



## Commission Fire Protection, Personnel, Standards and Education

**KPF-4**

### REPORT OF FIREFIGHTER'S DEATH – KRS 61:315 (TO BE FILLED OUT BY AGENCY OF DECEASED)

1. NAME AND ADDRESS OF PUBLIC SAFETY AGENCY, ORGANIZATION OR UNIT IN WHOSE SERVICE DEATH OCCURRED. (Include Zip Code.)			
<b>PART I: NOTICE OF LINE OF DUTY DEATH OF FIREFIGHTER</b>			
2. NAME OF DECEASED FIREFIGHTER	3. DATE OF INJURY	4. DATE OF DEATH	5. SOCIAL SECURITY NO.
6. DECEASED FIREFIGHTER'S LAST MAILING ADDRESS	7. NAME OF DECEDENT'S SUPERIOR OFFICER		8. SUPERVISOR'S AREA CODE AND PHONE NO.

9. WAS INJURY CONTRIBUTED TO BY:

- |  |                              |                             |                                  |
|--|------------------------------|-----------------------------|----------------------------------|
| Firefighter's intentional misconduct?              | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| Firefighter's prior disease or injury?             | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| Firefighter's willful or wanton disregard?         | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| Firefighter's intent to bring about his own death? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| Firefighter's voluntary intoxication?              | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| Any person who may be entitled to benefit?         | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |

(Please attach explanations for any "yes" answers)

10. FIREFIGHTER'S EMPLOYMENT STATUS WHEN INJURY OCCURRED

- FULL-TIME                     
  PART-TIME                     
  VOLUNTEER                     
  OTHER (Specify)

#### PART II: PLEASE CHECK AND ATTACH ALL APPLICABLE REPORTS RELATING TO THE DIRECT CAUSE OF OR PROXIMATE CAUSE OF DEATH.

11. CERTIFIED COPY OF ORIGINAL REPORTS
- |                                      |                          |
|--------------------------------------|--------------------------|
| MEDICAL REPORT (Attending physician) | <input type="checkbox"/> |
| CORONER'S REPORT                     | <input type="checkbox"/> |
| AUTOPSY REPORT                       | <input type="checkbox"/> |
| INVESTIGATION REPORT *               | <input type="checkbox"/> |
| OTHER (Identify)                     |                          |

\*If no investigation report exists, please provide statement of circumstances leading to death.

12. IF NOT PROVIDED IN THE ABOVE REPORTS:

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**PART III: INFORMATION CONCERNING POSSIBLE CLAIMANTS (Provision of this information does not constitute finding for or against an Interim Payment of Benefits or Final Award of Benefits.)**

13. NAMES, RELATIONSHIP, AND ADDRESS OF PERSONS IN PRECEDENCE ORDER AND APPLICABILITY CATEGORY AS FOLLOWS:

	NAME (Last, First, Middle)	DATE OF BIRTH	ADDRESS (Include City, State & Zip Code)
SURVIVING SPOUSE			
CHILDREN			
SURVIVING DEPENDENT PARENT (S)*			

\*List surviving parents only when neither spouse nor children survive deceased.

14. HAS A LEGAL GUARDIAN BEEN APPOINTED FOR ANY OF THE ABOVE MENTIONED CHILDREN?

YES       NO      (If yes, give name, Social Security No. & address of guardian)

GUARDIAN FOR: (LIST CHILDREN)	GUARDIAN (S) NAME	SOCIAL SECURITY NO.	ADDRESS AND PHONE

**PART IV: CERTIFICATIONS**

A False answer to any question in this Statement may be grounds for non-payment and may be punishable by fine or imprisonment. All the information you give will be considered in reviewing the claim and is subject to investigation.

15. EMPLOYING ORGANIZATION:

NAME AND TITLE	ORGANIZATION	PHONE NUMBER	ADDRESS

**MAIL COMPLETED FORM TO  
KENTUCKY FIRE COMMISSION  
2750 RESEARCH PARK DRIVE – BARN ANNEX  
LEXINGTON, KENTUCKY 40512-4092**