Purpose

It is the goal of the Glendale Fire Department to be prepared for handling a Line of Duty Death or Injury Event for the purpose of assisting our personnel and their families. By using the following approach our organization will be more aware and capable to assist with the difficulties surrounding a Line of Duty Injury or Line of Duty Death.

Policy

All personnel shall complete and update their emergency information data sheet yearly in concurrence with their employee evaluation. The Glendale Fire Department will utilize the Fire Department Action Plan for Line of Duty Injury or Death Logistics Empathy and Nurturing for Fire Department Families (F.A.L.L.E.N. F.F.) ICS structure to insure that all necessary events are completed for a Line of Duty Death or Line of Duty Injury.

Employee Responsibility

All Fire Department members must complete an emergency information data sheet and update annually with performance appraisals, or as necessary with informational changes, to insure that accurate information is current.

Supervisor Responsibility

All supervisors must insure that employees have completed and updated an emergency data sheet.

Fire Department Administration/Labor Management Responsibility

Through cooperative effort Branch Officers and Union Representatives will utilize the F.A.L.L.E.N. F.F. ICS to complete all responsibilities in a timely and complete manner.

Incident Command (Fireground) Responsibility

The Incident Commander on-scene of a Line of Duty Death shall make notification to the Phoenix Regional Dispatch Center to activate the F.A.L.L.E.N. F.F. ICS. The Incident Commander on-scene of a firefighter injury or death shall make notification to the Incident Command contact personnel of the F.A.L.L.E.N. F.F. System to facilitate activation of the ICS as they deem necessary.

Incident Command (F.A.L.L.E.N. F.F.) Responsibility

The Incident Commanders of the F.A.L.L.E.N. F.F. ICS will oversee all activities of the branches and coordinate additional resources as necessary to accomplish completion of all necessary tasks.
Critical Incident Stress Management (CISM) Branch Responsibility

The CISM Branch will coordinate all necessary functions involving Critical Incident Stress Management in accordance with the F.A.L.L.E.N. F.F. ICS. The CISM Branch may extend additional services as they deem appropriate.

Investigation Branch Responsibility

The Investigation Branch will coordinate all necessary functions involving the investigation surrounding a Line of Duty Injury or Death in accordance with the F.A.L.L.E.N. F.F. ICS. These responsibilities may include coordination of outside agencies as necessary.

Funeral Branch Responsibility

The Funeral Branch will coordinate all necessary functions involving all funeral events in accordance with the F.A.L.L.E.N. F.F. ICS. Coordination with police department agencies, fire department agencies, clergy, and mortuary services/cemeteries will be necessary.

Notification Branch Responsibility

The Notification Branch will coordinate all necessary functions involving notification of the family, fire department personnel, media (with the PIO Branch), and other outside agencies in accordance with the F.A.L.L.E.N. F.F. ICS.

Public Information Officer (PIO) Branch Responsibility

The PIO Branch Officer will coordinate all necessary functions involving release of information to the media surrounding a Line of Duty Injury or Death. The PIO Branch should coordinate the timing and nature of information release with the Family Liaison Branch, CISM Branch, Investigation Branch, Incident Command, and Firechief before notification of the media.

Hospital Branch Responsibility

The Hospital Branch will coordinate all necessary functions involving a hospital staff liaison and logistics sector for the acquisition of accommodations for the family, fire department members and police officers, and the PIO Officer. They will also coordinate acquisition of all necessary supplies for the family.
**Financial Branch Responsibility**

The Financial Branch will coordinate all necessary functions involving the coordination of benefits and donations concerning the family of a Line of Duty Injury or Death. The Financial Branch will also be responsible to coordinate all necessary functions involving the fire department expenses surrounding the event.

**Family Liaison Branch Responsibility**

The Family Liaison Branch will coordinate all necessary functions involving the coordination of the family’s necessities or wishes. The Family Liaison Branch will be the direct link between all other branches, including the Incident Commander, and the family.

