NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 382 N. P. File # 1487

Date: 7/1/73
MONTH DAY YEAR

Time alarm received 12.45 P M
Time back in service 12:55 P M
Time back at station 1:00 P M

Number of miles traveled 2

Alarm received by: Box # 1132 Phone _____ Other _____ (Describe)

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

Cause of fire _____

Description of building or occupancy: FOOD STORE

Owner of building or occupancy: ALMAC STORE

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) #1,2,3,4. 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	E. PELLAND	
LT. E. DI GIULIO	R. CRANSHAW	
W. ROY	W. DRAPER	
T. PERNA		
C. HARRINGTON		
J. BOREK		
VEHICLE	**STATION**	**ON SCENE**
D. FORTIN	R. RATHIER	

REMARKS: CODE BLUE.

Bernard Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 383 N. P. File # 1508

Date: 7/3/73 (MONTH / DAY / YEAR)

Time alarm received 11:14 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 11:20 P M

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

Location of alarm: (Street and Number) 54 ALLEN 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) #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. J. MURPHY~~		
LT. R. PAQUET		
J. MOLLO		
W. ROY		
D. FORTIN		
T. RUSSO		
F. BURSIE		
D. BAZZLE		

VEHICLE	STATION	ON SCENE
~~CHIEF E. DI GIULIO~~	~~E.PELLAND~~	
~~C. ZAHN~~	~~G. KENNAWAY~~	
	~~P. PHILLIPST.XPERNA~~	
	~~T. PERNA~~	
	B. DI GIULIO	
	C. HARRINGTON	
	J. LANE	
	R. IAFRATE	
	R. RATHIER	
	H. DARBY	

REMARKS: ~~CODE BLUE.~~

Bernard Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO .
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 384 N. P. File # _____

Date: 7 (MONTH) 3 (DAY) 73 (YEAR)

Time alarm received 7:15 P M Number of miles traveled 10

Time back in service _____ M

Time back at station 2:15 A M

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

Location of alarm: (Street and Number) ATWELLS AVE. STATION

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
XX ☐ Fire in building	XX 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
3	AXES				
2	PIKE POLES				
1	SHOVEL	1	HA ND LIGHT		

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) 6 & 4 Ladder(s) 1 Rescue(s) _____ Car: _____

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	CA P T C. SALISBURY	
	K. MIDDLETON	
	D. MARCIAN O	
	R. SALISBURY	

VEHICLE	STATION	ON SCENE

REMARKS: 1st RUN 11:14PM BOX SMITH & CHALKSTONE FIRE AT 40 DUKE ST.
2nd RUN 11:56pm BOX VALLEY & HEMLOCK FIRE AT 524 VALLEY ST.
ALL CODE RED, RELEASED FROM DUTY AT 2:15 AM
PROV. MEN 1 CAPT. & 2 PRIVATES

H. Ernest Salisbury
SIGNED BY:

CAPT C. SALISBURY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 385 N. P. File # 1513

Date: 7 (MONTH) 4 (DAY) 73 (YEAR)

Time alarm received 8:38 P M Number of miles traveled

Time back in service 8:50 P M

Time back at station 8:55 P M

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

Location of alarm: (Street and Number) 242 WATERMAN AVE

Cause of fire

Description of building or occupancy:

Owner of building or occupancy: RALPH PIZZUTTI

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):

1

Companies responding: RES 2 1

Engines(s) 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. SA LISBURY	LT R. PAQUET	
J. MOLLO	D. FORTIN	
W. ROY	F. B URSIE	
H. DARPY	C. HARRINGTON	
T. RUSSO	D. MARCIANO	
	D. BAZZLE	
	R. RATHIER	
VEHICLE	**STATION**	**ON SCENE**
CHIEF E. DI GIULIO	P. RUGGIANO	

REMARKS: CALL FOR APT. FIRE CHECKED WITH TENNANT SAID HE NEVER CALLED

Lt. E. Di Giulio
SIGNED BY:

CHIEF E. DI GIULI O
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 386 N. P. File # 1515

Date: 7 (MONTH) 4 (DAY) 73 (YEAR)

Time alarm received 10:35 P M

Time back in service 10:41 P M

Time back at station 10:45 P M

Number of miles traveled

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

Location of alarm: (Street and Number) HOWARD AVE

Cause of fire

Description of building or occupancy:

Owner of building or occupancy:

Owner's address:

CLASSIFICATION OF ALARM

- ☐ Fire in building
- ☐ Fire in dwelling
- ☐ Fire in brush or grass
- ☐ Fire in rubbish
- ☐ Fire in dump
- ☐ Fire in vehicle
- ☐ Miscellaneous fires (describe)

FIRE CODE

- ☐ Code Red
- ☐ Code Yellow
- ☒ Code Blue

ALARM WITH NO FIRE

- ☐ Rescue or emergency
- ☐ Water emergency
- ☐ Lockout
- ☐ Accidental alarms
- ☐ False alarm
- ☐ Miscellaneous alarm (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) RES 7 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		
J. MOLLO		
W. ROT		
C. HARRINGT ON		
H. DARBY		
T. RUSSO		

VEHICLE	STATION	ON SCENE
	CHIEF E. DI GIULIO	
	D. FORTIN	
	F. BURSIE	
	D. BAZZLE	
	R. RATH IER	

REMARKS: CALL FOR CAR FIRE JUNK CAR OUT ON ARRIVAL

Lt. Emidio Sinibo
SIGNED BY:

CAPT C. SALISBURY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 387 N. P. File # 1521

