NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 335 N. P. File # 838

Date: 8 (MONTH) 1 (DAY) 74 (YEAR)

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

Time back in service 11:13 A M

Time back at station 11:19 A M

Alarm received by: Box # 6221 Phone _____ Other _____ (Describe)

Location of alarm: (Street and Number) MIN. SPRING AVE (WOODWARD ROAD SCHOOL)

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	XX Code Yellow	☐ Water emergency
☒ 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) 3, 4, 5 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 #
	LT E. DI GIULIO	
	CAPT C. SALISBURY	
	P. HPILLIPS	

VEHICLE	STATION	ON SCENE
	B. DI GIULIO	
	J. MOLLO	
	N.PHELAND	
	H. PARISI	

REMARKS: BRUSH FIRE, ENG 3

SIGNED BY:

CAPT C. SALISBURY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 336 N. P. File # 839

Date: 8 (MONTH) 1 (DAY) 74 (YEAR)

Time alarm received 3:17 P M

Time back in service 3:23 P M

Time back at station 3:26 P M

Number of miles traveled 3

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

Location of alarm: (Street and Number) 56 BICENTENNIAL WAY

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
- ☒ XX Fire in brush or grass
- ☐ Fire in rubbish
- ☐ Fire in dump
- ☐ Fire in vehicle
- ☐ Miscellaneous fires (describe)

FIRE CODE

- ☐ Code Red
- ☒ XX 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	20'	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: _____

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		
N. PHELAND		

VEHICLE	STATION	ON SCENE
	CAPT C. SALISBURY	
	LT E. DI GIULIO	
	D. FORTIN	
	P. PHILLIPS	
	D. BAZZLE	
	W. DRAPER SR	

REMARKS: BRUSH FIRE YELLOW

Lt Emil Kuba
SIGNED BY:

J. MOLLO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 337 N. P. File # 841

Date: 8 (MONTH) 2 (DAY) 74 (YEAR)

Time alarm received 9:34 A M Number of miles traveled 2

Time back in service ____ M

Time back at station 9:45 A M

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

Location of alarm: (Street and Number) SWAN 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, 1 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		
p. phillips		

VEHICLE	STATION	ON SCENE
D. FORTIN	CAPT C. SALISBURY	
	LT E. DI GIULIO	
	B. DI GIULIO	
	N. PHELAND	

REMARKS: CALL FOR INVESTIGATION. NO NUMBER GIVEN

Lt E. Di Giulio
SIGNED BY:

P. PHILLIPS
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 338 N. P. File # 842

Date: 8 (MONTH) 2 (DAY) 74 (YEAR)

Time alarm received 10:00 A M Number of miles traveled 4

Time back in service 10:17 A M

Time back at station 10:23 A M

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

Location of alarm: (Street and Number) 250 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	XX Code Yellow	☐ Water emergency
XX Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) 1 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		
P. PHILLIPS		
N. PHELAND		

VEHICLE	STATION	ON SCENE
	~~CAPT J. MURPHY~~	
	CAPT C. SALISBURY	
	LT E. DI GIULIO	
	D. FORTIN	
	B. DI GIULIO	
	W. DRAPER SR	

REMARKS: SMALL BRUSH. USED LADY'S GARDEN HOSE TO PUT OUT FIRE

Lt Emil A. Giulio
SIGNED BY:

P. PHILLIPS
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 339 N. P. File # 848

Date: 8 (MONTH) 3 (DAY) 74 (YEAR)

Time alarm received 3:43 A M Number of miles traveled 7

Time back in service ____ M

Time back at station 5:07 A M

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

Location of alarm: (Street and Number) HDQ. JOHNSTON FIRE DEPT. (STAND BY)

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) 1 Rescue(s) ____ Car: ____

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	~~E. PELLAND~~	
	~~D. BAZZLE~~	
	~~N. PHELAND~~	

VEHICLE	STATION	ON SCENE
	~~CHIEF E. DI GIULIO~~	
	CAPT J. MURPHY	
	LT F. BURSIE	
	C. ZAHN	
	T. PER NA	

REMARKS: STAND BY AT JOHNSTON HDQ.

