NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 215 N. P. File # 567

Date: 6 (MONTH) 1 (DAY) 74 (YEAR)

Time alarm received 1:36 A M Number of miles traveled 2

Time back in service ____ M

Time back at station 1:41 A M

Alarm received by: Box # 129 Phone ____ Other ____ (Describe)

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

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: 78

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT C. SALISBURY	E. PELLAND	
W. ROY	D. FORTIN	
C. ZAHN	N. PHELAND	
W. DRAPER JR	LT F. BURSIE	
	J. MOLLO	
VEHICLE	**STATION**	**ON SCENE**
CHIEF E. DI GIULIO		

REMARKS: CODE BLUE

E. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 216 N. P. File # 569

Date: 6/1/74
MONTH DAY YEAR

Time alarm received 8:30 P M Number of miles traveled XXX 0

Time back in service ____ M

Time back at station 8:32 P M

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

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

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

Other companies responding: ____

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

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

VEHICLE	STATION	ON SCENE
	CHIEF E. DI GIULIO	
	W. ROY	
	E. PELLAND	
	J. BOREK	
	D. BAZZLE	
	N. PHELAND	

REMARKS: CODE BLUE FROM ENG.#7,
DID NOT LEAVE STATION.

B. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company _____ Company Alarm # 217 N. P. File # 570

Date: _____
MONTH DAY YEAR

Time alarm received 11.51 PM Number of miles traveled 1

Time back in service _____ M

Time back at station 11.55 P M

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

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

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

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	LT. F. BURSIE	
	S. COPPA	
	T. RUSSO	
	W. DRABER JR.	

VEHICLE	STATION	ON SCENE
	CAPT. J. MURPHY	
	T. PERNA	
	J. BOREK	

REMARKS: CODE BLUE FROM ENG.#7.

B. Di Giulio
SIGNED BY:

LT. F. BURSIE
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 218 N. P. File # 573

Date: 6/3/74 (MONTH / DAY / YEAR)

Time alarm received 5:27 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 5:38 P M

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

Location of alarm: (Street and Number) REAR 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
4	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): DOOR HANDLE, PASS. SIDE, STRIPPED, ENG.#1.

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. F. BURSIE		
W. ROY		
E. PELLAND		
T. RUSSO		
C. ZAHN		
D. BAZZLE		
N. PHELAND		
W. DRAPER JR.		

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO	D. FORTIN R. RATHIER T. PERNA F. ROTELLA W. DRAPER	

REMARKS: SMALL AREA BURNING.

B. Di Giulio

SIGNED BY:

CHIEF E, DI GIULIO.

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 219 N. P. File # 579

Date: 6/6/74
MONTH DAY YEAR

Time alarm received 10:30 AM Number of miles traveled 2

Time back in service ____ M

Time back at station 10:55 AM

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

Location of alarm: (Street and Number) 75 JACKSONNIA DR.

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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
					HAND TOOLS

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 #
D. BAZZLE		
B. DI GIULIO		
J. MOLLO		
VEHICLE	**STATION**	**ON SCENE**
	LT. E. DI GIULIO	

REMARKS: PAUL HOBSON #4. 68 JACKSONNIA DR. CAUGHT LEFT LEG BETWEEN FRAME & PEDDLE ON BICYCLE. TOOK BICYLE APART TO FREE LEG. SLIGHT BRUSIE ON LEFT LEG. TOOK PLACE IN FRONT OF 75 JACKSONNIA DR. (OWNER) DE STIFINO.

B. Di Giulio
SIGNED BY:

J. MOLLO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 220 N. P. File # 582

Date: 6/7/74
MONTH DAY YEAR

Time alarm received 6:21 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 6:33 P M

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

Location of alarm: (Street and Number) 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
1	Pump Cans		3 Inch Hose	SALVAGE COVERS	
1	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. F. BURSIE		
W. ROY		
T. PERNA		
D. BAZZLE		
W. DRAPER JR.		
VEHICLE	**STATION**	**ON SCENE**
F. ROTELLA		

REMARKS: SMALL AREA, REAR 79 LOCUST AVE.

B. Ali Giulio

SIGNED BY:

LT. F. BURSIE

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 221 N. P. File # 586

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

Time alarm received 11:55 A M Number of miles traveled 1

Time back in service ____ M

Time back at station 11.59 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	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 #
W. ROY		
W. DRAPER JR.		
T. PERNA		
VEHICLE	**STATION**	**ON SCENE**
T. RUSSO	D. BAZZLE	
	F. ROTELLA	

REMARKS: CALLED FOR HOUSIE FIRE, NO NUMBER GIVEN. CODE BLUE.

B. Ali Giudice
SIGNED BY:

W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 222 N. P. File # 590

Date: 6/9/74 (MONTH / DAY / YEAR)

Time alarm received 10:02 P M

Time back in service 10:09 P M

Time back at station 10:19 P M

Number of miles traveled 0

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

Location of alarm: (Street and Number) CENTREDALE BY PASS

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)		

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	CROWBAR
				1	BOLTCUTTER
					FRIST AID KIT

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: #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		
E. PELLAND		
D. FORTIN		
R. RATHIER		
J. MOLLO		
J. BOREK		
D. HOWDE		
W. DRAPER JR.		
P. RUGGIANO		
VEHICLE	**STATION**	**ON SCENE**
CHIEF E. DI GIULIO		W. ROY
		C. ZAHN
		N. PHELAND
		F. ROTELLA

REMARKS: PONTIC CATALINA, R.I.166. CAR HIT POLE HEAD ON.
FRIST AID, TRANSPORTED BY RES.#1.

B. Di Giulio
SIGNED BY:

CAPT J. MURPHY
PERSON IN CHG.