**Procedures**

The Incident Commander on-scene of a Line of Duty Death will contact the Phoenix Regional Dispatch Center, which will then activate the F.A.L.L.E.N. F.F. ICS via group page. After the initial group page the Incident Commander of the F.A.L.L.E.N. F.F. System can have additional information sent via pager to each branch concerning a time and meeting place for initial briefing concerning the Line of Duty event. In the event of a Line of Duty Injury the Incident Commanders on-scene will contact the Incident Commander of the F.A.L.L.E.N. F.F. ICS who will then activate the system as they deem necessary. Once activated, the individual branches will provide progress reports to the F.A.L.L.E.N. F.F. Incident Commander. All branches including the Incident Commanders will verify accomplishment of tasks via Line of Duty checklists. A copy of the F.A.L.L.E.N. F.F. ICS manual including copies of investigation manuals will be located at the Responder’s Office inside Station 157.
F.A.L.L.E.N. F.F. BRANCH DIAGRAM

IC

CISM   Investigation

Funeral   Notification

PIO   Hospital

Financial   Family Liaison
CISM Branch

CISM

Investigation

Coordinate with Chaplain

Hospital

Alarm Room

Family

Firefighters

EMS

PD

Public (Bystanders, etc.)

Communicate with other branches
Funeral Branch

Funeral

Communicate with other branches

Logistics (CMD Van), Transportation

Rehab

Mortuary

Ceremony

Out of Town

Canteen/Rehab, Alarm room, Engine Co., Rescue

Honor Guard

Procession(PD), Parking Attendants

Cemetery

Reception/Wake
PIO Branch

PIO

PIO Sector at Family's Home
PIO Sector at Incident
Communicate with other branches
PIO Sector at Hospital
PIO Sector for After-Action Report
Financial Branch

Financial

Family

Communicate with other branches

Benefits: Fed., State, City

Donations

Fire Department

Equipment

Legal, Inv., Funeral, Etc.
Investigation Branch

Investigation

Coordinate Agencies (FBI, DOT, IAFF, NIOSH, ATF, INS., M.E., USFA, NTSB, NFPA, State FM)

Formal Investigation Team

Coordinate with OSHA during Investigation

PD Liaison to coordinate with PD also to secure belongings

Coordinate with other branches

Safety Coordinate with Safety Officer and Risk Management

After-Action Report (Chief, Family, Department, Media)
Notification Branch

<table>
<thead>
<tr>
<th>Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family with</td>
</tr>
<tr>
<td>Family Liaison</td>
</tr>
<tr>
<td>(FD Car, Uniform, FC)</td>
</tr>
<tr>
<td>(As needed)</td>
</tr>
<tr>
<td>Media with PIO</td>
</tr>
<tr>
<td>On-Duty/Off-Duty personnel</td>
</tr>
<tr>
<td>(Via pagers, automated phone system with CB #/contact person)</td>
</tr>
<tr>
<td>Agencies</td>
</tr>
<tr>
<td>(State Fm, IAFF, Public Safety Officer Benefit, National Fallen Firefighter Memorial, PD)</td>
</tr>
<tr>
<td>Communicate with other branches</td>
</tr>
<tr>
<td>(Assist Investigation Branch)</td>
</tr>
<tr>
<td>Relief for IC/ISO of incident, Activation of reserve apparatus/mutual aid for coverage</td>
</tr>
</tbody>
</table>
Hospital Branch

Hospital

Liaison for hospital staff
Communicate with other branches
Logistics

FD/PD Room
Family Room
Supplies (Food, Beds, Telephones)
PIO Room
Family Liaison Branch

Family Liaison

- Out of Town Family (Assist with travel, lodging, transportation)
- Daily needs (House care, daycare, food, bills, etc.)
- Locate/secure family liaison (can be Liaison Branch member or crew member)
- Communicate with other branches
Glendale Fire Department F.A.L.L.E.N. F.F. CISM Branch Tactical Worksheet

