# NORTH PROVIDENCE FIRE DEPARTMENT

## Secondary Fire District Report

Company CENTREDALE Company Alarm # 1 N. P. File # 1

Date: 1/1/7# (MONTH / DAY / YEAR)

Time alarm received 9:59A. M

Time back in service _____ M

Time back at station 9:59 A M

Number of miles traveled 0

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

Location of alarm: (Street and Number) 1042 MINERAL SPRING AVE.

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

| CLASSIFICATION OF ALARM | FIRE CODE | ALARM WITH NO FIRE |
|---|---|---|
| ☐ Fire in building | 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 | | Booster | | Aerial |
| | Dry Chemical | | 1½ Inch Hose | | Over 35 Feet |
| | Foam | | 2½ Inch Hose | | Under 35 Feet |
| | Pump Cans | | 3 Inch Hose | SALVAGE COVERS | |
| | Brooms | | Other (Describe) | | Number Used |
| | Other (Describe) | | | | Other Equipment |
| | | | | | |
| | | | | | |
| | | | | | |

### APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) #5.3.4. Ladder(s) #2.X. Rescue(s) #3. Car: _____

Other companies responding: SPICIAL SIGNAL #1. (LADDER)

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

| ENGINE(S) # | LADDER(S) # | RESCUE # |
|---|---|---|
| | | |
| | | |
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| | | |

| VEHICLE | STATION | ON SCENE |
|---|---|---|
| | CHIEF E. DI GIULIO | |
| | CAPT. J. MURPHY | |
| | CAPT. C. SALISBURY | |
| | LT. F. BURSIE | |
| | W. ROY | P. RUGGIANO |
| | J. BOREK | J. MOLLO |
| | D. BAZZLE | R. CRANSHAW |
| | T. RUSSO | D. FORTIN |
| | T. PERNA | W. DRAPER |
| | B. DI GIULIO | F. ROTELLA |
| | R. PARENTEAU | |

REMARKS: CODE RED. SPECIAL SIGNAL LADDER#1. THEN NOT NEEDED.
DID NOT LEAVE STATION.

Bernard Di Giulio
SIGNED BY:

CAPT. C. SALISBURY
PERSON IN CHG.

# NO. PROVIDENCE FIRE DEPARTMENT

## – PRIMARY RESCUE REPORTS –

FILE# 4 CO.# 2

DATE: JAN 2 1974 TIME: ARRIVED 3:20 P.M. RETURNED

NAME: JOE REYNOLDS AGE: 14

ADDRESS: 2175 MINERAL SPRING AVE. ALARM BY: WALK IN

LOCATION OF RESCUE CENTREDALE STATION

## EXAMINATION

SKULL *

EYES *

EARS *

NOSE *

MOUTH *

CHEST *

ABDOMEN *

UPPER EXTREMITIES * RIGHT HAND LACERATIONS BETWEEN 3rd & 4th FINGER

LOWER EXTREMITIES *

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: GAVE PATIENT FIRST AID AND SENT HOME MOTHER WILL TAKE HIM TO HOSPITAL.

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

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

CLEANED AREA WITH ALCOHOL AND BANDAGED, PATIENT SAID HE FELL DOWN. PATIENT WALKED INTO STATION.

SIGNED: Conrad O. Zahn OFFICER IN CHARGE: PETE PHILLIPS

( OVER)

RESCUE CO. NO. _____

C. ZAHN
P. PHILLIPS
B. DI GIULIO
LT E. DI GIULIO
J. MOLLO
E. PELLAND
B. ROY
D. FORTIN

# NORTH PROVIDENCE FIRE DEPARTMENT

# Primary Fire District Report

Company CENTREDALE Company Alarm # 3 N. P. File # 2

Date: 1 (MONTH) 2 (DAY) 74 (YEAR)

Time alarm received 11:05 P M Number of miles traveled 2

Time back in service _____ M

Time back at station 11.14 P M

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

Location of alarm: (Street and Number) SMITH ST. ( REAR OF BORELLI BAKERY)

Cause of fire SET

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

| EXTINGUISHMENT USED | | TYPE & FEET HOSE LINES USED | | LADDERS USED | |
|---|---|---|---|---|---|
| | Carbon Dioxide | 59' | 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 # |
|---|---|---|
| LT E. DI GIULIO | | |
| C. ZAHN | | |
| D. HOUDE | | |
| C. HARRINGTON | | |
| D. FORTIN | | |
| R. RATHIER | | |
| B. DI GIULIO | | |
| | | |
| | | |
| | | |

| VEHICLE | STATION | ON SCENE |
|---|---|---|
| | CHIEF E. DI GIULIO | |
| | CAPT J. MURPHY | |
| | W. ROY | |
| | E. PELLAND | |
| | J. BOREK | |
| | T. RUSSO | |
| | R. PARENTEAU | |
| | W. DRAPER | |
| | | |
| | | |

**REMARKS:** RUBBISH IN BARREL CODE YELLOW

Lt. E. Di Giulio

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 # 4 N. P. File # 7

Date: 1 (MONTH) 5 (DAY) 74 (YEAR)

Time alarm received 9:32 P M

Time back in service 9:37 P M

Time back at station 9:45 P M

Number of miles traveled 1

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

Location of alarm: (Street and Number) UNCLE TONY'S PIZZA

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

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

### APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) 1 Ladder(s) 1 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 | |
| CAPT J. MURPHY | P. RUGGIANO | |
| D. HOUDE | N. PHELAND | |
| D. FORTIN | | |
| T. RUSSO | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| VEHICLE | STATION | ON SCENE |
|---|---|---|
| | F. ROTELLA | |
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| | | |
| | | |
| | | |

**REMARKS:** CALL FOR GREASE FIRE CODE BLUE

E. Emile Di Giulio
SIGNED BY:

CHIEF ED. DI GIULIO
PERSON IN CHG.