Date: 7 (MONTH) 4 (DAY) 73 (YEAR)

Time alarm received 11:27 P M Number of miles traveled _____

Time back in service _____ M

Time back at station 11:30 P M

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

Location of alarm: (Street and Number) 15 BROWN 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) RES 7 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. S ALISBURY		
W. ROY		
D. FORTIN		
C. HARRINGTON		
D. BAZZLE		
B. DI GIULIO		

VEHICLE	STATION	ON SCENE
	J. MOLLO	
	R. RATHIER	

REMARKS: CODE BLUE

Lt. Enrico DiGiulio
SIGNED BY:

B. DI G IULIO
PERSON IN CHG.

Other companies responding: _____ Car: _____

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 388 N. P. File # 1522

Date: 7 (MONTH) 4 (DAY) 73 (YEAR)

Time alarm received 12:05 A M Number of miles traveled

Time back in service M

Time back at station 12:10 A M

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

Location of alarm: (Street and Number) 645 WOON. 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) RES 7 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. S ALISBURY		
W. ROY		
D. FORTIN		
F. BURSIE		
D. BAZZLE		
C. HARRINGTON		

VEHICLE	STATION	ON SCENE
	R. RATHIER	

REMARKS: CODE BLUE

Lt. Ernest DiGiulio
SIGNED BY:

F. BURSIE
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 389 N. P. File # _____

Date: 7 (MONTH) 4 (DAY) 73 (YEAR)

Time alarm received 7:20 P M Number of miles traveled 13

Time back in service 1:10 A M

Time back at station 1:30 A M

Alarm received by: Box # _____ Phone _____ Other PRE PLANED BY CHIEF (Describe)

Location of alarm: (Street and Number) ATWELLS AVE STATION (AID FOR 4 th

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 & 4 Ladder(s) 2 Rescue(s) _____ Car: _____

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT J. MURPHY		
LT E. DI G IULI O		
E. PELLAND		
C. ZAHN		
J. LANE (RODE ON LADDER 2)		

VEHICLE	STATION	ON SCENE

REMARKS:

1st RUN RING ST. CODE BLUE 11:20 11:25 pm

2nd RUN CHAFFEE ST. CODE YELLOW 11:25 11:30 pm

3rd RUN TELL ST. CODE BLUE 12:10 12:15 am

Lt. Emil DiGiulio
SIGNED BY:

CAPT J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 390 N. P. File # 1542

Date: 7/8/73
MONTH DAY YEAR

Time alarm received 7:56 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 8:01 P M

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

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

Cause of fire ____

Description of building or occupancy: GREYSTONE SCHOOL

Owner of building or occupancy: TOWN OF NORTH PR OVINCE

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	☒ 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 #
E. PELLAND		
C. ZAHN		
G. KENNAWAY		
D. FORTIN		
W. ROY		
R. SALISBURY		
J. BOREK		
D. BAZZLE		
R. RATHIER		
VEHICLE	**STATION**	**ON SCENE**
R. PARENTEAU	CHIEF E. DI GIULIO	
	F. BURSIE	
	F. ROTELLA	
	W. DRAPER	

REMARKS: CODE BLUE.

Bernard E. Di Giulio

SIGNED BY:

CHIEF E. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company C NTERDALE Company Alarm # 391 N. P. File # 1550

Date: 7 (MONTH) 9 (DAY) 73 (YEAR)

Time alarm received 3.48 P M Number of miles traveled 6

Time back in service 3.50 P M

Time back at station 3.55 P M

Alarm received by: Box # 3212 Phone _____ Other _____ (Describe)

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

Cause of fire _____

Description of building or occupancy: SENIOR CITIZENS HOUSING

Owner of building or occupancy: TOWN OF NORTH PROVIDENCE

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 Ladder(s) 1-2 Rescue(s) 3-2 Car: _____

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	CAPT. SALISBURY	
	J. MOLLO	

VEHICLE	STATION	ON SCENE
	B. DI GUILIO	
	P. PALUMBO	

REMARKS: CODE BLUE FROM ENG. 5

c. salisbury

SIGNED BY:

CAPT. SALISBURY

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTERDALE Company Alarm # 392 N. P. File # 1552

Date: 7 (MONTH) 9 (DAY) 73 (YEAR)

Time alarm received 6.28 P M Number of miles traveled 1

Time back in service 6.35 P M

Time back at station 6.40 P M

Alarm received by: Box # 6121 Phone _____ Other _____ (Describe)

Location of alarm: (Street and Number) WATERMAN AVE

Cause of fire _____

Description of building or occupancy: TRI-TOWN O.E.O.

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) 1-2-6 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 #
CHIEF DI GUILIO	CAPT. MURPHY	
E. PELAND	LT. PAQUET	
D. FORTIN	J. MOLLO	
J. BOREK	D. BAZZLE	
T. RUSSO	R. RATHIER	
	T. PERNA	
VEHICLE	**STATION**	**ON SCENE**
	F. ROTELLA	
	W. DRAPER	

REMARKS: CODE BLUE

C. SALISBURY
SIGNED BY:

CHIEF DI GUILIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 393 N. P. File # 1561

Date: 7/10/73
MONTH DAY YEAR

Time alarm received 1:06 P M

Time back in service 1:11 P M

Time back at station 1:12 P M

Number of miles traveled 1

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

Location of alarm: (Street and Number) 2022 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	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) WASH DOWN
☐ Miscellaneous fires (describe)		

	EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED
	Carbon Dioxide	25'	Booster 1"		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: 5

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		
P. PHILLIPS		
B. DI GIULIO		

VEHICLE	STATION	ON SCENE
	LT. R. PAQUET	
	J. MOLLO	
	J. LANE	
	W. DRAPER	

REMARKS: GASOLINE LEAKED OUT OF TANK ON A CAR PARKED IN FRONT OF KANES DRUG STORE.

