NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 261 N. P. File # 681

Date: 7 (MONTH) 1 (DAY) 74 (YEAR)

Time alarm received 12:01 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 12:05 P M

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

Location of alarm: (Street and Number) 10 PURTAIN 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)
XX Miscellaneous fires (describe) EXHAUST FAN		

	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: ____

Other companies responding: ____

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

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

VEHICLE	STATION	ON SCENE
	LT E. DI GIULIO	
	J. BOREK	
	N. PHELAND	
	W. DRAPER SR	

REMARKS: SMALL FIRE IN EXHAUST FAN

Lt Ernest Di Giulio
SIGNED BY:

J. MOLLO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 262 N. P. File # 682

Date: 7 (MONTH) 1 (DAY) 74 (YEAR)

Time alarm received 1:21 P M Number of miles traveled 6

Time back in service 1:27 P M

Time back at station 1:29 P M

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

Location of alarm: (Street and Number) ~~SMITH ST (FRONT OF GREGORY ORGAN)~~

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	☐ Lockout
XX 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	15'	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		
P. PHILLIPS		
W. ROY		
D. BAZZLE		
J. MOLLO		

VEHICLE	STATION	ON SCENE
J. BOREK	CAPT C. SALISBURY	
	B. DI GIULIO	

REMARKS: RUBBISH IN BARREL

Lt. Emil Di Giulio
SIGNED BY:

J. MOLLO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 263 N. P. File # 683

Date: 7 (MONTH) 1 (DAY) 74 (YEAR)

Time alarm received 1:30 P M Number of miles traveled 6

Time back in service 1:49 P M

Time back at station 1:51 P M

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

Location of alarm: (Street and Number) WOON. AVE (REAR OF SGAMBARTO GAS STATION)

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ 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	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

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 #
LT E. DI GIULIO		
J. MOLLO		
W. ROY		
P. PHILLIPS		
D. BAZZLE		

VEHICLE	STATION	ON SCENE
J. BOREK	CAPT C. SALISBURY	
	B. DI GIULIO	
	W. DRAPER SR	

REMARKS: SMALL BRUSH & RUBBISH

Lt. Emil Di Giulio
SIGNED BY:

J. MOLLO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 264 N. P. File # 684

Date: 7 (MONTH) 1 (DAY) 74 (YEAR)

Time alarm received 3:26 P M Number of miles traveled 3

Time back in service 3:41 P M

Time back at station 3:46 P M

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

Location of alarm: (Street and Number) ST, MARY S 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
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

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		
B. DI GIULIO		
J. MOLLO		
P. PHILLIPS		

VEHICLE	STATION	ON SCENE
	W. ROY	
	D. BAZZLE	
	CAPT C. SALISBURY	
	W. DRAPER SR	

REMARKS: BRUSH & TREE STUMP

SIGNED BY:

J. MOLLO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTRALE Company Alarm # 265 N. P. File # 686

Date: 7 (MONTH) 2 (DAY) 74 (YEAR)

Time alarm received 1:06 A M Number of miles traveled 3

Time back in service ____ M

Time back at station 3:02 A M

Alarm received by: Box # 513 Phone ____ 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	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	45'	Aerial
	Dry Chemical		1½ Inch Hose	2- 35	Over 35 Feet
	Foam		2½ Inch Hose	2- 14	Under 35 Feet
	Pump Cans		3 Inch Hose	24 20 18	SALVAGE COVERS
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
4	AXES				
2	PIKE POLES				
3	HANDLIGHTS				

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 6, 7, 1 Ladder(s) 1 Rescue(s) 1 & 2 Car: 78

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT J. MURPHY	W. ROY	
LT F. BURSIE	E. PELLAND	
D. FORTIN	D. BAZZLE	
D. HOUDE	N. PHELAND	
K. MIDDLETON		
J. MOLLO		

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO		
R. RATHIER		
H. DARBY		
J. MURPHY SR		
P. PHILLIPS		
F. ROTELLA		

REMARKS: VACANT BLDG. UNDER REMODLING, HEAVY FIRE DAMAGE FIRST FLOOR AND PART OF SECOND & OUTSIDE

Lt. Emilio Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 266 N. P. File # 687

Date: 7/2/74 (MONTH / DAY / YEAR)

Time alarm received 6:08 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 6:13 P M

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

Location of alarm: (Street and Number) 14 JACKSONNE DR.

Cause of fire BLUE

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
D. HOUDE	T. PERNA	
W. DRAPER JR.	J. BOREK	
T. RUSSO		
VEHICLE	**STATION**	**ON SCENE**
CHIEF E. DI GIULIO	D. FORTIN	
W. DRAPER	D. BAZZLE	

REMARKS: CODE BLUE FROM ENG.#1.

SIGNED BY:

J. BOREK

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 267 N. P. File # 648

Date: 7/2/74 (MONTH / DAY / YEAR)

Time alarm received 7.06 P M Number of miles traveled 0

Time back in service ____ M

Time back at station 7.16 P M

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

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

Cause of fire FIRST AID

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
					FIRST AID KIT

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
	E. PELLAND	
	R. RATHIER	
	D. HOUDE	
	T. RUSSO	
	J. BOREK	

REMARKS:

B. Di Guglielmo

SIGNED BY:

E. PELLAND

PERSON IN CHG.

NO. PROVIDENCE FIRE DEPARTMENT
– SECONDARY RESCUE REPORTS –

DATE: 7/2/74 TIME: ARRIVED 7:06 P.M. RETURNED 7:16 P.M.

NAME: RALPH L. MAIONE AGE: 20

ADDRESS: 21 LAMBERT ST. CRANSTON, R.I. ALARM BY: WALK IN

LOCATION OF RESCUE 1967 MINERAL SPRING AVE. (HDQT. STATION)

EXAMINATION

SKULL *

EYES *

EARS *

NOSE *

MOUTH *

CHEST *

ABDOMEN *

UPPER EXTREMITIES *

LOWER EXTREMITIES * SEVERE LACERATION, RIGHT UPPER LEG.

POSITION OF PATIENT WHEN FOUND: STANDING

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) YES

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

IF PATIENT WAS NOT TRANSPORTED EXPLAIN:

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

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

LACERATION BANDAGED WITH 2, 4x42 & 1,3"x3" BANDAGE.
2 ROLLS GAUZE, ADHESIVE TAPE.

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

RESCUE CO. NO. _____

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 268 N. P. File # 690

Date: 7/2/74
MONTH DAY YEAR

Time alarm received 9:26 P M Number of miles traveled 3

Time back in service ____ M

Time back at station 9:34 P M

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

Location of alarm: (Street and Number) ST. MARYS 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
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	
2	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
W. ROY		
D. FORTIN		
R. RATHIER		
D. HOUDE		
T. PERNA		
LT. F. BURSIE		
C. ZAHN		

VEHICLE	STATION	ON SCENE
	CHIEF E. DI CIULIO	
	LT. P. RUGGIANO	

REMARKS: SMALL AREA OFF ST. MARYS RD.

B. Di Giulio
SIGNED BY:

LT. F. BURSIE
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 269 N. P. File # 692

Date: 7/3/74
MONTH DAY YEAR

Time alarm received 7:06 P M Number of miles traveled 14

Time back in service 2:19 P M

Time back at station 2:25 P M

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

Location of alarm: (Street and Number) NORTH MAINE ST. STATION, PROVIDECGE, R.I.

Cause of fire XXXXXXXXXX MUTUAL AID

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) #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 #
	LT. E. DI GIULIO	
	E. PELLAND	
	T. PERNA	
	K. MIDDLETON	
	N. PHELAND	
	T. PHILLIPS	

VEHICLE	STATION	ON SCENE

REMARKS: MUTUAL AID TO PROVIDENCE.

B. Di Giulio

SIGNED BY:

LT. E. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 270 N. P. File # 694

Date: 7/3/74
MONTH DAY YEAR

Time alarm received 9:09 P M

Time back in service 9:23 P M

Time back at station 9:30 P M

Number of miles traveled 2

Alarm received by: Box # 125 Phone _____ Other _____ (Describe)

Location of alarm: (Street and Number) SHERWOOD & BERWICK

Cause of fire SET

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
1	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: #1.

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

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. J. MURPHY		
LT. F. BURSIE		
LT. P. RUGGIANO		
W. ROY		
D. MARCIANO		
D. FORTIN		
D. HOUDE		
T. RUSSO		
C. ZAHN		
H. DARBY		
VEHICLE	**STATION**	**ON SCENE**
CHIEF E. DI GIULIO	R. RATHIER	
	W. DRAPER JR.	
	J. LANE	
	B. DI GIULIO	
	J. MOLLO	
	R. PAQUET	
	P. PHILLIPS	
	F. ROTELLA	
	W. DRAPER	

REMARKS: SMALL BRUSH FIRE. BOX 125 PULLED FOR BRUSH FIRE ACROSS FROM MILK STORE ON WATERMAN AVE.