File 590
Co # 222

NO. PROVIDENCE FIRE DEPARTMENT
– SECONDARY RESCUE REPORTS –

DATE: 6/9/74 TIME: ARRIVED 10:02 P.M. RETURNED 10:19 P.M.

NAME: RABPH CORSINI AGE: 65

ADDRESS: 25 CARLTON ST. PROV. R.I. ALARM BY: PHONE

LOCATION OF RESCUE CENTREDALE BY PASS

EXAMINATION

SKULL * POSSIBLE CONCUSSION, LACERATION OF FOREHEAD.

EYES * DIALATED, APEARED TO BE IN SHOCK.

EARS * OK

NOSE * LACERATIONS ENTIRE LENTH OF NOSE.

MOUTH * LACERATIONS ON LIPS, INTERNAL ORAL INJURIES.

CHEST * OK POSSIABLE RIB INJURIES

ABDOMEN * OK

UPPER EXTREMITIES * OK

LOWER EXTREMITIES * OK

POSITION OF PATIENT WHEN FOUND: SITTING

WAS PATIENT CONSCIOUS? SEMI CONIOUS IN SHOCK

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) PATIENT DID NOT COOPERATE

PATIENT IN SHOCK.

PATIENT TRANSPORTED TO: ROGER WILLIAMS GENERAL HOS.

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)

4. 4x4 GAUZE COMPRESSES APLIED TO NOSE & FOREHEAD, ROLL OF 2" CLING BANDAGE. TREACTION APLIED TO SPINE, PATIENT HAD POSSIBLE BACK & NECK INJURIES.

SIGNED: B. W. Gulus OFFICER IN CHARGE: P. RUGGIANO

RESCUE CO. NO. Engt I

File 590
Co # 222

NO. PROVIDENCE FIRE DEPARTMENT
– SECONDARY RESCUE REPORTS –

DATE: 6/9/74 TIME: ARRIVED 10:02 P.M. RETURNED 10:19 P.M.

NAME: MARY CORSINI AGE: 66

ADDRESS: 25 CARLTON ST. PROV. R.I. ALARM BY: PHONE

LOCATION OF RESCUE CENTREDALE BY PASS

EXAMINATION

SKULL * NO VISIBLE INJURIES. PATIENT STRUCK HEAD ON WINDSHIELD.

EYES * OK

EARS * OK

NOSE * OK

MOUTH * OK

CHEST * OK

ABDOMEN * OK

UPPER EXTREMITIES * OK

LOWER EXTREMITIES * BRUISE ON LEFT KNEE.

POSITION OF PATIENT WHEN FOUND: SITTING

WAS PATIENT CONSCIOUS? YES XPATIENTXWASXXNX

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) YES PATIENT WAS IN STATE OF CONFUSION.

PATIENT TRANSPORTED TO: ROGER WILLIAMS

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)

TREATED FOR SHOCK

SIGNED: B. W. Guiliano OFFICER IN CHARGE: P. RUGGIANO

RESCUE CO. NO. ENG.#1.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTRAL DALE Company Alarm # 223 N. P. File # 591

Date: 6/10/74 (MONTH / DAY / YEAR)

Time alarm received 12.48 P. M Number of miles traveled 6

Time back in service ____ M

Time back at station 1:20 P M

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

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

Cause of fire CARBURATOR

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
1	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
				2 pr.	ASBESTOS GLOVES

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 5

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. E. DI GIULIO		
C. ZAHN		
J. MOLLO		

VEHICLE	STATION	ON SCENE
	B. DI GIULIO	
	W. DRAPER	

REMARKS: WIRES COMPLETY BURNT UNDER HOOD.
1968 FIAT, R.I.cg105.
OWNER, CLAUDIA GETZ
9 PRENTICE ST.
NO. PROV. R.I.
NO FIRE INS.

B. Di Giulio
SIGNED BY:

LT. E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 224 N. P. File # ~~55~~ 592

Date: 6/10/74
MONTH DAY YEAR

Time alarm received 2:55 P M Number of miles traveled 3

Time back in service ____ M

Time back at station 3:10 P M

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

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

Cause of fire BLUE

Description of building or occupancy: MADISON HOUSE APTS.

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) #4, 3, 5, 1. Ladder(s) #1, 2. 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	
C. ZAHN	W. DRAPER	
J. MOLLO		

VEHICLE	STATION	ON SCENE

REMARKS: CODE BLUE FROM# ENG.#3.

SIGNED BY:

LT. E. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 225 N. P. File # 594

Date: 6/11/74
MONTH DAY YEAR

Time alarm received 11:30 P M Number of miles traveled 6

Time back in service ____ M

Time back at station 11:53 P M

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

Location of alarm: (Street and Number) REAR GREYSTON SCHOOL

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	200'	Booster 1"		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
				1	FLOODLIGHT

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 15

Defects on apparatus after alarm (if any): INSIDE DOOR HANDLE BROKEN

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. F. BURSIE		
W. ROY		
E. PELLAND		
D. FORTIN		
R. RATHIER		
T. RUSSO		
D. BAZZLE		
D. HOUDE		
W. DRAPER JR.		
VEHICLE	**STATION**	**ON SCENE**
CHIEF E. DI GIULIO	F. ROTELLA	
	C. ZANN	
	CAPT. J. MURPHY	
	J. MOLLO	

REMARKS: SMALL AREA BURNING BEHIND GREYSTON SCHOOL.

B Di Giulio
SIGNED BY:

LT. F. BURSIE
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 226 N. P. File # 598

Date: 6/12/74
MONTH DAY YEAR

Time alarm received 10:45 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 10:55 P M

Alarm received by: Box # 442 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) WASHAKIE & TOWANDA

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): INSIDE DOOR HANDLE BROKEN (ENG.#1.)