Bernard W. Gunlow
SIGNED BY:

CAPT. C. SALISBURY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 394 N. P. File # 1562

Date: 7/10/73 (MONTH DAY YEAR)

Time alarm received 1:30 P M Number of miles traveled 2

Time back in service 1:38 P M

Time back at station 1:43 P M

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

Location of alarm: (Street and Number) TESTA DR.

Cause of fire RUBBISH BURNER

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
XX ☐ 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
1	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		
P. PHILLPS		
B. DI GIULIO		

VEHICLE	STATION	ON SCENE
	LT. R. PAQUET	
	J. MOLLO	
	W. DRAPER	

REMARKS: RUBBISH BURNER.

Bernard Di Giulio
SIGNED BY:

CAPT. C. SALISBURY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 395 N. P. File # 1572

Date: 7/11/73
MONTH DAY YEAR

Time alarm received 3:32 P M Number of miles traveled 2

Time back in service 3:37 P M

Time back at station 3:40 P M

Alarm received by: Box # 6122 Phone _____ Other _____ (Describe)

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

Cause of fire _____

Description of building or occupancy: GREYSTON 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: #1. #1.

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

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
G. KENNAWAY	J. MOLLO	
D. FORTIN	D. BAZZLE	
P. PHILLIPS	R. RATHIER	
B. DI GIULIO		

VEHICLE	STATION	ON SCENE
	CAPT. J. MURPHY	
	W. DRAPER	

REMARKS: CODE BLUE

Bernard Di Giulio
SIGNED BY:

P. PHILLIPS
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 396 N. P. File # 1580

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

Time alarm received 3:45 P M Number of miles traveled 1

Time back in service _____ M

Time back at station 3:51 P M

Alarm received by: Box # 6122 Phone _____ 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) #1. Ladder(s) _____ Rescue(s) _____ Car: _____

Other companies responding: _____

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

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

VEHICLE	STATION	ON SCENE
R. RATHIER	C. HARRINGTON	

REMARKS: CODE BLUE

Bernard Di Giulio
SIGNED BY:

P .PHILLIPS
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 397 N. P. File # 1582

Date: 7/12/73
MONTH DAY YEAR

Time alarm received 9:26 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 9:36 P M

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

Location of alarm: (Street and Number) WALTER & JOSLIN 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	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	200'	Booster 1"		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	PIKE POLE
				1	HAND LIGHT

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 5

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		
C. ZAHN		
G. KENNAWAY		
T. PERNA		
C. HARRINGTON		

VEHICLE	STATION	ON SCENE
	F. BURSIE	
	T. RUSSO	
	F. ROTELLA	

REMARKS: SMALL RUBBISH FIRE REAR OF NEW HOUSE UNDER CONSTRUCTION.

Bernard W. Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

Other companies responding:

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 398 N. P. File # 1583

Date: 7/12/73
MONTH DAY YEAR

Time alarm received 9:44 P M Number of miles traveled 2

Time back in service 9:50 P M

Time back at station 10:00 P M

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

Location of alarm: (Street and Number) ATLANTIC BLVD. & SMITH ST.

Cause of fire 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	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)		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 , 2. Car: _____

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO		
C. ZAHN		
G. KENNAWAY		
T. PERNA		
F. BURSIE		
C. HARRINGTON		
R. RATHIER		
VEHICLE	**STATION**	**ON SCENE**
D. FORTIN		
P. RUGGIANO		
J. MURPHY SR.		
F. ROTELLA		

REMARKS: CAR HIT MAN BICYCLE. SEE RESCUE REPORT #1583

Bernard W. Giulio
SIGNED BY:

CCHIEF E. DI GIULIO
PERSON IN CHG.

Other companies responding:

File # 1583

Co. # 398

NO. PROVIDENCE FIRE DEPARTMENT

– SECONDARY RESCUE REPORTS –

DATE: 7/12/73 TIME: ARRIVED 9:44 P.M. RETURNED 9:50 P.M.

NAME: EDWARD BRASSARD AGE: 26

ADDRESS: GREYSTONE AVE. ALARM BY: POLICE

NORTH PROVIDENCE, R.I.

LOCATION OF RESCUE

ATLANTICE BLVD. & SMITH ST.

EXAMINATION

SKULL *

EYES *

EARS *

NOSE *

MOUTH *

CHEST *

ABDOMEN *

UPPER EXTREMITIES *LEFT SHOULDER, POSSIBLE SEPARATION.

LOWER EXTREMITIES *PATIENT COMPLAINED OF PAINE ,LEFT ANKLE.

POSITION OF PATIENT WHEN FOUND: LYING ON ROAD.

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) YES

PATIENT TRANSPORTED TO: ROGER WILLIAMS GENERAL HOSP.

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)

POSSIBLE LEFT SHOULDER SEPARATION, PATIENT COMPLAINED OF LEFT ANKLE PAIN
APPLIED CRAVATS TO STABLIZE SHOULDER.
RESCUE #1,TRANSPORTED.

