NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 566 N. P. File # 2358

Date: 11 (MONTH) 1 (DAY) 73 (YEAR)

Time alarm received 1:15 P M Number of miles traveled 2

Time back in service 1:30 P M

Time back at station 1:34 P M

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

Location of alarm: (Street and Number) 61 HOBSON 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
☒ 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
	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) _____ Ladder(s) _____ Rescue(s) _____ Car: _____

Other companies responding: _____

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

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

VEHICLE	STATION	ON SCENE
	LT E. DI GIULIO	
	W. DRAPER	

REMARKS: CODE YELLOW, OUT ON ARRIVAL

Lt Ernest Di Giulio
SIGNED BY:

JOHN MOLLO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 568 N. P. File # 2370

Date: 11 (MONTH) 2 (DAY) 73 (YEAR)

Time alarm received 10:39 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 10:45 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	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 Ladder(s) 1 Rescue(s) 1 Car: 78

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT J. MURPHY	LT E. DI GIULIO	
D. BAZZLE	LT F. BURSIE	
T. RUSSO	R. RATHIER	
VEHICLE	**STATION**	**ON SCENE**
CHIEF E. DI GIULIO	F. ROTELLA	

REMARKS: CODE BLUE

E. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 570 N. P. File # 2381

Date: 11/3/73
MONTH DAY YEAR

Time alarm received 10:06 P M Number of miles traveled 22 8

Time back in service 10:35 P M

Time back at station 10:37 P M

Alarm received by: Box # 146 Phone _____ Other _____ (Describe)

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

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: PERRY J. BORELLI

Owner's address: 1963 SMITH ST. NO. PROV. R.I.

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: 20

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 E. DI GIULIO~~ ~~W. ROY~~ ~~T. RUSSO~~ ~~T. PERNA~~	~~CAPT. J. MURPHY~~ CAPT. C. SALISBURY P. RUGGIANO	

VEHICLE	STATION	ON SCENE

REMARKS: R.I. REG. B.W. 451, 1967 CADILLAC COUPE DEVILLE.
OWNER: PERRY J. BORELLI, 1967 SMITH ST. NO. PROV. R.I.
CAR INSURED.

HEAVY DAMAGE UNDER HOOD, FRONT TIRE, SOME INSIDE CAR.

Bernard W. Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 571 N. P. File # 2385

Date: 11/4/73
MONTH DAY YEAR

Time alarm received 8:22 A M Number of miles traveled 20

Time back in service ____ M

Time back at station 9:25 A M

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

Location of alarm: (Street and Number) TOWN DUMP, SMITHFIELD RD.

Cause of fire ____

Description of building or occupancy: ____

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	XX Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
XX 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	250'	Booster 1"		Aerial
	Dry Chemical	100'	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: 45

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 #
CAPT. C. SALISBURY		
LT. E. DI GIULIO		
W. ROY		
T. RUSSO		
D. BAZZLE		
H. DARBY		

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO	CAPT. J. MURPHY	
	LT. F. BURSIE	
	R. SALISBURY	
	W. DRAPER	

REMARKS: 150' IN FROM GATE , TRASH & BRUSH BURNING.

Bernard W. Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 572 N. P. File # 2387

Date: 11/4/73
MONTH DAY YEAR

Time alarm received ~~10:~~ 10:47 AM Number of miles traveled 2

Time back in service ____ M

Time back at station 10:53 AM

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

Location of alarm: (Street and Number) HILL 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	75'	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	
2	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 #
CHIEF E. DI GIULIO		
CAPT. J. MURPHY		
CAPT. C. SALISBURY		
LT. E. DI GIULIO		
D. BAZZLE		

VEHICLE	STATION	ON SCENE
D. HOUDE	D. FORTIN	
R. PAQUET	T. RUSSO	
	R. RATHIER	
	F. ROTELLA	
	W. DRAPER	

REMARKS: SMALL AREA OF BRUSH BY SIDE OF ROAD.

Bernard Di Giulio

SIGNED BY:

CHIEF E. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 573 N. P. File # 2388

Date: 11/4/73
MONTH DAY YEAR

Time alarm received 11:50 A M Number of miles traveled 14

Time back in service M

Time back at station 12:25 P M

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

Location of alarm: (Street and Number) ATWOOD AVE. JOHNSTON, R.I.

Cause of fire MUTUAL AID

Description of building or occupancy:

Owner of building or occupancy: STATON #5.

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)		MUTUAL AID

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) Ladder(s) #1. 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. MARCIANO	
	J. BOREK	
	P. RUGGIANO	
	H. DARBY	

VEHICLE	STATION	ON SCENE
	CHIEF E. DI GIULIO	
	D. FORTIN	
	D. HOUDE	
	S. COPPA	

REMARKS: STANDBY AT STATION#5, JOHSTON, R. I.

Bernard Di Giulio

SIGNED BY:

CAPT. C. SALISBURY

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 574 N. P. File # 2409

Date: 11/6/73
MONTH DAY YEAR

Time alarm received 2:30 A M Number of miles traveled 11

Time back in service ____ M

Time back at station 4:52 A M

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

Location of alarm: (Street and Number) ATWOOD AVE. JOHNSTON, R.I.