# NORTH PROVIDENCE FIRE DEPARTMENT

# Secondary Fire District Report

Company Centredale Company Alarm # 5 N. P. File # 9

Date: Jan 8 1974
MONTH DAY YEAR

Time alarm received 10:30 a M Number of miles traveled 3

Time back in service ____ M

Time back at station 10; 35 a M

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

Location of alarm: (Street and Number) 79 Homewood Ave.

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

## APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 2, 1, 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~~<br>D Fortin | | |
| ~~P Ruggiano~~<br>J Mollo | | |
| | | |
| | | |
| | | |
| | | |

| VEHICLE | STATION | ON SCENE |
|---|---|---|
| | ~~Lt E DiGuilio~~<br>S Coppa | |
| | ~~K Middleton~~<br>N Pheland | |
| | ~~F Rotella~~<br>~~W Draper~~ | |
| | | |
| | | |
| | | |
| | | |

**REMARKS:** Investigation of Smoke Code Blue

David Fortin
SIGNED BY:

C Zahn
PERSON IN CHG.

# NORTH PROVIDENCE FIRE DEPARTMENT

# Primary Fire District Report

Company CENTREDALE Company Alarm # 6 N. P. File # 12

Date: 1 (MONTH) 11 (DAY) 74 (YEAR)

Time alarm received 7:09 A M Number of miles traveled 2

Time back in service 7:27 A M

Time back at station 7:35 A M

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

Location of alarm: (Street and Number) MINERAL SP. & 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) | | POLE |

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

## APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

| ENGINE(S) # | LADDER(S) # | RESCUE # |
|---|---|---|
| CAPT C. SALISBURY | | |
| B. DI GIULIO | | |
| J. MOLLO | | |
| | | |
| | | |
| | | |
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| | | |

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

**REMARKS:** TREE LIMB'S ON WTRES, NO POWER IN AREA OF CENTREDALE SECTION HAD TO TRANSMIT WITH JOHNSTON.

SIGNED BY:

CAPT C. SALISBURY
PERSON IN CHG.

## NORTH PROVIDENCE FIRE DEPARTMENT

# Primary Fire District Report

Company CENTREDALE Company Alarm # 7 N. P. File # 13

Date: 1 (MONTH) 11 (DAY) 74 (YEAR)

Time alarm received 9:06 A M

Time back in service 9:24 A M

Time back at station 9:30 A M

Number of miles traveled 2

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

Location of alarm: (Street and Number) 54 SAMPSON 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) FUSE BOX |
| ☐ 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 | hand light | | | | |
| 1 | tool kit | | | | |
| | | | | | |

### APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) 2 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 | |
| | LT E. DI GIULIO | |
| | C. ZAHN | |
| | P. PHILLIPS | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| VEHICLE | STATION | ON SCENE |
|---|---|---|
| | W?ROY | |
| | CAPT J. MURPHY | |
| | J. MOLLO | |
| | D. FORTIN | |
| | B. DI GIULIO | |
| | F. ROTELLA | |
| | W. DRAPER | |
| | | |
| | | |
| | | |

**REMARKS:** ENG. 2 DID NOT LEAVE STATION CODE YELLOW FOR LADDER 1
WATER LEAKING THROUGH FOUDATION INTO DRYER FUSE BOX.
SHORTING SAME

Lt Ernest Sisko
SIGNED BY:

CAPT C. SALISBURY
PERSON IN CHG.

# NORTH PROVIDENCE FIRE DEPARTMENT

## Secondary Fire District Report

Company CENTREDALE Company Alarm # 8 N. P. File # 17

Date: 1 (MONTH) 11 (DAY) 74 (YEAR)

Time alarm received 3:55 P M Number of miles traveled 4

Time back in service 4:00 P M

Time back at station 4:13 P M

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

Location of alarm: (Street and Number) 6 HOPE 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 |
| | | | | | |
| | | | | | |
| | | | | | |

### 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: 1

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 | |
| J. MOLLO | D. FORTIN | |
| P. PHILLIPS | N. PHELAND | |
| B. DI GIULIO | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **VEHICLE** | **STATION** | **ON SCENE** |
| LT F. BURSIE | E. PELLAND | |
| | F. ROTELLA | |
| | W. DRAPER | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

**REMARKS:** CODE YELLOW FOR ENG 2

Lt. Emilio Sirolo
SIGNED BY:

CAPT C. SALISBURY
PERSON IN CHG.

