NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 613 N. P. File # 2649

Date: 12/1/73
MONTH DAY YEAR

Time alarm received 8:39 P M Number of miles traveled 1

Time back in service 8:17 P M

Time back at station 8:55 P M

Alarm received by: Box # _____ Phone XX Other _____ (Describe)

Location of alarm: (Street and Number) MORGAN AVE.

Cause of fire _____

Description of building or occupancy: GREYSTONE SCHOOL

Owner of building or occupancy: TOWN OF NORTH PROVIDENCE

Owner's address: 2008 SMITH ST.

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	XX Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

	EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose		SALVAGE COVERS
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding:

Engines(s) #7,2,6. Ladder(s) #1. 2. Rescue(s) #1,2. Car: _____

Other companies responding: _____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
J. MOLLO R. RATHIER	CAPT. C. SALISBURY W. CARERELLI (LYMN.)	

VEHICLE	STATION	ON SCENE
	F.ROTELLA	

REMARKS: CODE BLUE FROM ENG.#7.

Bernard W. Giulio
SIGNED BY:

CAPT. C. SALISBURY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTRDALE Company Alarm # 614 N. P. File # 2657

Date: 12/2/73 (MONTH DAY YEAR)

Time alarm received 9:59 P M Number of miles traveled 3

Time back in service ____ M

Time back at station 10:10 P M

Alarm received by: Box # 522 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) HUMBERT & RAYMOND

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☒ XXCode Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

	EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose		SALVAGE COVERS
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #6, 2. Ladder(s) #1. Rescue(s) #1, 2. Car: ____

Other companies responding: ____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
	CAPT. J. MURPHY	
	LT. F. BURSIE	
	C. ZAHN	
	D. BAZZLE	
	T. PERNA	
	D. FORTIN	
	R. RATHIER	

VEHICLE	STATION	ON SCENE

REMARKS: CODE BLUE FROME ENG. #6.

Bernard Di Giulio
SIGNED BY:

CAPT. J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company Centredale Company Alarm # 615 N. P. File # 2663

Date: 12/3/73
MONTH DAY YEAR

Time alarm received 2:15 PM Number of miles traveled

Time back in service 2:37 PM

Time back at station 2:40 PM

Alarm received by: Box # Phone xx Other (Describe)

Location of alarm: (Street and Number) Rear of Centredale School

Cause of fire

Description of building or occupancy:

Owner of building or occupancy:

Owner's address:

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	xx ☐ Code Yellow	☐ Water emergency
xx ☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: minutes:

Defects on apparatus after alarm (if any):

Companies responding:

Engines(s) Eng 7 Ladder(s) Rescue(s) Car:

Other companies responding:

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
Lt. E. DiGuilio		
J. Mollo		
C. Zahn		
P. Phillips		

VEHICLE	STATION	ON SCENE
	D. Fortin	
	D. Bazzle	
	B. DiGuilio	
	N. Phyland	
	F. Rotella	

REMARKS: Out on Arrival. code yellow

David Fortin
SIGNED BY:

Lt. E. DiGuilio
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company Centredale Company Alarm # 616 N. P. File # 2670

Date: 12/4/73 (MONTH DAY YEAR)

Time alarm received 3:55 PM Number of miles traveled

Time back in service 3:57 PM

Time back at station M

Alarm received by: Box # 6341 Phone Other (Describe)

Location of alarm: (Street and Number) Marieville School Mineral Spring Ave.

Cause of fire

Description of building or occupancy:

Owner of building or occupancy:

Owner's address:

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☒ Code Yellow	☐ Water emergency
☒ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: minutes:

Defects on apparatus after alarm (if any):

Companies responding:

Engines(s) 5.3.4.7. Ladder(s) 1.2. Rescue(s) 3 Car:

Other companies responding:

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #

VEHICLE	STATION	ON SCENE
	Lt. E. DiGuilio	
	B. DiGuilio	
	G.Kennaway	
	J. Mollow	
	K. Middleton	
	D. Fortin	
	Ray Marwell	
	N. Pleland	
	W. Draper	

REMARKS: Eng 5 called a code yellow.
Eng 7 and Ladder 1 did not leave station.

David Fortin
SIGNED BY:

Lt. E. DiGuilio
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company Centredale Company Alarm # 617 N. P. File # 2671

Date: 12/4/73
MONTH DAY YEAR

Time alarm received 4:21 p M Number of miles traveled

Time back in service 4:30 p M

Time back at station 4:35 p M

Alarm received by: Box # Phone xx Other (Describe)

Location of alarm: (Street and Number) Rear of Centredale School.