SIGNED: F. BURSIE OFFICER IN CHARGE: CHIEF E. DI GIULIO

(E. Di Giulio)

RESCUE CO. NO. #ENG.#1.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 399 N. P. File # 1589

Date: 7/13/73 (MONTH / DAY / YEAR)

Time alarm received 10:46 P M Number of miles traveled 11

Time back in service ____ M

Time back at station 11:52 P M

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

Location of alarm: (Street and Number) ACROSS FROM 106 ANGELL AVE.

Cause of fire SET

Description of building or occupancy: WOODEN CLUB HOUSE

Owner of building or occupancy: ____

Owner's address: PROPERTY OWENED BY DR. RICCI

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	XX ☒ 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)
XX ☒ Miscellaneous fires (describe) CLUB HOUSE		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical	150'	1½ Inch Hose		Over 35 Feet
	Foam	100'	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			GENERATOR USED 45 MIN.	
1	PIKE POLE			2	FLOODS
2	HANDLIGHTS			100'	CORD

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 45

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #1, 2, 6. Ladder(s) #1. 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	
G. KENNAWAY	LT. R. PAQUET	
T. RUSSO	J. MOLLO	
J. BOREK	T. PERNA	
	R. IAFRATE	
	R. RATHIER	

VEHICLE	STATION	ON SCENE
B. DI GIULIO		
D. BAZZLE		
H. DARBY		
J. MURPHY SR.		
P. RUGGIANO		
S. COPPA		
P. PHIBBIPS		
L. CALISE		
F. ROTELLA		
W. DRAPER		

REMARKS: TREE HOUSE HEAVILY INVOLVED. KNOCKED TO GROUND.
CODE RED CHANGED TO CODE YELLOW BY DIST. CHIEF.

Bernard Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

Other companies responding:

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 400 N. P. File # 1593

Date: 7/14/73 (MONTH / DAY / YEAR)

Time alarm received 7:10 P M Number of miles traveled 0

Time back in service ____ M

Time back at station 7:12 P M

Alarm received by: Box # 4232 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) FRUIT HILL & OLNEY

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

Other companies responding: ____

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

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

VEHICLE	STATION	ON SCENE
	CHIEF E. DI GIULIO	
	E. PELLAND	
	D. FORTIN	
	J. BOREK	
	D. BAZZLE	
	D. HOUDE	

REMARKS: CODE BLUE FROM ENG. 2.
CENTREDALE DID NOT LEAVE STATION.

Bernard Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 401 N. P. File # 1596

Date: 7/14/73
MONTH DAY YEAR

Time alarm received 8:27 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 8:31 P M

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

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

Cause of fire SET

Description of building or occupancy: RUBBISH INSIDE TELEPHONE BOOTH

Owner of building or occupancy: TELEPHONE CO.

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
XX ☐ 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	
1	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 #
CHIEF E. DI GIULIO		
E. PELLAND		
J. BOREK		
J. LANE		

VEHICLE	STATION	ON SCENE
	D. BAZZLE	
	D. HOUDE	
	P. RUGGIANO	

REMARKS: RUBBISH INSIDE PHONE BOOTH FRONT OF WHITEHALL BLDG.

Bernard Di Giulio

SIGNED BY:

CHIEF E. DI GIULIO

PERSON IN CHG.

Other companies responding:

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 402 N. P. File # 1607

Date: 7/15/73 (MONTH / DAY / YEAR)

Time alarm received 10:29 P M Number of miles traveled 5

Time back in service ____ M

Time back at station 10:39 P M

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

Location of alarm: (Street and Number) REAR OF STOP& S?OP

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	25'	Booster 1""		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: 10

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #2,1. 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		
W. ROY		
E. PELLAND		
T. RUSSO		
K. MIDDLETON		
J. BOREK		
S. COPPA		

VEHICLE	STATION	ON SCENE
	CAPT. J. MURPHY	
	LT. R. PAQUET	
	J. MOLLO	
	T. PERNA	
	R. PARENTEAU	
	F. BURSIE	
	C. HARRINGTON	
	D. HOUDE	
	F. ROTELLA	

REMARKS: ENG. 1. ON SPECIAL SIGNIAL.
DUMPED WATER INTO ENG.2.

Bernard Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 403 N. P. File # 1608

Date: 7/15/73
MONTH DAY YEAR

Time alarm received 11:58 P M Number of miles traveled 1

Time back in service _____ M

Time back at station 12:02 A M

Alarm received by: Box # 415 Phone _____ Other _____ (Describe)

Location of alarm: (Street and Number) HIGH SERVICE & MURRY

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 .4. 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 #
B ROY	J. MODLO	
G. KENNAWAY	E. PELLAND	
F, BURSIE	C. ZAHN	
K. MIDDLETON	C. HARRINGTON	
J. BOREK	J. LANE	
T. RUSSO	D. B AZZLE	
	D. H OUDE	
	T. PERNA	

VEHICLE	STATION	ON SCENE
	CHIEF E. DI GIULIO	
	CAPT J. MU RPHY	
	LT R. PAQUET	
	F. ROTELLA	

REMARKS: CODE BLUE

E. DiGiulio
SIGNED BY:

F. BURSIE
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # #404 N. P. File # 1618

Date: 7/18/73
MONTH DAY YEAR

Time alarm received 4:34 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 4:49 P M

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

Location of alarm: (Street and Number) WATERMAN AVE. ACROSS FROM CHILDS MFG.

