



LIMITED ACCESS HIGHWAY INCIDENT RESPONSE CLAIM FORM



STATE OF CONNECTICUT
COMMISSION ON FIRE PREVENTION & CONTROL
34 PERIMETER ROAD
WINDSOR LOCKS, CT 06096-1069
TELEPHONE # (860) 264-9230
"FPC.LAH.CLAIMFORM@CT.GOV"

- INSTRUCTIONS:**
1. **Claim must be filed** with the Commission at the above email or street address **within 30 days of the incident date**. Please include a copy of CAD incident report.
 2. Form must be filled out in full, incomplete forms will be returned to the Fire Company.
 3. Please note, copies of Incident Reports will **not** be forwarded to the State Fire Marshal/Office of Education and Data Management.
 4. Information supplied should be consistent with each filing (example: – Fire company name).

CONDITIONS OF PAYMENT:

(PA 22-118 Sec. 75)
(Effective July 1, 2022) The State Fire Administrator shall, within available appropriations, pay five hundred dollars to each volunteer fire company for each call to which it responds on (1) a limited access highway, designated pursuant to section 13b-27 of the general statutes, (2) the section of the highway known as the Berlin Turnpike, which begins at the end of the existing Wilbur Cross Parkway in the town of Meriden and extends northerly along Route 15 to the beginning of a section of limited access highway in the town of Wethersfield known as South Meadows Expressway, or (3) the section of Route 8 in the town of Beacon Falls which is within the boundaries of the Naugatuck State Forest.

VOLUNTEER FIRE COMPANY NAME _____

MAILING ADDRESS _____

DAYTIME PHONE # _____

FEDERAL EMPLOYEE IDENTIFICATION NUMBER (FEIN) _____

CHECK IF PAYMENTS ARE TO BE MADE OUT TO AND SENT TO THE TOWN TREASURER

IF BOX IS NOT CHECKED, PAYMENTS TO BE MADE OUT TO AND SENT TO THE FIRE COMPANY

DATE OF INCIDENT _____ TIME _____

HIGHWAY INVOLVED _____ LOCATION _____ TOWN _____

DISPATCH REPORT: SINGLE VEHICLE ACCIDENT MULTI-VEHICLE ACCIDENT VEHICLE FIRE

BRUSH FIRE MEDICAL EMERGENCY STRUCTURE FIRE HAZMAT OTHER

INCIDENT DESCRIPTION _____

WHAT WAS FOUND: AS REPORTED NOTHING OTHER

DESCRIPTION _____

VEHICLE IDENTIFICATION:

| | YEAR | MAKE | MODEL | COLOR | LICENSE PLATE # | STATE | VIN# | # OF OCCUPANTS |
|----|-------|-------|-------|-------|-----------------|-------|-------|----------------|
| 1. | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

eNFIRS REPORT HAS BEEN SUBMITTED TO THE STATE FIRE MARSHAL? YES NO DON'T KNOW

IF YES, ENTER FDID # _____ INCIDENT # _____

CERTIFICATION: I HAVE READ AND SIGNED THIS FORM AND ATTEST THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT INTENTIONALLY MAKING A FALSE WRITTEN STATEMENT THAT I DO NOT BELIEVE TO BE TRUE WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OR HER OFFICIAL FUNCTIONS ON A FORM BEARING THIS NOTICE IS PUNISHABLE BY LAW. A FALSE STATEMENT, UNDER CONNECTICUT GENERAL STATUTES § 53A-157B, IS A CLASS A MISDEMEANOR.

VOLUNTEER FIRE COMPANY CHIEF SIGNATURE

DATE

PRINTED NAME

APPROVED FOR PAYMENT/ OFFICE USE ONLY

My signature below authorizes payment in the amount of **\$500 dollars** and certifies that services have been rendered, that the invoice and supporting documentation have been received and reviewed and are accurate, complete, and consistent with contract terms

SIGNATURE _____

DATE _____

RECEIVER # _____