Cause of fire

Description of building or occupancy:

Owner of building or occupancy:

Owner's address:

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	xx ☐ Code Yellow	☐ Water emergency
xx ☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
3	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: minutes:

Defects on apparatus after alarm (if any):

Companies responding:

Engines(s) Eng 7 Ladder(s) Rescue(s) Car:

Other companies responding:

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
Lt. E. DiGuilio		
E Pelland		
D Fortin		
W Roy		
T Russo		

VEHICLE	STATION	ON SCENE
C Salisbury	B DiGuilio	
	N Pheland	

REMARKS: Code Yellow Brush in woods Box was pulled by kids Did not come in on tape. Received a phone call.

David Fortin
SIGNED BY:

Lt E DiGuilio
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company Centredale Company Alarm # 618 N. P. File # 2673

Date: 12/5/73
MONTH DAY YEAR

Time alarm received 1:09 P M Number of miles traveled

Time back in service M

Time back at station 1:25 P M

Alarm received by: Box # Phone Other (Describe)

Location of alarm: (Street and Number) Centredale by Pass

Cause of fire

Description of building or occupancy:

Owner of building or occupancy:

Owner's address:

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☒ Rescue or emergency
☐ Fire in dwelling	☒ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		Auto Accident

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
2	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: minutes:

Defects on apparatus after alarm (if any):

Companies responding:

Engines(s) 1 Ladder(s) Rescue(s) 1 Car:

Other companies responding:

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
C Zahn		
D Bazzle		
Capt Salisbury		
Lt. Bursie		
J Lane		

VEHICLE	STATION	ON SCENE
J Mollow		
R Iafrate		

REMARKS: Auto Accident RI Reg 1303 1973 Thunderbird And RI Reg XY 59 1968 Ford. Thunderbird owner Ruggero Archille 111 Cobble Hill Rd. Lincoln RI. 1968 Ford George Trikoulis 2077 Smith St. RI. Was transported to Roger Williams Hospital.

David Fortin
SIGNED BY:

Lt Bursie
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company Centredale Company Alarm # 619 N. P. File # 2683

Date: 12/6/73
MONTH DAY YEAR

Time alarm received 6;48 p M Number of miles traveled 3

Time back in service ____ M

Time back at station 7;51 p M

Alarm received by: Box # 522 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) Woonasquatucket @ Oak

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☒ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 6, 1, Ladder(s) 1 Rescue(s) 1,2 Car: ____

Other companies responding: ____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
C Zahn	J Mollo	
J Borek	D Fortin	
Lt F Bursie	R Rathier	
T Russo	N Pheland	
VEHICLE	**STATION**	**ON SCENE**
	F Rotella	
	W Draper	

REMARKS: Code Blue.

David Foster
SIGNED BY:

Lt F Bursie
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company Centredale Company Alarm # 620 N. P. File # 2687

Date: 12/7/73
MONTH DAY YEAR

Time alarm received 1:30 PM Number of miles traveled 2

Time back in service 1:35 PM

Time back at station 1:42 PM

Alarm received by: Box # _____ Phone XX Other _____ (Describe)

Location of alarm: (Street and Number) Atlantic Blvd @ Smith Street.

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	XX Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		XX Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		Wires Down

	EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose		SALVAGE COVERS
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) 1 Ladder(s) _____ Rescue(s) _____ Car: _____

Other companies responding: _____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
Lt E DiGuilio		
W Roy		
C Zahn		
J Mollo		
P Phillips		
P Ruggiano		

VEHICLE	STATION	ON SCENE
	D Fortin	
	B DiGuilio	
	N Pheland	
	W Draper	

REMARKS: Wires down across Atlantic Blvd. Not Needed.

David Fortin
SIGNED BY:

Lt E DiGuilio
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 621 N. P. File # 2689

Date: 12 (MONTH) 7 (DAY) 73 (YEAR)

Time alarm received 3:20 P M Number of miles traveled 2

Time back in service 3:41 P M

Time back at station 3:50 P M

Alarm received by: Box # ____ Phone XX Other ____ (Describe)

Location of alarm: (Street and Number) 20 MC GUIRE RD. (SPRINGVILLA APTS.)