Cause of fire MUTUAL AID

Description of building or occupancy: ____

Owner of building or occupancy: STATON #5.

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 #
	CAPT. J. MURPHY	
	CAPT. C. SALISBURY	
	J. MOLLO	
	E. PELLAND	
	D. BAZZLE	
	D. HOUDE	

VEHICLE	STATION	ON SCENE
	CHIEF E. DI GIULIO	
	LT. E. DI GIULIO	
	LT. F. BURSIE	
	W. ROY	
	D. FORTIN	
	T. RUSSO	
	P. PHILLPS	

REMARKS: STANDY BY AT STATION#5, JOHNSTON,R.I.
(1(RUN TO MORGAN MILLS (CODE BLUE, 15 MINS.)

Bernard Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 576 N. P. File # 2427

Date: 11/7/73
MONTH DAY YEAR

Time alarm received 5:12 P M Number of miles traveled 5

Time back in service ____ M

Time back at station 5:34 P M

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

Location of alarm: (Street and Number) 146 WATERMAN AVE.

Cause of fire UNKNOWN

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	250'	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	
1	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
				1	FLOOD LIGHT
				1	HANDLIGHT

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 15

Defects on apparatus after alarm (if any): ____

Companies responding: #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 #
CHIEF E. DI GIULIO		
LT. F. BURSIE		
W. ROY		
T. RUSSO		
J. BOREK		

VEHICLE	STATION	ON SCENE
	CAPT. J. MURPHY	
	E. PELLAND	
	D. FORTIN	
	D. MARCIANO	
	D. BAZZLE	
	P. RUGGIANO	
	D. HOUDE	
	W. DRAPER	
	F. ROTELLA	

REMARKS: SMALL AREA OF BRUSH BURNING ON TOP OF HILL APPOSITE 146 WATERMAN AVE.

Bernard Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 577 N. P. File # 2438

Date: 11 (MONTH) 8 (DAY) 73 (YEAR)

Time alarm received 2:42 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 2:47 P M

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

Location of alarm: (Street and Number) 1903 MINERAL SP. 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		☒ XX False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe) BURGLAR ALARM
☐ 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) 1 Car: 1

Other companies responding: ____

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

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

REMARKS: ALARM WAS GOING OFF, AT CLAUDIA'S FASHION'S CHECKED AREA FOUND NOTHING, STORE WAS CLOSED

Lt. E. Di Giulio
SIGNED BY:

LT E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTERDALE Company Alarm # 578 N. P. File # 2440

Date: 11 (MONTH) 8 (DAY) 73 (YEAR)

Time alarm received 7:28 P M Number of miles traveled 4

Time back in service 7:29 P M

Time back at station 7:33 P M

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

Location of alarm: (Street and Number) WOON. & 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, 1, 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 #
LT F. BURSIE	J. MOLLO	
E. PELLAND	D. FORTIN	
C. ZAHN	R. RATHIER	
D. BAZZLE	R. IAFRATE	
D. HOUDE	H. DARBY	
T. RUSSO	N. PHELAND	
	R. SALISBURY	

VEHICLE	STATION	ON SCENE
	CHIEF E. DI GIULIO	
	P. RUGGIANO	
	F. ROTELLA	
	R. PARENTEAU	

REMARKS: BOX WAS PULLED FOR FIRE AT KILEY ST. ENG 6 WENT TO WOON & WATER BOX 513 & CALLED A CODE BLUE , CAR 77 WAS AT KILEY AND CALLED A YELLOW.

A. Emidi Giulio
SIGNED BY:

LT F. BURSIE
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 579 N. P. File # 2442

Date: 11 (MONTH) 8 (DAY) 73 (YEAR)

Time alarm received 8:51 P M Number of miles traveled 5

Time back in service ____ M

Time back at station 9:10 P M

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

Location of alarm: (Street and Number) HOBSON & CENTRAL

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	150'	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
1	HAND LIGHT				

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 #
LT F. BURSIE		
E. PELLAND		
C. ZAHN		
D. BAZZLE		
D. HOUDE		
P. RUGGIANO		
R. IAFRATE		

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO	CAPT J. MURPHY	
	D. FORTIN	
	R. RATHIER	
	T. RUSSO	
	R. PARENTEAU	
	F. ROTELLA	
	W. DRAPER	

REMARKS: SMALL AREA OF LEAVES OFF HOBSON

SIGNED BY:

CHIEF E. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 580 N. P. File # 2449

Date: 11 (MONTH) 9 (DAY) 73 (YEAR)

Time alarm received 4:43 P M Number of miles traveled 3

Time back in service 4:47 P M

Time back at station 4:50 P M

Alarm received by: Box # 524 Phone _____ Other _____ (Describe)

Location of alarm: (Street and Number) ORCHARD & KING

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) 2, 1 Car: _____

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. SALISBURY	J. MOLLO	3
D. BAZZLE	K. MIDDLETON	
T. PERNA	D. MARCIANO	
	D. FORTIN	
	N. PHELAND	
	B. DiGIULIO	
VEHICLE	**STATION**	**ON SCENE**
	F. ROTELLA	

REMARKS: CODE BLUE FROM ENGINE 6

Dennis Bazzle
SIGNED BY

CAPT. SALISBURY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 581 N. P. File # 2463

Date: 11 (MONTH) 10 (DAY) 73 (YEAR)

Time alarm received 12:22 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 12:27 P M

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

Location of alarm: (Street and Number) 91 EAST AVENUE

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: JOHN LANE

Owner's address: 91 EAST AVE.