Date: _____________ Time: _____________

Fire Department Member: ____________________________________________________

CISM for Family (Coordinate with Family Liaison)

Contact Person: ____________________________

Comments: __________________________________________

CISM for FD Staff

Contact Person: ____________________________

Comments: __________________________________________

CISM for EMS Personnel

Contact Person: ____________________________

Comments: __________________________________________
Glendale Fire Department F.A.L.L.E.N. F.F. CISM Branch
Tactical Worksheet

CISM for Hospital Staff (Coordinate with Hospital Branch)

Contact Person: ________________________________

Comments: ____________________________________

__________________________________________________________________________

CISM for PD

Contact Person: ________________________________

Comments: ____________________________________

__________________________________________________________________________

CISM for Alarm Room

Contact Person: ________________________________

Comments: ____________________________________

__________________________________________________________________________
Glendale Fire Department F.A.L.L.E.N. F.F. CISM Branch
Tactical Worksheet

Coordinate with Chaplain (C810, C138)

Comments: _____________________________________________
_________________________________________________________
_________________________________________________________

CISM for Public (Bystanders at scene, etc.)

Contact Person: _________________________________________
Comments: _____________________________________________
_________________________________________________________
_________________________________________________________

CISM for Investigation Branch

Contact Person: _________________________________________
Comments: _____________________________________________
_________________________________________________________
_________________________________________________________

Termination of CISM Branch Date:_______ Time:_____

Comments: _____________________________________________
_________________________________________________________
_________________________________________________________
Glendale Fire Department F.A.L.L.E.N. F.F. Funeral Branch
Tactical Worksheet

Date: ____________________________  Time: ________________

Fire Department Member: ______________________________________

Coordinate Ceremonies with Family and Honor Guard

Visitation
Funeral

Comments: ______________________________________________________

______________________________________________________________

______________________________________________________________

Out-of-town Personnel Assistance

Transportation  Contact Person: ________________________________
 Lodging  Contact Person: ________________________________

Comments: ______________________________________________________

______________________________________________________________

______________________________________________________________
Glendale Fire Department F.A.L.L.E.N. F.F. Funeral Branch
Tactical Worksheet

Visitation

Location, size                  Contact Person:__________________________
Map                            Contact Person:__________________________
Send information to Notification and PIO Branches

Comments:__________________________
_________________________________
_________________________________
_________________________________

Funeral (CMD Van to coordinate)

Church/Mortuary (location, size) Contact Person:____________
Parking attendants           Contact Person:____________
Map                            Contact Person:____________
Send information to Notification and PIO Branches

Cemetery (location, size)       Contact Person:____________
Map                            Contact Person:____________
Send information to Notification and PIO Branches
Alarm Room for Last Call       Contact Person:____________

Procession

PD escort                   Contact Person:____________
Traffic control             Contact Person:____________
Map                        Contact Person:____________
Family transportation      Contact Person:____________
Send information to Notification and PIO Branches
Glendale Fire Department F.A.L.L.E.N. F.F. Funeral Branch
Tactical Worksheet

Rehab Sector

Rehab Van Contact Person
Company for EMS Standby Contact Person
Rescue for EMS Standby Contact Person

Comments: ____________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
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____________________________________________________________________

Reception/Wake (location, size) Contact Person:

Food Contact Person:
Family transportation Contact Person:
Send information to Notification and PIO Branches

Comments: ____________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
Glendale Fire Department F.A.L.L.E.N. F.F. Funeral Branch
Tactical Worksheet

Termination of Funeral Branch

Date:_______ Time:_____

Comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Glendale Fire Department F.A.L.L.E.N. F.F. PIO Branch
Tactical Worksheet

Date: ________________  Time: ________________

Fire Department Member: _______________________________________________

Contact media and control story release

Comments: ___________________________________________________________

PIO Sector at Incident

Comments: ___________________________________________________________

PIO Sector at Hospital (Coordinate with Family)