Cause of fire COOKING

Description of building or occupancy: CINDER BLOCK

Owner of building or occupancy: ____

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
XX ☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	XX Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
2	SMOKE EJECTORS & CORD				

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 1 Ladder(s) 1 Rescue(s) ____ Car: 1

Other companies responding: ____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
LT E. DI GIULIO	B. DI GIULIO	
C. ZAHN	D. FORTIN	
P. PHILLIPS	N. PHELAND	
J. MOLLO	S. LUBBTI (LYM.)	
R. SALISBURY	B. GININI(F.H.)	
	W. DRAPER	
VEHICLE	**STATION**	**ON SCENE**
J. MURPHY SR.	F. ROTELLA	

REMARKS: ROOM FULL OF SMOKE NO FIRE, CAUSED FROM COOKING
APT 211 MRS. HORTENSE FEENEY

Lt Ernest G. Geisler
SIGNED BY:

LT E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 622 N. P. File # 2693

Date: 12 (MONTH) 8 (DAY) 73 (YEAR)

Time alarm received 7:02 P M Number of miles traveled 3

Time back in service ____ M

Time back at station 7:47 p M

Alarm received by: Box # ____ Phone XX Other ____ (Describe)

Location of alarm: (Street and Number) 31 PEACH HILL AVE

Cause of fire DRYER

Description of building or occupancy: ____

Owner of building or occupancy: MICHAEL CLEMENTE

Owner's address: SAME

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☒ Code Red	☐ Rescue or emergency
☒ XX Fire in dwelling	☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam	200'	2½ Inch Hose		Under 35 Feet
1	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)	1	SCOTT		Other Equipment
2	SMOKE EJECTORS	1	FLOOD LIGHT		
1	AXE		GENERATOR & CORD		
2	HAND LIGHTS				

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 1, 2, 6 Ladder(s) 1 Rescue(s) 1 & 2 Car: ____

Other companies responding: ____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
E. PELLAND	J. BOREK	
C. ZAHN	J. MOLLO	
D. BAZZLE	R. RATHIER	
R. SALISBURY		
VEHICLE	**STATION**	**ON SCENE**
D. HOUDE	D. FORTIN	
J. MURPHY SR	F. ROTELLA	
CHIEF E. DI GIULIO	W. DRAPER	
LT F. BURSIE		
B. DI GIULIO		

REMARKS: DRYER, LINT CAUGHT FIRE CLOTHES, INSIDE, CODE RED CALLED BY FRUIT HILL . 3 WINDOWS BROKEN, CHARRED JOESTS ABOVE DRYER NO WATER DAMAGE, SMOKE DAMAGE MINOR.

Lt Ernest Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 623 N. P. File # 2708

Date: 12 (MONTH) 10 (DAY) 73 (YEAR)

Time alarm received 4:30 P M

Time back in service 5:16 P M

Time back at station 5:25 P M

Number of miles traveled 6

Alarm received by: Box # _____ Phone XX Other _____ (Describe)

Location of alarm: (Street and Number) BICENTENNIAL WAY

Cause of fire SET

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☒ Code Yellow	☐ Water emergency
☒ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	200'	Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
2	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: ½hr. minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) 1 Ladder(s) _____ Rescue(s) _____ Car: _____

Other companies responding: _____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
E. PELLAND		
P. PHILLIPS		
B. DI GIULIO		
T. PERNA		

VEHICLE	STATION	ON SCENE
	LT E. DI GIULIO	
	CAPT C. SALISBURY	
	J. MOLLO	
	N. PHELAND	
	B. FORTIN	
	F. ROTELLA	

REMARKS: OPEN BURNING WITHOUT A PERMIT
JOHN ALVES

Lt. E. DI GIULIO
SIGNED BY:

B. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 624 N. P. File # 2713

Date: 12/11/73
MONTH DAY YEAR

Time alarm received 10:08 A M Number of miles traveled 2

Time back in service 10:24 A M

Time back at station 10:28 A M

Alarm received by: Box # _____ Phone XXX Other _____ (Describe)

Location of alarm: (Street and Number) 1648 SMITH ST.

Cause of fire AUTO ACCIDENT

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	XX ☐ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		AUTO ACCIDENT

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) #1. Ladder(s) _____ Rescue(s) #2,3. Car: _____

Other companies responding: _____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. E. DI GIULIO		
C. ZAHN		
B. DI GIULIO		
J. LANE		
P. PHILLIPS		
VEHICLE	**STATION**	**ON SCENE**
W. DRAPER	CAPT. J. MURPHY	
F. ROTELLA	J. MOLLO	
	D. FORTIN	

REMARKS: AUTO ACCIDENT (ENG.#1 STANDBY)
RESCUE#3 TRANSPORTED.

B. Di Giulio
SIGNED BY:

B. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 625 N. P. File # 2715

Date: 12/11/73
MONTH DAY YEAR

Time alarm received 12:46 P M Number of miles traveled 2

Time back in service 12:49 P M

Time back at station 12:55 P M

Alarm received by: Box # _____ Phone XX Other _____ (Describe)

Location of alarm: (Street and Number) PEACH HILL AVE.

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	XX ☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: #1, 6. #1 .