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		☐ 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 #
CHIEF DiGIULIO	LT. BURSIE	
LT. DiGUILIO	R. PAQUET	
D. FORTIN	P. RUGGIANO	
D. HOUDE	T. RUSSO	
VEHICLE	**STATION**	**ON SCENE**
	W. DRAPER	K.MIDDLETON

REMARKS: OIL BURNING FROM CAR IN GARAGE NO FIRE ONLY SMOKE.

Denny Bargle
SIGNED BY:

CHIEF DiGIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 582 N. P. File # 2470

Date: 11 (MONTH) 11 (DAY) 73 (YEAR)

Time alarm received 10:15 P M

Time back in service 10:29 P M

Time back at station 10:31 P M

Number of miles traveled 3

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

Location of alarm: (Street and Number) 1 SAWIN AVE. REAR OF 111 WATERMAN AVE.

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: CONTRACTER JIM PELRLINGIERO

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	50 FT.	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: 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) #	RESCUE #
CAPT. SALISBURY		
C. ZAHN		
H DARBY		
T. RUSSO		

VEHICLE	STATION	ON SCENE
CHIEF D1GUILIO	N. PHELAND	
CAPT MURPHY	F.ROTELLA	
LT. D1GIULIO	W. DRAPER	

REMARKS: CALL FOR BRUEH FIRE. WAS BURNING RUBBISH. PERSON SAID BUILDING INSPECTOR SAID IT WAS OK TO BURN. TOLD HIM NO AND WE PUT IT OUT.

Dennis Boezyk
SIGNED BY:

CAPT. SALISBURY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 583 N. P. File # 2472

Date: 11 (MONTH) 11 (DAY) 73 (YEAR)

Time alarm received 2:18 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 2:33 P M

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

Location of alarm: (Street and Number) 23 MURIEL 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	XX Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
XX ☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	10 FT.	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: 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) #	RESCUE #
C. ZAHN		
D. BAZZLE		
D. FORTIN		
R. RATHIER		
N. PHELAND		
P. RUGGIANO		
T. RUSSO		

VEHICLE	STATION	ON SCENE
CHIEF DiGUILIO		
R. SALISBURY		

REMARKS: MAKE OF CAR FORD 1967 REG VA 46. MAKE OF BOWLING BALL MARK X LUCITE 4A1037. FIREWAS IN LOWER RIGHT HAND OF BACK SEAT. CAUSE WAS A CLEAR BOWLING BALL. (SPONTANEOUS COMBUSTION MAGNIFIED FROM SUN,S RAYS.

Dennis Bazzle
SIGNED BY:

C. ZAHN
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 584 N. P. File # 2480

Date: 11/11/73
MONTH DAY YEAR

Time alarm received 7:44 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 7:50 P M

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

Location of alarm: (Street and Number) 9 MILES 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 #
CHIEF E. DI GIULIO	CAPT. C. SALISBURY	
E. PELLAND	LT. F. BURSIE	
C. ZAHN	W. ROY	
D. BAZZLE	J. BOREK	
T. RUSSO	T. PERNA	
	D. FORTIN	
	P. RUGGIANO	
VEHICLE	**STATION**	**ON SCENE**
	CAPT. J. MURPHY	
	D. HOUDE	
	J. MOLLO	
	F. ROTELLA	

REMARKS: CODE BLUE FROM ENG.#2.

Bernard Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company Centredale ~~CENTRDALE~~ Company Alarm # 585 N. P. File # 2482

Date: 11/12/73
MONTH DAY YEAR

Time alarm received 4:22 A M Number of miles traveled 3

Time back in service 4:39 A M

Time back at station 5:15 A M

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

Location of alarm: (Street and Number) 20 BICENTENNIAL WAY

Cause of fire ACCIDENT

Description of building or occupancy: _____

Owner of building or occupancy: DANTE TOMASSI

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)		ACCIDENTE

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	ROLL CANVAS

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) #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		
LT. F. BURSIE		
W. ROY		
C. ZAHN		
D. BAZZLE		
D. HOUDE		
VEHICLE	**STATION**	**ON SCENE**
CHIEF E. DI GIULIO		
CAPT. J. MURPHY		
J. MOLLO		
N. PHELAND		
F. ROTELLA		

REMARKS: AUTOMOBLLE ACCIDENT, AUTO HIT HOUSE AT 20 BICENTENNIAL WAY EXTENSIVE DAMAGE TO LOWER LEFT SIDE. AUTO DRIVEN BY EVELYN MARANDOLA 45 NORTHX VIEW DR. CRANSTON R.I. REG.VE45.
no fire, STANDBY, NO INJURIES.