Cause of fire 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	☒ 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
				1ST.	AID SUPPLYS

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 #
CHIEF E. DI GIULIO		
J. MOLIO		
E. PELLAND		
G. KENNAWAY		
B. DI GIULIO		
D. BAZZLE		

VEHICLE	STATION	ON SCENE
W. ROY	CAPT. J. MURPHY	
D. FORTIN		
F. BURSIE		
D. MARCIANO		
J. BOREKE		
F. ROTELLA		

REMARKS:

AUTO ACCIDENT. SEE REPORT #1618

A CAR RAN INTO R.I. TRANSIT BUS. NO INJURIS ON BUS.

2 PASSENGERS IN CAR INJURED.

SEE RESCUE REPORT #16 18

Bernard Di Giulio

SIGNED BY:

CHIEF E. DI GIULIO

PERSON IN CHG.

NO. PROVIDENCE FIRE DEPARTMENT
– SECONDARY RESCUE REPORTS –

FILE # 1618
CO. #404

DATE: 7/18/73 TIME: ARRIVED 4:34 P.M. RETURNED 4:49 P.M.

NAME: EMIL BEAUSEJOUR, & CHARLES BEAUSEJOUR AGE: 16 & 10 RESPECTIVELY

ADDRESS: 7 WOODLAND AVE. SMITHFIELD, R.I. ALARM BY: PHONE

LOCATION OF RESCUE 67 WATERMAN AVE. ACROSS FROM CHILDS MFG.

EXAMINATION

SKULL *

EYES * EMIL, LACERATION& BRUISE, OVER LEFT EYE. BANDAGED

EARS *

NOSE *

MOUTH *

CHEST *

ABDOMEN *

UPPER EXTREMITIES *CHARLES, ABRASIONS ON FOREHEAD, CHECKED, NOT SERIOUS.

LOWER EXTREMITIES *CHARLES RIGHT HAND, SMALL FINGER CUT, RIGHT KNEE BANDAGED.

POSITION OF PATIENT WHEN FOUND: LYING DOWN

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) YES

PATIENT TRANSPORTED TO: ROGER WILLIAMS HOSP. BY RESCUE#1.

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)

1ROLL 1" GUAGE
3 3X3 GUAGE PADS
½" ADHE HIVE TAPES

EMIL BEAUSEJOUR
7 WOODLAND AVE.
SMITHFIELD, R.I.

R.I. RQ 603

r.i. transit BUS#7023 JITNEY R.I. 881
KENNETH BARRY
183 OAKLAND AVE. PROVIDENCE, R.I.

SIGNED: Bernard W. Gaulin OFFICER IN CHARGE: E.PELLAND

RESCUE CO. NO. Eng #1

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 405 N. P. File # 1619

Date: 7/18/73 (MONTH / DAY / YEAR)

Time alarm received 5:24 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 5:39 P M

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

Location of alarm: (Street and Number) 603 WOONASQUATUCKET AVE.

Cause of fire 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)		MOTORCYCLE ACCIDENT

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	50'	Booster 1"		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
				ADHESIVE TAPE	

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 5

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 #
W. ROY		
E. PELLAND		
D. FORTIN		
F. BURSIE		
D. MARCIANO		
D. BAZZLE		

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

REMARKS: ACCIDENT: WASHED GASOLINE ON STREET. ADMINISTERED FRIST AID.

AUTO DRIVEN BY, LINDA PALOMBO

75 LYMAN AVE. NO. PROV. R.I. REG. R.I. LP500

MOTORCYCLE, MICHAEL S. WEBSTER

1621 SMITH ST, NO. PROV. R.I. REG. R.I. 21391

SEE RESCUE #1619

Bernard W. DiGiulio

SIGNED BY:

CHIEF E. DI GIULIO

PERSON IN CHG.

FILE #1619
CO. #405

NO. PROVIDENCE FIRE DEPARTMENT
– SECONDARY RESCUE REPORTS –

DATE: 7/18/73 TIME: ARRIVED 5:24 P.M. RETURNED 5:39 P.M.

NAME: MICHAEL S. WEBSTER AGE: 18

ADDRESS: 1621 SMITH ST. ALARM BY: PHONE

NO. PROV. R.I.

LOCATION OF RESCUE 603 WOONASQUATUCKET AVE. FRONT OF SAMBATOS SERVICE STATION.

EXAMINATION

SKULL *

EYES *

EARS *

NOSE *

MOUTH *

CHEST *

ABDOMEN *

UPPER EXTREMITIES * LEFT LOWER LEG,(SHIN) LACERATIONS BANDAGED.

LOWER EXTREMITIES *

POSITION OF PATIENT WHEN FOUND: SITTING

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) YES

PATIENT TRANSPORTED TO: ROGER WILLIAMS HOSP. BY RESCURE#1.

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)

POLICE STARTED TREATMENT, TAKEN OVER BY F.D.

SIGNED: Bernard Di Giulio OFFICER IN CHARGE: LT. E. DI GIULIO

RESCUE CO. NO. Engine 1

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 406 N. P. File # 1621

Date: 7/18/73
MONTH DAY YEAR

Time alarm received 8:31 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 8:36 P M

Alarm received by: Box # ____ Phone RADIO 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	☐ 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) #1. Ladder(s) ____ Rescue(s) ____ Car: ____

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	DRILL ~~RESCUE~~ #
LT. E. DI GIULIO		CHIEF E. DI GIULIO
C. ZAHN		CAPT. J. MURPHY
D. FORTIN		J. MOLLO
T. RUSSO		W. ROY
J. BOREK		E. PELLAND
H. DARBY		T. PERNA
P. RUGGIANO		B. DI GIULIO
		D. MARCIANO
		D. BAZZLE
		R. RATHIER
VEHICLE	**STATION**	~~ON SCENE~~
		D. HOUDE
		S. COPPA
		W. DRAPER
		F. ROTELLA

REMARKS: CODE BLUE

Bernard Di Giulio
SIGNED BY:

LT. E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 407 N. P. File # 1622

Date: 7/18/73
MONTH DAY YEAR

Time alarm received 8:58 P M Number of miles traveled 8

Time back in service 9:08 P M

Time back at station 9:12 P M

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

Location of alarm: (Street and Number) REAR OF 586 WOONASQUATUCKET AVE.