# NORTH PROVIDENCE FIRE DEPARTMENT

# Secondary Fire District Report

Company CENTREDALE Company Alarm # 9 N. P. File # 20

Date: 1 (MONTH) 13 (DAY) 74 (YEAR)

Time alarm received 8:34 P M Number of miles traveled 4

Time back in service 8:40 P M

Time back at station 8:45 P M

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

Location of alarm: (Street and Number) 104 HIGH SERVICE 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 |
| 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 |
| | | | | | |
| | | | | | |
| | | | | | |

## 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 J. MURPHY | |
| W. ROY | CAPT C. SALISBURY | |
| E. PELLAND | LT F. BURSIE | |
| C. ZAHN | D. BAZZLE | |
| T. RUSSO | J. MOLLO | |
| | R. RATHIER | |
| | T. PERNA | |
| | | |
| | | |
| | | |

| VEHICLE | STATION | ON SCENE |
|---|---|---|
| | R. IAFRATE | |
| | F. ROTELLA | |
| | | |
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| | | |
| | | |
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| | | |

**REMARKS:** CODE YELLOW FOR ENG 2 & res 2

Lt. Emilio Sirles
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

# NORTH PROVIDENCE FIRE DEPARTMENT

## Primary Fire District Report

Company CENTREDALE Company Alarm # 10 N. P. File # 21

Date: 1 (MONTH) 14 (DAY) 74 (YEAR)

Time alarm received 8:30 A M Number of miles traveled 2

Time back in service _____ M

Time back at station 8:49 A M

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

Location of alarm: (Street and Number) 54 ALLEN AVE

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

| CLASSIFICATION OF ALARM | FIRE CODE | ALARM WITH NO FIRE |
|---|---|---|
| ☐ Fire in building | ☐ Code Red | ☒ 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) | | CAR ACCIDENT |
| _____ | | _____ |

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

### APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

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

| VEHICLE | STATION | ON SCENE |
|---|---|---|
| J. LANE | D. FORTIN | |
| | B. DI GIULIO | |
| | F. ROTELLA | |
| | W. DRAPER | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

**REMARKS:** CAR WAS BACKING OUT OF DRIVE WAY, CAR COMEING DOWN ALLEN AVE HIT IT ON SIDE. CAR#1 MRS FRANCES SPAZIANO 54 ALLEN AVE NO. PROV. 1973 DUSTER REG. FS 188 R.I. SHE WAS TAKEN TO HOSPITAL BY RES 1 FOR CHECK UP. CAR#2 FRED BUREK 246 PURCHASE ST. EASTERN MASS. PONTIAC REG. H67- 975 MASS. ENG 1 DID NOT GIVE FIRST AID

Lt. Ernest Di Giulio
SIGNED BY:

LIEUT E. DI GIULIO
PERSON IN CHG.

# NORTH PROVIDENCE FIRE DEPARTMENT

## Secondary Fire District Report

Company CENTREDALE Company Alarm # 11 N. P. File # 23

Date: 1 (MONTH) 14 (DAY) 74 (YEAR)

Time alarm received 9:29 A M Number of miles traveled 5

Time back in service 9:35 A M

Time back at station 9:43 A M

Alarm received by: Box # 3211 Phone _____ Other _____ (Describe)

Location of alarm: (Street and Number) HURDIS ST. ( HARRISON CHEMICAL CO. )

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, 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 | D. FORTIN | |
| J. MOLLO | B. DI GIULIO | |
| P. PHILLIPS | W. DRAPER | |
| C. ZAHN | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **VEHICLE** | **STATION** | **ON SCENE** |
| | F. ROTELLA | |
| | | |
| | | |
| | | |
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| | | |
| | | |

**REMARKS:** CODE BLUE

SIGNED BY:

LIEUT E. DI G IULIO

PERSON IN CHG.

## NORTH PROVIDENCE FIRE DEPARTMENT

# Primary Fire District Report

Company CENTREDALE Company Alarm # 12 N. P. File # 24

Date: 1 (MONTH) 14 (DAY) 79 (YEAR)

Time alarm received 10:35 A M Number of miles traveled 1

Time back in service _____ M

Time back at station 10:45 A M

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

Location of alarm: (Street and Number) 2079 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 | ☐ 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 | | |
| P. PHILLIPS | | |
| J. MOLLO | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| VEHICLE | STATION | ON SCENE |
|---|---|---|
| | LT F. BURSIE | |
| | D. FORTIN | |
| | N. PHELAND | |
| | B. DI GIULIO | |
| | W. DRAPER | |
| | R. CRANSHAW | |
| | | |
| | | |
| | | |
| | | |

**REMARKS:** NO FIRE, JUST STEAM FROM ANTI FREEZE
MRS A. GABRIEL, MUSTANG REG TE 374 R.I.

Lt Emil Di Giulio
SIGNED BY:

lieut e. di giulio
PERSON IN CHG.