Lt Donald Sinko
SIGNED BY:

D. BAZZLE
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 340 N. P. File # 849

Date: 8 (MONTH) 3 (DAY) 74 (YEAR)

Time alarm received 9:41 A M Number of miles traveled 2

Time back in service ____ M

Time back at station 10:10 A M

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

Location of alarm: (Street and Number) 26 FITZHUGH ST

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 3, 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 #

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 #
	E. PELLAND	
	D. BAZZLE	
	N. PHELAND	
VEHICLE	**STATION**	**ON SCENE**
	LT E. DI GIULIO	
	LT F. BURSIE	
	D. MARCIANO	
	W. DRAPER SR	

REMARKS: CODE YELLOW FOR ENG 3 & LADDER 1

Lt. E. DiGiulio
SIGNED BY:

D. BAZZLE
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 341 N. P. File # 851

Date: 8 (MONTH) 3 (DAY) 74 (YEAR)

Time alarm received 2:03 P M Number of miles traveled 7

Time back in service ____ M

Time back at station 2:25 P M

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

Location of alarm: (Street and Number) 93 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	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
	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 #
CHIEF E. DI GIULIO		
E. PELLAND		
D. FORTIN		
W. DRAPER JR		
D. BAZZLE		
T. RUSSO		

VEHICLE	STATION	ON SCENE
	LT F. BURSIE	
	R. RATHIER	
	N. PHELAND	

REMARKS: REAR OF TRI TOWN SMALL BRUSH

Lt. E. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 342 N. P. File # 853

Date: 8 (MONTH) 3 (DAY) 74 (YEAR)

Time alarm received 10:11 P M Number of miles traveled 40

Time back in service ____ M

Time back at station 1:51 A M

Alarm received by: Box # 156 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) ALLEN AVE

Cause of fire SET

Description of building or occupancy: THREE STORY WOOD

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	150'	Booster		Aerial
	Dry Chemical	400'	1½ Inch Hose	2- 35	Over 35 Feet
	Foam	200'	2½ Inch Hose	24, 20	Under 35 Feet
	Pump Cans		3 Inch Hose	18, 2-14	SALVAGE COVERS 2-14
	Brooms		Other (Describe)		Number Used
	Other (Describe)	4	FLOODLIGHTS		Other Equipment
4	AXES	1	SCOTT PAC.		
4	PIKE POLES		GENERATOR 3hr.		
4	HANDLIGHTS				

APPARATUS REPORT

Working time of pump: Hours: 3 minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding:

Engines(s) 1, 6, S83, 7 Ladder(s) 1 Rescue(s) 1 Car: 1 + 78

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT J. MURPHY	D. BAZZLE	
W. ROY	J. MOLLO	
D. FORTIN	N. PHELAND	
R. RATHIER		
T. RUSSO		

VEHICLE	STATION	ON SCENE
W. DRAPER JR		
C.ZAHN		
H. DARBY		
J. MURPHY SR		
P. PHILLIPS		
CHIEF E. DI GIULIO		
F. ROTELLA		
W. DRAPER SR		

REMARKS: CODE RED. ALL THREE FLOORS HEAVLY INVOLVED ON ARRIVAL HEAVY DAMAGE TO REAR OF BLDG..

Chief E. Di Giulio

SIGNED BY:

CHIEF E. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 343 N. P. File # 857

Date: 8 (MONTH) 4 (DAY) 74 (YEAR)

Time alarm received 9:44 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 9:46 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	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) 7 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 #
	W. ROY	
	D. FORTIN	
	R. RATHUER	
	P. PHILLIPS	
	T. PERNA	

VEHICLE	STATION	ON SCENE
	CHIEF E. DI GIULIO	
	LT F. BURSIEI	

REMARKS: CODE BLUE

Lt. Ernest Di Giulio
SIGNED BY:

W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 344 N. P. File # 858

Date: 8 (MONTH) 5 (DAY) 74 (YEAR)

Time alarm received 1:52 A M Number of miles traveled 24

Time back in service ____ M

Time back at station 3:25 A M

Alarm received by: Box # 131 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) 2052 MINERAL SP. AVE

Cause of fire SET

Description of building or occupancy: VACANT, WOOD

Owner of building or occupancy: ROBERT CERISI

Owner's address: SOUTH BROOKSIDE

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

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	150'	Booster	35'	Aerial
	Dry Chemical	300'	1½ Inch Hose		Over 35 Feet
	Foam	150'	2½ Inch Hose	24	Under 35 Feet
	Pump Cans		3 Inch Hose	2- 14'	SALVAGE COVERS
	Brooms		Other (Describe)		Number Used
	Other (Describe)	2	SCOTTS		Other Equipment
2	HANDLIGHTS				
3	AXES		GENERATOR 1hr 15 min.		
2	PIKE POLES	1	SMOKE EJECTOR	2	FLOOD LIGHTS

APPARATUS REPORT

Working time of pump: Hours: 1 minutes: 15

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 1, 6 Ladder(s) 1 Rescue(s) 1 Car: 1 & 78

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
D. MARCIANO	W. ROY	
D. FORTIN	D. HOUDE	
K. MIDDLETON	T. RUSSO	
D. BAZZLE	J. MOLLO	
T. PERNA	CAPT J. MURPHY	