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	XX ☒ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
XX ☐ 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	50'	Booster 1"		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	PIKE POLE

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: 10

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) #	DRILL RESCUE #
LT. E. DI GIULIO		CHIEF E. DI GIULIO
C. ZAHN		CAPT. J. MURPHY
D. FORTIN		J. MOLLO
T. RUSSO		W. ROY
J. BOREK		E. PELLAND
H. DARBY		T. PERNA
P. RUGGIANO		B. DI GIULIO
		D. MARCIANO
		D. BAZZLE
		R. RATHIER
VEHICLE	**STATION**	**ON SCENE**
		D. HOUDE
		S. COPPA

REMARKS: CODE YELLOW RUBBISH NEAR NEW APTS.

Bernard Di Giulio

SIGNED BY:

LT. E. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 408 N. P. File # 1624

Date: 7 (MONTH) 19 (DAY) 73 (YEAR)

Time alarm received 3.55 P M

Time back in service 3:50 P M

Time back at station 3:55 P M

Number of miles traveled 1

Alarm received by: Box # 6122 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) GREYSTONE 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	☐ 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 #
LT E. DI GIULIO		
W. ROY		
D. BAZZLE		
B. DI GIULIO		

VEHICLE	STATION	ON SCENE
W. DRAPER	J. MOLLO	
	D. FORTIN	
	LT R. PAQUET	

REMARKS: CODE BLUE

E. Di Giulio

SIGNED BY:

LT E. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 409 N. P. File # 1626

Date: 7/19/73
MONTH DAY YEAR

Time alarm received 5:09 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 5:20 P M

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

Location of alarm: (Street and Number) REAR 60 JACKSONIA DR.

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	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
2	Pump Cans		3 Inch Hose	SALVAGE COVERS	
1	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 #
CHIEF E. DI GIULIO		
E. PELLAND		
G. KENNAWAY		
J. BOREK		
J. LANE		
D. BAZZLE		

VEHICLE	STATION	ON SCENE
	CAPT. J. MURPHY	
	D. FORTIN	
	S. COPPA	
	D. HOUDE	
	F. ROTELLA	
	W. DRAPER	

REMARKS: CODE YELLOW. SMALL AREA IN WOODS.

Bernard Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTRALDALE Company Alarm # 410 N. P. File # 1639

Date: 7 (MONTH) 21 (DAY) 73 (YEAR)

Time alarm received 7:05 P M Number of miles traveled 4

Time back in service 7:30 P M

Time back at station 7:34 P M

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

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

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	☒ XX Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
XX ☒ 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	100'	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	PIKE POLE				

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: 15

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) 1 Ladder(s) _____ Rescue(s) _____ Car: 78

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
C. ZAHN		
D. FORTIN		
J. BOREK		
J. LANE		
D. HOUDE		
T. RUSSO		

VEHICLE	STATION	ON SCENE
CHIEF DI GIULIO 78	CAPT J. MURPHY	
	LT E. DI GIULIO	
	J. MOLLO	
	E. PELLAND	
	C. HARRINGTON	
	T. PERNA	
	W. DRAPER	

REMARKS: PILE OF RUBBISH NEAR APTS

Lt. Emil Di Giulio
SIGNED BY:

PAT RUGGIANO
PERSON IN CHG.

Other companies responding:

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 411 N. P. File # 1645

Date: 7/23/73
MONTH DAY YEAR

Time alarm received 8:10 A M Number of miles traveled 1

Time back in service 8:12 A M

Time back at station 8:15 A M

Alarm received by: Box # 6122 Phone _____ Other _____ (Describe)

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

Cause of fire CODE BLUE

Description of building or occupancy: GREYSTON 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	☒ 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) #1. Rescue(s) _____ Car: _____

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	
J. MOLLO	W. DRAPER	

VEHICLE	STATION	ON SCENE
W. ROY	CAPT. J. MURPHY	
G. KENNAWAY	R. RATHIER	
	F. ROTELLA	

REMARKS: CODE BLUE

Bernard Di Giulio
SIGNED BY:

J. MOLLO
PERSON IN CHG.

Other companies responding:

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 412 N. P. File # 1655

Date: 7/24/73
MONTH DAY YEAR

Time alarm received 8:32 P M Number of miles traveled 2

Time back in service M

Time back at station 8:43 P M

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

Location of alarm: (Street and Number) GREYSTON A VE.

Cause of fire

Description of building or occupancy:

Owner of building or occupancy: WORCESTER TEXTILE

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	☒ XX Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		DROWNING

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, 3, 4, BOAT Ladder(s) Rescue(s) #1, 2, 1a, BOAT Car: # 78

Other companies responding:

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

ENGINE(S) #	LADDER(S) #	RESCUE #
E. PELLAND		
P. RUGGIANO		
F. BURSIE		
D. BAZZLE		
R. RATHIER		
D. HOULE		

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO	F. ROTELLA	
G. KENNAWAY	W. DRAPER	
D. FORTIN	D. CLARK (F. H.)	