## NORTH PROVIDENCE FIRE DEPARTMENT

# Primary Fire District Report

Company CENTREDALE Company Alarm # 13 N. P. File # 25

Date: 1 (MONTH) 15 (DAY) 74 (YEAR)

Time alarm received 10:06 A M

Time back in service 11:44 A M

Time back at station 11:50 A M

Number of miles traveled 6

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

Location of alarm: (Street and Number) JOHNSTON FIRE HQ. ~~XX~~ ( MUTUAL AID)

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) STAND BY AT HQ. | | |

| | 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 # |
|---|---|---|
| | LIEUT E. DI GIULIO | |
| | B. DI GIULIO | |
| | C. ZAHN | |
| | P. PHILLIPS | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| VEHICLE | STATION | ON SCENE |
|---|---|---|
| | D. BAZZLE | |
| | J. MOLLO | |
| | N. PHELAND | |
| | D. FORTIN | |
| | P. RUGGIANO | |
| | T. RUSSO | |
| | W. DRAPER | |
| | | |
| | | |
| | | |

**REMARKS:** CALLED TO STAND-BY AT JOHNSTON FIRE HQ. FOR MUTUAL AID

Lt. Emilio DiGiulio
SIGNED BY:

LIEUT E. DI GIU LIO
PERSON IN CHG.

## NORTH PROVIDENCE FIRE DEPARTMENT

# Primary Fire District Report

Company CENTREDALE Company Alarm # 14 N. P. File # 39

Date: 1 (MONTH) 20 (DAY) 74 (YEAR)

Time alarm received 8:51 P M Number of miles traveled 10

Time back in service ____ M

Time back at station 8:24 P M

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

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

Cause of fire SET

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

| CLASSIFICATION OF ALARM | FIRE CODE | ALARM WITH NO FIRE |
|---|---|---|
| ☐ Fire in building | ☐ Code Red | ☐ Rescue or emergency |
| ☐ Fire in dwelling | XX Code Yellow | ☐ Water emergency |
| ☐ Fire in brush or grass | ☐ Code Blue | ☐ Lockout |
| ☐ 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 | 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 | |
| | Brooms | | Other (Describe) | | Number Used |
| | Other (Describe) | | | | Other Equipment |
| 1 | CROWBAR | | | | |
| 1 | PRY AXE | | | | |
| 1 | FLOOD LIGHT | | | | |

## APPARATUS REPORT

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

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

| ENGINE(S) # | LADDER(S) # | RESCUE # |
|---|---|---|
| CHIEF E. DI GIULIO | | |
| CAPT C. SALISBURY | | |
| R. RATHIER | | |
| N. PHELAND | | |
| R. CRANSHAW | | |
| T. RUSSO | | |
| | | |
| | | |
| | | |
| | | |

| VEHICLE | STATION | ON SCENE |
|---|---|---|
| | CAPT J. MURPHY | |
| | LT F. BURSIE | |
| | T. PERNA | |
| | F. ROTELLA | |
| | W. DRAPER | |
| | | |
| | | |
| | | |
| | | |
| | | |

**REMARKS:** FIVE GALLON GASOLINE CONTAINER FOUND IN FRONT OF BURNING AUTO. R.I. REG. XD 20 FIAT 124 SPORT 2 DOOR, RED. DAMAGE ESTIMATE TOTAL LOSS.

Lt. Ernie Di Giulio
SIGNED BY:

CHIEF ED. DI GIULIO
PERSON IN CHG.

# NORTH PROVIDENCE FIRE DEPARTMENT

## Secondary Fire District Report

Company CENTREDALE Company Alarm # 15 N. P. File # 42

Date: 1 (MONTH) 21 (DAY) 74 (YEAR)

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

Time back in service ____ M

Time back at station 3:59 P M

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

Location of alarm: (Street and Number) 41 LAUREL DR.

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

| CLASSIFICATION OF ALARM | FIRE CODE | ALARM WITH NO FIRE |
|---|---|---|
| ☐ Fire in building | ☐ Code Red | ☐ Rescue or emergency |
| 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 |
| | | | | | |
| | | | | | |
| | | | | | |

### APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

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

| VEHICLE | STATION | ON SCENE |
|---|---|---|
| | LT E. DI GIULIO | |
| | D. BAZZLE | |
| | D. FORTIN | |
| | C. ZAHN | |
| | W. DRAPER | |
| | | |
| | | |
| | | |
| | | |
| | | |

**REMARKS:** STONE FIRE CODE YELLOW FOR ENG. 6

SIGNED BY: E. Di Giulio Jr

B. DI GIULIO
PERSON IN CHG.

# NO. PROVIDENCE FIRE DEPARTMENT

## – PRIMARY RESCUE REPORTS –

RES # 92
CO. # 16

DATE: JAN. 22 1974 TIME: ARRIVED 6:32 PM RETURNED

NAME: FREDRICK WEBSTER AGE: 49

ADDRESS: MOUNTAINDALE RD. ALARM BY: WALK- IN

LOCATION OF RESCUE FRONT OF CENTREDALE STATION

## EXAMINATION

SKULL *

EYES *

EARS *

NOSE *

MOUTH *

CHEST * COMPLAINED OF CHEST PAINS

ABDOMEN *

UPPER EXTREMITIES *

LOWER EXTREMITIES *

POSITION OF PATIENT WHEN FOUND: SITTING IN CAR

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) YES

PATIENT TRANSPORTED TO: ROGER WILLIAMS HOSP. BY 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)

THEY WERE ON THERE WAY TO THE HOSP. AND STOPED HERE FOR HELP
PATIENT HAD CHEST PAINS.