B. Di Giulio

SIGNED BY:

CAPT. J. MURPHY

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 271 N. P. File # 700

Date: 7/4/74 (MONTH / DAY / YEAR)

Time alarm received 12:58 A M Number of miles traveled 5

Time back in service 1:13 A M

Time back at station 1:30 A M

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

Location of alarm: (Street and Number) 2167 MINERAL SPRING AVE.

Cause of fire AUTO ACCIDENT

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	50'	Booster 1"		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
					FIRST AID KIT
				3	TRIANGLES BAND.
				2	4"x6" band.

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) #1. Car: #78

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. J. MURPHY		
CAPT. C. SALISBURY		
LT. F. BURSIE		
LT. P. RUGGIANO		
W. ROY		
D. FORTIN		
R. RATHIER		
T. RUSSO		
D. BAZZLE		
VEHICLE	**STATION**	**ON SCENE**
CHIEF E. DI GIULIO	D. HOUDE	
G. BULPITT	P? PHILLIPS	
H. DARBY		

REMARKS: AUTO ACCIDENT, 2CARS. RONALD REA, 20 NORTH BEN ST. PAWT. R.I.
AK783, CHEVY, MALIBU.
TONY AP, PONTICE CUSTOM.

B. [signature]
SIGNED BY:

CAPT. J. MURPHY
PERSON IN CHG.

FILE. 700

CO. #271

NO. PROVIDENCE FIRE DEPARTMENT

– SECONDARY RESCUE REPORTS –

DATE: 7/4/74 TIME: ARRIVED 12:58 a.m. RETURNED 1:30 a.m.

NAME: PAULA COCAKIN AGE: 18

ADDRESS: LEWIS ST. CENTRAL FALLS, R.I. ALARM BY: POLICE

LOCATION OF RESCUE 2176 MINERAL SPRING AVE.

EXAMINATION

SKULL * OK

EYES * OK

EARS * OK

NOSE * OK

MOUTH * SMALL LACERATION UNDER CHIN, NECK PAIN

CHEST * POSSIBLE FRACTURED RIBS RIGHT SIDE

ABDOMEN * OK

UPPER EXTREMITIES * POSSIBLE DISLOCATON RIGHT SHOULDRR

LOWER EXTREMITIES * OK

POSITION OF PATIENT WHEN FOUND: STANDINDG ON SIDE WALK

WAS PATIENT CONSCIOUS? yes

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) YES

PATIENT TRANSPORTED TO: ROGer williams GEN HOSP. BY RESCUE#1.

IF PATIENT WAS NOT TRANSPORTED EXPLAIN:

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

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

PATEENT COMPLAIND OF PAINS IN RIGHT SHOULDER & CHEST, PAIN RIGHT SIDE, NECK. PATEENT ALSO HAD A SLIGHT LACERATION OF THE CHIN. 4"x4" USED ON CHIN. USED 2 TRIANGULAR BANADGE TO SECURE SHOULDER. 1 TRINGLER BANAGE FOR RIBS 1 NECK COLLAR.

RONALD REA DRIVER OF CAR REFUSED MEDICAL AID.

SIGNED: B. do Gendreau OFFICER IN CHARGE: LT. P. RUGGIANO

RESCUE CO. NO. Eng #1

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 272 N. P. File # 706

Date: 7/4/74
MONTH DAY YEAR

Time alarm received 8:57 P M Number of miles traveled 3

Time back in service ____ M

Time back at station 9:10 P M

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

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

Cause of fire SET

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	XX ☐ Code Yellow	☐ Water emergency
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
4 ~~bx~~	Pump Cans		3 Inch Hose	SALVAGE COVERS	
2	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. J. MURPHY		
E. PELLAND		
R. RATHIER		
T: PERNA		
K. MIDDLETON		
C. ZAHN		
N. PHELAND		
H. DARBY		

VEHICLE	STATION	ON SCENE
	CHIEF E. DI GIULIO	
	J. LANE	
	J. MOLLO	
	R. SALISBURY	

REMARKS: BRUSH FIRE ACROSS FROM MILK STORE.
SET WITH KEROSENE & CHARCOAL LIGHTER FLIUD.

B. [illegible]
SIGNED BY:

CAPT. J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 273 N. P. File # 712

Date: 7/5/74 (MONTH / DAY / YEAR)

Time alarm received 12:45 AM Number of miles traveled 2

Time back in service 12:55 AM

Time back at station ____ M

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

Location of alarm: (Street and Number) 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
	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. C. SALISBURY		
E. PELLAND		
R. RATHIER		
D. BAZZLE		
N. PHELAND		

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

REMARKS: CODE BLUE, CALLED FOR BRUSH FIRE.

SIGNED BY:

E. PELLAND

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 274 N. P. File # 714

Date: 7/5/74
MONTH DAY YEAR

Time alarm received 1:31 A M Number of miles traveled 3

Time back in service ____ M

Time back at station 1:38 A M

Alarm received by: Box # 5835 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) GENEVA MILLS

Cause of fire BLUE

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) #3, 4, 1. Ladder(s) #2. Rescue(s) ____ Car: ____

Other companies responding: ____

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

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

VEHICLE	STATION	ON SCENE
	CAPT. J. MURPHY	

REMARKS: CODE BLUE

B. Ali Gaudio

SIGNED BY:

D. BAZZLE

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 275 N. P. File # 704

Date: 7/4/74
MONTH DAY YEAR

Time alarm received 7:07 P M Number of miles traveled 16

Time back in service ____ M

Time back at station 2:15 A M

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

Location of alarm: (Street and Number) NORTH MAIN ST, PROVIDENCE, R.I.

Cause of fire MUTUAL AID

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)		MUTUAL AID

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)	3	SQUEEGE		Other Equipment
		2	SHOVELS	5	AXES
			EIEC CORD	4	HANDLIGHTS
				1	SMOKE EJECTOR

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 #
	LT. F. BURSIE	
	W. ROY	
	D. FORTIN	
	D. HOUDE	
	T. RUSSO	

VEHICLE	STATION	ON SCENE

REMARKS: #1, DOUGLAS AT GODDARD, CODE RED
#2, FOX POINT ELEM SCHOOL , CODE RED
#3, BRANCH AT SLIVER SPRING ST, CODE RED

B. D. Gurley
SIGNED BY:

LT. F. BURSIE
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 276 N. P. File # 721

Date: 7/6/74 (MONTH / DAY / YEAR)

Time alarm received 1:09 A M Number of miles traveled 37

Time back in service ____ M

Time back at station 4:22 A M

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

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

Cause of fire UNDER INVESTIGATION

Description of building or occupancy: BLDG. INSPECTOR OFFICE

Owner of building or occupancy: TOWN OF NORTH PROVIDENCE

Owner's address: 2008 SMITH ST.

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

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster	55'	Aerial
	Dry Chemical	200'	1½ Inch Hose		Over 35 Feet
	Foam	1100'	2½ Inch Hose	49'	Under 35 Feet
	Pump Cans	100'	3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)	3	Number Used
	Other (Describe)		RESECITATOR		Other Equipment
LIGHTS USED 2½ hr.		7	HANDLIGHTS	6	SCOTTS
		1	SMOKE EJECTORS	4	AXES
		GENERATOR?/ CORD		2	PIKES POLE

APPARATUS REPORT FRIST AID KIT

Working time of pump: Hours: 2 minutes: 45

Defects on apparatus after alarm (if any): ____

Companies responding:

Engines(s) #1. #3 Ladder(s) #1. Rescue(s) #1. Car: #78

Other companies responding: S.S Eng 5, 4 Resc #2

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

ENGINE(S) #	LADDER(S) #	RESCUE #
W. ROY	CAPT. J. MURPHY	
D. FORTIN	LT. F. BURSIE	
T. PERNA	LT. P. RUGGIANO	
D. BAZZLE	T. RUSSO	
N. PHELAND	K. MIDDELTON	
	G. BULIPPTT	

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO		R. MARWELL
CAPT. C. SALISBURY		J. MURPHY SR.
LT. E. DI GIULIO		F. ROTELLA
R. RATHIER		W. DRAPER
D. HOUDE		A. IEMMA
W. DRAPER JR.		
B. DI GIULIO		
J. MOLLO		
R. SALISBURY		
C. ZAHN		

H. DARBY

P. PHILLIPS

REMARKS: BLDG. HEAVILY INVOLVED IN CENTER, GROUND FLOOR HEAVY FIRE DAMAGE. OLD FIRE ALARM SECTION & STORAGE AREA. FIRE WORKED WAY INTO ROOF REST OF BLDG. RECEIVED WATER& SMOKE DAMAGE