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO		
LT E. DI GIULIO		
H. DARBY		
P. PHILLIPS		
J. MURPHY SR		
R.PARENTEAU		
E. ROTELLA		
W. DRAPER SR		

REMARKS: CODE RED, FIRE IN ATTIC AND BROKE THRU ROOF. DAMAGE TO WALLS IN BATH ROOM, HEAVY DAMAGE TO ATTIC AREA WATER DAMAGE TO REST OF HOUSE.. NO ELECTRICITY IN HOUSE

J.O. CHARPENTIER CLAIMS SMOKE DAMAGE (HOUSE NEXT DOOR)

Lt Ernest Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 345 N. P. File # 859

Date: 8 (MONTH) 5 (DAY) 74 (YEAR)

Time alarm received 1:12 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 1:50 P M

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

Location of alarm: (Street and Number) 41 SYLVIA AVE

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: WILLIAM BUCKLEY

Owner's address: SAME

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) GAS LEAK
☐ Miscellaneous fires (describe) ____		

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) SS 1. 3 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	J. MOLLO	
CAPT C. SALISBURY	D. BAZZLE	
LT E. DI GIULIO	D. FORTIN	

VEHICLE	STATION	ON SCENE

REMARKS: STRONG ODOR OF GAS IN CELLAR. SHUT OFF GAS METER AND CALLED GAS COMP. PEOPLE ARE MOVEING FROM HOUSE
ENG 7 DID NOT GET OUT

Lt. Ernest Sinks
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NO. PROVIDENCE FIRE DEPARTMENT
– SECONDARY RESCUE REPORTS –

RES. FILE# 805 COMP. # 346

DATE: 8 / 5/ 74 TIME: ARRIVED 1:00 pm RETURNED 1:17 pm

NAME: JOHN HOPKINS AGE: 14

ADDRESS: 77 PINE HILL AVE. JOHNSTON, R.I. ALARM BY:

LOCATION OF RESCUE CENTREDALE STATION (WALK IN)

EXAMINATION

SKULL * OK

EYES * OK

EARS * OK

NOSE * OK

MOUTH * OK

CHEST * OK

ABDOMEN * OK

UPPER EXTREMITIES * LASERATIONS ON BACK OF RIGHT HAND

LOWER EXTREMITIES * OK

POSITION OF PATIENT WHEN FOUND: WALKED INTO STATION

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) YES

PATIENT TRANSPORTED TO: ROGER WILLIAMS HOSP. RES 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)

CLEANED & DRESSED LASERATION ON RIGHT HAND. CALLED PARENTS OF VICTIM AND RECEIVED PERMISSION TO TRANSPORT TO HOSP.

SIGNED: Peter Phillips OFFICER IN CHARGE: CHIEF E. DI GIULIO

RESCUE CO. NO. 1

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 347 N. P. File # 860

Date: 8 (MONTH) 6 (DAY) 74 (YEAR)

Time alarm received 6:23 A M Number of miles traveled 7

Time back in service ____ M

Time back at station 7:37 A M

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

Location of alarm: (Street and Number) HDQ. JOHNSTON FIRE DEPT.

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) 1 Rescue(s) ____ Car: ____

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	E. PELLAND	
	N. PHELAND	
	D. BAZZLE	
	D. MARCIANO	

VEHICLE	STATION	ON SCENE
	~~CHIEF E. DI GIULIO~~	
	CAPT J. MURPHY	
	J. MOLLO	

REMARKS: STAND BY AT JOHNSTON FIRE DEPT

Lt E. Di Giulio
SIGNED BY:

D. MARCIANO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 348 N. P. File # 863

Date: 8 (MONTH) 6 (DAY) 74 (YEAR)

Time alarm received 4:37 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 4:46 P M

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

Location of alarm: (Street and Number) 79 LOCUST 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
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) 1 Ladder(s) ____ Rescue(s) ____ Car: ____

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
E. PELLAND		
P: PHILLIPS		
J. MOLLO		
D. FORTIN		

VEHICLE	STATION	ON SCENE

REMARKS: SMALL BRUSH

SIGNED BY:

E. PELLAND
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 349 N. P. File # 866

Date: 8 (MONTH) 7 (DAY) 74 (YEAR)

Time alarm received 1:34 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 1:42 P M

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

Location of alarm: (Street and Number) 21 MERCHANT ST

Cause of fire SHORT

Description of building or occupancy: ____

Owner of building or occupancy: JOSEPH PROCACCINI

Owner's address: SAME

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT C. SALISBURY	J. MOLLO	
LT E. DI GIULIO	D. FORTIN	

VEHICLE	STATION	ON SCENE
W. DRAPER SR		

REMARKS: CODE YELLOW FOR ENG 1. ENG 7 DID NOT GET OUT
CORD PLUG ON VACUM SHORTED OUT WHEN PLUGED INTO RECEPTICLE ON STOVE