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	CAPT. J. MURPHY	
W. ROY	E. PELLAND	
D. FORTIN	R. RATHIER	
B. DI GIULIO	K. MIDDLETON	
N. PHELAND	D. BAZZLE	
P. RUGGIANO	D. HOUDE	
	W. DRAPER JR.	
VEHICLE	**STATION**	**ON SCENE**
	T. RUSSO	
	J. MOLLO	
	J. LANE	
	F. ROTELLA	

REMARKS: CODE BLUE FROM ENG.#7.

E. Di Giulio

SIGNED BY:

CHIEF E. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 227 N. P. File # 600

Date: 6 (MONTH) 13 (DAY) 74 (YEAR)

Time alarm received 2:25 P M

Time back in service 2:44 P M

Time back at station 2:49 P M

Number of miles traveled 4

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

Location of alarm: (Street and Number) WALTER & EDDY ST

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: 10

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

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

VEHICLE	STATION	ON SCENE
W. DRAPER SR	B. DI GIULIO	
	C. ZAHN	
	N. PHELAND	

REMARKS: SMALL BRUSH

SIGNED BY:

LT E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 228 N. P. File # 605

Date: 6 (MONTH) 13 (DAY) 74 (YEAR)

Time alarm received 10:44 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 10:45 P M

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

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

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) ____ Rescue(s) ____ Car: 78

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT F. BURSIE		
W. ROY		
E. PELLAND		
D. FORTIN		
W. DRAPER JR		
R. RATHIER		
N. PHELAND		

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO	CAPT J. MURPHY	
	J. BOREK	
	LT. P. RUGGIANO	
	T. RUSSO	

REMARKS: CODE BLUE FROM CAR 78. ENG 1 WENT TO BOX 156.
ENG 6 SENT TO BOX 154, FIRE ALARM NOT SURE WHICH BOX CAME IN.

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 # 229 N. P. File # 609

Date: 6/14/74
MONTH DAY YEAR

Time alarm received 6:59 P M Number of miles traveled 4

Time back in service ____ M

Time back at station 7:52 P M

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

Location of alarm: (Street and Number) END POLY DR.

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 5

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. F. BURSIE		
W. ROY		
E. PELLAND		
W. DRAPER JR.		
T. PERNA		
K. MIDDLETON		
VEHICLE	**STATION**	**ON SCENE**
H. DARBY	CAPT. J. MURPHY	
	LT. E. DI GIULIO	
	J. LANE	
	T. RUSSO	
	F. ROTELLA	
	W. DRAPER	

REMARKS: 2 SEPARATE FIRES BURNING DEEP IN WOODS AT END OF POLY DR.

B. Di Giulio
SIGNED BY:

LT. F. BURSIE
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 230 N. P. File # 611

Date: 6/14/74 (MONTH / DAY / YEAR)

Time alarm received 11:28 P M Number of miles traveled 9

Time back in service ____ M

Time back at station 12:05 a M

Alarm received by: Box # 141 Phone XX Other ____ (Describe)

Location of alarm: (Street and Number) SMITH & EAST 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		XX ☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		AUTO ACCIDENT

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	100!	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
					ROPE, CROW BAR
				4	HANDLIGHT
					FRIST AID KIT

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 #
P. RUGGIANO		
D. FORTIN		
W. DRAPER JR.		
J. LANE		
T. PERNA		
J. BOREK		

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO		
CAPT. J. MURPHY		
W. ROY		
T. RUSSO		
D. BAZZLE		
F. ROTELLA		

REMARKS: 2 CAR ACCIDENT, REG. R.I.OK839, FALCON
REG. R.I. G742, 1966 CHEV. ONE PERSON INJURED. FRIST AID GIVEN UNTIL
RESCUE ARRIVED. BOX ALSO PULLED.

DONALD YOUNG
22 BERWICK AVE.
NO. PROV. R.I.

B di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NO. PROVIDENCE FIRE DEPARTMENT
– SECONDARY RESCUE REPORTS –

DATE: ~~XX#X#~~ 6/13/74 TIME: ARRIVED 11:28 P.M. RETURNED 12:05 A.M.

NAME: DONALD YOUNG AGE: 25

ADDRESS: 22 BERWICK AVE. ALARM BY: RADIO

NORTH PROVIDENCE, R. I.

LOCATION OF RESCUE SMITH & EAST AVE,

EXAMINATION

SKULL * LACERATION

EYES * OK

EARS * OK

NOSE * OK

MOUTH * OK

CHEST * OK

ABDOMEN * OK

UPPER EXTREMITIES * OK

LOWER EXTREMITIES * OK

POSITION OF PATIENT WHEN FOUND: LYING ON GRASS.

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) YES

PATIENT TRANSPORTED TO: ROGER WILLIAMS HOSP.

IF PATIENT WAS NOT TRANSPORTED EXPLAIN:

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

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

PATIENT WAS LYING ON GRASS & HAD A LACERATION ON SKULL.

USED 2 4/4 STERAL DRESSING, SLING BANDAGE.

SIGNED: B Mr Giulio OFFICER IN CHARGE: P. RUGGIANO

RESCUE CO. NO. ENG.#1.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 231 N. P. File # 612

Date: 6/15/74
MONTH DAY YEAR

Time alarm received 2:38 A M Number of miles traveled 0

Time back in service ____ M

Time back at station 2:40 A M

Alarm received by: Box # 232 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) DOUGLAS & LEXINGTON

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #3, 4, 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 #

VEHICLE	STATION	ON SCENE
	CHIE E. DI GIULIO	
	CAPT. J. MURPHY	
	LT. F. BURSIE	
	D. FORTIN	
	W. DRAPER JR.	
	T. PERNA	
	J. MOLLO	
	D. BAZZLE	
	N. PHELAND	

REMARKS: CODE YELLOW FOR ENG.#3.