Bernard E. Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 586 N. P. File # 2483

Date: 11 (MONTH) 12 (DAY) 73 (YEAR)

Time alarm received 8:47 P M Number of miles traveled 3

Time back in service ____ M

Time back at station 8:53 P M

Alarm received by: Box # 524 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) KING & ORCHARD

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. 7. 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 #
LT. DiGIULIO	G. KENNAWAY	
J. MOLLO	D. FORTIN	
	P. RUGGIANO	
VEHICLE	**STATION**	**ON SCENE**
	F. ROTELLA	

REMARKS: CODE BLUE FROM ENGINE 6. SENT ENGINE 2 ON A SPECIAL SIGNAL. HEADQUATERS COULD NOT RECIEVE ENGINE 7.

Dennis Bazzle
SIGNED BY:

LT. DiGIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 587 N. P. File # 2 484

Date: 11 (MONTH) 12 (DAY) 73 (YEAR)

Time alarm received 2:57 P M Number of miles traveled 1

Time back in service 3:17 P M

Time back at station 3:20 P M

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

Location of alarm: (Street and Number) END OF JACKSONIA DRIVE

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		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) 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. DiGIULIO		
D. BAZZLE		
C. HARRINGTON		
D. FORTIN		
J.MOLLO		

VEHICLE	STATION	ON SCENE
	B. DiGUILIO	
	W.DRAPER	

REMARKS: CODE YELLOW, OPEN BURNING

Denny Bazzle
SIGNED BY:

LT. DiGUILIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 588 N. P. File # 2485

Date: 11 (MONTH) 12 (DAY) 73 (YEAR)

Time alarm received 3:09 P M Number of miles traveled 2

Time back in service 3:12 P M

Time back at station 3:20 P M

Alarm received by: Box # 524 Phone _____ Other _____ (Describe)

Location of alarm: (Street and Number) KING & ORCHARD

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 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. DiGIILIO	
	W. DRAPER	
	N. PHELAND	
VEHICLE	**STATION**	**ON SCENE**

REMARKS: CODE BLUE FROM ENGINE 6

Dennis Barfe
SIGNED BY:

W. DRAPER
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 590 N. P. File # 2499

Date: 11/13/73
MONTH DAY YEAR

Time alarm received 10:35 A M Number of miles traveled 2

Time back in service ____ M

Time back at station 10:38 A M

Alarm received by: Box # 6214 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) BROOKFARM RD.

Cause of fire ____

Description of building or occupancy: BRICHWOOD SCHOOL

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		XX 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) #3.4.5.7. 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 #
CAPT. J. MURPHY	LT. E. DI GIULIO	
D. BAZZLE	B. DI GIULIO	
J. MOLLO	N. PHELAND	
	D. FORTIN	
VEHICLE	**STATION**	**ON SCENE**
W. DRAPER		

REMARKS: CODE BL UE FROM ENG.#3.

Bernard Di Giulio
SIGNED BY:

CAPT. J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 589 N. P. File # 2489

Date: 11/12/73 (MONTH / DAY / YEAR)

Time alarm received 4:56 P M Number of miles traveled 2

Time back in service 4:58 P M

Time back at station 5:10 P M

Alarm received by: Box # 516 Phone ____ Other ____ (Describe)

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

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, 7, 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 #
CHIEF E. DI GIULIO	W. ROY	
CAPT. C. SALISBURY	G. KENNAWAY	
E. PELLAND	B. DI GIULIO	
D. BAZZLE	T. PERNA	
	J. MOLLO	
	D. MARCIANO	
	M. PHELAND	

VEHICLE	STATION	ON SCENE
	J. BOREK	
	D. FORTIN	
	P. RUGGIANO	
	F. ROTELLA	

REMARKS: CODE BLUE FROM ENG.#6.

Bernard Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 591 N. P. File # 2503

Date: 11/13/73 (MONTH / DAY / YEAR)

Time alarm received 3:06 P M

Time back in service 3:08 P M

Time back at station 3:20 P M

Number of miles traveled 4

Alarm received by: Box # 533 Phone _____ Other _____ (Describe)

Location of alarm: (Street and Number) LAWRENCE & MEADOWBROOK

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) #6.7. 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. E. DI GIULIO	B. DI GIULIO	
D. BAZZLE	D. FORTIN	
J. MOLLO		
VEHICLE	**STATION**	**ON SCENE**
	F. ROTELLA	
	W. DRAPER	

REMARKS: CODE BLUE FROM ENG.#6.