Lt Eug Di Giulio
SIGNED BY:

CAPT C. SALISBURY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 350 N. P. File # 868

Date: 8 (MONTH) 7 (DAY) 74 (YEAR)

Time alarm received 3:33 P M Number of miles traveled 3

Time back in service ____ M

Time back at station 3:38 P M

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

Location of alarm: (Street and Number) 120 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 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) 1, 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 #
CAPT C. SALISBURY	J. MOLLO	
LT E. DI GIULIO	P. PHILLIPS	
D. FORTIN		

VEHICLE	STATION	ON SCENE
H. PARISI	W. DRAPER SR	

REMARKS: CODE BLUE, LADY SAID SHE DIDN'T CALL

Lt Emilio Di Giulio
SIGNED BY:

CAPT C. SALISBURY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 351 N. P. File # 869

Date: 8 (MONTH) 7 (DAY) 74 (YEAR)

Time alarm received 8:09 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 8:13 P M

Alarm received by: Box # 427 Phone ____ Other ____ (Describe)

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

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) 7, 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 #
LT E. DI GIULIO	D. HOUDE	
W. ROY	J. MOLLO	
E. PELLAND	C. ZAHN	
D. MARCIANO	J. BOREK	
D. FORTIN	S. COPPA	
T. RUSSO		
VEHICLE	**STATION**	**ON SCENE**
LT F. BURSIE	CHIEF E. DI GIULIO	
	CAPT J. MURPHY	
	LT P. RUGGIANO	
	R. IAFRATE	
	R. PAQUET	
	F. ROTELLA	
	W. DRAPER SR	

REMARKS: CODE BLUE

Lt E. Di Giulio
SIGNED BY:

LT E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 352 352 File # 872

Date: 8 (MONTH) 9 (DAY) 74 (YEAR)

Time alarm received 10:04 A M Number of miles traveled 2

Time back in service ____ M

Time back at station 10:07 A M

Alarm received by: Box # 6221 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) WOODWARD RD 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 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) 3, 4, 5, SS 1 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 #
LT E. DI GIULIO	CAPT C. SALISBU Y	
P. PHILLIPS	CAPT J. MURPHY	
	J. MOLLO	

VEHICLE	STATION	ON SCENE
	H. PARSSI	

REMARKS: CODE BLUE

LT. [illegible]
SIGNED BY:

CAPT J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTRELDALE Company Alarm # 353 N. P. File # 875

Date: 8 (MONTH) 9 (DAY) 74 (YEAR)

Time alarm received 9: 27 P M Number of miles traveled 1

Time back in service M

Time back at station 9:31 P M

Alarm received by: Box # 431 Phone Other (Describe)

Location of alarm: (Street and Number) WHIPPLE & TAYLOR

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) 7. 1 Ladder(s) 1 Rescue(s) 2 Car:

Other companies responding:

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT J. MURPHY	E. PELLAND	
W. ROY	C. ZAHN	
D. FORTIN	J. BOREK	
T. RUSSO	D. BAZZLE	
	N. PHELAND	
	H. DARBY	

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

REMARKS: CODE BLUE

T. Emilio Russo
SIGNED BY:

CAPT J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTRAL DALE Company Alarm # 354 N. P. File # 876

Date: 8 (MONTH) 10 (DAY) 74 (YEAR)

Time alarm received 11:31 A M Number of miles traveled 19

Time back in service ____ M

Time back at station 1:55 P M

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

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

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow XX	☐ 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
	PEIRCING APPCATOR				

APPARATUS REPORT

Working time of pump: Hours: 1 HR. minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 7, SS 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		
H. DARBY		
K. CHILLI (LY)		

VEHICLE	STATION	ON SCENE
D. FORTIN	LT E. DI GIULIO	
N. PHELAND	T. RUSSO	
	R. RATHIER	

REMARKS: USED THREE TANKS OF WATER. HAD DUMPSTER TAKEN TO TOWN DUMP.

E. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 355 N. P. File # 881

Date: 8 (MONTH) 11 (DAY) 74 (YEAR)

Time alarm received 2:56 P M

Time back in service _____ M

Time back at station 3:00 P M

Number of miles traveled 3

Alarm received by: Box # 243 Phone _____ Other _____ (Describe)

Location of alarm: (Street and Number) ADMIRAL PLAZA

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) 7. 3. 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 #
	CHIEF E DI GIULIO	
	W. DRAPER JR	
	C. ZAHN	
	D. BAZZLE	
	N. PHELAND	

VEHICLE	STATION	ON SCENE
	LT P. RUGGIANO	
	J. BOREK	

REMARKS: BOX PULLED FOR BRUSH FIRE, IN STEVEN OLNEY PARK

Lt Emil J. Sirko
SIGNED BY:

C. ZAHN
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 356 N. P. File # 883

Date: 8 (MONTH) 11 (DAY) 74 (YEAR)

Time alarm received 10:37 P M Number of miles traveled 13

Time back in service ____ M

Time back at station 11:48 P M

Alarm received by: Box # 6122 Phone XX 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	250'	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
3	HANDLIGHTS				

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 30

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 #
D. FORTIN		
R. RATHIER		
J. LANE		
D. BAZZLE		
C, ZAHN		

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO	LT F. BURSI E	
	LT P. RUGGIANO	

REMARKS: BOX PULLED FOR RUBBISH FIRE AT MURPHY JUNK YARD
ONE AXE TAKEN FROM TRUCK. PO LICE TOOK REPORT R.I. REG. HR 887
JOE COSTA & DAVE VOILA ARE SUSPECTS

E. Ernest Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 357 N. P. File # 884

Date: 8 (MONTH) 12 (DAY) 74 (YEAR)

Time alarm received 1:17 P M Number of miles traveled 11

Time back in service ____ M

Time back at station 2:02 P M

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

Location of alarm: (Street and Number) END OF 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	☒ 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	350'	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: 20

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		
D. FORTIN		
D. CLARK (FH)		
N. PHELAND		
B. DI GIULIO		

VEHICLE	STATION	ON SCENE
	LT E. DI GIULIO	
	J. MOLLO	
	R. RATHIER	

REMARKS: RUBBISH AT JUNK YARD. SAME CAR WAS SEEN AGAIN AT FIRE & SCHOOL. REG. R.I. HR 887

Lt Emil Di Giulio
SIGNED BY:

B. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 358 N. P. File # 888

Date: 8 MONTH 12 DAY 74 YEAR

Time alarm received 8:24 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) HOWARD 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)		

XX

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO		
LT E. DI GIULIO		
D. FORTIN		
R. RATHIER		
D. BAZZLE		

VEHICLE	STATION	ON SCENE
	R. PARENTEAU	
	N. HHELAND	

REMARKS: RUBBISH BARREL. PERSON WAS TOLD TO PUT IT OUT

Lt. Chief E. DiGiulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 359 N. P. File # 889

Date: 8 (MONTH) 13 (DAY) 74 (YEAR)

Time alarm received 4:45 P M Number of miles traveled 32

Time back in service ____ M

Time back at station 5:47 P M

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

Location of alarm: (Street and Number) JOSLIN & DI GIULIO 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
☒ 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	250'	Booster		Aerial
	Dry Chemical	50'	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: 45

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 1, SS 6 Ladder(s) ____ Rescue(s) ____ Car: 78

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
W. ROY		
E. PELLAND		
D. FORTIN		
D. BAZZLE		
N. PHELAND		

VEHICLE	STATION	ON SCENE
~~CHIEF E. DI GIULIO~~		
CAPT J. MURPHY		

REMARKS: MURPHY'S JUNK YARD. RUBBISH IN OLD FOUNDATION DUMPED 1000 GALS. OF WATER ON IT.

Lt Emil E. Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 360 N. P. File # 893

Date: 8 (MONTH) 14 (DAY) 74 (YEAR)

Time alarm received 3:34 P M Number of miles traveled 10

Time back in service ____ M

Time back at station 4:15 P M

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

Location of alarm: (Street and Number) REAR OF 19 WRIGHT ST

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
- ☒ XX Fire in rubbish
- ☐ Fire in dump
- ☐ Fire in vehicle
- ☐ Miscellaneous fires (describe)

FIRE CODE

- ☐ Code Red
- ☒ XX 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	350'	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: 25

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT C. SALISBURY		
D. CLARK		
P. PHILLIPS		
B. DI GIULIO		

VEHICLE	STATION	ON SCENE
W. DRAPER SR	CAPT J. MURPHY	
	LT E. DI GIULIO	
	J. MOLLO	

REMARKS: RUBBISH & BRUSH

Lt E. Di Giulio
SIGNED BY:

B. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 361 N. P. File # 895

Date: 8 (MONTH) 15 (DAY) 74 (YEAR)

Time alarm received 2:42 P M Number of miles traveled 5

Time back in service ____ M

Time back at station 2:50 P M

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

Location of alarm: (Street and Number) PACKARD 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
	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, SS 1 Ladder(s) ____ Rescue(s) ____ Car: ____

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT C. SALISBURY		
D. MARCIANO		
B. DI GIULIO		
P. PHILLIPS		
D. CLARK		

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

REMARKS: NOT NEEDED

Lt. E. Di Giulio
SIGNED BY:

B. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 362 N. P. File # 899

Date: 8 (MONTH) 15 (DAY) 74 (YEAR)

Time alarm received 5:00 PM Number of miles traveled 5

Time back in service ____ M

Time back at station 5:17 PM

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

Location of alarm: (Street and Number) 21 WRIGHT 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	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	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

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: ____

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		
N. PHELAND		

VEHICLE	STATION	ON SCENE
LT P. RUGGIANO	D. FORTIN	
	R. RATHIER	
	S. COPPA	

REMARKS: SMALL BRUSH

Lt. Ernest M. Giulio
SIGNED BY:

CHIEF E. DI GIULI O
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 363 N. P. File # 907

Date: 8 (MONTH) 15 (DAY) 74 (YEAR)

Time alarm received 12:24 APM Number of miles traveled 1

Time back in service ____ M

Time back at station 12:26 A M

Alarm received by: Box # 234 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) SMITHFIELD RD & BARRIER

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
XX Fire in brush or grass	XX	☐ Lockout
☐ Fire in rubbish	☐ Code Blue	☐ 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 Ladder(s) 1 Rescue(s) ____ Car: 78

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	E. PELLAND	
	D. MARCIANO	
	D. BAZZLE	
	N. PHELAND	

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO	CAPT J. MURPHY	
	D. FORTIN	
	R. RATHIER	
	G. BULPITT	

REMARKS: CODE YELLOW FOR ENG 3, BRUSH

Lt Emilio Giulio
SIGNED BY:

D. MARCIANO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 364 N. P. File # 910

Date: 8 (MONTH) 16 (DAY) 74 (YEAR)

Time alarm received 11:45 A M Number of miles traveled NONE

Time back in service ____ M

Time back at station 12:05 P M

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

Location of alarm: (Street and Number) FIRE HQ. (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	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) CHLORINE SPILL IN CAR
☐ Miscellaneous fires (describe)		

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

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 #

VEHICLE	STATION	ON SCENE
	LT E. DI GIULIO	
	B. DI GIULIO	
	J. MOLLO	
	P. PHILLIPS	
	N. PHELAND	

REMARKS: PLASTIC BOTTLE OF CLORINE BLEACH LEAKING IN BACK SEAT OF CAR WASED DOWN.

GEORGE WILLNER

50 ALLEN AVE, NO. PROV, R.I.

TOYOTA CORONA, R.I. REG. 6503

E. Di Giulio

SIGNED BY:

B. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 365 N. P. File # 911

Date: 8 (MONTH) 16 (DAY) 74 (YEAR)

Time alarm received 12:46 P M Number of miles traveled XX 4

Time back in service ____ M

Time back at station 12:59 P M

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

Location of alarm: (Street and Number) 17 WRIGHT 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	200'	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: 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		
D. MARCIANO		
D. CLARK		
P. PHILLIPS		
B. DI GIULIO		
VEHICLE	**STATION**	**ON SCENE**
	LT E. DI GIULIO	
	J. MOLLO	
	W. DRAPER SR	

REMARKS: SMALL BRUSH

Lt. Ernest Di Giulio
SIGNED BY:

B. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 366 N. P. File # 912

Date: 8/16/74
MONTH DAY YEAR

Time alarm received 6.21 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 6:33 P M

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

Location of alarm: (Street and Number) 19 WRIGHT 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		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 #
~~CHIEF E. DI GIULIO~~		
~~LT. F. BURSIE~~		
~~W. ROY~~		
~~T. PERNA~~		

VEHICLE	STATION	ON SCENE
LT. E. DI GIULIO	D. MARCIANO	
	J. MOLLO	

REMARKS: VERY SMALL AREA BURNING. USED GARDEN HOSE FROM 17 WRIGHT ST.

B. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 367 N. P. File # 913

Date: 8/17/74
MONTH DAY YEAR

Time alarm received 12:11 A M Number of miles traveled 2

Time back in service 12:24 A M

Time back at station 12:30 A M

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

Location of alarm: (Street and Number) BICENTENNIAL WAY & ASH LANE

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
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	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
				1	HANDLIGHT

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
E. PELLAND		
D. FORTIN		
R. RATHIER		
D. BAZZLE		
N. PHELAND		

VEHICLE	STATION	ON SCENE
	CHIEF E. DI GIULIO	
	CAPT. J. MURPHY	
	LT. F. BURSIE	
	W. ROY	
	D. HOUDE	
	T. PERNA	

REMARKS: SMALL BRUS FIRE.