B di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 232 N. P. File # 613

Date: 6/15/74
MONTH DAY YEAR

Time alarm received 3:35 A. M Number of miles traveled 7

Time back in service ____ M

Time back at station 5:22 A. M

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

Location of alarm: (Street and Number) STATION #5, JHONSTON, R.I.

Cause of fire MUTAL 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)		MUTAL AID

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	CAPT J. MURPHY	
	LT. F. BURSIE	
	D. FORTIN	
	D. HOUDE	
	T. PERNA	
	N. PHELAND	
VEHICLE	**STATION**	**ON SCENE**
	CHIEF E. DI GIULIO	

REMARKS: STAND BY STATION #5, JOHNSTON, R. I.

B Di Giulio

SIGNED BY:

CAPT. J. MURPHY

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 233 N. P. File # 614

Date: 6 (MONTH) 15 (DAY) 74 (YEAR)

Time alarm received 12:06pm M Number of miles traveled 7

Time back in service ____ M

Time back at station 12:49 pm M

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

Location of alarm: (Street and Number) SAVOY & 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	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	350'	Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
1	Pump Cans		3 Inch Hose	SALVAGE COVERS	
1	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
	PORTABLE RADIO				

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 20

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 1 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 #
CHIEF E. DI GIULIO	CAPT C. SALISBURY	
W. ROY	R. RATHIER	
W. DRAPER JR	T. RUSSO	
T. PERNA		
VEHICLE	**STATION**	**ON SCENE**
R. PAQUET	H. DARBY	
G. KENNAWAY	D. FORTIN	
	F. ROTELLA	

REMARKS: TWO SMALL AREAS BURNING
ENG OUT AT 12:06
LADDER OUT AT 12:16

E. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 234 N. P. File # 615

Date: 6 (MONTH) 15 (DAY) 74 (YEAR)

Time alarm received 1:27 P M Number of miles traveled 3

Time back in service 1:37 P M

Time back at station 1:45 P M

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

Location of alarm: (Street and Number) SAVOY ST

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

	EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED
	Carbon Dioxide	150'	Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose		SALVAGE COVERS
1	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: 10

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO		
CAPT C. SALISBURY		
W. ROY		
R. RATHIER		
W. DRAPER JR		
H. DARBY		

VEHICLE	STATION	ON SCENE
	D. FORTIN	
	T. RUSSO	
	T. PERNA	
	B. DI GIULIO	

REMARKS: SAME AREA OFF FIELD

E. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 235 N. P. File # 618

Date: 6 (MONTH) 15 (DAY) 74 (YEAR)

Time alarm received 6:34 P M Number of miles traveled 21

Time back in service ____ M

Time back at station 8:18 P M

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

Location of alarm: (Street and Number) 50 ZIPPORAH 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	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	400'	Booster		Aerial
	Dry Chemical	300'	1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose	1- 14'	Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)		RECUISTATOR		Other Equipment
1	PIKE POLE	4	HAND LIGHTS		
7	SCOTTS	SCOTTS	ALL REFILLS		
2	SMOKE EJECTORS	1	FLOOD LIGHT		

APPARATUS REPORT

Working time of pump: Hours: 1 ½ hr. minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 1, 6, 88 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 #
CHIEF E. DI GIULIO	LT E. DI GIULIO	
W. ROY	LT F. BURSIE	
E. PELLAND	K. MIDDLETON	
D. FORTIN	C. ZAHN	
R. RATHIER	J. BOREK	
D. HOUDE	N. PHELAND	
W. DRAPER JR	H. DARBY	
J. LANE	T. PERNA	
T. RUSSO		
VEHICLE	**STATION**	**ON SCENE**
F. ROTELLA		
W. DRAPER SR		

REMARKS: CODE RED. CELLAR FIRE FULLY INVOLVED. HEAVILY DAMAGED FIRE CONTAINED IN BASEMENT

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 # 236 N. P. File # 620

Date: 6/15/74
MONTH DAY YEAR

Time alarm received 10:28 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 10:32 P M

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

Location of alarm: (Street and Number) GREYSTONE 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) ____ Rescue(s) ____ Car: #78

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
P. RUGGIANO		
W. ROY		
E. PELLAND		
D. FORTIN		
R. RATHIER		
W. DRAPER JR.		
T. RUSSO		
N. PHELAND		

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO	CAPT. J. MURPHY	
	T. PERNA	
	J. MOLLO	
	H. DARBY	

REMARKS: CALLED FOR HOUSE FIRE, NO NUMBER GIVEN. CODE BLUE.

E. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 237 N. P. File # 622

Date: 6/16/74
MONTH DAY YEAR

Time alarm received 8:37 P M Number of miles traveled 4

Time back in service 8:42 P M

Time back at station 8:52 P M

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

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

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) #4, 1, 6 Ladder(s) #1. Rescue(s) #3. Car: _____

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. J. MURPHY	CAPT. C. SALISBURY	
LT. F. BURSIE	D. FORTIN	
J. MOLLO	J. LANE	
N. PHELAND	K. MIDDLETON	
	C. ZAHN	
	F. ROTELLA	

VEHICLE	STATION	ON SCENE

REMARKS: CODE BLUE. (MAIEMILLE AT CODE RED, TOWN DINER)

ENGINE #6, REROUTED TO CAR FIRE RT.146.