Engines(s) _____ Ladder(s) _____ Rescue(s) Rec. I Car: _____

Other companies responding: _____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. E. DI GIULIO	J. MOLLO	
C. ZAHN	W. DRAPER	
B. DI GIULIO		
P. PHILLIPS		

VEHICLE	STATION	ON SCENE

REMARKS: CALL FOR HOUSE FIRE ON PEACH HILL AVE.
NO NUMBER GIVEN.

B. Di Giulio
SIGNED BY:

B. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 626 N. P. File # 2731

Date: 12 (MONTH) 14 (DAY) 73 (YEAR)

Time alarm received 5:41 A M Number of miles traveled 0

Time back in service ____ M

Time back at station 5:55 A M

Alarm received by: Box # ____ Phone XX Other ____ (Describe)

Location of alarm: (Street and Number) MINERAL SP. & BY*PASS

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☒ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		CAR ACCIDENT

	EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose		SALVAGE COVERS
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 1 Ladder(s) ____ Rescue(s) 1 Car: ____

Other companies responding: ____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT C. SALISBURY		
J.MODLO		
VEHICLE	**STATION**	**ON SCENE**
LT F. BURSIE	F. ROTELLA	

REMARKS: AUTO ACCIDENT NO INJURIES

Lt. Ernest L. Sirchio
SIGNED BY:

CAPT C. SALISBURY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 627 N. P. File # 2735

Date: 12 (MONTH) 14 (DAY) 73 (YEAR)

Time alarm received 11:46 A M Number of miles traveled 1

Time back in service 12:23 P M

Time back at station 112:25 P M

Alarm received by: Box # _____ Phone XX Other _____ (Describe)

Location of alarm: (Street and Number) 2197 MINERAL SP. AVE (VILLAGE PIZZAREA)

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☒ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
1	SUMP PUMP				
1	CROW BAR				

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) 1 Ladder(s) _____ Rescue(s) _____ Car: 1

Other companies responding: _____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
LT E. DI GIULIO		
B. DI GIULIO		
P. PHILLIPS		
VEHICLE	**STATION**	**ON SCENE**
	J. MOLLO	
	D. FORTIN	
	W. DRAPER	
	C. HARRINGTON	

REMARKS: BACK OF BUILDING FLOODED NEAR BACK DOOR, PUMPED WATER INTO DRAIN.

Lt. Emilio Di Giulio
SIGNED BY:

B. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 628 N. P. File # 2741

Date: 12/15/73
MONTH DAY YEAR

Time alarm received 2:14 A M Number of miles traveled 0

Time back in service _____ M

Time back at station _____ M

Alarm received by: Box # _____ Phone XX Other _____ (Describe)

Location of alarm: (Street and Number) MINERAL SPRING AVE. BYPASS

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	XX ☒ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		AUTO ACCIDENT

	EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose		SALVAGE COVERS
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) #1. Ladder(s) _____ Rescue(s) #1. Car: _____

Other companies responding: SPEC. SIG. RES. #3.

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #

VEHICLE	STATION	ON SCENE
LT. F. BURSIE	CHIEF E. DI GIULIO	
J. LANE		

REMARKS: AUTO ACCIDENT, ENG.#1. NOT NEEDED. DID NOT RESPOND.
"2 TRANSPORTED BY RES.#1,TO RWGH.
"1 BY RES.#3, TO RI HOSP.

AUTO REG.
R.I.U 903
R. I. HOUSE6

FOR FURTHER INFORMATION CONTACT CHIEF OF POLICE.

Bernard Di Giulio
SIGNED BY:

LT. F. BURSIE
PERSON IN CHG.

FILE 2741

CO. 628

NO. PROVIDENCE FIRE DEPARTMENT

– SECONDARY RESCUE REPORTS –

DATE: 12/15/73 TIME: ARRIVED 2:04 A.M. RETURNED

NAME: DIANE GIACOBBIE AGE: 25

ADDRESS: 15 LIEGE ST. ALARM BY: POLICE

PROVIDENCE, R. I.

LOCATION OF RESCUE MINERAL SPRING BYPASS

EXAMINATION

SKULL * HIT HEAD ON W INDSHELD, COMPLAINED OF INJURIES.

EYES *

EARS *

NOSE *

MOUTH *

CHEST *

ABDOMEN * COMPLAINED OF NAUSEA.

UPPER EXTREMITIES *

LOWER EXTREMITIES *

POSITION OF PATIENT WHEN FOUND: SITTING IN CAR

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) YES

PATIENT TRANSPORTED TO: R.I. HOSPITAL

IF PATIENT WAS NOT TRANSPORTED EXPLAIN:

* NORMAL – No visible signs of lacerations, abrasions, discoloration, swelling, bleeding or fractures. No complaints of pain.