SIGNED: [signature] OFFICER IN CHARGE: ROGER RATHIER

RESCUE CO. NO. CENTREDALE

MEN PRESENT

D. FORTIN
D. BAZZLE
R. RATHIER
B. DRAPER
C. ZAHN

# NORTH PROVIDENCE FIRE DEPARTMENT

## Secondary Fire District Report

Company CENTREDALE Company Alarm # 43 N. P. File # 17

Date: 1 (MONTH) 23 (DAY) 74 (YEAR)

Time alarm received 8:38 A M

Time back in service 8:42 A M

Time back at station 8:49 A M

Number of miles traveled 5

Alarm received by: Box # 3211 Phone _____ Other _____ (Describe)

Location of alarm: (Street and Number) HURDIS ST. ( HARRISON CHEMICAL )

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

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

### APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) 5, 3, 4, 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 | J. MOLLO | |
| B. DI GIULIO | D. BAZZLE | |
| P. PHILLIPS | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **VEHICLE** | **STATION** | **ON SCENE** |
| W. ROY | D. FORTIN | |
| | XXXXXXXXXXXXX | |
| | F. ROTELLA | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

**REMARKS:** CODE BLUE ENG 5

Lt. E. Di Giulio
SIGNED BY:

B. DI GIULIO
PERSON IN CHG.

## NORTH PROVIDENCE FIRE DEPARTMENT

# Primary Fire District Report

Company CENTREDALE Company Alarm # XB 44 N. P. File # 18

Date: 1 (MONTH) 23 (DAY) 74 (YEAR)

Time alarm received 8:49 A M Number of miles traveled 5

Time back in service 9:03 A M

Time back at station 9:10 A M

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

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

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) | | CAR ACCIDENT |

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

## APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) 1 Ladder(s) _____ Rescue(s) 1, 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 | | |
| P. PHILLIPS | | |
| D. BAZZLE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| VEHICLE | STATION | ON SCENE |
|---|---|---|
| | W. ROY | |
| | J. MOLLO | |
| | D. FORTIN | |
| | F. ROTELLA | |
| | CAPT J. Murphy | |
| | | |
| | | |
| | | |
| | | |
| | | |

**REMARKS:** TWO CAR ACCIDENT, TOYOTA R.I. DX 859
1973 MARK 4 LINCOLN R. I. GK 77
CAROL JANSSEN OF 6 SMITH AVE. GREENVILLE RI WAS TAKEN TO HOSP BY RES. 1 FOR CHECK.UP NO FIRST AID GIVEN BY ENG 1

Lt Eugene Di Giulio
SIGNED BY:

B. DI GIULIO
PERSON IN CHG.

# NORTH PROVIDENCE FIRE DEPARTMENT

## Secondary Fire District Report

Company CENTREDALE Company Alarm # 19 N. P. File # 47

Date: 1 (MONTH) 23 (DAY) 74 (YEAR)

Time alarm received 8:21 P M

Time back in service 8:25 P M

Time back at station 8:28 P M

Number of miles traveled 1

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

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

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) 1 Rescue(s) 2 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 | |
| LT E. DI GIULIO | J. MOLLO | |
| W. ROY | D. FORTIN | |
| E. PELLAND | R. RATHIER | |
| C. ZAHN | N. PHELAND | |
| D. BAZZLE | T. PERNA | |
| H. DARBY | | |
| T. RUSSO | | |
| | | |
| | | |

| VEHICLE | STATION | ON SCENE |
|---|---|---|
| | CHIEF E. DI GIULIO | |
| | W. DRAPER | |
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**REMARKS:** CODE BLUE

SIGNED BY:

CAPT C. SALISBURY
PERSON IN CHG.

## NORTH PROVIDENCE FIRE DEPARTMENT

# Secondary Fire District Report

Company CENTREDALE Company Alarm # 29x 20 N. P. File # 48

Date: 1 (MONTH) 23 (DAY) 74 (YEAR)

Time alarm received 8:42 P M Number of miles traveled 3

Time back in service 8:46 P M

Time back at station 8:50 P M

Alarm received by: Box # 432 Phone _____ Other _____ (Describe)

Location of alarm: (Street and Number) HAWKINS & 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 | 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 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 C. SALISBURY | |
| | LT F. BURSIE | |
| | D. BAZZLE | |
| | D. FORTIN | |
| | N. PHELAND | |
| | T. PERNA | |
| | R. RATHIER | |
| | | |
| | | |
| | | |
| **VEHICLE** | **STATION** | **ON SCENE** |
| C. HARRINGTON | CHIEF E. DI GIULIO | |
| | CAPT J. MURPHY | |
| | LT E. DI GIULIO | |
| | W. ROY | |
| | E. PELLAND | |
| | C. ZAHN | |
| | J.M)LLO | |
| | H. DARBY | |
| | T. RUSSO | |
| | W. DRAPER | |

**REMARKS:** CODE BLUE

Lt. Emil Di Giulio
SIGNED BY:

CAPT C. SALISBURY
PERSON IN CHG.