SIGNED BY:

CAPT. J. MURPHY

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 238 N. P. File # 625

Date: 6/17/74
MONTH DAY YEAR

Time alarm received 9:40 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 9:42 P M

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

Location of alarm: (Street and Number) 100 MORGAN AVE.

Cause of fire BLUE

Description of building or occupancy: GREYSTON SCHOOL

Owner of building or occupancy: TOWN OF NORTH PROVIDENCE

Owner's address: 2008 SMITH ST.

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	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 #
P. RUGGIANO		
W. ROY		
D. FORTIN		
R. RATHIER		
D. HOUDE		
R. PARENTEAU		

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

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 # 239 N. P. File # 627

Date: 6 (MONTH) 18 (DAY) 74 (YEAR)

Time alarm received 10:16 P M Number of miles traveled 9

Time back in service 10:47 P M

Time back at station 10:52 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: _____

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	2- 100'	Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
1	CROW BAR				
11	PR. ASBESTOS				
1	HANDLIGHT	LIGHTS	20 min.		

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: 20

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: TANKER 2 SMITHFIELD

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO		
LT F. BURSIE		
W. ROY		
D. FORTIN		
R. RATHIER		
T. PERNA		

VEHICLE	STATION	ON SCENE
J. BOREK	CAPT J. MURPHY	
R. PARENTEAU	LT E. DI GIULIO	
LT P. RUGGIANO	J. MOLLO	
	W. DRAPER JR	
	N. PHELAND	

REMARKS: FIRE WAS IN SMITHFIELD, ASSISTED TANKER 2

71 BLUE CAMARO US 746 TOTALLY INVOLVED

PATRICIA MOORE

91 VERNONBLVD. PAWT. R. I.

Lt. Emil Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 240 N. P. File # 629

Date: 6 (MONTH) 18 (DAY) 74 (YEAR)

Time alarm received 10:37 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 10:41 P M

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

Location of alarm: (Street and Number) GREYSTONE SCHOOL

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO	CAPT J. MURPHY	
LT F. BURSIE	LT E. DI GIULIO	
W. ROY	W. DRAPER JR	
D. FORTIN	N. PHELAND	
R. RATHIER	J. MOLLO	
T. PERNA		

VEHICLE	STATION	ON SCENE
J. BOREK		
P. RUGGIANO		
R. PARENTEAU		

REMARKS: CODE BLUE. SPOTTED 4 YOUTHS RUNNING FROM SCHOOL JUMPED IN CAR. REG. xx 876 r1 NOTIFIED POLICE

H. Emerson Fowler
SIGNED BY:

CAPT J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 241 N. P. File # 635

Date: 6/20/74 (MONTH / DAY / YEAR)

Time alarm received 1:33 A M Number of miles traveled 19

Time back in service ____ M

Time back at station 4:32 A M

Alarm received by: Box # 143 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) 2030 SMITH ST.

Cause of fire SUSPISCIOUS

Description of building or occupancy: OLD BOYS CLUB (VACANT)

Owner of building or occupancy: CARDENTE & TUDINO

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	75'	Aerial
	Dry Chemical	300'	1½ Inch Hose	35'	Over 35 Feet
	Foam	250' eng. 100' LAD.	2½ Inch Hose	44'	Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)	5	HANDLIGHTS		Other Equipment
		3	FLOODLIGHTS	4	AXES
		GENERATOR RUN 2½ HR.		2	PIKE POLES
				7	SCOTTS

APPARATUS REPORT

Working time of pump: Hours: 2 minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: S.S. LADDER#2, RESCUE1,2.

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E, DI GIULIO	CAPT. C. SALISBURY	
CAPT. J. MURPHY	LT. E. DI GIULIO	
LT. P RUGGIANO	LT. F. BURSIE	
W. ROY	D. FORTIN	
T. RUSSO	T. PERNA	
D. BAZZLE	J. MOLLO	
N. PHELAND		

VEHICLE	STATION	ON SCENE
E. PELLAND		
W. DRAPER JR.		
B. DI GIULIO		
R. SALISBURY		
H. DARBY		
P. PHILLIPS		
J. MURPHY SR.		
F. ROTELLA		
W. DRAPER		

REMARKS: FIRE STARTED IN CELLAR, WENT UP THRU WALLS. BROKE OUT IN SPORTS IN ROOF. HEAVY DAMAGE TO CELLAR & ATTIC, ROOF. HEAVY WATER & SMOKE ,1st. &2nd. FLOOR. HEAVY ORDER OF KEROSENE IN CELLAR.

6/21/74 ~~XXX~~ 1:00 P.M.

INVESTIGATION MADE BY INSPECTOR GENTILE OF R.I. STATE FIRE MARSHALLS BUREAU.

ORIGIN OF FIRE ESTABLISHED (CENTER OF BASEMENT ON BUREAU COunter.)

CAUSE UNDETIRMINED AT THIS TIME, ALSO INSURANCE ADJUSTER INVESTIGATION.

CHIEF MORRISSEY
CHIEF DI GIULIO
C. SALISBURY

BLDG. INSPECTOR CALLED

B Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 242 N. P. File # RES. 576

Date: 6/20/74
MONTH DAY YEAR

Time alarm received 6:56 A M Number of miles traveled 0

Time back in service _____ M

Time back at station 7:29 A M

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

Location of alarm: (Street and Number) 1995 SMITH ST

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

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
	B. DI GIULIO	
	J. MOLLO	
	N. PHELAND	
	P. RUGGIANO	
	P. PHILLIPS	

REMARKS: PATIENT WALK INTO STATION.

B. Di Giulio
SIGNED BY:

LT. P. RUGGIANO
PERSON IN CHG.