REMARKS -- (List First Aid Given, If Any)

ASSISTED RES.#1 ~~2~~ &#3. APPLIED NECK COLLAR TO SAID SUBJECT (RES.#1.)
TRANSPORTED BY RES.#3.
RES.#1, TRANSPORTED 2 VICTIMS TO RWGH.
(1) MADELINE MASCIMINETE
(2) KATHELENE WILLIS

SIGNED: B. Di Giulio OFFICER IN CHARGE: LT. F. BURSIE

RESCUE CO. NO. ENG.#1.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 629 N. P. File # 2751

Date: 12/16/73
MONTH DAY YEAR

Time alarm received 7:51 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 7:58 P M

Alarm received by: Box # ____ Phone XX Other ____ (Describe)

Location of alarm: (Street and Number) STEVENS ST.

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		XX Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		WIRE DOWN

	EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose		SALVAGE COVERS
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 4 / ____ Ladder(s) ____ Rescue(s) ____ Car: ____

Other companies responding: ____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
LT.F. BURSIE		
W. ROY		
T. RUSSO		
P. RUGGIANO		
N. PHILAND		

VEHICLE	STATION	ON SCENE
	T. PERNA	

REMARKS: P.D. CALLED A WIRE DOWN, ONLY A GUIDE WIRE.
RETURNED TO STATION.

Bernard Di Giulio
SIGNED BY:

LT. F. BURSIE
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 630 N. P. File # 2758

Date: 12/17/73
MONTH DAY YEAR

Time alarm received 8:04 A M Number of miles traveled 1

Time back in service ____ M

Time back at station 8:26 A M

Alarm received by: Box # ____ Phone XX Other ____ (Describe)

Location of alarm: (Street and Number) 101 ANGELL AVE.

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☒ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		TREE RESTING ON WIRE

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #1. Ladder(s) ____ Rescue(s) ____ Car: ____

Other companies responding: ____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
W. ROY		
C. ZAHN		
B. DI GIULIO		
P. PHILLIPS		
J. MOLLO		

VEHICLE	STATION	ON SCENE
	CAPT. F. MURPHY	
	LT. E. DI GIULIO	
	D. BAZZLE	
	K. MIDDLETON	
	J. LANE	
	W. DRAPER	
	F. ROTELLA	

REMARKS: TREE RESTING ON SERVICE CABLE FROM POLE TO HOUSE.
CALLED NARR. ELECTREC.

Bernard W. Zucchi
SIGNED BY:

E J. MOLLO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 631 N. P. File # 2766

Date: 12/17/73 (MONTH / DAY / YEAR)

Time alarm received 9:48 AM Number of miles traveled 1

Time back in service ____ M

Time back at station 10:22 A.M

Alarm received by: Box # ____ Phone XX Other ____ (Describe)

Location of alarm: (Street and Number) 2197 MINERAL SPRING AVE.

Cause of fire ____

Description of building or occupancy: VILLAGE PIZZERIA

Owner of building or occupancy: ____

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☒ XX Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

	EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose		SALVAGE COVERS
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
				1	SLEDGE HAMMER
				1	RAM BAR

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #1 Ladder(s) ____ Rescue(s) ____ Car: ____

Other companies responding: ____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
W. ROY		
C. ZAHN		
T. RUSSO		
B. DI GIULIO		
P. PHILLIPS		

VEHICLE	STATION	ON SCENE
	LT. E. DI GIULIO	
	D. BAZZLE	
	J. MOLLO	
	D. FORTIN	
	W. DRAPER	

REMARKS:

B. Di Giulio

SIGNED BY:

B. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 632 N. P. File # 2778

Date: 12/17/73
MONTH DAY YEAR

Time alarm received 12:30 P. M Number of miles traveled 1

Time back in service ____ M

Time back at station 12:40 P. M

Alarm received by: Box # ____ Phone XX Other ____ (Describe)

Location of alarm: (Street and Number) 23 EAST AVE,

Cause of fire ____

Description of building or occupancy: C. HARRINGTON

Owner of building or occupancy: ____

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	XX Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

	EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose		SALVAGE COVERS
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #1. Ladder(s) ____ Rescue(s) ____ Car: ____

Other companies responding: ____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
W. ROY		
D. BAZZLE		
T.RUSSO		
P. PHILLIPS		
J. MOLLO		

VEHICLE	STATION	ON SCENE
	LT. E. DI GIULIO	
	C. ZAHN	
	B. DI GIULIO	
	D. FORTIN	

REMARKS: WATER IN CELLAR, PLUSH WATER IN LOW LAND IN BACK OF HOUSE.
CALLED D.P.W.