K. MIDDLETON, TO HOSP. (SMOKE INALATON)

P. PHILLIPS, ABRASION LEFT HAND MIDDLE FINGER.

R. RATHIER, PULLED MUSCLE IN BACK.

3 STORY WOOD FRAME .

B. Di Giulio

SIGNED BY:

CHIEF E. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE

Date: 7/6/74 (MONTH / DAY / YEAR)

Company Alarm # 277 N. P. File # 724

Time alarm received 9:52 P M

Time back in service M

Time back at station 9:57 P M

Number of miles traveled 1

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

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

Cause of fire BLUE

Description of building or occupancy:

Owner of building or occupancy:

Owner's address:

CLASSIFICATION OF ALARM

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

FIRE CODE

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

ALARM WITH NO FIRE

- ☐ Rescue or emergency
- ☐ Water emergency
- ☐ Lockout
- ☐ Accidental alarms
- ☐ False alarm
- ☐ Miscellaneous alarm (describe)

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

APPARATUS REPORT

Working time of pump: Hours: minutes:

Defects on apparatus after alarm (if any):

Companies responding:

Engines(s) #6, 7. 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 #
	J. LANE	
	T. PERNA	
	C. ZAHN	

VEHICLE	STATION	ON SCENE
	CAPT. J. MURPHY	
	W. ROY	
	R. RATHIER	
	D. HOUDE	
	W. DRAEPER JR.	

REMARKS: ELECTRIC CORD FELL OFF TRUCK.

JACK LANE INJURED ELBOW TRYING TO STOP 3" HOSE FROM FALLING OFF TRUCK.
WENT TO ROGER WILLIAMS HOSP.

SIGNED BY:

C. ZAHN

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 278 N. P. File # 725

Date: 7/7/74
MONTH DAY YEAR

Time alarm received 12:12 A M Number of miles traveled 1

Time back in service ____ M

Time back at station 12:18 A M

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

Location of alarm: (Street and Number) 31 JACKSONIA DR.

Cause of fire BLUE

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 #
W. ROY		
D. FORTIN		
T. PERNA		
K. MIDDLETON		
D. BAZZLE		
N. PHELAND		

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO	CAPT. J. MURPHY	
D. HOUDE	LT. P. RUGGIANO	
	J. MOLLO	
	S. COPPA	

REMARKS: CODE BLUE, CALLED FOR RUBBISH.

E. Di Giulio

SIGNED BY:

CHIEF E. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 279 N. P. File # 727

Date: 7/7/74
MONTH DAY YEAR

Time alarm received 5:37 P M Number of miles traveled 2

Time back in service M

Time back at station 6:01 P M

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

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

Cause of fire

Description of building or occupancy: MADISON HOUSE

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) STOVE		

	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

APPARATUS REPORT

Working time of pump: Hours: minutes:

Defects on apparatus after alarm (if any):

Companies responding:

Engines(s) #3.4.7. Ladder(s) #1.2. Rescue(s) #3. Car:

Other companies responding:

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	CAPT. J. MUHRPHY	
	D. FORTIN	
	T. PERNA	
	C. ZAHN	
	D. BAZZLE	
	S. COPPA	
	N. PHELAND	

VEHICLE	STATION	ON SCENE
	W. ROY	
	R. RATHIER	
	J. LANE	
	T. RUSSO	
	J. MOLLO	

REMARKS: STOVE FIRE.

SIGNED BY:

CAPT. J. MURPHY

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 280 N. P. File # 731

Date: 7/9/74
MONTH DAY YEAR

Time alarm received _____ M Number of miles traveled 0

Time back in service _____ M

Time back at station _____ M

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

Location of alarm: (Street and Number) SMITHFIELD RD. & ADMIRAL PLAZA

Cause of fire BLUE

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

Other companies responding: _____

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

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

VEHICLE	STATION	ON SCENE
	CHIEF E. DI GIULIO	
	CAPT. J. MURPHY	
	LT. F. BURSIE	
	LT. P. RUGGIANO	
	W. ROY	
	D. MARCIANO	
	D. HOUDE	
	T. PERNA	
	J. MOLLO	C. ZAHN
	R. PARENTEAU	D. BAZZLE

REMARKS: CODE BLUE FROM ENG.#3. RECALL BEFORE LADDER LEFT STATION.

E. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 281 N. P. File # 733

Date: 7/10/74
MONTH DAY YEAR

Time alarm received 11:29 A M Number of miles traveled 2

Time back in service ____ M

Time back at station 12:11 P M

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

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

Cause of fire AUTO ACCIDENT

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	50'	Booster 1"		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

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) #2. Car: ____

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
B. DI GIULIO		CAPT. C. SALISBURY
		D. CLARK
		P. PHILLIPS
VEHICLE	**STATION**	**ON SCENE**
		CAPT. J. MURPHY
		D. FORTIN
		J. MOLLO
		J. MURPHY SR.
		W. DRAPER

REMARKS: CAR CAME ACROSS STATION RAMP AND WENT INTO DRIVEWAY AND HIT HOUSE AT 1971 MINERAL SPRING AVE.

DRIVER OF CAR: CARL G, WEEKS AGE 61

20 McGUIRE RD. (SPRINGVILLA APTS.)

HOUSE OWNED BY, BELL REALTY

B. Di Giulio

SIGNED BY:

CAPT. J. MURPHY

PERSON IN CHG.

NO. PROVIDENCE FIRE DEPARTMENT
– PRIMARY RESCUE REPORTS –

FILE. 7330
CO. 281

DATE: 7/10 TIME: ARRIVED 11:29 A.M. RETURNED 12.01 P.M.

NAME: CARL G. WEEKS AGE: 61

ADDRESS: 20 McGUIRE RD. ALARM BY: RADIO
NO. PROVIDENCE, R.I.

LOCATION OF RESCUE McGUIRE RD, & MINERAL SPRING AVE.

EXAMINATION

SKULL *	OK
EYES *	OK
EARS *	OK
NOSE *	OK
MOUTH *	OK
CHEST *	OK
ABDOMEN *	OK
UPPER EXTREMITIES *	OK
LOWER EXTREMITIES *	OK
POSITION OF PATIENT WHEN FOUND:	BEHIND WHEEL OF AUTO
WAS PATIENT CONSCIOUS?	YES
WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN)	YES

PATIENT TRANSPORTED TO: ROGER WILLIAMS GENERAL HOSPITAL (RES.#2.)

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)

VICTIM SEEMED TO BE IN A DAZE. BREATHING WAS WEEZEY DUE TO APPARENT LUNG CONGESTION. NO COMPLAINTS OF PAINE.

SIGNED: B Wm Jones OFFICER IN CHARGE: P. PHILLIPS

RESCUE CO. NO. #2.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 282 N. P. File # 734

Date: 7/10/74
MONTH DAY YEAR

Time alarm received 12:52 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 1.09 P M

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

Location of alarm: (Street and Number) 35 BICENTENNIAL WAY

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: JOHN IEMMA

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)		MIXING CHEMICALS

	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	ASXBESTOS GLOVES

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	CAPT. J. MURPHY	
	W. ROY	
	D. FORTIN	
	J. MOLLO	

VEHICLE	STATION	ON SCENE
	CAPT. C. SALISBURY	
	B. DI. GIULIO	
	P. PHILLPPS	
	D. CLARKE	

REMARKS: MRS. IEMMA WAS MIXING CLORHINE FOR POOL. GOT REACTION STARTED BUBLING AN EXPLODING, NO INJURIES.

B. Di Giulio
SIGNED BY:

CAPT. J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm #283 N. P. File # 692

Date: 7/10/74
MONTH DAY YEAR

Time alarm received 11:18 P M Number of miles traveled 0

Time back in service ____ M

Time back at station 11.23 P M

Alarm received by: Box # ____ Phone ____ Other POLICE HDQS. (Describe)

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

Cause of fire RESCUE

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)		FRIST AID (STATION)

	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) #2. 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	R. RATHIER
	D. FORTIN	D. BAZZLE
	J. LANE	N. PHELAND
	C. ZAHN	
	S. COPPA	

REMARKS: RESCUE POLICE HEADQUATERS, FRIST AID GIVEN BY CENTREDALE, RESCUE#2, CALLED TO TRANSPORT, RESCUE#2, REMOVED BANDAGE.

E. Di Giulio

SIGNED BY:

CHIEF E. DI GIULIO

PERSON IN CHG.

FILE #692

NO. PROVIDENCE FIRE DEPARTMENT CO. #283

– PRIMARY RESCUE REPORTS –

DATE: 7/10/74 TIME: ARRIVED 11:18 P.M. RETURNED 11:23 P.M.