Bernard Di Giulio
SIGNED BY:

LT. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 592 N. P. File # 2522

Date: 11 (MONTH) 14 (DAY) 73 (YEAR)

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

Time back in service 4:02 P M

Time back at station 4:12 P M

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

Location of alarm: (Street and Number) INTERVALE 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
	NONE				

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) 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. DI GIULIO		
J. MOLLO		
D. BAZZLE		
D. FORTIN		

VEHICLE	STATION	ON SCENE
	W. ROY	
	E. PELLAND	
	N. PHELAND	
	P. RUGGIANO	
	B. DI GIULIO	
	W. DRAPER	

REMARKS: COVERED FOR ENG 6 OUT ON ARRIVAL

Lt E. DI Giulio
SIGNED BY:

LT E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 593 N. P. File # 2524

Date: 11 (MONTH) 14 (DAY) 73 (YEAR)

Time alarm received 5:02 P M Number of miles traveled 1

Time back in service 5:06 P M

Time back at station 5:15 P M

Alarm received by: Box # 123 Phone _____ Other _____ (Describe)

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

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) 7, 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 #
CHIEF E. DI GIULIO	E. PELLAND	
CAPT C. SALISBURY	K. MIDDLETON	
W. ROY	D. FORTIN	
J. BOREK	R. RATHIER	
D. BAZZLE	N. PHLELAND	
	P. RUGGIANO	

VEHICLE	STATION	ON SCENE
	F. ROTELLA	
	W. DRAPER	

REMARKS: CODE BLUE

SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 594 N. P. File # 2537

Date: 11/15/73
MONTH DAY YEAR

Time alarm received 3:51 P M Number of miles traveled 2

Time back in service 3:56 P M

Time back at station 4:04 P M

Alarm received by: Box # 124 Phone _____ Other _____ (Describe)

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

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) #7.6. 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	B. DI GIULIO	
D. BAZZLE	D. FORTIN	
J. MOLLO	N. PHELAND	
	W. DRAPER	
VEHICLE	**STATION**	**ON SCENE**
	CAPT. J. MURPHY	
	F. ROTELLA	

REMARKS: CODE BLUE FROM ENG. #7.

Bernard Di Giulio
SIGNED BY:

LT. E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 595 N. P. File # 2540

Date: 11/15/73 (MONTH / DAY / YEAR)

Time alarm received 5:18 P M Number of miles traveled 3

Time back in service ____ M

Time back at station 5:34 P M

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

Location of alarm: (Street and Number) THOMAS 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	50'	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: 10

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #7. 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		
J. ~~BOREK~~		

VEHICLE	STATION	ON SCENE
D. FORTIN	D. HOUDE	
P. RUGGIANO	D. MARCIANO	

REMARKS: SMALL BRUSH FIRE ON HILL.

SIGNED BY: Bernard E. Di Giulio

CHIEF E. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 596 N. P. File # 2547

Date: 11/15/73
MONTH DAY YEAR

Time alarm received 8:22 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 8:24 P M

Alarm received by: Box # 516 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) RUMBERT & VICTOR

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) #7, 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 #
LT. F. BURSIE	E. PELLAND	
C. ZAHN	D. MARCIANO	
B. DI GIULIO	H. DARBY	
	P. RUGGIANO	

VEHICLE	STATION	ON SCENE
	CAPT. J. MURPHY	
	D. HOUDE	
	F. ROTELLA	

REMARKS: CODE BLUE FROM RES. #1.

Bernard Di Giulio
SIGNED BY:

LT. F. BURSIE
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 597 N. P. File # 2553

Date: 11/16/73 (MONTH / DAY / YEAR)

Time alarm received 11:08 A M

Time back in service 11:25 A M

Time back at station 11:30 A M

Number of miles traveled 6

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

Location of alarm: (Street and Number) 105 HIGH SERVICE AVE.

Cause of fire COOKING

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

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

VEHICLE	STATION	ON SCENE

REMARKS:

SIGNED BY:

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company_____ Company Alarm #_____ N. P. File # _____

Date: _____
MONTH DAY YEAR

Time alarm received _____ M Number of miles traveled _____

Time back in service _____ M

Time back at station _____ M

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

Location of alarm: (Street and Number) _____

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) _____ 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. E. DI GIULIO	
J. MOLLO	B. DI GIULIO	
K. MIDDLETON	D. DI IORO (LYM.)	
VEHICLE	**STATION**	**ON SCENE**
	W. DRAPER	

REMARKS: NO FIRE, LITTLE SMOKE IN HOUSE, CAUSED BY COOKING.

Bernard Di Giulio
SIGNED BY

CAPT. J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 598 N. P. File # 2556

Date: 11 (MONTH) 16 (DAY) 73 (YEAR)

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

Time back in service ____ M

Time back at station 3:13 P M

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

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

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)		

	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 Ladder(s) ____ Rescue(s) 1 & 2 Car: ____

Other companies responding: JOHNSTON RES. #2 on A SPECIAL SIGNAL

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. D1GUILIO		
J. MOLLO		
D. BAZZLE		
D. FORTIN		
C. HARRINGTON		

VEHICLE	STATION	ON SCENE
	B. D1GUILIO	
	W. DRAPER	
	N. PHELAND	

REMARKS: BUS HIT PARKED CAR_ NOT NEEDED RES. 2& 1HANDLED RES 1 TRANSPORTED. BUICK OI 10 RI. BUS RI. TRANSIT RI. 856. ON RETURN TO THE STATION LEAVING SCENE GIRL IN CAR GOT SICK CALLED FOR ANOTHER RESCUE GAVE FIRST AID, RES 2 FROM JOHNSTON CAME IN.