REMARKS: CODE BLUE FROM CAR#78.

Bernard M. Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 413 N. P. File # 1660

Date: 7/25/73
MONTH DAY YEAR

Time alarm received 4:45 P M Number of miles traveled 18

Time back in service ____ M

Time back at station 6:13 P M

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

Location of alarm: (Street and Number) RANDALL'S RESERVATION

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 1"		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	AXE			1 pr.	ASBESTOS GLOVES
1	PIKE POLE				
1	CROW BAR				

APPARATUS REPORT

Working time of pump: Hours: 1 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		
G. KENNAWAY		
J. BOREK		
D. BAZZLE		
R. RATHIER		

VEHICLE	STATION	ON SCENE
W. ROY	D. FORTIN	
	P. RUGGIANO	
	F. ROTELLA	
	W. DRAPER	

REMARKS: CAR U0216, COMPLETHY ENGULFED IN FLA MES. TOTAL LOSS.

) OWNER. DENNIS L. MELUCCI
40 MERINO AVE.
JOHNSTON, R.I.
1966 MERCURY, 6W58M544000

Bernard Di Giulio
SIGNED BY:

CAPT. J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 414 N. P. File # 1676

Date: 7/28/73 (MONTH / DAY / YEAR)

Time alarm received 2:21 P M Number of miles traveled 3

Time back in service ____ M

Time back at station 2:38 P M

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

Location of alarm: (Street and Number) 45 GROVER ST.

Cause of fire COOKING

Description of building or occupancy: 1 STORY WOOD

Owner of building or occupancy: LOUIS GRENIER

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 (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) SMOKE IN HOUSE		

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				
	DE ODORIZER				

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) ____ Ladder(s) #1 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	
	LT. R. PAQUET	
	D. BAZZLE	
	G. BULPITT	
	S: LABUTTI (LYM.)	

VEHICLE	STATION	ON SCENE
	F. BURSIE	

REMARKS: SMOKE THOUGHOWT HOUSE CA USED BY COOKING PA N ON STOVE.

Bernard Di Giulio
SIGNED BY:

LT. R. PAQUET
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 115 N. P. File # 1678

Date: 7/28/73
MONTH DAY YEAR

Time alarm received 1:20 P M Number of miles traveled 3

Time back in service 1:25 P M

Time back at station 1:30 P M

Alarm received by: Box # 513 Phone _____ Other _____ (Describe)

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

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, 2, 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	W. ROY	
E. PALLAND	D. FORTIN	
T. RUSSO	E. PERNA	
G. COOKCROFT (F.H.)	R. RARENTEAU	
D. CLARK (F. H.)	D. BAZZLE	
	S. LA BUTTI (LYM.)	
	W. DRAPER	

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

REMARKS: CODE BLUE YELOW FROM ENG. #6.
REAR OF LYMANSVILLE MILL.

Bernard Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 416 N. P. File # 1681

Date: 7/28/73 (MONTH / DAY / YEAR)

Time alarm received 10:53 P M Number of miles traveled 4

Time back in service 10:59 P M

Time back at station 11:05 P M

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

Location of alarm: (Street and Number) FRUIT HILL & MECALF

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, 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 #
LT. R. PAQUET	L. PELAND	
W. ROY	F. BURBIE	
D. FORTIN	R. RATHIER	
T. RUSSO		
P. RUGGIANO		
VEHICLE	**STATION**	**ON SCENE**
	CAPT. J. MURPHY	

REMARKS: CODE YELLOW FROM ENG. #6.

SIGNED BY: Bernard W. Giuliano

LT. R. PAQUET
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 417 N. P. File # 1682

Date: 7/28/73
MONTH DAY YEAR

Time alarm received 11:07 P M Number of miles traveled 2

Time back in service 11:11 P M

Time back at station 11:15 P M

Alarm received by: Box # 122 Phone _____ Other _____ (Describe)

Location of alarm: (Street and Number) WATERMAN & SAWIN

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, 2. 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. MURPHY	E. PELLAND	
LT. R. PAQUET	F. BURSIE	
W. ROY	R. RATHIER	
D. FORTIN		
T. RUSSO		
P. RUGGIANO		

VEHICLE	STATION	ON SCENE
	D. HOUDE	

REMARKS: CODE BLUE.

Bernard DiGiulio
SIGNED BY:

CAPT. J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTRDE LE Company Alarm # 418 N. P. File # 1683

Date: 7/29/73
MONTH DAY YEAR

Time alarm received 1:14 A M Number of miles traveled 0

Time back in service ____ M

Time back at station 1:15 A M

Alarm received by: Box # 134 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) MINERAL SPRING & SMITHFIELD RD.

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, 2, 3. 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. MURPHY	D. FORTIN	
LT. R. PAQUET	T. PERNA	
J. MOLLO	F. BURSIE	
E. PELAND	D. BAZZLE	
T. RUSSO	R. RATHIER	
K. MIDDLETON	F. ROTELLA	
C. HARRINGTON		
J. BOREK		

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO		

REMARKS: CODE BLUE FROM CAR #78.

Bernard Di Giulio

SIGNED BY:

CHIEF E. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDA LE Company Alarm # 419 N. P. File # 1688

Date: 7/29/73
MONTH DAY YEAR

Time alarm received 2:09 PM Number of miles traveled 3

Time back in service 2:12 P M

Time back at station 2:20 P M

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

Location of alarm: (Street and Number) 2 RAYMOND RD.