NAME: MARGRET FARRAHRA AGE:

ADDRESS: 20 ~~McGUIRE~~ McGUIRE RD ALARM BY: PHONE

NO. PROV.R.I.

LOCATION OF RESCUE POLICE HEADQUARTERS

EXAMINATION

SKULL * OK

EYES * OK

EARS * OK

NOSE *)OK

MOUTH * OK

CHEST * OK

ABDOMEN * OK

UPPER EXTREMITIES * LACERATION ON RIGHT INDEX FINGER

LOWER EXTREMITIES * OK

POSITION OF PATIENT WHEN FOUND: SITTING

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) YES

PATIENT TRANSPORTED TO: ROGER WILLIAMS GENERAL HOSPTIAL (RES.#2.)

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)

LACERATION ON RIGHT INDEX FINGER. FRUIT HILL RESCUE #2, REMOVED ~~BANAGE~~ BANDAGE AFTER FIRST AID WAS ALREADY GIVEN.

SIGNED: B. Di Giulio OFFICER IN CHARGE: CHIEF E. DI GIULIO

RESCUE CO. NO. STATION CALL

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 284 N. P. File # 740

Date: 7/11/74
MONTH DAY YEAR

Time alarm received 12.04 AM Number of miles traveled 0

Time back in service ____ M

Time back at station 12:05 A M

Alarm received by: Box # 5835 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) GENEVA MILLS

Cause of fire BLUE

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) #3, 4, 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 #
CAPT. J. MURPHY	LT. P. RUGGIANO	
W. ROY	D. MARCIANO	
D. FORTIN	D. HOUDE	
T. PERNA	S. COPPA	
D. BAZZLE		
N. PHELAND		

VEHICLE	STATION	ON SCENE
	CHIEF E. DI GIULIO	

REMARKS: CODE BLUE FROM ENG.#3.

SIGNED BY: B. Murphy

CAPT. J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 285 N. P. File # 693

Date: 7/11/74
MONTH DAY YEAR

Time alarm received 10.~~46~~ 14 AM Number of miles traveled

Time back in service M

Time back at station 10:46 AM

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

Location of alarm: (Street and Number) 20 McGUIRE RD. (SPRINGVILLAAPTS. #102~~8~~

Cause of fire

Description of building or occupancy:

Owner of building or occupancy:

Owner's address:

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

	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) #2. Car:

Other companies responding:

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

ENGINE(S) #	LADDER(S) #	RESCUE #
		P. PHILLIPS
		D. CLARK

VEHICLE	STATION	ON SCENE
	J. MOLLO	
	B. DI GIULIO	
	CAPT. C. SALISBURY	
	W. DRAPER	

REMARKS:

B. DiGiulio
SIGNED BY:

P. PHILLIPS
PERSON IN CHG.

FILE #693
CO. #2851

NO. PROVIDENCE FIRE DEPARTMENT

– PRIMARY RESCUE REPORTS –

DATE: 7/11 .74 TIME: ARRIVED 10.14 A.M. RETURNED 10:46 a.m.

NAME: MISS CHRISTIAN AGE: 64

ADDRESS: 20 McGUIRE RD. (SPRINGVILLA APTS.) ALARM BY: PHONE
NO. PROV. R.I.

LOCATION OF RESCUE AS ABOVE

EXAMINATION

SKULL *

EYES *

EARS *

NOSE *

MOUTH *

CHEST *

ABDOMEN *

UPPER EXTREMITIES *

LOWER EXTREMITIES *

POSITION OF PATIENT WHEN FOUND: WHEEL CHAIR

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) YES

PATIENT TRANSPORTED TO: OUR LADY FATIMA HOSPITAL

IF PATIENT WAS NOT TRANSPORTED EXPLAIN:

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

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

TRANSPORTATION CALL.

SIGNED: B. Wi Gules OFFICER IN CHARGE: P.PHILLIPS

RESCUE CO. NO. #2.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 286 N. P. File # 748

Date: 7/12/74
MONTH DAY YEAR

Time alarm received 6:12 P M Number of miles traveled 6

Time back in service M

Time back at station 6:52 P M

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

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

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)		MUTUAL AID

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
				2	SMOKE EJIVTORS
				1	AXE
					GENERATOR RUN 20 min.

APPARATUS REPORT

Working time of pump: Hours: minutes:

Defects on apparatus after alarm (if any): CORD, SMOKE EJICTOR GRILL (BOTH FIXED)

Companies responding:

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

Other companies responding:

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	CHIEF E. DI GIULIO	
	W. ROY	
	E. PELLAND	
	D. BAZZLE	

VEHICLE	STATION	ON SCENE
	D. FORTIN	
	W. DRAPER JR.	
	K. MIDDLETON	
	J. BOREK	
	W. DRAPER	

REMARKS: CODE RED, 2½ STORY WOOD FRAME. MINER FIRE DAMAGE IN REAR 2nd FLOOR.

COVERED FOR JOHNSTON LADDER#1.

E. di Giulio

SIGNED BY:

CHIEF E. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 287 N. P. File # 750

Date: 7/12/74
MONTH DAY YEAR

Time alarm received 7:29 P M Number of miles traveled 5

Time back in service ____ M

Time back at station 8:44 P M

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

Location of alarm: (Street and Number) 1 GREYSTON AVE.

Cause of fire CHEMICAL FUMES

Description of building or occupancy: 1 STORY STONE BUILDING (USED FOR STORAGE)

Owner of building or occupancy: INDUSTRIAL PLATING

Owner's address: ____

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

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	400'	Booster 1"		Aerial
	Dry Chemical		1½ Inch Hose	38'	Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)	2	SMOKE EJICTORS		Other Equipment
		100!	ELEC. CORD	3	SCOTTS
			GENERATOR	1	AXE
			FRIST AID KIT	2	HANDLIGHTS
				2	½2 ROPES

APPARATUS REPORT

Working time of pump: Hours: 1 minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #1.6.7. Ladder(s) #1. Rescue(s) S.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	J. LANE	
W. ROY	T. RUSSO	
E. PELLAND	J. BOREK	
K. MIDDLETON	W. DRAPER	
S. COPPA		
H. DARBY		

VEHICLE	STATION	ON SCENE
CAPT. J. MURPHY	D. BAZZLE	
LT. P. RUGGIANO		
C. ZAHN		
N. PHELAND		
P. PHILLIPS		
F. ROTELLA		

REMARKS: HEAVY CHEMICAL FUMES THROUGHOWT BUILDING. NO FIRE VENTIALTED BUILDING. NOTIFIED OWNER TO REMOVE ALL DANGEROUS CHEMICALS BUILDING IS VACANT. OWENR WLLL COMPLY.

SIGNED BY:

CHIEF E. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 288 N. P. File # 752

Date: 7/12/74
MONTH DAY YEAR

Time alarm received 10:19 P M Number of miles traveled 3

Time back in service ____ M

Time back at station 10:26 P M

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

Location of alarm: (Street and Number) 38 LANGSBERRY AVE.

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. J. MURPHY		
W. ROY		
E. PELLAND		
D. FORTIN		
C. ZAHN		
D. BAZZLE		
S. COPPA		

VEHICLE	STATION	ON SCENE
	CHIEF E. DI GIULIO	

REMARKS: CALL FOR BRUSH FIRE. PEOPLE HAVING A COOKOUT AT 38 LANGSBERRY AVE CARS PARKED BOTH SIDES OF STREET. XXXXX INACCESSIBLE TO EMERG. APPARATUS

B. Di Giulio
SIGNED BY:

CAPT. J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 289 N. P. File # 754

Date: 7/13/74 (MONTH / DAY / YEAR)

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

Time back in service 3:16 A M

Time back at station 3:35 A M

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

Location of alarm: (Street and Number) LYDIA 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
☐ 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) 4, 7. Ladder(s) #1. Rescue(s) _____ Car: _____

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	E. PELLAND	
	D. FORTIN	
	J. LANE	
	C. ZAHN	
	D. BAZZLE	
	N. PHELAND	

VEHICLE	STATION	ON SCENE
	CHIEF E. DI GIULIO	
	CAPT. J. MURPHY	
	LT. F. BURSIE	
	W. ROY	
	W. DRAPER JR.	
	T. PERNA	
	J. MOLLO	

REMARKS: CODE RED, ENG.#5,3. LADDER#3. AT SCENE, AT BENNENT ST.
CALL WAS FOR SAME FIRE, NOT NEEDED.