NO. PROVIDENCE FIRE DEPARTMENT
– SECONDARY RESCUE REPORTS –

DATE: 6/20/74 TIME: ARRIVED 6:56 a.m. RETURNED 7:29 a.m.

NAME: WILLIAM ROY AGE: 30

ADDRESS: 1934 SMITH ST, NO. PROV, R.I. ALARM BY: POLICE

LOCATION OF RESCUE CENTREDALE FIRE STATION

EXAMINATION

SKULL * ok

EYES * OBJECT INBEDED IN RIGHT EYE.

EARS * OK

NOSE * OK

MOUTH * OK

CHEST * OK

ABDOMEN * OK

UPPER EXTREMITIES * OK

LOWER EXTREMITIES * ~~OK~~ OK

POSITION OF PATIENT WHEN FOUND: STANDING

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) YES

PATIENT TRANSPORTED TO: ROGER WILLIAMS HOSP.

IF PATIENT WAS NOT TRANSPORTED EXPLAIN:

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

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

ON 6/20/74 AT 5:45 A.M. BILLY COMPLAIND OF SOMETHING IN HIS RIGHT EYE. LT. P. RUGGIANO, CHEKED HIS EYE & IT WAS RED, BUT COUENT SEE ANYTHING. WASHED WITH EYE WASH. CAME BACK TO STATION AT 6:45 A.M. COMPLING OF EYE STILL HURTING. EYE SEEMED TOHAVE SOMETHING IN RT. EYE. CALLED FOR RES.#1. TO TRANSPORT TO HOSP. APPLIED 4x4 STERIL COMPESS TO RT. EYE.

SIGNED: P Wy Jr [illegible] OFFICER IN CHARGE: LT. P. RUGGIANO

RESCUE CO. NO. _____

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 243 N. P. File # 644

Date: 6/21/74 (MONTH / DAY / YEAR)

Time alarm received 9:05 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 9:06 P M

Alarm received by: Box # 2212 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) wentworth st.

Cause of fire BLUE

Description of building or occupancy: LOW INCOME HOUSING

Owner of building or occupancy: TOWN OF NORTH PROVIDENCE

Owner's address: 2008 SMITH ST.

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #3.4.1. Ladder(s) #1.2. Rescue(s) #3. Car: ____

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO		
W. ROY		
E. PELLAND		
T. PERNA		
C. ZAHN		

VEHICLE	STATION	ON SCENE
	R. RATHIER	
	D. FORTIN	
	J. MOLLO	
	J. BOREK	
	F. ROTELLA	
	W. DRAPER	

REMARKS: CODE BLUE FROM ENG.#3.

SIGNED BY:

CHIEF E. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 244 N. P. File # 647

Date: 6/22/74 (MONTH DAY YEAR)

Time alarm received 1:52 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 1:58 P M

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

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

Cause of fire WASHDOWN

Description of building or occupancy: FIRE & POLICE STATION

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
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		XX ☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		WASH DOWN

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) ____ Car: ____

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO		
E. PELLAND		
T. RUSSO		
B. DI GIULIO		
J. MOLLO		

VEHICLE	STATION	ON SCENE
	C. ZAHN	
	R. RATHIER	
	T. PERNA	
	D. BAZZLE	

REMARKS: GASOLINE OVERFLOWING FROM POLICE CRUIER #174
WASHDOWN, PARKING LOT REAR NEW STATION.

B. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 245 N. P. File # 648

Date: 6/22/74
MONTH DAY YEAR

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

Time back in service ____ M

Time back at station 3:30 P M

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

Location of alarm: (Street and Number) OBSERUATORY 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) 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 #
	E. PELLAND	
	W. ROY	
	W. DRAPER JR.	
	T. RUSSO	
	C. ZAHN	
	D. BAZZLE	

VEHICLE	STATION	ON SCENE
	CHIEF E. DI GIULIO	
	P. RUGGIANO	
	CAPT. J. MURPH Y	
	D. FORTIN	
	R. RATHIER	
	T. PERNA	
	J. MOLLO	
	B. DI GIULIO	
	W. DRAPER	

REMARKS: CODE BLUE.

B Wh Giulio
SIGNED BY:

E. PELLAND
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 246 N. P. File # 649

Date: 6/22/74
MONTH DAY YEAR

Time alarm received 9:06 P M Number of miles traveled 8

Time back in service ____ M

Time back at station 9:54 P M

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

Location of alarm: (Street and Number) STATION #5, JOHNSTON, R.I.

Cause of fire STANDBY

Description of building or occupancy: ____

Owner of building or occupancy: TOWN OF JOHNSTON, R.I.

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)		STANDBY

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	
	J. MOLLO	
	C. ZAHN	
	S. COPPA	
	N. PHELAND	

VEHICLE	STATION	ON SCENE
	CHIEF E. DI GIULIO	
	CAPT. J. MURPHY	
	LT. P. RUGGIANO	
	E. PELLAND	
	W. DRAPER JR.	
	J. BOREK	
	F. ROTELLA	

REMARKS: STAND BY AT STATION #5. JOHNSTON, R. I.

B W. Giulio
SIGNED BY:

W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 247 N. P. File # 650

Date: 6/22/74
MONTH DAY YEAR

Time alarm received 9:17 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 9:24 P M

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

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

Cause of fire SET

Description of building or occupancy: DUMPSTER

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		XX Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	200'	Booster 1"		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 10

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO		
E. PELLAND		
J. BOREK		

VEHICLE	STATION	ON SCENE
F. ROTELLA	CAPT. J. MURPHY	
	LT. P RUGGIANO	
	W. ROY	
	W. DRAPER JR.	
	J. MOLLO	
	C. ZAHN	
	S. COPPA	
	N. PHELAND	

REMARKS: RUBBISH IN DUMPSTER.