Dennis Bazzle
SIGNED BY:

LT. D1GUILIO
PERSON IN CHG.

NO. PROVIDENCE FIRE DEPARTMENT
– SECONDARY RESCUE REPORTS –

DATE: 11/ 16/ 73 TIME: ARRIVED 2:50 RETURNED 3:15

NAME: ROBIN PINA AGE: 14

ADDRESS: 63 MARCH ST. ALARM BY: RADIO.

LOCATION OF RESCUE ATLANTIC & SMITH

EXAMINATION

SKULL *

EYES *

EARS *

NOSE *

MOUTH *

CHEST *

ABDOMEN * DIFFICULTY BREATHING & PAINS IN THE STOMACH

UPPER EXTREMITIES *

LOWER EXTREMITIES *

POSITION OF PATIENT WHEN FOUND: LYING IN BACK SEAT OF CAR

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) YES

PATIENT TRANSPORTED TO: ROGER WILLIAMS 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)

HOPE RESCIAUTOR, 2 BLANKETS.

JOHNSTON RESCUE 2 TRANSPORTED TO HOSPITAL, AS LEAVING SCENE LADY CALLED FOR OUR ASSISTANCE.

SIGNED: DAVID FORTIN OFFICER IN CHARGE: LT. DiGUILIO

RESCUE CO. NO. ENG. 7

LT. DiGUILIO P.
J. MOLLO.P
D. FORTIN.P
D. BAZZLE.P
C. HARRINGTON.P
B. DiGUILIO.S
M.DRAPER. S

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 599 N. P. File # 2561

Date: 11 (MONTH) 17 (DAY) 73 (YEAR)

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

Time back in service ____ M

Time back at station 12:07 P M

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

Location of alarm: (Street and Number) 2062 SMITH ST

Cause of fire POSSIBLE SHORT IN WIRE

Description of building or occupancy: ____

Owner of building or occupancy: MGR. MIKE LUZZI 40 FORREST. MR. CHRISTMAS

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		☐ 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	XX	Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
1	PLIER				
1	SCREWDRIVER				

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 7 Ladder(s) 1 Rescue(s) ____ Car: ____

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. SALISBURY	LT. DiGUILIO	
C. ZAHN	LT. BURSIE	
D. BAZZLE	D. FORTIN	
T. RUSSO	H. DARBY	
	R. PAQUET	

VEHICLE	STATION	ON SCENE
D. MARCIANO	D. HOUDE	
	C. HARRINGTON	
	N. PHELAND	
	F. ROTELLA	
	W. DRAPER	

REMARKS: 1 BALLAST SHORT IN WIRING SMOKE NO VISIBAL FIRE

Dennis Bazzle
SIGNED BY:

CAPT. SALISBURY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 600 N. P. File # 2563

Date: 11 (MONTH) 17 (DAY) 73 (YEAR)

Time alarm received 12:46 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 1:00 P M

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

Location of alarm: (Street and Number) NELSON 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		☐ 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 Ladder(s) ____ Rescue(s) ____ Car: ____

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. BURSIE		
C. ZAHN		
D. BAZZLE		
S.COPPA		
D. MARCIANO		
C. HARRINGTON		
T. RUSSO		

VEHICLE	STATION	ON SCENE
	LT. DiGUILIO	
	D. HOUDE	
	D. FORTIN	
	N. PHELAND	
	R. PAQUET	
	E. PELLAND	

REMARKS: CODE BLUE REPORT OF BRUSH AT END OF NELSON ST.

Dennis Bazzle
SIGNED BY:

LT. BURSIE
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 601 N. P. File # 2570

Date: 11/18/73 (MONTH DAY YEAR)

Time alarm received 4:02 M Number of miles traveled 2

Time back in service ____ M

Time back at station 4:10 M

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

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

Cause of fire RUBBISH BURNING IN FIREPLACE

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		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: ENG 7

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 #
LT. BURSIE		
W. ROY		
E. PELLAND		
C. ZAHN		
D. FORTIN		
T. RUSSO		

VEHICLE	STATION	ON SCENE
	CAPT. MURPHY	CHIEF DIGUILIO
	J BOREK	
	D. BAZZEL	
	N.PHELAND	
	R. RATHIER	
	P. RUGGIANO	
	T. PERNA	
	W. DRAPER	

REMARKS:

Thomas Pelland
SIGNED BY:

CHIEF DIGULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 602 N. P. File # 2579

Date: 11 (MONTH) 20 (DAY) 73 (YEAR)

Time alarm received 6:21 A M Number of miles traveled 5

Time back in service 6:56 A M

Time back at station 7:10 M

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

Location of alarm: (Street and Number) (TOWN DUMP) 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	XX Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
XX 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	350'	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) XXX 7 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		
LT F. BURSIE		
J. MOLLO		
W. ROY		
D. MARCIANO		

VEHICLE	STATION	ON SCENE

REMARKS: LARGE LUMBER PILE, LAID LINE FROM HYD. NOTIFIED PUBLIC WORKS . DEMOLITION DEBRIS FROM HOUSES BEING TRUCKED IN.

SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 603 N. P. File # 2583

Date: 11 (MONTH) 20 (DAY) 73 (YEAR)

Time alarm received 2:29 P M Number of miles traveled 3

Time back in service 4:17 P M

Time back at station 4:23 P M

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

Location of alarm: (Street and Number) WOODLAWN AVE (SMITHFIELD)

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
15	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
1	PORTABLE RADIO				

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) 2, 4 Ladder(s) _____ Rescue(s) _____ Car: _____

Other companies responding: SMITHFIELD 2 TRUCKS

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. F. BURSIE J. MOLLO B. DiGIULIO D. BAZZLE P. PHILLIPS		

VEHICLE	STATION	ON SCENE
N. PHELAND W. DRAPER	LT. E. DiGIULIO E. PELLAND D. FORTIN	

REMARKS: LARGE BRUSH FIRE IN WOODS. SMITHFIELD CALLED FOR ASSISTANCE. FIRE WAS HEADED FOR NO. PROV. LINE, ABOUT 15 ACRES BURNED

Lt. E. DiGiulio

SIGNED BY:

LT. F. BURSIE

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 604 N. P. File # 2588

Date: 11/21/73
MONTH DAY YEAR

Time alarm received 5:35 P M

Time back in service 5:37 P M

Time back at station 5:40 P M

Number of miles traveled 1

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

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

Cause of fire _____

Description of building or occupancy: SHED

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) #6.2.7. 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. J. MURPHY	
LT. E. DI GIULIO	E. PELLAND	
W. ROY	D. BAZZLE	
J. BOREK	J. MOLLO	
T. RUSSO	D. MARCIANO	
	D. FORTIN	
	N. PHELAND	

VEHICLE	STATION	ON SCENE
	W. DRAPER	

REMARKS: CODE YELLOW FROM ENG. #6.
SHED FIRE ON LYMAN AVE.

Bernard W. Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 605 N. P. File # 2604

Date: 11 (MONTH) 23 (DAY) 73 (YEAR)

Time alarm received 8:34 P M Number of miles traveled 3

Time back in service _____ M

Time back at station 8:38 P M

Alarm received by: Box # 417 Phone _____ Other _____ (Describe)

Location of alarm: (Street and Number) ONLEY & SHEFFIELD

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) 2 Car: _____

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	LT E. DI GIULIO	
	E. PELLAND	
	C. ZAHN	
	D. BAZZLE	
	R. RATHIER	
	C. HARRINGTON	
	T. PERNA	

VEHICLE	STATION	ON SCENE
F. ROTELLA	W. ROE	
	T. RUSSO	

REMARKS: CODE BLUE

E. Di Giulio
SIGNED BY:

LT. E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 606 N. P. File # 2605

Date: 11 (MONTH) 23 (DAY) 73 (YEAR)

Time alarm received 9:07 P M Number of miles traveled 1

Time back in service _____ M

Time back at station 9:08 P M

Alarm received by: Box # 417 Phone _____ Other _____ (Describe)

Location of alarm: (Street and Number) ONLEY & SHEFFIELD

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) 2 Car: _____

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	LT E. DI GIULIO	
	E. PELLAND	
	C. ZAHN	
	D. BAZZLE	
	C. HARRINGTON	
	R. RATHIER	
	T. RUSSO	

VEHICLE	STATION	ON SCENE
	W. ROY	
	D. HOUDE	
	T. PERNA	
	F. ROTELLA	

REMARKS: CODE G LUE

SIGNED BY:

LT E. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 607 N. P. File # ~~2608~~

Date: 11 (MONTH) 24 (DAY) 73 (YEAR)

Time alarm received 10:24 A M Number of miles traveled 3

Time back in service ____ M

Time back at station 10:27 A M

Alarm received by: Box # 417 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) ONLEY & SHEFFIELD

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) 2 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	
	D. BAZZLE	
	D. FORTIN	
	N. PHELAND	
VEHICLE	**STATION**	**ON SCENE**
	T. PERNA	
	R. PARENTEAU	
	W. DRAPER	
	F. ROTELLA	

REMARKS: CODE BLUE

Lt. Ernie Di Giulio
SIGNED BY:

C. ZAHN
PERSON IN CHG.

NO. PROVIDENCE FIRE DEPARTMENT

– PRIMARY RESCUE REPORTS –

File # 2612

DATE: 11/24/73 TIME: ARRIVED 8:02 RETURNED 8:12

NAME: Ellen Cusick AGE: 60

ADDRESS: 262 Mercer St. E.Prov ALARM BY:

LOCATION OF RESCUE Centredale Fire Station

EXAMINATION

SKULL *

EYES *

EARS *

NOSE *

MOUTH *

CHEST *

ABDOMEN *

UPPER EXTREMITIES *

LOWER EXTREMITIES * Right Knee Scraped. Knee Cap (Abbrasion)

POSITION OF PATIENT WHEN FOUND:

WAS PATIENT CONSCIOUS? Yes

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) Yes

PATIENT TRANSPORTED TO:

IF PATIENT WAS NOT TRANSPORTED EXPLAIN: (No) Walked into Station and was Treated in Station.