B. Di Giulio
SIGNED BY:

C. ZAHN
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 290 N. P. File # 756

Date: 7/13/74
MONTH DAY YEAR

Time alarm received 11:09 a M Number of miles traveled 3

Time back in service ____ M

Time back at station 11:23 A M

Alarm received by: Box # 422 Phone ____ Other ____ (Describe)

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

Cause of fire BLUE

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) ____ 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	
	J. LANE	
	D. BAZZLE	
VEHICLE	**STATION**	**ON SCENE**
	D. FORTIN	
	C. ZAHN	

REMARKS: CODE BLUE FROM ENG.#7.

B. Di Giulio

SIGNED BY:

LT. E. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 291 N. P. File # 759

Date: 7/13/74
MONTH DAY YEAR

Time alarm received 11:56 P M Number of miles traveled 3

Time back in service ____ M

Time back at station 12:01 A M

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

Location of alarm: (Street and Number) 51 HAWKINS BLVD. & SAMPON

Cause of fire BLUE

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) ____ Car: ____

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	CHIEF E. DI GIULIO	
	D. BAZZLE	
	J. BOREK	
	N. PHELAND	

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

REMARKS: CODE BLUE FROM ENG.#7.

B. W. Giulio
SIGNED BY:

J. BOREK
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 292 N. P. File # 760

Date: 7/14/74 (MONTH / DAY / YEAR)

Time alarm received 12:27 A M Number of miles traveled 1

Time back in service 12:35 (8.10a M

Time back at station 1:06 (1.1)a M

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

Location of alarm: (Street and Number) 91 BROWN AVE.

Cause of fire FOOD ON STOVE (NO FIRE)

Description of building or occupancy: _____

Owner of building or occupancy: MICHAL SULLIVAN

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)		SMOKE IN A DWELLING

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

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: s.s. Ladder #1.

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO	E. PELLAND	
LT. P. RUGGIANO	N. PHELAND	
J. BOREK		
D. BAZZLE		

VEHICLE	STATION	ON SCENE
	W. ROY	
	W. DRAPER JR.	
	D. FORTIN	
	J. LANE	
	S. COPPA	
	R. RATHIER	
	W. DRAPER	

REMARKS: FOOD ON STOVE, NO FIRE, HOUSE FULL OF SMOKE.

SIGNED BY:

CHIEF E, DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 293 N. P. File # 761

Date: 7/14/74
MONTH DAY YEAR

Time alarm received 1:10 A M Number of miles traveled 2

Time back in service 1:12 A M

Time back at station _____ M

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

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

Cause of fire BLUE

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, 3, 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	D. FORTIN	
LT. P. RUGGIANO	J. BOREK	
W. ROY	D. BAZLLE	
E. PELLAND	S. COPPA	
R. RATHIER	N. PHELAND	
W. DRAPER JR.	W. DRAPER	

VEHICLE	STATION	ON SCENE

REMARKS: CODE BLUE FROM ENG.#7.

SIGNED BY:

CHIEF E. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 294 N. P. File # 763

Date: 7/14/74
MONTH DAY YEAR

Time alarm received 2:40 P M Number of miles traveled 3

Time back in service 2:53 P M

Time back at station 3:15 P M

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

Location of alarm: (Street and Number) ALLENDALE MILL (REAR)

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

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) #2. 1a/BOAT Car: _____

Other companies responding: _____

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

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

VEHICLE	STATION	ON SCENE
	CAPT. J. MURPHY	
	LT. P. RUGGIANO	
	J. BOREK	

REMARKS: REPORTED DROWING (CODE BLUE)

SIGNED BY:

W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 295 N. P. File # 764

Date: 7/14/74
MONTH DAY YEAR

Time alarm received 4:30 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 4:45 P M

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

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

Cause of fire BLUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. J.MURPHY	J. MOLLO	
W. ROY	J. BOREK	
T. PERNA		
C. ZAHN		
VEHICLE	**STATION**	**ON SCENE**
H. DARBY		
G. BULPITT		
F. ROTELLA		

REMARKS: CODE BLUE. SUPPUSE TO HAVE BEEN CALLED IN BY POLICE DEPT.

B. [illegible]
SIGNED BY:

CAPT. J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 296 N. P. File # 766

Date: 7/14/74
MONTH DAY YEAR

Time alarm received 9.04 P M Number of miles traveled 3

Time back in service _____ M

Time back at station 9.08 P M

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

Location of alarm: (Street and Number) LAWRENCE RD. &MEADOW BROOK

Cause of fire CODE BLUE

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) #6.1. Ladder(s) #1. Rescue(s) _____ 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	
R. RATHIER	E. PELLAND	
D. BAZZLE		
J. MOLLO		
VEHICLE	**STATION**	**ON SCENE**
	CAPT. J. MURPHY	
	W. ROY	
	D. FORTIN	
	W. DRAPER JR.	
	J. LANE	
	T. PERNA	
	C. ZAHN	
	N. PHELAND	

REMARKS: CODE BLUE FROM ENG. #6.

E. Di Giulio

SIGNED BY:

CHIEF E. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 297 N. P. File # 768

Date: 7/15/74 (MONTH / DAY / YEAR)

Time alarm received 1:59 A M Number of miles traveled 73

Time back in service 6:51 (E.1) A. M

Time back at station 7:33 (L.1) A. M

Alarm received by: Box # 555 Phone _____ Other _____ (Describe)

Location of alarm: (Street and Number) 67 WOONASQUATUCKET AVE.

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: XANDAU (OLD FRAT HOUSE)

Owner's address: _____

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

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster	60'	Aerial
	Dry Chemical	300'	1½ Inch Hose	XXX	Over 35 Feet
	Foam	650'	2½ Inch Hose	72'	Under 35 Feet
	Pump Cans	75'	3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
		1	RAN BAR	6	AXES
		1	CELLAR PIPE	4	SCOTTS
		7	HANDLIGHTS	2	PIKE POLES
				1	SLEDGE HAMMER

APPARATUS REPORT

Working time of pump: Hours: 4 minutes: 30

Defects on apparatus after alarm (if any): 1 SCOTT AIR PAC MISSING

Companies responding: ~~STANDBY, HARMONY, SMITHFIELD, FAIRLAWN.~~

Engines(s) ~~#5~~ #6,1. Ladder(s) #1. Rescue(s) _____ Car: _____

Other companies responding: SS, ENG.#3,4,5,7. LADD.#2. RES.#1a,2. SMITHFIELD ENG.

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

ENGINE(S) #	LADDER(S) #	RESCUE #
W. ROY	CAPT. J. MURPHY	
E. PELLAND	LT. F. BURSIE	
J. LANE	T. PERNA	
D. BAZZLE	J. BOREK	
N. PHELAND		

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO		
LT. E. DI GIULIO		
D. HOUDE		
J. MOLLO		
R. PARENTEAU		
K. MIDDLETON		
H. DARBY		
J. MURPHY SR.		
JEFF MURPHY		
C. MARWELL		

P. PHILLIPS

F. ROTELLA

REMARKS: CODE RED, BUILDING FULLY INVOLVED, THRU ROOF.
TOTALED.
SMOKE INALAHTION, J. LANE
1 SCOTT AIR PAC MISSING.

SIGNED BY:

CHIEF E. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 298 N. P. File # 721

Date: 7/15/74
MONTH DAY YEAR

Time alarm received 12:34 P M Number of miles traveled _____

Time back in service _____ M

Time back at station 1:05 P M

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

Location of alarm: (Street and Number) 3 KIELY ST.

Cause of fire RESCUE TRANSPORTATON

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
		J. MOLLO
		D. CLARK

VEHICLE	STATION	ON SCENE
W. ROY	LT. E. DI GIULIO	
	D. FORTIN	
	B. DI GIULIO	

REMARKS: TRANSPORTATION

B. Di Giulio
SIGNED BY:

J.MOLLO
PERSON IN CHG.

FILE #721
CO. #298

NO. PROVIDENCE FIRE DEPARTMENT

– PRIMARY RESCUE REPORTS –

DATE: 7/15/74 TIME: ARRIVED 12:34 p.m. RETURNED 1:05 p.m.

NAME: RUDOLPH CRISTAND AGE: 66

ADDRESS: 3 KIELY S'T NO. PROVIDENCE, R.I. ALARM BY: PHONE

LOCATION OF RESCUE 3 KIELY ST,

EXAMINATION

SKULL *

EYES *

EARS *

NOSE *

MOUTH *

CHEST *

ABDOMEN *

UPPER EXTREMITIES * PAINS IN LEFT ARM

LOWER EXTREMITIES *

POSITION OF PATIENT WHEN FOUND: STANDING IN DOORWAY

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) YES

PATIENT TRANSPORTED TO: ROGER WILLIAMS GENARL HOSPT.

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)

PATIENT COMPLAINED OF PAINS IN LEFT ARM.
HAS HISTORY OF HEART PROBLEMS.