B. Di Giulio
SIGNED BY:

D. FORTIN
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 368 N. P. File # 914

Date: 8/17/74
MONTH DAY YEAR

Time alarm received 10:15 A M Number of miles traveled 4

Time back in service ____ M

Time back at station 10:30 A M

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

Location of alarm: (Street and Number) 17 WRIGHT 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	150'	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) #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		
T. PERNA		
D. BAZZLE		

VEHICLE	STATION	ON SCENE
CAPT. J. MURPHY	T. RUSSO	

REMARKS: SAME AREA BURNING UNDERGROUND.

B. Di Giulio

SIGNED BY:

CHIEF E. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 369 N. P. File # 915

Date: 8/17/74
MONTH DAY YEAR

Time alarm received 1:44 P M Number of miles traveled 4

Time back in service ____ M

Time back at station 1:54 P M

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

Location of alarm: (Street and Number) BICENTENNIAL WAY & ASH LANE

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 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 #
CHIEF E. DI GIULIO		
E. PELLAND		
D. FORTIN		
T. RUSSO		
D. BAZZLE		

VEHICLE	STATION	ON SCENE
	W. DRAPER JR.	

REMARKS: VACANT LOT. SMALL GRASS & BRUSH FIRE.

E. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 370 N. P. File # 924

Date: 8/23/74 (MONTH / DAY / YEAR)

Time alarm received 1:33 A M Number of miles traveled 0

Time back in service ____ M

Time back at station 1:41 A M

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

Location of alarm: (Street and Number) 1967 MINERAL SPRING AVE.

Cause of fire CODE BLUE

Description of building or occupancy: POLICE & FIRE COMPLEX

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 (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) #1,3,6. Ladder(s) #1. Rescue(s) ____ Car: ____

Other companies responding: ____

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

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

VEHICLE	STATION	ON SCENE
	CHIEF E. DI GIULIO	
	CAPT. J. MURPHY	
	LT. F. BURSIE	
	W. ROY	
	E. PELLAND	
	T. PERNA	
	J. MOLLO	
	C. ZAHN	
	D. BAZZLE	
	N. PHELAND	
	J. MURPHY SR.	
	F. ROTELLA	

REMARKS:

CODE BLUE, FIRE & POLICE COMPLEX.

INTERNAL BOX IN POLICE FOYER TRIPPED.

SIGNED BY:

CHIEF E. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 371 N. P. File # 926

Date: 8 (MONTH) 25 (DAY) 74 (YEAR)

Time alarm received 1:27 A M Number of miles traveled 57

Time back in service ____ M

Time back at station 7:46 A M

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

Location of alarm: (Street and Number) 1 ALDRICH ST

Cause of fire UNDER INVESTIGATION

Description of building or occupancy: ____

Owner of building or occupancy: STEPHEN SGAMBATO

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	400'	Booster	30'	Aerial
	Dry Chemical	200'	1½ Inch Hose		Over 35 Feet
	Foam	300'	2½ Inch Hose	2-24	Under 35 Feet
	Pump Cans		3 Inch Hose	18' 14'	SALVAGE COVERS
	Brooms		Other (Describe)		Number Used
	Other (Describe)	6	HANDLIGHTS		Other Equipment
1	CELLAR PIPE		FLOODLIGHTS	3	SCOTTS
1	SMOKE EJECTOR	1	FOG NOZZLE w/GIZZMO	7	AXES 3-PIKE POLES
1	RESCESITATOR &	FIRST	AID KIT	1-20'	HARD SUCTION

APPARATUS REPORT

GENERATOR USED ½ hr.

Working time of pump: Hours: 5½ hr. minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 1, 6 SS3 Ladder(s) 1 Rescue(s) SS 2 Car: 78

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
W. ~~BBY~~	E. PELLAND	
D. FORTIN	T. PERNA	
R. RATHIER		
D. BAZZLE		

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO		
CAPT J. MURPHY		
LT E. DI GIULIO		
LT P. RUGGIANO		
D. MARCIANO		
D. HOUDE		
J. LANE		
T. RUSSO		
J. MOLLO		
C. ZAHN		

N. PHELAND F. ROTELLA
J. MURPHY SR W. DRAPER SR

REMARKS: CODE RED HEAVY DAMAGE TO ENTIRE HOUSE, FIRE FROM CELLAR THRU ROOF. WATER & SMOKE THRU OUT.

Lt Edward Di Giulio
SIGNED BY:

CHIEF ED. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 372 N. P. File # 927

Date: 8 (MONTH) 25 (DAY) 74 (YEAR)

Time alarm received 10:38 P M Number of miles traveled 14

Time back in service ____ M

Time back at station 11:26 P M

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

Location of alarm: (Street and Number) MINERAL SP. AVE & 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
☐ 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	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	CROW BAR				
2	HANDLIGHTS				
	ASBESTOS GLOVES				

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 50

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT F. BUESIE		
W. ROY		
D. BAZZLE		
T. OTTAVIANO (LY)		
T. PERNA		

VEHICLE	STATION	ON SCENE
CAPT J. MURPHY	G. BULPITT	
	D. FORTIN	

REMARKS: CAR ENGINE FULLY INVOLVED, REACHED FRONT DASH.