B Edy Giulio

SIGNED BY:

CHIEF E. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 248 N. P. File # 651

Date: 6/22/74
MONTH DAY YEAR

Time alarm received 10:39 P M Number of miles traveled 2

Time back in service 10:44 P M

Time back at station _____ M

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

Location of alarm: (Street and Number) GREYSTON 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, 6, 7. Ladder(s) #1. Rescue(s) #2. Car: _____

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO	CAPT. J. MURPHY	
E. PELLAND	LT. R. RUGGIANO	
N. PHELAND	J. MOLLO	
	C. ZAHN	
	J. BOREK	
	W. ROY	
	W. DRAPER JR.	
	S. COPPA	
VEHICLE	**STATION**	**ON SCENE**
F. ROTELLA		

REMARKS: CODE BLUE.

B. W. Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 249 N. P. File # 652

Date: 6/22/74
MONTH DAY YEAR

Time alarm received 10:45 PM M Number of miles traveled 4

Time back in service _____ M

Time back at station 10:50 P M

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

Location of alarm: (Street and Number) _____

Cause of fire BLUE

Description of building or occupancy: BIRCHWOOD SCHOOL

Owner of building or occupancy: _____

Owner's address: _____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☒ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ 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, 2. Rescue(s) #3. Car: _____

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO	CAPT. J. MURPHY	
E. PELLAND	J. MOLLO	
N. PHELAND	C. ZAHN	
LT. P. RUGGIANO	W. ROY	
	W. DRAPER JR.	
	S. COPPA	
VEHICLE	**STATION**	**ON SCENE**
F. ROTELLA		

REMARKS: CODE BLUE.

B Di Giulio
SIGNED BY:

CHIEF E, DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 250 N. P. File # 655

Date: 6/23/74
MONTH DAY YEAR

Time alarm received 11:28 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 11:30 P M

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

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

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) #7.1. 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 #
W. ROY	LT. F. BUBSIE	
E. PELLAND	P. RUGGIANO	
D. FORTIN	K. MIDDLETON	
N. PHELAND	C. ZAHN	
J. LANE	S. COPPA	
T. PERNA	D. MARCIANO	
D. BAZZLE		

VEHICLE	STATION	ON SCENE
	J. MOLLO	

REMARKS: CODE BLUE.

SIGNED BY:

CHIEF E. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 251 N. P. File # 659

Date: 6/24/74
MONTH DAY YEAR

Time alarm received 10:00 P M Number of miles traveled 3

Time back in service 10:04 P M

Time back at station 10:09 P M

Alarm received by: Box #28 Phone _____ Other _____ (Describe)

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

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: _____

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO	CAPT. J. MURPHY	
D. FORTIN	E. PELLAND	
T. PERNA	C. ZAHN	
K. MIDDLETON	S. COPPA	
N. PHELAND	G. SPARADEO	
	F. ROTELLA	
VEHICLE	**STATION**	**ON SCENE**
D. HOUDE	R. PARENTEAU	

REMARKS: CODE BLUE.

B. W. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 252 N. P. File # 662

Date: 6/25/74
MONTH DAY YEAR

Time alarm received 11:19 A M Number of miles traveled 3

Time back in service ____ M

Time back at station 11:48 A M

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

Location of alarm: (Street and Number) 400 FRUIT HILL AVE.

Cause of fire ____

Description of building or occupancy: ST. MARYS HOOME

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)		DETAIL

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster	25'	Aerial 75'
	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	
	J. MOLLO	
	D. BAZZLE	

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

REMARKS: REPLACE NEW ROPE ON FLAGE POLE.

B. Di Giulio
SIGNED BY:

W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTERDALE Company Alarm # 253 N. P. File # 665

Date: 6 (MONTH) 26 (DAY) 74 (YEAR)

Time alarm received 7:14 P M

Time back in service ____ M

Time back at station 7:46 P M

Number of miles traveled 8

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

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

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	200'	Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	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 Ladder(s) ____ Rescue(s) ____ Car: ____

Other companies responding: ____

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

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

REMARKS: PILE OF RUBBISH, ON RIGHT SIDE OF GATE

Lt Engelli Giulio
SIGNED BY:

CAPT J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 254 N. P. File # 666

Date: 6 (MONTH) 26 (DAY) 74 (YEAR)

Time alarm received 10:58 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 11:15 P M

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

Location of alarm: (Street and Number) MUNICIPAL PARKING LOT 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	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☒ Miscellaneous alarm (describe) USE OF FLOOD LIGHTS
☐ 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)	2 LIGHTS	20 min		Other Equipment

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT J. MURPHY		
LT P. RUGGIANO		
W. ROY		
D. FORTIN		
J. LANE		
C. ZAHN		
D. BAZZLE		
N. PHELAND		
T. PERNA		
VEHICLE	**STATION**	**ON SCENE**
CHIEF E. DI GIULIO	E.PELLAND	
T. RUSSO	R. RATHIER	
	F. ROTELLA	

REMARKS: REQUEST FROM POLICE FOR LIGHTING

Lt Ernest M. Smith
SIGNED BY:

CAPT J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 255 N. P. File # 667

Date: 6 (MONTH) 27 (DAY) 74 (YEAR)

Time alarm received 10:28 A M Number of miles traveled 3

Time back in service ____ M

Time back at station 10:40 A M

Alarm received by: Box # 444 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) SMITH ST. (FRONT OF F.H. 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		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
	NONE				

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 7, 1, 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 #
LT E. DI GIULIO	J. MOLLO	
D. FORTIN		
N. PHELAND		

VEHICLE	STATION	ON SCENE
CAPT C. SALISBURY	D. BAZZLE	
B. DI GIULIO	W. DRAPER SR.	