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

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

(2-) three inch. by three inch. Gauze Pads. (And Tape)

SIGNED: David Fortin OFFICER IN CHARGE: C. Zahn

RESCUE CO. NO. _____

Lt. E Di Giulio
C. Zahn
R. Rathier
D. Fortin
D. Bazzle

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 608 N. P. File # 2615

Date: 11 (MONTH) ~~24~~ XX 25 (DAY) 73 (YEAR)

Time alarm received 10:36 A M Number of miles traveled 3

Time back in service 10:39 A M

Time back at station 10:43 A M

Alarm received by: Box # 418 Phone _____ Other _____ (Describe)

Location of alarm: (Street and Number) SMITH & THIRD

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 XX	☐ 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 & 7 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	CAPT J. MURPHY	
C. ZAHN	CAPT C. SALISBURY	
D. FORTIN	LT E. DI GIULIO	
T. RUSSO	W. ROY	
	T. PERNA	

VEHICLE	STATION	ON SCENE
	D. BAZZLE	
	D. MARCIANO	
	P. PALUMBO	
	R. PARENTEAU	
	W. DRAPER	
	F. ROTELLA	

REMARKS: CODE BLUE

E. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 609 N. P. File # 2617

Date: 11 (MONTH) 25 (DAY) 73 (YEAR)

Time alarm received 4:19 P M Number of miles traveled 7

Time back in service ____ M

Time back at station 4:47 P M

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

Location of alarm: (Street and Number) SMITHFIELD RD. (TOWN DUMP)

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
☒ XX 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 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	EXPTXXXXXXMURPHY	
E. PELLAND	XXXXTXXXXXXXX	
C. ZAHN		
D. BAZZLE		
J. LANE		
D. FORTIN		
R. RATHIER		
N. PHELAND		

VEHICLE	STATION	ON SCENE
	CAPT J. MURPHY	
	LT E. DI GIULIO	
	T. RUSSO	
	W. DRAPER	
	F. ROTEDLA	

REMARKS: DISPATCHED TO POLLY DR. FIRE APPEARED TO BE IN THE DUMP RESPONED TO DUMP, FIRE IN PILE OF RUBBISH , REFERRED TO DEPT. OF PUBLIC WORKS.

Lt. Ernie Di Giulio
SIGNED BY:

PVT. E. PELLAND
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 610 N. P. File # 2622

Date: 11 (MONTH) 26 (DAY) 73 (YEAR)

Time alarm received 5:09 P M Number of miles traveled 1

Time back in service _____ M

Time back at station 5:21 P M

Alarm received by: Box # _____ Phone XX 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
2	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 Ladder(s) _____ Rescue(s) _____ Car: _____

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
J. BOREK		
D. FORTIN		
N. PHELAND		

VEHICLE	STATION	ON SCENE
	F. ROTELLA	

REMARKS: SMALL RUBBISH FIRE ON SIDE OF HOUSE UNDER CONSTRUCTION

SIGNED BY:

D. FORTIN
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 611 N. P. File # 2623

Date: 11 (MONTH) 26 (DAY) 73 (YEAR)

Time alarm received 7:18 P M Number of miles traveled 3

Time back in service ____ M

Time back at station 7:26 P M

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

Location of alarm: (Street and Number) LARCHMONT 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) 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		
C. ZAHN		
D. BAZZLE		
J. LANE		
D. FORTIN		
T. RUSSO		

VEHICLE	STATION	ON SCENE
	LT E. DI GIULIO	
	LT F. BURSIE	
	W. ROY	
	J. BOREK	
	D. HOUDE	
	R. R ATHIER	
	F. ROTELLA	
	W. DRAPER	

REMARKS: CODE BLUE

SIGNED BY:

CAPT C. SALISBURY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTRED 1e Company Alarm # 612 N. P. File # 2624

Date: 11 (MONTH) 26 (DAY) 73 (YEAR)

Time alarm received 8:18 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 8:29 P M

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

Location of alarm: (Street and Number) LARCHMONT 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	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
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) 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 J. MURPHY		
C. ZAHN		
D. BAZZLE		
D. FORTIN		
R. RATHIER		
T. RUSSO		
VEHICLE	**STATION**	**ON SCENE**
H. DARBY	CAPT C. SALISBURY	
	LT E. DI GIULIO	
	LT F. BURSIE	
	CHIEF E. DI GIULIO	
	D. HOUDE	
	J.MOLLO	
	T. PERNA	
	F. ROTELLA	
	W. DRABER	

REMARKS: TWO SUBJECTS WITH A CAMPFIRE OPEN BURNING

SIGNED BY:

CAPT J. MURPHY
PERSON IN CHG.