SIGNED: B. Wm Gyulo OFFICER IN CHARGE: J. MOLLO

RESCUE CO. NO. #2.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 299 N. P. File # 771

Date: 7/15/74
MONTH DAY YEAR

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

Time back in service ____ M

Time back at station 2:12 P M

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

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

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #1, 7, 3. 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 #
CHIEF E. DI GIULIO	LT. E. DI GIULIO	
W. ROY	J. MOLLO	
D. FORTIN		
B. DI GIULIO		
VEHICLE	**STATION**	**ON SCENE**
	D. CLARK	

REMARKS: CODE YELLOW FROM ENG. #7.

B. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 300 N. P. File # 772

Date: 7/15/74
MONTH DAY YEAR

Time alarm received 5:03 P M Number of miles traveled 7

Time back in service ____ M

Time back at station 6:07 P M

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

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

Cause of fire UNKNOWN

Description of building or occupancy: SHACK & WOODS

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) SHACK & WOODS		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	200'	Booster 12		Aerial
	Dry Chemical	300'	1½ Inch Hose		Over 35 Feet
	Foam	500'	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: 30

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #1, 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		
D. FORTIN		
J. MOLLO		
J. BOREK		
D. BAZZLE		
C. HARRINGTON		

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO	LT. F. BURSIE	
LT. E. DI GIULIO	LT. P. RUGGIANO	
H. DARBY	W. DRAPER JR.	
W. DRAPER		

REMARKS: CODE YELLOW FOR ENG.#1,6.

SHACK, PINE GROVE& BRUSH. LAIED LINE FROM LAST HYDRANT ON MORGAN AVE.

SIGNED BY:

CHIEF E. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 301 N. P. File # 774

Date: 7/15/74
MONTH DAY YEAR

Time alarm received 5:49 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 5:56 P M

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

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

Cause of fire CODE BLUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	LT. E. DI GIULIO	
	D. BAZZLE	
	C. HARRINGTON	
	H. DARBY	
	P. RUGGIANO	

VEHICLE	STATION	ON SCENE
	CHIEF E. DI GIULIO	
	LT. F. BURSIE	
	W. ROY	
	D. FORTIN	
	W. DRAPER JR.	
	J. MOLLO	
	J. BOREK	
	W. DRAPER	

REMARKS: NO NUMBER GIVEN, CODE BLUE.

B. Di Giulio
SIGNED BY:

LT. P. RUGGIANO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 302 N. P. File # 775

Date: 7/15/74
MONTH DAY YEAR

Time alarm received 6:00 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 6:02 P M

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

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

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	LT. E. DI GIULIO	
	D. BAZZLE	
	C. HARRINGTON	
	H. DARBY	
	P. RUGGIANO	

VEHICLE	STATION	ON SCENE
	CHIEF E. DI GIULIO	
	LT. F. BURSIE	
	W. ROY	
	D. FORTIN	
	W. DRAPER JR.	
	J.MOLLO	
	J. BOREK	
	W. DRAPER	

REMARKS: RUBBISH FIRE, 2581WOONASQUATUKET AVE.

E. Di Giulio

SIGNED BY:

P. RUGGIANO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 303 N. P. File # 777

Date: 7/16/74 (MONTH / DAY / YEAR)

Time alarm received 11:58 AM Number of miles traveled 3

Time back in service 12:00 M

Time back at station 12:08 PM

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

Location of alarm: (Street and Number) LYMAN & GREENVILLE

Cause of fire CODE BLUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

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

REMARKS: CODE BLUE FROM ENG. #6.

B. Di Giulio
SIGNED BY:

P. PHILLIPS
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 304 N. P. File # 778

Date: 7/16/74 (MONTH / DAY / YEAR)

Time alarm received 1:25 P M Number of miles traveled 1

Time back in service 1:29 P M

Time back at station 1:40 P M

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

Location of alarm: (Street and Number) 54 ~~JOHNSTON~~ DR. JACKSONIA

Cause of fire BLUE

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

Other companies responding: _____

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

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

VEHICLE	STATION	ON SCENE
W. ROY	D. FRT FORTIN	
N. PHELAND	W. DRAPER	

REMARKS: CODE BLUE, NO SUCH ADDRESS.

B. Di Giulio
SIGNED BY:

LT. E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 305 N. P. File # 779

Date: 7/16/74
MONTH DAY YEAR

Time alarm received 8:47 P M

Time back in service 8:51 P M

Time back at station _____ M

Number of miles traveled 2

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

Location of alarm: (Street and Number) PEACH HILL & HALSEY

Cause of fire CODE BLUE

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO	~~LT. F. BURSIE~~	
CAPT. J. MURPHY	~~R. RATHIER~~	
W. ROY	~~C. ZAHN~~	
D. FORTIN	~~N. PHELAND~~	
D. BAZZLE		

VEHICLE	STATION	ON SCENE
D. HOUDE	LT. P. RUGGIANO	
J. MOLLO	E. PELLAND	
F. ROTELLA	W. DRAPER JR.	
	R. PARENTEAU	
	J. BOREK	
	C. HARRINGTON	

REMARKS: CODE BLUE.

B. [illegible]
SIGNED BY:

CAPT. J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 306 N. P. File # 780

Date: 7/16/74
MONTH DAY YEAR

Time alarm received 10:15 P M

Number of miles traveled 23

Time back in service 11:04 P M

Time back at station _____ M

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

Location of alarm: (Street and Number) 30 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 (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)
XX ☐ Miscellaneous fires (describe) TREE		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	50'	Booster 1"		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
				1	AXE
				1	HANDLIGHT
				1	PIKE POLE

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 #
E. PELLAND		
D. FORTIN		
R. RATHIER		
D. BAZZLE		

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO	CAPT. J. MURPHY	
W. ROY	LT. F. BURSIE	
W. DRAPER JR.	LT. P. RUGGIANO	
F. ROTELLA	J. LANE	
	D. HOUDE	
	C. ZAHN	

REMARKS: LARGE TREE INSIDE HOLLOW.

SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

87 #28

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 307 N. P. File # 782

Date: 7/17/74
MONTH DAY YEAR

Time alarm received 10:36 A M Number of miles traveled 2

Time back in service 10:42 A M

Time back at station 10:55 A M

Alarm received by: Box # XX Phone ~~SMITH ST.~~ (DUNKIN DONNUTS) Other (Describe)

Location of alarm: (Street and Number) CODE BLUE

Cause of fire

Description of building or occupancy:

Owner of building or occupancy:

Owner's address:

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

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

APPARATUS REPORT

Working time of pump: Hours: minutes:

Defects on apparatus after alarm (if any):

Companies responding: #1, 6 #1. #2, 1. #1.

Engines(s) SS#5. Ladder(s) Rescue(s) Car:

Other companies responding:

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

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

VEHICLE	STATION	ON SCENE
D. FORTIN		
C. ZAHN		
W. DRAPER		

REMARKS: CODE BLUE, ENG.#7, DID NOT GET OUT. CHECKED BUILDING NO ONE SAID THEM HAD CALLED.

E. Di Giulio

SIGNED BY:

LT. E. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 308 N. P. File # 784

Date: 7/17/74 (MONTH / DAY / YEAR)

Time alarm received 4:54 P M Number of miles traveled 3

Time back in service ____ M

Time back at station 5:06 M

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

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

Cause of fire SET

Description of building or occupancy: TOWN DUMP

Owner of building or occupancy: TOWN OF NORTH PROVIDENCE

Owner's address: 2008 SMITH ST.

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

	EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED
	Carbon Dioxide		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		
D. FORTIN		
C. HARRINGTON		

VEHICLE	STATION	ON SCENE
W. ROY	LT. P. RUGGIANO	
D. BAZZLE	E. PELLAND	

REMARKS: CODE YELLOW, GATE LOCKED NO WAY OF GETTING IN.

B. Di Giulio
SIGNED BY:

D. FORTIN
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREADALE Company Alarm # 309 N. P. File # 785

Date: 7/18/74 (MONTH / DAY / YEAR)

Time alarm received 1:46 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 1:53 P M

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

Location of alarm: (Street and Number) CROSS ST AT CORA

Cause of fire UNKNOWN

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		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 #
LT. E. DI GIULIO		
D. FORTIN		
B. DI GIULIO		
P. PHILLIPS		
D. CLARK		

VEHICLE	STATION	ON SCENE
N. PHELAND	W. ROY	
	J. MOLLO	
	D. BAZZLE	
	C. HARRINGTON	

REMARKS: SMALL AREA OF BRUSH.