Bernard DiGiulio
SIGNED BY:

J. MOLLO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 633 N. P. File # 2782

Date: 12/17/73
MONTH DAY YEAR

Time alarm received 2:23 P. M Number of miles traveled 2

Time back in service _____ M

Time back at station 2:30 P. M

Alarm received by: Box # _____ Phone XX Other _____ (Describe)

Location of alarm: (Street and Number) 29 ST. JOHNS CIR.

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☒ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) #1. Ladder(s) _____ Rescue(s) _____ Car: _____

Other companies responding: _____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
W. ROY		
C. ZAHN		
D. BAZZLE		
T. RUSSO		
B. DI GIULIO		
D. FORTIN		

VEHICLE	STATION	ON SCENE
	LT. E. DI GIULIO	
	J. MOLLO	
	P. PHILLIPS	
	W. DRAPER	
	F. ROTELLA	

REMARKS: BACK YARD FLOODED. STREET WASHED OUT.
CALLED D.P.W.

Bernard Di Giulio
SIGNED BY:

B. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 634 N. P. File # 2790

Date: 12/17/73 (MONTH / DAY / YEAR)

Time alarm received 5:13 P. M Number of miles traveled 2

Time back in service 5:19 P. M

Time back at station 5:25 P. M

Alarm received by: Box # _____ Phone XX Other _____ (Describe)

Location of alarm: (Street and Number) POLE#11 JACKSONIA DR.

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☒ XX Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		WIRE DOWN

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) #1. Ladder(s) _____ Rescue(s) _____ Car: _____

Other companies responding: _____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. C. SALISBURY		
D. BAZZLE		

VEHICLE	STATION	ON SCENE
	E. PELLAND	
	N. PHELAND	
	F. ROTELLA	
	W. DRAPER	

REMARKS: NOTIFIED HDG. WAS TELEPHONE WIRE.

Bernard Di Giulio
SIGNED BY:

CAPT. C. SALISBURY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 635 N. P. File # 2794

Date: 12/17/73
MONTH DAY YEAR

Time alarm received 8:21 P. M Number of miles traveled 2

Time back in service 8:42 P. M

Time back at station 8.44 P. M

Alarm received by: Box # _____ Phone XX Other _____ (Describe)

Location of alarm: (Street and Number) 23 JACKSONIA DR.

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: RECTORY FOR MARY MOTHER OF MANKIND

Owner's address: SAME

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☒ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
				1	PORTABLE PUMP
					CORD

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) #1. Ladder(s) _____ Rescue(s) _____ Car: _____

Other companies responding: _____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO		
CAPT. J. MURPHY		
C. ZAHN		
D. BAZZLE		
D. HOUDE		
T. RUSSO		
D. FORTIN		

VEHICLE	STATION	ON SCENE
	LT. E. DI GIULIO	

REMARKS: LEFT PUMP AT SCENE. PRIEST WILL RETURN IT IN MORNING.
SEME RAL INCHES OF WATER IN CELLAR.

Bernard Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 636 N. P. File # 2797

Date: 12/19/73
MONTH DAY YEAR

Time alarm received 12:31 P. M Number of miles traveled 4

Time back in service ____ M

Time back at station 1:15 P. M

Alarm received by: Box # ____ Phone XX Other ____ (Describe)

Location of alarm: (Street and Number) 48 AUDOBON AVE.

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	XX Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #1. Ladder(s) ____ Rescue(s) #2. Car: ____

Other companies responding: ____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
B. DI GIULIO		
P. PHILLIPS		

VEHICLE	STATION	ON SCENE
	CAPT. J. MURPHY	
	J. MOLLO	
	D. BAZZLE	

REMARKS: Assist [redacted] RESCUE#2 ON WATER EMER.

Bernard Di Giulio
SIGNED BY:

P. PHILLIPS
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company ~~CENTREDALE~~ Company Alarm # 637 N. P. File # ~~2805~~

Date: 12 (MONTH) 20 (DAY) 73 (YEAR)

Time alarm received ~~2:03~~ P M Number of miles traveled 3

Time back in service ~~E 2:06 L 2:24~~ M P

Time back at station ~~E 2:20 L 2:29~~ M P

Alarm received by: Box # _____ Phone XX Other _____ (Describe)

Location of alarm: (Street and Number) ~~15 VICTOR ST.~~

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ XX Fire in dwelling	☐ XX Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose	14'	Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
1	SMOKE EJECTOR				

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) 1, 6, 2 Ladder(s) 1 Rescue(s) 1 Car: _____

Other companies responding: _____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
B. DI GIULIO	LT E. DI GIULIO	
J. MOLLO	D. FORTIN	
D. BAZZLE		
P. PHILLIPS		

VEHICLE	STATION	ON SCENE
	W. DRAPER	

REMARKS: CODE YELLOW RUG NEAR FIRE PLACE

Lt. Ernest Di Giulio
SIGNED BY:

J. MOLLO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 638 N. P. File # 2806

Date: 12 (MONTH) 20 (DAY) 733 (YEAR)

Time alarm received 2:51 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 3:35 P M

Alarm received by: Box # ____ Phone XX Other ____ (Describe)

Location of alarm: (Street and Number) 12 PRENTICE ST.