REMARKS: ENG 7 DIDN'T GET OUT. SHORT IN WIREING, SOME WIRES BURNT OUT ON ARRIVAL, MAN AT GAS STATION PUT IT OUT WITH AN EXTING.
EVELYN HOPKINS
PUTMAN PIKE, CHEPACHET R. I.
FIRE INS. YES
1965 OLDS R.I. EH 788

Lt Emilio Giulio
SIGNED BY:

D. FORTIN
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 256 N. P. File # 672

Date: 6 (MONTH) 28 (DAY) 74 (YEAR)

Time alarm received 9:14 A M Number of miles traveled 2

Time back in service ____ M

Time back at station 9:25 A M

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

Location of alarm: (Street and Number) 17 ROSEDALE ST

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT E. DI GIULIO	CAPT C. SALISBURY	
B. DI GIULIO	D. BAZZLE	
N. PHELAND	J. MOLLO	
VEHICLE	**STATION**	**ON SCENE**
W. DRAPER SR		

REMARKS: CODE BLUE ENG 6 GOT THERE ~~THERE~~ XLATE ENG 1 ON A SS

Lt E. DI GIULIO
SIGNED BY:

CAPT C. SALISBURY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company ~~CENTRALE~~ CENTRALE Company Alarm # 257 N. P. File # 673

Date: 6 (MONTH) 28 (DAY) 74 (YEAR)

Time alarm received 1:09 P M Number of miles traveled 2

Time back in service 1:17 P M

Time back at station 1:23 P M

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

Location of alarm: (Street and Number) 15 ALLEN AVE

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

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 #
CAPT C. SALISBURY		
LT E. DI GIULIO		
B. DI GIULIO		
VEHICLE	**STATION**	**ON SCENE**
	J. MOLLO	

REMARKS: BOY ON BIKE HIT BY CAR. EDWARD GILFILLAN
68 ALLEN AVE, NO. PROV, R.I.

REG OF CAR ~~XX~~ ~~X~~ CX 775 R.I.
NO FIRST AID GIVEN BY ENG 1 RES 1 TOOK OVER

SIGNED BY:

LT E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 258 N. P. File # 674

Date: 6 (MONTH) 29 (DAY) 74 (YEAR)

Time alarm received 2:29 A M Number of miles traveled 54

Time back in service ____ M

Time back at station 6:46 A M

Alarm received by: Box # 143 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) 2030 SMITH ST. (OLD BOYS CLUB)

Cause of fire SET

Description of building or occupancy: ____

Owner of building or occupancy: CARDENTE & TUDINO

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	75	Aerial
	Dry Chemical	150'	1½ Inch Hose	35	Over 35 Feet
	Foam	400'	2½ Inch Hose	24 20 14 18	Under 35 Feet
	Pump Cans	75'	3 Inch Hose	SALVAGE COVERS	
2	Brooms		Other (Describe)		Number Used
	Other (Describe)	¼ & ⅛"	ROPE		Other Equipment
4	PIKE POLES	2	SHOVELS		
4	AXES				
5	HANDLIGHTS				

APPARATUS REPORT

Working time of pump: Hours: 3 minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 1, 3, 6 885 Ladder(s) 1 Rescue(s) 1 Car: 1

Other companies responding: JOHNSTON LADDER 1

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

ENGINE(S) #	LADDER(S) #	RESCUE #
D. FORTIN	E. PELLAND	
R. RATHIER	C. ZAHN	
K. MIDDLETON	D. BAZZLE	
T. PERNA		
N. PHELAND		

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO	F.	F. ROTELLA
CAPT J. MURPHY		W. DRAPER SR
LT E. DI GIULO		
LT F. BURSIE		
LT P. RUGGIANO		
W. ROY		
H. DARBY		
J. MURPHY SR		
J. MOLLO		
R. SALISBURY		
R. PARENTEAU		

REMARKS:

BLDG. FULLY INVOLVED, THRU. ROOF.

R. RATHIER TRANSPORTED TO HOSP. SMOKE INHALATION

USED ROPE TO SEAL OFF AREA.

INVESTIGATION MADE BY STATE FIRE MARSHALL JESSE OWENS

SIGNED BY:

CHIEF E. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 259 N. P. File # 676

Date: 6 (MONTH) 29 (DAY) 74 (YEAR)

Time alarm received 9:55 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 9:56 P M

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

Location of alarm: (Street and Number) PEACH & HALSLEY

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 #
W. ROY		
N. PHELAND		
T. PERNA		

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO	CAPT J. MURPHY	
	LT P RUGGIANO	
	T. RUSSO	
	J. MOLLO	

REMARKS: CODE BLUE

SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 260 N. P. File # 678

Date: 6 (MONTH) 30 (DAY) 74 (YEAR)

Time alarm received 2:28 P M Number of miles traveled 3

Time back in service ____ M

Time back at station 3:54 P M

Alarm received by: Box # 2212 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) WENTWORTH ST (LOW INCOME HOUSING APT. 9)

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: TOWN OF N.P.

Owner's address: ____

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

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam	750'	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 & 2 Rescue(s) 3 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 F. BURSIE	
W. ROY	E. PELLAND	
W. DRAPER JR	C. ZAHN	
T. PERNA		
J. BOREK		

VEHICLE	STATION	ON SCENE
D. FORTIN	R. PAQUET	
CAPT J. MURPHY	W. DRAPER SR	
T. RUSSO		
D. BAZZLE		
N. PHELAND		

REMARKS: CODE RED. ENG 1 LAID A FEEDER TO ENG 3

E. DiGiulio

SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.