## NORTH PROVIDENCE FIRE DEPARTMENT

# Primary Fire District Report

Company CENTREDALE Company Alarm # 21 N. P. File # 50

Date: 1 (MONTH) 23 (DAY) 74 (YEAR)

Time alarm received 10:50 P M

Time back in service 11:08 P M

Time back at station 11:12 P M

Number of miles traveled 2

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

Location of alarm: (Street and Number) WORSTER 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 | | ☐ Miscellaneous alarm (describe) |
| ☐ Miscellaneous fires (describe) | | _____ |
| _____ | | _____ |

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

## APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

| ENGINE(S) # | LADDER(S) # | RESCUE # |
|---|---|---|
| CAPT J. MURPHY | | |
| C. ZAHN | | |
| J. BOREK | | |
| D. BAZZLE | | |
| C. HARRINGTON | | |
| R. RATHIER | | |
| N. PHELAND | | |
| T. RUSSO | | |
| | | |
| | | |

| VEHICLE | STATION | ON SCENE |
|---|---|---|
| CHIEF E. DI GIULIO | D. FORTIN | |
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**REMARKS:** CODE BLUE

SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

# NORTH PROVIDENCE FIRE DEPARTMENT

## Secondary Fire District Report

Company CENTREDALE Company Alarm # 22 N. P. File # 52

Date: 1 (MONTH) 24 (DAY) 74 (YEAR)

Time alarm received 4:28 P M Number of miles traveled 2

Time back in service 4:31 P M

Time back at station 4:35 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 |
| | | | | | |
| | | | | | |
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### APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

| ENGINE(S) # | LADDER(S) # | RESCUE # |
|---|---|---|
| LT E. DI GIULIO | E. PELLAND | |
| B. DI GIULIO | D. FORTIN | |
| D. BAZZLE | J. MOLLO | |
| P. PHILLIPS | N. PHELAND | |
| P. RUGGIANO | | |
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| | | |
| **VEHICLE** | **STATION** | **ON SCENE** |
| | W. ROY | |
| | C. ZAHN | |
| | F. ROTELLA | |
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**REMARKS:** CODE BLUE ENG 6

Lt. Ernest M. Giulio
SIGNED BY:

B. DI GIULIO
PERSON IN CHG.

# NORTH PROVIDENCE FIRE DEPARTMENT

## Secondary Fire District Report

Company CENTREDALE Company Alarm # 23 N. P. File # 53

Date: 1 (MONTH) 24 (DAY) 74 (YEAR)

Time alarm received 8:43 P M Number of miles traveled 4

Time back in service ____ M

Time back at station 8.49 P M

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

Location of alarm: (Street and Number) 18 FISHER ST.

Cause of fire OVEN 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 |
| | | | | | |
| | | | | | |
| | | | | | |

### APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 1 & 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 # |
|---|---|---|
| W. ROY | CAPT C. SALISBURY | |
| C. ZAHN | J. BOREK | |
| T. RUSSO | J. MOLLO | |
| R. RATHIER | D. FORTIN | |
| | N. PHELLAND | |
| | T. PERNA | |
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| VEHICLE | STATION | ON SCENE |
|---|---|---|
| | CHIEF E. DI GIULIO | |
| | F. ROTELLA | |
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**REMARKS:** CODE YELLOW FROM ENG 7 OVEN FIRE HOUSE FULL OF SMOKE

E. Di Giulio
SIGNED BY:

CAPT C. SALISBURY
PERSON IN CHG.

# NORTH PROVIDENCE FIRE DEPARTMENT

## Secondary Fire District Report

Company CENTREDALE Company Alarm # 24 N. P. File # 54

Date: 1 (MONTH) 24 (DAY) 74 (YEAR)

Time alarm received 11:13 P M Number of miles traveled 1

Time back in service _____ M

Time back at station 11:18 P M

Alarm received by: Box # 412 Phone _____ 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 | ☐ 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, 6 Ladder(s) 1 Rescue(s) 2 Car: 78

Other companies responding: _____

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

| ENGINE(S) # | LADDER(S) # | RESCUE # |
|---|---|---|
| LT F. BURSIE | | |
| W. ROY | | |
| T. RUSSO | | |
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| | | |
| **VEHICLE** | **STATION** | **ON SCENE** |
| CHIEF E. DI GIULIO | D. FORTIN | |
| N. PHELLAND | | |
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**REMARKS:** CODE BLUE ENG 7

E. DiGiulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

# NORTH PROVIDENCE FIRE DEPARTMENT

## Secondary Fire District Report

Company CENTREDALE Company Alarm # 25 N. P. File # 58

Date: 1 (MONTH) 26 (DAY) 74 (YEAR)

Time alarm received 6:05 P M Number of miles traveled 2

Time back in service 6:09 P M

Time back at station 6:12 P M

Alarm received by: Box # 355 Phone _____ Other _____ (Describe)

Location of alarm: (Street and Number) WOODWARD & LYDIA

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

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

### APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) 5, 1, 7 Ladder(s) 2 Rescue(s) x2 3 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 | | |
| J. BOREK | | |
| P. RUGGIANO | | |
| T. PERNA | | |
| | | |
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| VEHICLE | STATION | ON SCENE |
|---|---|---|
| | F. ROTELLA | |
| | W. DRAPER | |
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**REMARKS:** CODE BLUE ENG 5

E. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

# NORTH PROVIDENCE FIRE DEPARTMENT

## Secondary Fire District Report

Company CENTREDALE Company Alarm # 26 N. P. File # 59

Date: 1 (MONTH) 26 (DAY) 74 (YEAR)

Time alarm received 8:17 P M Number of miles traveled 5

Time back in service ____ M

Time back at station 8:24 P M

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

Location of alarm: (Street and Number) 5 AVON 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 | ☒ 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 & 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 C. SALISBURY | J. MOLLO | |
| W. ROY | J. BOREK | |
| | | |
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| | | |
| **VEHICLE** | **STATION** | **ON SCENE** |
| | F. ROTELLA | |
| | W. DRAPER | |
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**REMARKS:** CODE BLUE ENG 7

Lt. Emilio
SIGNED BY:

CAPT C. SALISBURY
PERSON IN CHG.

## NORTH PROVIDENCE FIRE DEPARTMENT

# Primary Fire District Report

Company CENTREDALE Company Alarm # 27 N. P. File # 61

Date: 1 (MONTH) 27 (DAY) 74 (YEAR)

Time alarm received 9:19 A M Number of miles traveled 1

Time back in service 9:38 A M

Time back at station 9:43 A M

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

Location of alarm: (Street and Number) 18 CENTREDALE ST.

Cause of fire STOVE

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 | |
|---|---|---|---|---|---|
| 1co2 | Carbon Dioxide | | Booster | | Aerial |
| | Dry Chemical | | 1½ Inch Hose | | Over 35 Feet |
| | Foam | | 2½ Inch Hose | | Under 35 Feet |
| | Pump Cans | | 3 Inch Hose | SALVAGE COVERS | |
| | Brooms | | Other (Describe) | | Number Used |
| | Other (Describe) | | | | Other Equipment |
| 1 | PRY AXE | | | | |
| 1 | HAND LIGHT | | | | |
| | | | | | |

## 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) 1 Car: _____

Other companies responding: _____

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

| ENGINE(S) # | LADDER(S) # | RESCUE # |
|---|---|---|
| LT E. DI GIULIO | CHIEF E. DI GIULIO | |
| R. SALISBURY | CAPT C. SALISBURY | |
| K. MIDDLETON | R. CRANSHAW | |
| W. ROY | N. PHELAND | |
| | P. EITHIER | |
| | T. RUSSO | |
| | T. PERNA | |
| | | |
| | | |
| | | |
| **VEHICLE** | **STATION** | **ON SCENE** |
| CAPT J. MURPHY | F. ROTELLA | |
| LT F. BURSIE | W. DRAPER | |
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**REMARKS:** SMALL FIRE IN OVEN, SHUT OFF GAS AT METER ALSO CALLED GAS CO. BROKEN OVEN PIPE

Lt. E. Di Giulio

SIGNED BY:

CHIEF E. DI GIULIO

PERSON IN CHG.

## NORTH PROVIDENCE FIRE DEPARTMENT

# Secondary Fire District Report

Company CENTREDALE Company Alarm # 28 N. P. File # 65

Date: 1 (MONTH) 29 (DAY) 74 (YEAR)

Time alarm received 4:30 P M Number of miles traveled 4

Time back in service ____ M

Time back at station 4:48 P M

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

Location of alarm: (Street and Number) 18 FARNUM 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 | | ☐ Miscellaneous alarm (describe) |
| XX Miscellaneous fires (describe) BOILER BACKFIRE | | |

| EXTINGUISHMENT USED | | TYPE & FEET HOSE LINES USED | | LADDERS USED | |
|---|---|---|---|---|---|
| | Carbon Dioxide | | Booster | | Aerial |
| | Dry Chemical | | 1½ Inch Hose | | Over 35 Feet |
| | Foam | | 2½ Inch Hose | | Under 35 Feet |
| | Pump Cans | | 3 Inch Hose | SALVAGE COVERS | |
| | Brooms | | Other (Describe) | | Number Used |
| | Other (Describe) | | | | Other Equipment |
| 2 | SMOKE EJECTORS | | | | |
| | DEODORIZER | | | | |
| | GENERATOR 5min | | | | |

### APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 7 Ladder(s) SP.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 | |
| | E. PELLAND | |
| | D. BAZZLE | |
| | D. FORTIN | |
| | T. PERNA | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **VEHICLE** | **STATION** | **ON SCENE** |
| | CHIEF E. DI GIULIO | |
| | J. MOLLO | |
| | D. MARCIANO | |
| | N. PHELAND | |
| | B. DI GIULIO | |
| | F. ROTELLA | |
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**REMARKS:** BOILER BACKFIRE , SPECIAL SIGNAL FOR L-1

A. Emilio Giulio
SIGNED BY:

PVT. WILLIAM ROY
PERSON IN CHG.