Comments: _________________________________________________________

PIO Sector at Family’s Home

Comments: _________________________________________________________
Glendale Fire Department F.A.L.L.E.N. F.F. PIO Branch
Tactical Worksheet

PIO Sector for After-Action Report
*** Coordinate with Chief, Family, and Investigation Branch ***

Comments:


Termination of PIO Branch Date:_____ Time:____

Comments:


Glendale Fire Department F.A.L.L.E.N. F.F. Financial Branch
Tactical Worksheet

Date:_______________  Time:_______________

Fire Department Member:_____________________________________________________

Benefit Coordination

Federal
PSOB  Contact Person:_____________________________________
Scholarships (children/spouse)
Social Security  Contact Person:___________________________
Victims Assistance Program  Contact Person:_____________________
Veteran’s benefits  Contact Person:_________________________

Comments:_________________________________________________________________
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Glendale Fire Department F.A.L.L.E.N. F.F. Financial Branch
Tactical Worksheet

State

Burial allowance
Death benefits
Education benefits (children/spouse)
Tax benefit
Victim’s Assistance Program
Workman's Compensation
Pension

Comments: __________________________________________
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Glendale Fire Department F.A.L.L.E.N. F.F. Financial Branch
Tactical Worksheet

City

Insurance
Education benefit (children/spouse)
EAP
Medical insurance
Disability insurance
Final pay

Comments:

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Glendale Fire Department F.A.L.L.E.N. F.F. Financial Branch
Tactical Worksheet

Non-profit

Education Benefits (Children/spouse)

Booster Club, Health and Welfare

Comments:____________________________________________________
____________________________________________________
____________________________________________________
____________________________________________________
____________________________________________________
____________________________________________________
____________________________________________________

Donations

Bank:_________________________ Account:______________________

***(Forward to PIO for media release)***

Purpose of donations (communicated from benefactor)

Comments:____________________________________________________
____________________________________________________
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____________________________________________________
Glendale Fire Department F.A.L.L.E.N. F.F. Financial Branch
Tactical Worksheet

Fire Department

Equipment
Legal
Investigation
Funeral assistance

Comments:

Termination of Financial Branch

Date: Time:

Comments:
Glendale Fire Department F.A.L.L.E.N. F.F. Investigation
Branch Tactical Worksheet

Date: ________________  Time: ________________

Fire Department Member: ___________________________________________________

Coordinate Agencies

FBI – (602) 279-5511  Contact Person: _________________________________
DOT – (202) 366-4000  Contact Person: _________________________________
IAFF – (202) 737-8484  Contact Person: _________________________________
NIOSH – (202) 401-0721  Contact Person: _________________________________
ATF – (602) 640-2938 / 640-2829  Contact Person: __________________________
ME – (602) 506-1138  Contact Person: _________________________________
USFA – (800) 238-3358  Contact Person: _________________________________
NTSB – (202) 314-6000  Contact Person: _________________________________
NFPA – (617) 770-3000  Contact Person: _________________________________
STATE FM – (602) 255-4964  Contact Person: _______________________________
OSHA – (800) 321-8742  Contact Person: _________________________________

Comments: ______________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________

Coordinate with Safety and Risk Management

Comments: ______________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________
Glendale Fire Department F.A.L.L.E.N. F.F. Investigation
Branch Tactical Worksheet

Formal Investigation Team

Coordinate with OSHA during investigation
PD liaison to coordinate with PD and to secure belongings
Contact: ____________________________

Comments: ___________________________________
__________________________________________
__________________________________________

After-Action Report

Reviewed by Chief
Reviewed by Family (after CISM)
Reviewed by Department
Released to Media
Released to NFPA, USFA

Comments: ___________________________________
__________________________________________
__________________________________________
Glendale Fire Department F.A.L.L.E.N. F.F. Investigation Branch Tactical Worksheet