Cause of fire COOKING

Description of building or occupancy: DUPLEX

Owner of building or occupancy: DANNY THIBODEAU

Owner's address: SAME

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
XX ☐ Fire in dwelling	XX ☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
1co2	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
2	SMOKE EJECTOR CORD				
1	DEODORIZER				

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 1, 2 Ladder(s) 1 Rescue(s) ____ Car: ____

Other companies responding: ____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
B. DI GIULIO	LT E. DI GIULIO	
J.MOLLO	D. FORTIN	
P. PHILLIPS	D. BAZZLE	

VEHICLE	STATION	ON SCENE
	W. DRAPER	

REMARKS: CODE YELLOW, SMOKE THROUGHOUT HOUSE FIRST & SECOND FLOOR NO FIRE, ROAST WAS LEFT IN STOVE . FIRE WAS FOUND BY JOANNE SPARADEO

Lt Ernest Di Giulio
SIGNED BY:

J. MOLLO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 639 N. P. File # 2814

Date: 12/21/73 (MONTH / DAY / YEAR)

Time alarm received 4:09 P M Number of miles traveled 1

Time back in service 4:17 P M

Time back at station 4:22 P M

Alarm received by: Box # _____ Phone XX Other _____ (Describe)

Location of alarm: (Street and Number) 650 WOONASQUATUCKET AVE.

Cause of fire SET

Description of building or occupancy: 2 CAR GARAGE

Owner of building or occupancy: ROGER LABONTE

Owner's address: _____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
[XX] Fire in building	[ ] Code Red	[ ] Rescue or emergency
[ ] Fire in dwelling	[XX] Code Yellow	[ ] Water emergency
[ ] Fire in brush or grass	[ ] Code Blue	[ ] Lockout
[ ] Fire in rubbish		[ ] Accidental alarms
[ ] Fire in dump		[ ] False alarm
[ ] Fire in vehicle		[ ] Miscellaneous alarm (describe)
[ ] Miscellaneous fires (describe)		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
				1	HANDLIGHT

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) #1. Ladder(s) _____ Rescue(s) _____ Car: _____

Other companies responding: _____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
E. PELLAND		
C. ZAHN		
B. DI GIULIO		
J. MOLLO		
P. PHILLIPS		

VEHICLE	STATION	ON SCENE
	LT. E. DI GIULIO	
	D. FORTIN	
	F. ROTELLA	
	W. DRAPER	

REMARKS: RUBBISH BARREL INSIDE GARAGE ON FIRE, OUT ON ARRIVAL.
SMOKE IN GARAGE, PUT BARREL OUTSIDE.

Bernard Di Giulio
SIGNED BY:

J. MOLLO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 640 N. P. File # 2815

Date: 12/21/73
MONTH DAY YEAR

Time alarm received 8:45 P M

Time back in service 8:50 P M

Time back at station 8:55 P M

Number of miles traveled 2

Alarm received by: Box # 153 Phone _____ Other _____ (Describe)

Location of alarm: (Street and Number) WOONASQUATUCKET & CHANDLER

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☒ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

	EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose		SALVAGE COVERS
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) #1, 6. Ladder(s) #1. Rescue(s) #2. Car: _____

Other companies responding: _____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO	LT. F. BURSIE	
CAPT. J. MURPHY	T. PERNA	
W. ROY	D. FORTIN	
C ZAHN	R. RATHIER	
T. RUSSO		

VEHICLE	STATION	ON SCENE
	W. DRAPER	
	E. PELLAND	

REMARKS: CODE BLUE, SEVERAL YOUTHS OBSERVED RUNNING FROM BOX TO BOYS CLUBS REPORTED SAME TO P.D.

Bernard di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 641 N. P. File # 2827

Date: 12 (MONTH) 24 (DAY) 73 (YEAR)

Time alarm received 3:37 P M Number of miles traveled 2

Time back in service 3:43 P M

Time back at station 3:48 P M

Alarm received by: Box # _____ Phone XX Other _____ (Describe)

Location of alarm: (Street and Number) 00 STELLA DR.

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☒ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☒ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
	NONE				

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) 1 Ladder(s) _____ Rescue(s) _____ Car: _____

Other companies responding: _____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO		
J. MOLLO		
D. FORTIN		
B. DI GIULIO		

VEHICLE	STATION	ON SCENE
	CAPT C. SALISBURY	
	W. ROY	
	J. BOREK	
	D. HOUDE	
	J. LANE	
	W. DRAPER	

REMARKS: OPEN BURNING, TOLD THEM TO PUT IT OUT.

SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 642 N. P. File # 2829

Date: 12 (MONTH) 24 (DAY) 73 (YEAR)

Time alarm received 6:36 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 6:46 P M

Alarm received by: Box # ____ Phone XX Other ____ (Describe)

Location of alarm: (Street and Number) 1868 SMITH ST.

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☒ XX False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		INVESTAGATION

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
1	HAND LIGHT				

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 1 Ladder(s) ____ Rescue(s) ____ Car: ____

Other companies responding: ____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
LT F. BURSIE		
W. ROY		
D. BAZZLE		
J. BOREK		

VEHICLE	STATION	ON SCENE
D. HOUDE	R. RATHIER	
	F. ROTELLA	
	W. DRAPER	

REMARKS: CODE BLUE

B. Gentili Sealtest
SIGNED BY:

W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 643 N. P. File # 2834

Date: 12 (MONTH) 25 (DAY) 73 (YEAR)

Time alarm received 11:26 P M Number of miles traveled 1

Time back in service 11:31 P M

Time back at station 11:35 P M

Alarm received by: Box # _____ Phone XX Other _____ (Describe)

Location of alarm: (Street and Number) ONLEY AVE.

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	XX Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) 2, 6 Ladder(s) 1 Rescue(s) 1 + 2 Car: _____

Other companies responding: _____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
	CAPT J. MURPHY	
	D. HOUDE	
	J. MOLLO	
	D. FORTIN	
	R. PARENTEAU	
VEHICLE	**STATION**	**ON SCENE**
	CHIEF E. DI GIULIO	
	W. ROY	
	N. PHELAND	

REMARKS: CODE BLUE

Lt. Emilio Sirois
SIGNED BY:

CAPT J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 644 N. P. File # 2851

Date: 12/28/73 (MONTH / DAY / YEAR)

Time alarm received 11:53 P M Number of miles traveled 3

Time back in service 11:59 P M

Time back at station 12:05 A M

Alarm received by: Box # _____ Phone XX Other _____ (Describe)

Location of alarm: (Street and Number) 36 COTTAGE AVE.

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	XX Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) #2, 1. Ladder(s) #1. Rescue(s) #2. Car: _____

Other companies responding: _____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. J. MURPH Y	CHIEF E. DI GIULIO	
W. ROY	E. PELLAND	
C. ZAHN	D. HOUDE	
T. BERNA	R. RATHIER	
VEHICLE	**STATION**	**ON SCENE**
	R. IAFRATE	

REMARKS: CODE BLUE FROM ENG.#2.

Bernard H. Jarbo
SIGNED BY:

CAPT. J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 645 N. P. File # 2862

Date: 12/30/73
MONTH DAY YEAR

Time alarm received 8:31 P M

Time back in service 8:25 P M

Time back at station 8:30 P M

Number of miles traveled 3

Alarm received by: Box # 512 Phone _____ Other _____ (Describe)

Location of alarm: (Street and Number) WOONASQUATUCKET AVE. & OAK

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	XX Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		_____
_____		_____

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) #6, 1. Ladder(s) #1. Rescue(s) #1, 2. Car: _____

Other companies responding: _____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO	CAPT. C. SALISBURY	
C. ZAHN	LT. F. BURSIE	
T. RUSSO	E. PELLAND	
	J. LANE	
	R. RATHIER	
	N. PHELAND	
	R. PAQUET	
VEHICLE	**STATION**	**ON SCENE**
	F. ROTELLA	

REMARKS: CODE BLUE FROM ENG.#6

Bernard Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 646 N. P. File # 2863

Date: 12/30/73 (MONTH DAY YEAR)

Time alarm received 11:46 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 11:51 P M

Alarm received by: Box # ____ Phone XX Other ____ (Describe)

Location of alarm: (Street and Number) MINERAL SPRING AVE.

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: REAR FETTAS BAKERY

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	XX Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		XX Miscellaneous alarm (describe) EXPOLSION
☐ Miscellaneous fires (describe)		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #1, 2. Ladder(s) #1. Rescue(s) #2. Car: #78

Other companies responding: ____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. J. MURPHY	D. BAZZLE	
W. ROY	D. HOUDE	
E. PELLAND	D. FORTIN	
C. ZAHN	P. RUGGIANO	
J. BOREK		
VEHICLE	**STATION**	**ON SCENE**
CHIEF E. DI GIULIO	F. ROTELLA	
R. PARENTEAU		

REMARKS: CALL FOR ~~EXPOSION~~ EXPLOSION REAR OF FETTAS BAKERY.
CODE BLUE.

Bernard Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.