# NORTH PROVIDENCE FIRE DEPARTMENT

## Primary Fire District Report

Company CENTREDALE Company Alarm # 29 N. P. File # 67

Date: 1 (MONTH) 30 (DAY) 74 (YEAR)

Time alarm received 9:25 A M Number of miles traveled 2

Time back in service ____ M

Time back at station 9:42 A M

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

Location of alarm: (Street and Number) 8 ST JOHNS CIRCLE

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) INVESTIGATION |
| ☐ 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 | HAND LIGHT | | | | |
| | | | | | |
| | | | | | |

### APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

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

**REMARKS:** LADY THOUGHT SHE SMELLED SMOKE CHECKED HOUSE FOUND NOTHING,

Lt. Louis DeGuido
SIGNED BY:

PVT. PETE PHILLIPS
PERSON IN CHG.

# NORTH PROVIDENCE FIRE DEPARTMENT

## Primary Fire District Report

Company CENTREDALE Company Alarm # 30 N. P. File # 69

Date: 1 (MONTH) 30 (DAY) 74 (YEAR)

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

Time back in service 2:37 P M

Time back at station 2:40 P M

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

Location of alarm: (Street and Number) MINERAL SP. & 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 | ☒ 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) CAR ACCIDENT |
| ☐ 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) 1 Car: _____

Other companies responding: _____

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

| ENGINE(S) # | LADDER(S) # | RESCUE # |
|---|---|---|
| B. DI GIULIO | | |
| P. PHELAND | | |
| P. PHILLIPS | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **VEHICLE** | **STATION** | **ON SCENE** |
| W.ROY | CAPT J. MURPHY | |
| | LT E. DI GIULIO | |
| | D. FORTIN | |
| | D. BAZZLE | |
| | T. PERNA | |
| | W. DRAPER | |
| | | |
| | | |
| | | |
| | | |

**REMARKS:** ENG. 1 STAND - BY RES. 1 TRANSPORTED TO ROGER WILLIAMS HOSP.

CAROL VITIELLO 264 AYLSWORTH AVE, WOON, R.I.
CAR# 1 1972 PINTO REG. R. I. KZ 430
CAR# 2 MUSTANG REG. R.I. KU 859

Lt. [signature]
SIGNED BY:

PVT. P. PHILLIPS
PERSON IN CHG.

# NORTH PROVIDENCE FIRE DEPARTMENT

## Primary Fire District Report

Company Centredale Company Alarm # 31 N. P. File # 70

Date: 1/31/74
MONTH DAY YEAR

Time alarm received 1:49 p M Number of miles traveled 2

Time back in service ____ M

Time back at station 1:57 p M

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

Location of alarm: (Street and Number) 140 Waterman Ave. Brown@ Sharp Parking Lot

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 |
| | | | | | |
| | | | | | |
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### 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 # |
|---|---|---|
| ~~B DiGiulio~~ | | |
| J Mollo | | |
| D Fortin | | |
| D Bazzle | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| VEHICLE | STATION | ON SCENE |
|---|---|---|
| W Roy | Lt E DiGiulio | |
| F Rotella | W Draper | |
| | | |
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**REMARKS:** Call for car fire in rear of Brown and Sharps parking lot. Code Blue.

David Fortin
SIGNED BY:

J. Mollo
PERSON IN CHG.

# NORTH PROVIDENCE FIRE DEPARTMENT

## Primary Fire District Report

Company CENTREDALE Company Alarm # 32 N. P. File # 71

Date: 1 (MONTH) 31 (DAY) 74 (YEAR)

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

Time back in service ____ M

Time back at station 3:42 P M

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

Location of alarm: (Street and Number) REAR OF MR CHRISTMAS PARKING LOT

Cause of fire JUMPING BATTERY

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 | |
|---|---|---|---|---|---|
| 1002 | Carbon Dioxide | 25' | 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 | pr ASBESTIS GLOVES | | | | |
| | | | | | |
| | | | | | |

### 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 # |
|---|---|---|
| J. MOLLO | | |
| B. DI GIULIO | | |
| D. FORTIN | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **VEHICLE** | **STATION** | **ON SCENE** |
| J. LANE | LT E. DI GIULIO | |
| | W. ROY | |
| | W. DRAPER | |
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**REMARKS:** WIRES AND CARBERATOR BURNT, NO INSURANCE
OWNER SAL DI BARTOLE
22 ANGELL AVE JOHNSTON R.I.
1964 CHEVOLET REG. R. I. SAL- DEE

Lt. Ernest Di Giulio
SIGNED BY:

JOHN MOLLO
PERSON IN CHG.

# NORTH PROVIDENCE FIRE DEPARTMENT

## Secondary Fire District Report

Company CENTREDALE Company Alarm # 33 N. P. File # 72

Date: 1 (MONTH) 31 (DAY) 74 (YEAR)

Time alarm received 4:08 P M Number of miles traveled 3

Time back in service ____ M

Time back at station 4.11 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, 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 # |
|---|---|---|
| E. PELLAND | LT E. DI GIULIO | |
| J. MOLLO | W. ROY | |
| D. FORTIN | P. RUGGIANO | |
| B. DI GIULIO | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **VEHICLE** | **STATION** | **ON SCENE** |
| | T. PERNA | |
| | F. ROTELLA | |
| | W. DRAPER | |
| | D. BAZZLE | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

**REMARKS:** CODE BLUE ENG 6

Lt. E. Di Giulio
SIGNED BY:

JOHN MOLLO
PERSON IN CHG.