Termination of Investigation Branch                     Date:_____        Time:_____

Comments:__________________________________________

__________________________________________________

__________________________________________________

__________________________________________________
Glendale Fire Department F.A.L.L.E.N. F.F. Notification
Branch Tactical Worksheet

Date:_______________  Time:______________

Fire Department Member:__________________________________________________

Notify Family with Family Liaison

Comments:________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Notify Media with PIO

Comments:________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Notify Agencies

State FM (602) 255-4964  Contact Person:____________________
IAFF (202) 366-4000  Contact Person:____________________
PSOB (888) 744-6513  Contact Person:____________________
NFFF (301) 447-1365  Contact Person:____________________
PD (623) 930-3000  Contact Person:____________________

Comments:________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Glendale Fire Department F.A.L.L.E.N. F.F. Notification Branch Tactical Worksheet

Notify On-duty Personnel (Via Alarm Room/Pagers)

Contact Person: 

Comments: 


Notify Off-Duty Personnel (Via Phone with Callback Number)

Contact Person: 

Comments: 


Assist Investigation Branch with Agency Notification

Comments: 


Glendale Fire Department F.A.L.L.E.N. F.F. Notification Branch Tactical Worksheet

Update Personnel with Information (Status, Funeral, etc…)

Contact Person: ________________________________

Comments:________________________________________
________________________________________
________________________________________

Termination of Notification Branch Date:_______ Time:_____

Comments:________________________________________
________________________________________
________________________________________
Glendale Fire Department F.A.L.L.E.N. F.F. Hospital Branch
Tactical Worksheet

Date: ____________________  Time: ________________

Fire Department Member: ______________________________________

Hospital Staff Liaison: ______________________________________

Comments: ___________________________________________________
------------------------------------------------------------------
------------------------------------------------------------------
------------------------------------------------------------------

Logistics

Coordinate with Nursing House Supervisor

*** All rooms need telephone access ***

*** After securing rooms leave location for FD/PD and PIO Rooms with
Information Desk to direct personnel ***

Family Room (With shower as necessary)
FD/PD Room
PIO Room

Comments: ___________________________________________________
------------------------------------------------------------------
------------------------------------------------------------------
------------------------------------------------------------------
Glendale Fire Department F.A.L.L.E.N. F.F. Hospital Branch
Tactical Worksheet

Supplies

Food
Beds
Telephones
Clothes
Toiletries

Comments:____________________________________________________
____________________________________________________
____________________________________________________

Termination of Hospital Branch

Date:________ Time:_____

Comments:____________________________________________________
____________________________________________________
____________________________________________________
F.A.L.L.E.N. F.F. Family Liaison Branch Tactical Worksheet

Date: _______________  Time: _______________

Fire Department Member: ___________________________________________________

Family Liaison __________________________________________________________

Comments: ____________________________________________________________

Contact Out-of-town Family

Contact: ______________________________________________________________

Comments: ____________________________________________________________
F.A.L.L.E.N. F.F. Family Liaison Branch Tactical Worksheet

Assist with travel, lodging, and transportation

Contact: ____________________________

Travel __________________________________________
Lodging __________________________________________
Transportation _____________________________________

Comments: ______________________________________
__________________________________________________
__________________________________________________
__________________________________________________

Family Daily Needs (Child Care, House Keeping, Groceries, Bills, etc…)

Contact: ____________________________

Comments: ______________________________________
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__________________________________________________
F.A.L.L.E.N. F.F. Family Liaison Branch Tactical Worksheet

Termination of Family Liaison Branch  Date:_______  Time:_____

Comments:


# Glendale Fire Department F.A.L.L.E.N. F.F. Emergency Notification Information

## PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home Address</th>
</tr>
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<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Phone Number(s)</th>
<th>Employee Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>(____)</td>
<td>(____)</td>
</tr>
</tbody>
</table>

## CONTACT INFORMATION

Family or friends that you would like the department to contact. Please list names in the order you would like them to be contacted. Please attach additional sheets as necessary.