OWNER- JOHN MUSSO

61 JACKSONIA DR, NO. PROV.

1971 CHEV. IMP. R.I. REG. TR 140

Lt Emilio Giulio

SIGNED BY:

CAPT J. MURPHY

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 373 N. P. File # 930

Date: 8 (MONTH) 26 (DAY) 74 (YEAR)

Time alarm received 11:38 A M Number of miles traveled 1

Time back in service ____ M

Time back at station 11:52 A M

Alarm received by: Box # ____ Phone ____ Other WALK - IN (Describe)

Location of alarm: (Street and Number) END OF Mc GUIRE 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 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		
D. FORTIN		
P. PHILLIPS		

VEHICLE	STATION	ON SCENE
	J. MOLLO	
	N. PHELAND	
	S. COPPA	
	H. PARISI (LY)	

REMARKS: CHILDREN REPORTED PUTTING OUT BRUSH FIRE IN WOODS

~~ASKED US TO CHECK IT OUT. FOUND LARGE AREA BURNT.WAS OUT ON ARRIVAL~~

Lt E. Di Giulio
SIGNED BY:

P. PHILLIPS
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 374 N. P. File # 932

Date: 8 (MONTH) 26 (DAY) 74 (YEAR)

Time alarm received 4:29 P M Number of miles traveled 0

Time back in service ____ M

Time back at station 4:40 P M

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

Location of alarm: (Street and Number) Mc GUIRE RD (SPRING VILLA APTS.)

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) XX COOKING ODOR IN HALLWAY
☐ 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		
P. PHILLIPS		
E. PELLAND		
W. ROY		
D. FORTIN		

VEHICLE	STATION	ON SCENE
	J. MOLLO	
	N. PHELAND	
	S. COPPA	

REMARKS: SMOKE ODOR IN FIRST FLOOR HALLWAY. BELEAVE TO BE COOKING ODOR. CHECKED RPTS. COULD NOT LOCATE ORIGIN. NO ODORS ON SECOND FLOOR

Lt E. Di Giulio
SIGNED BY:

P. PHILLIPS
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTRE DALE Company Alarm # 375 N. P. File # 934

Date: 8 (MONTH) 28 (DAY) 74 (YEAR)

Time alarm received 9:21 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 9:55 P M

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

Location of alarm: (Street and Number) 32 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	☐ 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
2	HANDLIGHTS				
1	FLOODLIGHT				

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		
D. FORTIN		
D. HOUDE		
J. LANE		
D. BAZZLE		
T. RUSSO		

VEHICLE	STATION	ON SCENE
B. DI GIULIO	LT P. RUGGIANO	
W. ROY	R. RATHIER	
	S. COPPA	
	N. PHELAND	
	J. MOLLO	
	F. ROETLLA	
	W. DRAPER SR	

REMARKS: CAR HIT POLE, NO INJURIES. P.D. REQUESTED FOR ENG.

COMM REG 52989 69 PONTIAC GTO RED

PLATES DON'T GO WITH CAR, P.D. INVESTIGATING.

Lt E. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 376 N. P. File # 935

Date: 8 (MONTH) 29 (DAY) 74 (YEAR)

Time alarm received 12:49 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 12:56 P M

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

Location of alarm: (Street and Number) 1879 SMITH ST

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☒ Code Yellow 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) XX BURNING WIRE		

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT E. DI GIULIO		
C. ZAHN		
P. PHILLIPS		

VEHICLE	STATION	ON SCENE
W. ROY	J. MOLLO	
D. FORTIN	W. DRAPER SR	
D. HOUDE	D. CLARK	
N. PHELAND		

REMARKS: BURNING WIRE, WAS TOLD TO PUT IT OUT

PERSON NAME WAS MR. SANDERS

SIGNED BY:

P. PHILLIPS
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 377 N. P. File # 936

Date: 8 (MONTH) 30 (DAY) 74 (YEAR)

Time alarm received 4:49 A M Number of miles traveled 3

Time back in service ____ M

Time back at station 5:19 A M

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

Location of alarm: (Street and Number) GREYSTONE AVE (WORCESTER TEXTILE)

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		XX Miscellaneous alarm (describe) BOMB SCARE
☐ 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: 1

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT J. MURPHY		
LT F. BURSIE		
D. FORTIN		
N. PHELAND		

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

REMARKS: CODE BLUE, BOMB SCARE

Lt Emil Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.