



National Towing Foundation
Line of Duty Fund Request for Monetary Assistance (Struck By Death or Injury)

\*\* Injury or death must have occurred on the job \*\*

Date of Submission: \_\_\_\_\_

Name of the Injured/Deceased: \_\_\_\_\_

Sex: [ ] Male [ ] Female Date of Birth: \_\_\_\_\_ Date of Injury/Death: \_\_\_\_\_

Name of Injured's/Deceased's Legal Spouse (if applicable): \_\_\_\_\_

Name(s) and Age(s) of Injured's/Deceased's Children (if applicable): \_\_\_\_\_

Name of Company the Injured/Deceased Works/Worked for: \_\_\_\_\_

Company Contact: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Years in the Towing Industry: [ ] Less than 2 years [ ] 2 to 5 years [ ] 5 to 10 years [ ] Greater than 10 years

APTRA Member in Good Standing at Time of Injury/Death: [ ] Yes [ ] No

Name of Submitter: \_\_\_\_\_ Relationship to Injured/Deceased: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ [ ] AM [ ] PM City: \_\_\_\_\_ State: \_\_\_\_\_

Road Type: [ ] Interstate [ ] State Highway [ ] County Road [ ] State Road [ ] City Street [ ] Other: \_\_\_\_\_

Description of the incident and any other facts (if any) you believe the NTF should be aware of:

Documents Attached:

[ ] Copy of Medical / Hospital Report

[ ] Police Report

[ ] Copy of Marriage Certificate

[ ] Copy of Birth Certificate(s) for Dependent Child(ren)

[ ] Pictures of Accident / Injury

[ ] Miscellaneous Documentation of Injury / Death

[ ] Newspaper Article(s)

[ ] Other \_\_\_\_\_

All relevant documents should be attached to the submission. It is not required to submit every document listed above.

National Towing Foundation
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Phone: 602-863-3373
Email: angela@aptra.net

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This Section Only Required for Line of Duty Fund Monetary Requests

Name for Funds Distribution: \_\_\_\_\_ Relationship to Injured/Deceased: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

*In the event of death, distribution should be made to closest living relative aged 18 or older.*

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I certify that the above information is true and correct to the best of my knowledge at the time of submission. I understand that review by NTF is confidential, and that its decision is final. I also understand that any distribution is discretionary, and that meeting the eligibility criteria does not guarantee a distribution. Should a distribution be made to me, I agree in advance to allow NTF to list and publish the donation to me and my family.

\_\_\_\_\_  
Signature of Submitter

\_\_\_\_\_  
Date

*Privacy Information: Submitting information is strictly voluntary. By doing so, you are giving the NTF your permission to use the information for the intended purpose. If you do not want to give the NTF permission to use your information, simply do not provide it. However, not providing certain information may result in the NTF's inability to provide you with the services you desire*



## Next of Kin Affidavit

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

I, \_\_\_\_\_, declare that:

*(First Name, Last Name)*

I am the next of kin of \_\_\_\_\_, who died on or about the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

As the next of kin, I am entitled to receive the offered monetary assistance from the National Towing Foundation Line of Duty Fund.

Signature of Affiant: \_\_\_\_\_

Date: \_\_\_\_\_

# Line of Duty Fund Policies



## Eligibility Requirements

To qualify for a financial assistance distribution from the NTF Line of Duty Fund, the injured/deceased must fall into one of the following categories:

- Injured/deceased must have been working as an operator or employee in any capacity with a motor vehicle towing company at the time of the event causing injury/death.
- Injured/deceased must have been working as an operator or employee in any capacity with a motor vehicle repossession company at the time of the event causing injury/death.
- Injured/deceased must have been working as an operator or employee in any capacity with a motor vehicle road service company engaged to work in the same capacity as the towing industry at the time of the event causing injury/death.

Further, the injured/deceased must have been on-duty or performing work directly associated with his/her position at the time of the event.

## Qualifying Circumstances:

- Injury/death that occurs on the roadside during the act of transporting a motor vehicle, equipment, material, animal, or nonmotor vehicle due to the negligence of another person - i.e. a struck by incident as a result of other persons driving under the influence, careless driving, road rage, etc.;
- Injury/death that occurs while performing service calls (i.e. tire change, unlock, jump start, etc.) as the result of a struck by incident as a result of other persons driving under the influence, careless driving, road rage, etc.

## Excluded Circumstances:

- Injury/death that is a direct result of gross negligence on the part of the Tow Operator or employee;
- Injury/death that occurs on the job that is not the result of a struck by incident while performing job duties;
- Injury/death that occurs where the operator or employee was found to be under the influence of an impairing substance at the time of the struck by incident;
- Injury/death that occurs off the job, or not as the result of a struck by incident.

Additionally, the recipient of the injury/death benefit must meet the following criteria:

- Must be 18 years of age or older.

# Line of Duty Fund Policies



- If only dependent age children are survivors, payment can be made to a trust in their name if it is established. The NTF will have no part in establishment of these trusts.
- Must be directly related to the injured/deceased or spouse (common law accepted where recognized) of the injured/deceased. Proof of relationship may be required and/or next of kin affidavit.
- Recipient requests for funds must be received within 90 days from the date of injury/death.
- The person filling out the request for funds must fill out the application in its entirety and must include all forms required at the time of submission.

Only one distribution is permitted per injury/death and the NTF is not responsible for additional claims from eligible persons. A reasonable effort will be made in each case to determine eligibility of the recipient and whether there are others eligible who should receive priority. Applications will be processed on a first received, first processed basis. Order of priority for distributions will be basically interpreted as self, spouse, children, parents and then siblings. Lacking applications from those others, the NTF Line of Duty Fund committee will vote on funds disbursement and all decisions of the committee are final. Once the vote is complete and payment has been processed, no additional claims or requests for funds associated with a reviewed event will be entertained.

Injury/death benefit distribution shall be a fixed amount to be set annually at the NTF Board of Directors spring meeting. There may be additional benefit provided for requests where at the time of injury/death the injured/deceased was a member, or the injured's/deceased's employer was a member at that time, of the Arizona Professional Towing and Recovery Association at any current membership level.

Distribution will be set as an amount in United States Dollars and will only be distributed for towing industry operators with operating business entities in the state of Arizona.

It is beyond the scope of the Line of Duty Fund to make automatic distributions, however committee members may proactively contact employers of those injured/killed in struck by incident in the line of service to communicate the availability of benefits. This contact will not be made directly to family members unless contact is first initiated by family members. All applicants will be required to complete an application form to ensure eligibility requirements are met and records are kept appropriately by the NTF.

The Line of Duty Fund committee shall have the right to review all exceptions to these guidelines on an individual basis.

The approval process for Line of Duty Fund applications will include the distribution of the submitted materials to the full committee by the President of the NTF, which will start a 72-hour clock for each committee member to vote 'Yes', 'No' or 'Review'. If all members of the committee vote prior to the 72-hour clock expiration, the majority vote will carry unless prior to the expiration of the 72 hours three members of the committee vote 'Review'. Should three votes of 'Review' occur at any time prior to the end of the 72-hour voting period, the matter will be moved to a review process for full committee review as a group. A call will be scheduled and the majority of the committee members must be present to have a discussion to resolve the matter in Review, including at least two of the persons who voted 'Review' in the original round of voting. Once the 72-hour voting clock expires, if a majority of the committee has voted either 'Yes' or 'No', the vote shall carry and funds disbursement will be settled with that vote count. If there is no committee majority at the end of 72 hours, the voting process will end when a single answer of 'Yes' or 'No' carries the majority of votes based on the overall size of the committee.