**NOTE:** If the contact is a minor, please indicate the name of the adult to contact.

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Relationship</th>
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<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Contact Information</th>
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</thead>
<tbody>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Phone: (____)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Work Contact Information</th>
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</thead>
<tbody>
<tr>
<td>Name of Employer:</td>
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<tr>
<td>Address:</td>
</tr>
<tr>
<td>Phone: (____)</td>
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</tbody>
</table>

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<tr>
<th>Special Circumstances (i.e. health, age, etc..)</th>
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</table>
## Glendale Fire Department F.A.L.L.E.N. F.F. Emergency Notification Information

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Relationship</td>
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<table>
<thead>
<tr>
<th>Home Contact Information</th>
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<tr>
<td>Address:</td>
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<tr>
<td>Phone: ( )</td>
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<td>Name of Employer:</td>
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<td>Address:</td>
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<tr>
<td>Phone: ( )</td>
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</table>

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<th>Special Circumstances (i.e. health, age, etc..)</th>
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<td>Phone: ( )</td>
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</thead>
<tbody>
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<td>Name of Employer:</td>
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<tr>
<td>Address:</td>
</tr>
<tr>
<td>Phone: ( )</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Special Circumstances (i.e. health, age, etc..)</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Names and dates of birth for all of your children.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:                     DOB:</td>
</tr>
<tr>
<td>Name:                     DOB:</td>
</tr>
<tr>
<td>Name:                     DOB:</td>
</tr>
<tr>
<td>Name:                     DOB:</td>
</tr>
<tr>
<td>Name:                     DOB:</td>
</tr>
</tbody>
</table>
Glendale Fire Department F.A.L.E.N. F.F. Emergency Notification Information

<table>
<thead>
<tr>
<th>List the department member(s) you would like to accompany the notification personnel.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Name:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>List anyone else you would like to help make the notification. (i.e., your minister, priest, etc..)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Relationship:</td>
</tr>
<tr>
<td>Home Contact Information:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Phone: (    )</td>
</tr>
<tr>
<td>Work Contact Information:</td>
</tr>
<tr>
<td>Name of Employer:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Phone: (    )</td>
</tr>
</tbody>
</table>

**OPTIONAL INFORMATION**

*Make sure someone close to you knows this information.*

<table>
<thead>
<tr>
<th>Religious Preference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religion:</td>
</tr>
<tr>
<td>Place of Worship:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are you a veteran of the U.S. Armed Services?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you are entitled to a military funeral, do you wish to have one?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Do you wish to have a fire service funeral?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
Glendale Fire Department F.A.L.L.E.N. F.F. Emergency Notification Information

Please list your membership in fire service, religious, or community organizations that may provide Assistance to your family:

<table>
<thead>
<tr>
<th>Do you have a will?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, where is it located?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please list any insurance policies you have:

<table>
<thead>
<tr>
<th>Company</th>
<th>Policy Number</th>
<th>Location of Policy</th>
</tr>
</thead>
</table>

Special Requests

__________________________
Employee Signature

__________________________
Date
New Mission for Firefighter's Widow

December 19, 2003

By Roswell Encina

Bartlett, TN - The widow of a firefighter killed while battling the Family Dollar store fire last summer is turning her tragedy into a blessing for other families.

Donna Kirk, the widow of Lt. Trent Kirk, wants to begin a support group for the families left behind by firefighters killed in the line of duty. "If we can reduce the amount of hurt, that a person goes through, during that time, just to ease their pain," says Kirk.

Lt. Trent Kirk and Private Charles Zachary died while putting out the fire on North Watkins in Frayser on Father's Day. The manager of the Family Dollar has been arrested and charged for setting the store on fire.

Donna Kirk also wants to start a website dedicated to fallen firefighters and their families.