B Di Giulio
SIGNED BY:

LT. E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 310 N. P. File # 787

Date: 7 (MONTH) 10 (DAY) 74 (YEAR)

Time alarm received 9:32 P M Number of miles traveled 3

Time back in service ____ M

Time back at station 9:36 P M

Alarm received by: Box # 523 Phone ____ Other ____ (Describe)

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

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 6 & 1 Ladder(s) 1 Rescue(s) ____ 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	
CAPT J. MURPHY	J. MOLLO	
W. ROY	B. DI GIULIO	
D. FORTIN	R. RATHIER	
D. BAZZLE	S. COPPA	
T. PERNA	N. PHELAND	

VEHICLE	STATION	ON SCENE
	J. LANE	
	C. ZAHN	

REMARKS: CODE BLUE

SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 311 N. P. File # 288

Date: 7/20/71
MONTH DAY YEAR

Time alarm received 4:19 P M Number of miles traveled 2

Time back in service M

Time back at station 4:26 P M

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

Location of alarm: (Street and Number) GREYSTON E AVE.

Cause of fire BLUE

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) #1. Rescue(s) Car:

Other companies responding:

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO	LT. E. DI GIULIO	
LT. F. BURSIE	D. MARCIANO	
W. ROY	J. BOREK	
N. PHELAND	R. PARENTEAU	

VEHICLE	STATION	ON SCENE
R. PAQUET	R. RATHIER	
	W. DRAPER	

REMARKS: CODE BLUE, NO NUMBER GIVEN.

E. Di Giulio

SIGNED BY:

CHIEF E. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 312 N. P. File # 791

Date: 7/21/74 (MONTH / DAY / YEAR)

Time alarm received 10:58 P M Number of miles traveled 3

Time back in service ____ M

Time back at station 11:03 P M

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

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

Cause of fire BLUE

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)		INVESTIGATION

	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 #
E. PELLAND		
K. MIDDLETON		
D. BAZZLE		
S. COPPA		

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO	CAPT. J. MURPHY	
LT. P. RUGGIANO	LT. BURSIE	
D. HOUDE	D. FORTIN	
G. BULPITT	T. PERNA	
	J. MOLLO	
	W. ROY	

REMARKS: CODE BLUE.

B. Di Giulio

SIGNED BY:

CHIEF E. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 313 N. P. File # 792

Date: 7/22/74 (MONTH / DAY / YEAR)

Time alarm received 2:23 A M Number of miles traveled 2

Time back in service 2:26 A M

Time back at station 2:30 A M

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

Location of alarm: (Street and Number) ACROSS 2008 SMITH ST.

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

	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: #78

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		
K. MIDDLETON		
D. BAZZLE		
S. COPPA		
N. PHELAND		

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO	CAPT. J. MURPHY	
W. ROY	LT. BURSIE	
D. HOUDE	D. FORTIN	
	J. MOLLO	

REMARKS: CALLED FOR SMOKE IN AREA, CODE BLUE.

B. Di Giulio
SIGNED BY:

K. MIDDLETON
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 314 N. P. File # 796

Date: 7 (MONTH) 23 (DAY) 74 (YEAR)

Time alarm received 3:25 P M Number of miles traveled 7

Time back in service ____ M

Time back at station 3:54 P M

Alarm received by: Box # 128 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) STELLA & ELMORE (MORGAN 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	300'	Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
2	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 20

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT E. DI GIULIO	J. MOLLO	
B. DI GIULIO	D. FORTIN	
T. RUSSO		
D. BAZZLE		
P. OHILLIPS		
D. CLARK		

VEHICLE	STATION	ON SCENE
W. ROY C- 1		
W. DRAPER C- 1		

REMARKS: BOX WAS PULLED FOR FIRE ON MORGAN AVE LARGE AREA BRUSH

B. DI GIULIO
SIGNED BY:

B. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm #: 315 N. P. File # 797

Date: 7 (MONTH) 23 (DAY) 74 (YEAR)

Time alarm received 8:31 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 8:35 P M

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

Location of alarm: (Street and Number) SMITH & OREGON AVE

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 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 #
CHIEF E. DI GIULIO	D. FORTIN	
W. ROY	K. MIDDLETON	
E. PELLAND	R. SALISBURY	
T. RUSSO		
C. ZAHN		

VEHICLE	STATION	ON SCENE
W. DRAPER JR	D. MARCIANO	
W. DRAPER SR	T. PERNA	
F. ROTELLA	LT F. BURSIE	

REMARKS: CODE BLUE

Lt Ernest A. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 316 N. P. File # 798

Date: 7 (MONTH) 24 (DAY) 74 (YEAR)

Time alarm received 9:22 A M Number of miles traveled 1

Time back in service ____ M

Time back at station 9:35 A M

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

Location of alarm: (Street and Number) 415 SUNSET AVE BLDG. C APT. 54

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: MR'S MEYER

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 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		
B. DI GIULIO		

VEHICLE	STATION	ON SCENE
	J. BOREK	
	D. BAZZLE	
	J. MOLL O	
	W. DRAPER SR	

REMARKS: RESCUE 1 REQUESTED ENG 1 FOR ASSISTANCE ON A SPECIAL SIG.

LT E. DI GIULIO
SIGNED BY:

B. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 317 N. P. File # 801

Date: 7 (MONTH) 25 (DAY) 74 (YEAR)

Time alarm received 4:03 A M Number of miles traveled 3

Time back in service ____ M

Time back at station 4:10 A M

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

Location of alarm: (Street and Number) 55 WOODHAVEN 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	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, 6 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	CAPT J. MURPHY	
D. MARCIANO	LT F. BURSIE	
D. BAZZLE	D, FORTIN	
N. PHELAND	J.MOLLO	

VEHICLE	STATION	ON SCENE
C HIEF E. DI GIULIO		

REMARKS: CODE BLUE

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 # 318 N. P. File # 803

Date: 7 (MONTH) 25 (DAY) 74 (YEAR)

Time alarm received 10:36 P M Number of miles traveled 11

Time back in service ____ M

Time back at station 11:23 P M

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

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

	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 #
	RES. LT P. RUGGIANO	
	W. ROY	
	D. MARCIANO	
	T. PERNA	

VEHICLE	STATION	ON SCENE
	CAPT J. MURPHY	
	D. HOUDE	
	D. FORTIN	
	J. LANE	
	C. ZAHN	
	N. PHELAND	

REMARKS: MUTUAL AID, WHILE THERE RESPONED TO 15 STAR ST , CODE BLUE

Lt. Paul M. Giulio
SIGNED BY:

LT P. RUGGIANO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 319 N. P. File # 804

Date: 7 (MONTH) 25 (DAY) 74 (YEAR)

Time alarm received 11:09 P M

Time back in service ____ M

Time back at station 11:14 P M

Number of miles traveled 2

Alarm received by: Box # 128 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) STELLA & ELMORE

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT J. MURPHY		
D. HOUDE		
J. LANE		
C. ZAHN		
VEHICLE	**STATION**	**ON SCENE**
N. PHELAND	LT P. RUGGIANO	
	W. ROY	
	D. MARCIANO	
	D. FORTIN	
	T. RUSSO	
	T. PERNA	

REMARKS: CODE BLUE

SIGNED BY:

CAPT .J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 320 N. P. File # 805

Date: 7 (MONTH) 26 (DAY) 74 (YEAR)

Time alarm received 2:05 A M Number of miles traveled 8

Time back in service ____ M

Time back at station 3:37 A M

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

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

	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 #
	W. ROY	
	D. MARCIANO	
	N. PHELAND	
	T. PERNA	

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

REMARKS: STAND BY AT JOHNSTON HDQ,

Lt Emilio Santos
SIGNED BY:

W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 321 N. P. File # 806

Date: 7 (MONTH) 26 (DAY) 74 (YEAR)

Time alarm received 12:05 P M Number of miles traveled 7

Time back in service ____ M

Time back at station 12:26 P M

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

Location of alarm: (Street and Number) TOWN DUMP

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	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

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 #
LT E. DI GIULIO		
D. FORTIN		
P. PHILLIPS		
K. MIDDLETON		
B. DI GIULIO		

VEHICLE	STATION	ON SCENE
	D. CLARK	
	J. MOLLO	
	T. RUSSO	
	W. DRAPER SR	

REMARKS: RUBBISH IN DUMP

SIGNED BY:

B. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 322 N. P. File # 812

Date: 7 (MONTH) 26 (DAY) 74 (YEAR)

Time alarm received 10:08 P M

Time back in service M

Time back at station 10:12 P M

Number of miles traveled 1

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

Location of alarm: (Street and Number) MORGAN AVE 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 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 Ladder(s) Rescue(s) Car:

Other companies responding:

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT J. MURPHY		
E.PELLAND		
D. FORTIN		
C. ZAHN		
D. BAZZLE		
T. RUSSO		

VEHICLE	STATION	ON SCENE
	CHIEF E. DI GIULIO	
	N. PHELAND	
	P. PALOMBO	
	F. ROTELLA	

REMARKS: CODE BLUE

Lt Ernest Di Giulio
SIGNED BY:

CAPT J. MURPHY JR
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 323 N. P. File # 813

Date: 7 (MONTH) 27 (DAY) 74 (YEAR)

Time alarm received 11:50 A M Number of miles traveled 2

Time back in service ____ M

Time back at station 12:00 P M

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

Location of alarm: (Street and Number) BYRON ST (REAR OF BORELL BAKERY)

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		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		
B. DI GIULIO		

VEHICLE	STATION	ON SCENE
C. ZAHN	CHIEF E. DI GIULIO	
T. RUSSO	W. DRAPER JR	
	D. BAZZLE	

REMARKS: OUT ON ARRIVAL

Lt. Ernest Di Giulio
SIGNED BY:

LT E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTERDALE Company Alarm # 324 N. P. File # 814

Date: 7 (MONTH) 27 (DAY) 74 (YEAR)

Time alarm received 9:06 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 9:11 P M

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

Location of alarm: (Street and Number) MORGAN AVE GREYSTONE SCHOOL

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
W. ROY		
C. ZAHN		
S. COPPA		

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO	T. PERNA	
	J. MOLLO	
	F. ROTELLA	
	P. PALOMBO	

REMARKS: CODE BLUE

SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 325 N. P. File # 818

Date: 7 (MONTH) 28 (DAY) 74 (YEAR)

Time alarm received EX 6:31 P M Number of miles traveled 4

Time back in service ____ M

Time back at station 7:55 P M

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

Location of alarm: (Street and Number) 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	☐ 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	60'	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: 10

Defects on apparatus after alarm (if any): ____

Companies responding: 78

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
W. ROY		
D. BAZZLE		
N. PHELAND		
T. PERNA		

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO	D. FORTIN	
W. DRAPER JR	C. ZAHN	
LT P. RUGGIANO	G. BULPITT	
J. MOLLO		
F. ROTELLA		
T. RUSSO		

REMARKS: CODE YELLOW. FOUND TWO STICKS OF DYNAMITE JAMED IN ROCK WITH TWO LEAD WIRES. CALLED POLICE WHO HAD ASSISTANCE FROM SGT. WILLIAMS OF SMITHFIELD POLICE.

Lt Ernest Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 326 N. P. File # 820

Date: 7 (MONTH) 29 (DAY) 74 (YEAR)

Time alarm received 10:09 A M Number of miles traveled 2

Time back in service ____ M

Time back at station 10:13 A M

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

Location of alarm: (Street and Number) 494 WOON. AVE (BOYS CLUB)

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, 6, 3 Ladder(s) 1 Rescue(s) 1 Car: 1

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
J. MOLLO	LT E. DI GIULIO	
B. DI GIULIO	C. ZAHN	
D. CLARK		
P. PHILLIPS		
VEHICLE	**STATION**	**ON SCENE**
W. DRAPER C- 1	D. FORTIN	
H. PARISI R- 1	D. BAZZLE	
N. RAMPONE R- 1		

REMARKS: CODE BLUE

SIGNED BY:

JOHN MOLLO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company ~~CENTREDALE~~ Company Alarm # 327 N. P. File # 822

Date: 7 (MONTH) 29 (DAY) 74 (YEAR)

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

Time back in service ____ M

Time back at station 3:47 P M

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

Location of alarm: (Street and Number) ~~2 SAWIN 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, 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	LT E. DI GIULIO	
J. MOLLO	D. FORTIN	
B. DI GIULIO		
D. BAZZLE		
P. PHILLIPS		

VEHICLE	STATION	ON SCENE
	S. COPPA	
	W. DRAPER SR	

REMARKS: FIRE WAS AT OTHER END OF TOWN. POLICE RECEIVED CALL AND WASN'T SURE OF ST. FIRE ALARM SENT US TO SAWIN. MATTRESS FIRE WAS ON SWANEE ST. CODE YELLOW FOR ENG 3

Lt Emilio Di Giulio
SIGNED BY:

J. MOLLO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 328 N. P. File # 824

Date: 7 (MONTH) 29 (DAY) 74 (YEAR)

Time alarm received 5:21 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 5:26 P M

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

Location of alarm: (Street and Number) LYMAN & GREENVILLE

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 6, 7 Ladder(s) 1 Rescue(s) ____ Car: ____

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	W. ROY	
	E. PELLAND	
	D. FORTIN	
	S. COPPA	
	T. PERNA	

VEHICLE	STATION	ON SCENE
W. DRAPER JR	J. BOREK	
W. DRAPER SR		

REMARKS: CODE BLUE

SIGNED BY:

W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 329 N. P. File # 831

Date: 7 (MONTH) 31 (DAY) 74 (YEAR)

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

Time back in service ____ M

Time back at station 1:33 P M

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

Location of alarm: (Street and Number) MORGAN AVE

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 1, 6, 3 Ladder(s) 1, 2 Rescue(s) 1 Car: 1

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
J. MOLLO	LT E. DI GIULIO	
B. DI GIULIO	CAPT C. SALISBURY	
D. BAZZLE	C. ZAHN	
P. PHILLIPS		
VEHICLE	**STATION**	**ON SCENE**
W. ROW		
W. DRAPER C- 1		

REMARKS: CODE BLUE

Lt. [illegible] Di Giulio
SIGNED BY:

J. MOLLO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 330 N. P. File # 832

Date: 7 (MONTH) 31 (DAY) 74 (YEAR)

Time alarm received 2:32 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 2:52 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	☒ XX Code Yellow	☐ Water emergency
☒ XX Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

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

VEHICLE	STATION	ON SCENE
	CAPT C. SALISBURY	
	LT E. DI GIULIO	
	W. DRAPER SR	

REMARKS: SMALL BRUSH

Lt. Emilio Di Giulio
SIGNED BY:

J. MOLLO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 331 XXX N. P. File # 833

Date: 7 (MONTH) 31 (DAY) 74 (YEAR)

Time alarm received 7:08 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 7:13 P M

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

Location of alarm: (Street and Number) FATIMA HOSP.

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, 3, 4, 5, 6 7 adder(s) 1, 2 Rescue(s) 1, 2, 3 Car: 1

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
W. ROY	C. ZAHN	
D. FORTIN	J. BOREK	
R. RATHIER		
W. DRAPER JR		
H. DARBY		
T. RUSSO		

VEHICLE	STATION	ON SCENE
S. COPPA	CAPT J. MURPHY	
	W. DRAPER SR	

REMARKS: CODE BLUE

Lt. E. Di Stefano
SIGNED BY:

W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 332 N. P. File # 834

Date: 7 (MONTH) 31 (DAY) 74 (YEAR)

Time alarm received 7:38 P M Number of miles traveled 3

Time back in service 8:00 P M

Time back at station 8:10 P M

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

Location of alarm: (Street and Number) 31 LYMAN 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) 6 Ladder(s) SS 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. MARCIANO	
	T. RUSSO	
	S. COPPA	

VEHICLE	STATION	ON SCENE
	CHIEF E. DI GIULIO	
	CAPT J. MURPHY	
	D. FORTIN	
	R. RATHIER	
	W. DRAPER JR	
	J. BOREK	
	H. DAR BY	
	N.PPHELAND	
	F. RETELLA	
	W. DRAPER SR	

REMARKS: ~~ASSIST ENG 6 ON LOCKOUT~~

SIGNED BY:

W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 333 N. P. File # 836

Date: 7 (MONTH) 31 (DAY) 74 (YEAR)

Time alarm received 10:41 P M Number of miles traveled 8

Time back in service ____ M

Time back at station XXX 12:14 MA

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

Location of alarm: (Street and Number) JOHNSTON FIRE HQ. (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)		____
____		____

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	CAPT J. MURPHY	
	R. RATHIER	
	C. ZAHN	
	K. MIDDLETON	
	D. BAZZLE	
	T. RUSSO	

VEHICLE	STATION	ON SCENE
	CHIEF E. DI GIULIO	
	W. ROY	
	D. FORTIN	
	J. MOLLO	

REMARKS: STAND BY AT HQ. IN JOHNSTON

SIGNED BY:

CAPT J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 334 N. P. File # 837

Date: 7 (MONTH) 31 (DAY) 74 (YEAR)

Time alarm received 10:49 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 10:54 P M

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

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

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO		
N.PHELAND		
J. MOLLO		

VEHICLE	STATION	ON SCENE
W. ROY	CAPT J. MURPHY	
D. FORTIN	R. RATHIER	
	K. MIDDLETON	
	C. ZAHN	
	D. BAZZLE	
	T. RUSSO	

REMARKS: CODE BLUE

SIGNED BY:

J. MOLLO

PERSON IN CHG.