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) #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	
	T. RUSSO	
	F. BURSIE	
	J. BOREK	
	D. BAZZLE	
	R. RATHIER	
	P. RUGGIA NO	

VEHICLE	STATION	ON SCENE
	D. HOUDE	
	W. DRAPER	

REMARKS: CODE BLUE.

Bernard Di Giulio

SIGNED BY:

CAPT. J. MURPHY

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 420 N. P. File # 1689

Date: 7/29/73
MONTH DAY YEAR

Time alarm received 10:50 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 10:58 P M

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

Location of alarm: (Street and Number) WATERMAN 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) #1 Ladder(s) #1, 1a. Rescue(s) ____ Car: ____

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. R. PAQUET		
W. ROY		
E. PELLAND		
T. RUSSO		
T. PERNA		
J. BOREK		
J. LANE		
P. RUGGIANO		

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO	CAPT. J. MURPHY	
C. ZAHN	J. MOLLO	
G. KENNAWAY	S. COPPA	
D. FERTIN	P. PHILLIPS	
C. HARRINGTON	A. IEMMA	
D. BAZZLE		
R. RATHIER		
D. HOUDE		

REMARKS: CALLED FOR CAR ACCIDENT IN FRONT OF WHITEHALL BLDG. WATERMAN AVE, CAR STOPPED SHORT CAUSING VICTIM TO HIT MOUTH ON STEERING WHEEL.

JOYCE PSILOPOULOS
40 BICENTENNIAL WAY
NO. PROV. R.I.

REG. 10w 23635
W
FLORIDA

Bernard Di Giulio
SIGNED BY:

LT. R. PAQUET
PERSON IN CHG.

NO. PROVIDENCE FIRE DEPARTMENT
– SECONDARY RESCUE REPORTS –

DATE: 7/29/73 TIME: ARRIVED 10:50 p.m. RETURNED 10:58 p.m.

NAME: JOYCE V. PSILOPOULOS AGE:

ADDRESS: 40 BICENTENNIAL WAY ALARM BY: POLICE
NO. PROV. R.I.

LOCATION OF RESCUE FRONT OF WHITEHALL BLDG. WATERMAN AVE.

EXAMINATION

SKULL *

EYES *

EARS *

NOSE *

MOUTH * SLIGHT ABRASION

CHEST *

ABDOMEN *

UPPER EXTREMITIES *

LOWER EXTREMITIES *

POSITION OF PATIENT WHEN FOUND: SITTING UP

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) YES

PATIENT TRANSPORTED TO:

IF PATIENT WAS NOT TRANSPORTED EXPLAIN: PATIENT TO SEE OWN DOCTOR

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

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

PATIENT HIT HER MOUTH ON STEERING WHEEL OF CAR.
LOOSEN TEETH UPPER & LOWER JAW.

SIGNED: Bernard Di Giulio OFFICER IN CHARGE: P. RUGGIANO

RESCUE CO. NO. ENG. #1.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTRAL Company Alarm # 421 N. P. File # 1690

Date: 7/30/73
MONTH DAY YEAR

Time alarm received 8:12 A M Number of miles traveled 3

Time back in service 8:17 A M

Time back at station 8:35 A M

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

Location of alarm: (Street and Number) 399 FRUIT 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	☐ 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, 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 #
LT. E. DI GIULIO	W. DRAPER	
J. MOLLO		
B. DI GIULIO		
P. PHILLIPS		
VEHICLE	**STATION**	**ON SCENE**
	F. ROTELLA	
	W. ROY	
	G. KENNAWAY	

REMARKS: CODE YELLOW FROM ENG. #2.

Bernard Di Giulio
SIGNED BY:

B. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 422 N. P. File # 1693

Date: 7/30/73
MONTH DAY YEAR

Time alarm received 10:52 P M Number of miles traveled 0

Time back in service 10:59 P M

Time back at station 11:02 P M

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

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

Cause of fire BLUE

Description of building or occupancy: SUNNYBROOK FARMS

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) #1 Ladder(s) _____ Rescue(s) _____ Car: #78

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. R. PAQUET	CAPT. J. MURPHY	
E. PELLAND	R. PARENTEAU	
T. PERNA	J. BOREK	
F. BURSIE		
P. RUGGIANO		
S. COPPA		

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO	J. MOLLO	
	F. ROTELLA	

REMARKS: CODE BLUE.

Bernard Di Giulio
SIGNED BY.

LT. R. PAQUET
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 423 N. P. File # 1694

Date: 7/30/73
MONTH DAY YEAR

Time alarm received 10:54 P M
Time back in service 10:56 P M
Time back at station 11:00 P M

Number of miles traveled 3

Alarm received by: Box # 514 Phone _____ Other _____ (Describe)

Location of alarm: (Street and Number) LYMAN & GREENVILLE 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) 2, 6. Ladder(s) 1. Rescue(s) 1, 2. Car: #78

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. R. PAQUET	CAPT. J. MURPHY	
E. PELLAND	R. PARENTEAU	
T. PERNA	J. BOREK	
F. BURSIE		
P. RUGGIANO		
S. COPPA		
VEHICLE	**STATION**	**ON SCENE**
CHIEF E. DI GIULIO	J. MOLLO	
	F. ROTELLA	

REMARKS: CODE BLUE.

Bernard Di Giulio

SIGNED BY:

CAPT. J. MURPHY

PERSON IN CHG.