Selection Committee shall vote whether to reconsider the resubmitted nomination under the revised selection criteria.

### **Non-Reciprocal**

The determination that a potential Nominee is entitled to indemnification, workers' compensation, disability, health, or any other privilege or benefit from such person's public or private employer or the State of New York does not entitle such person to inclusion on the New York State Fallen Firefighters Memorial. Conversely, 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 Fallen Firefighters Memorial Selection Committee.

**NOTE: Prior medical conditions may preclude a death from being determined to be a line of duty death**

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

### 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
- Firefighter training 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  
One Commerce Plaza  
99 Washington Avenue, Suite 500  
Albany, NY 12231-0001

phone: (518) 474-6746 • fax: (518) 474-3240 • e-mail: [william.lamb@dos.state.ny.us](mailto:william.lamb@dos.state.ny.us)  
web: <http://www.dos.state.ny.us/fire>