NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 58 N. P. File # 134

Date: 3 1 74
MONTH DAY YEAR

Time alarm received 9:45 A M
Time back in service 10:31 A M
Time back at station 10:33 A M

Number of miles traveled 1

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

Location of alarm: (Street and Number) 1 ELMORE 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	☒ XX Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

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	SUMP PUMP				

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

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

VEHICLE	STATION	ON SCENE
	CAPT J. MURPHY	
	T. RUSSO	
	B. DI GIULIO	
	N. PHELAND	
	D. FORTIN	
	W. DRAPER SR.	

REMARKS: WATER IN CELLAR ABOUT TWO INCHES LEFT SUMP PUMP AT HOUSE

SIGNED BY:

PVT. P. PHILLIPS
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 59 N. P. File # 135

Date: 3 (MONTH) 1 (DAY) 74 (YEAR)

Time alarm received 3:48 P M Number of miles traveled 7

Time back in service M

Time back at station 4:08 P M

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

Location of alarm: (Street and Number) 5 CRAIGIE ST

Cause of fire PAINT THINNER

Description of building or occupancy:

Owner of building or occupancy: MICHEL SMITH

Owner's address:

CLASSIFICATION OF ALARM

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

FIRE CODE

- XX 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	150'	Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
1	AXE				

APPARATUS REPORT

Working time of pump: Hours: minutes: 15min

Defects on apparatus after alarm (if any):

Companies responding:

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

Other companies responding:

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT E. DI GIULIO	C: ZAHN	
W. ROY	R. MARWELL	
D. FORTIN	B. DI GIULIO	
P. PHILLIPS	W. DRAPER	
	T. PERNA	

VEHICLE	STATION	ON SCENE
LT F. BURSIE		
R. SALISBURY		
T. RUSSO		
P. RUGGIANO		
K. MIDDLETON		

REMARKS: CODE RED, PAINT THINNER CAUGHT ON FIRE, TWO DIFFERENT PLACES CHARRED SMALL PORTION OF FLOOR.
MICHEL SMITH TREATED FOR SMALL LACERATION ON THUMB

Lt. Enrico Giulio
SIGNED BY:

LIEUT F. BURSIE
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company ENTREDALE Company Alarm # 60 N. P. File # 136

Date: 3 (MONTH) 1 (DAY) 74 (YEAR)

Time alarm received 7:33 P M Number of miles traveled 2

Time back in service 7:35 P M

Time back at station 7:40 P M

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

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

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	LT E. DI GIULIO	
	W. ROY	
	D? FORTIN	
	P. RUGGIANO	
	T. RUSSO	

VEHICLE	STATION	ON SCENE
	CHIEF E. DI GIULIO	
	D. BAZZLE	
	D. MARCIANO	
	W. DRAPER JR	
	T. PERNA	
	R. SALISBURY	
	F. ROTELLA	
	W. DRAPER SR	

REMARKS: CODE BLUE

Lt. Emil Di Giulio
SIGNED BY:

LIEUT E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 61 N. P. File # 138

Date: 3 (MONTH) 2 (DAY) 74 (YEAR)

Time alarm received 3:06 A M Number of miles traveled 4

Time back in service ____ M

Time back at station 3:14 A M

Alarm received by: Box # 2218 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) VILLA VERSAILES APTS. (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		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 3, 4, 5, 7 Ladder(s) 1 & 2 Rescue(s) 2, & 3 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	
	C. ZAHN	
	D. BAZZLE	
	D. FORTIN	
	W. DRAPER JR	
	N. PHELAND	
	T. PERNA	

VEHICLE	STATION	ON SCENE
	J. MOLLO	
	T. RUSSO	

REMARKS: CODE BLUE

Lt. Smith Gilchrist
SIGNED BY:

CAPT J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 62 N. P. File # 145

Date: 3/3/74
MONTH DAY YEAR

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

Time back in service M

Time back at station 6:45 P M

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

Location of alarm: (Street and Number) REAR CENTREDALE ELEM. SCHOOL

Cause of fire UNKONOWN

Description of building or occupancy:

Owner of building or occupancy:

Owner's address:

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

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

APPARATUS REPORT

Working time of pump: Hours: minutes:

Defects on apparatus after alarm (if any):

Companies responding:

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

Other companies responding:

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

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

VEHICLE	STATION	ON SCENE
	CAPT. J. MURPHY	
	CAPT. C. SALISBURY	
	F. ROTELLA	
	W. DRAPER	

REMARKS: SMALL CAMPFIRE BURNING IN REAR OF CENTREDALE ELEM. SCHOOL.

Bernard Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 63 N. P. File # 147

Date: 3/3/74
MONTH DAY YEAR

Time alarm received 7:30 PM Number of miles traveled 2

Time back in service ____ M

Time back at station 7:34 PM

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 ELEMENTARY 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	☒ 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: #78

Other companies responding: ____

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

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

REMARKS: Blue CODE FROM ENG. #1.

Bernard Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 64 N. P. File # 148

Date: 3/4/74
MONTH DAY YEAR

Time alarm received 6:38 P M Number of miles traveled 6

Time back in service 7:04 P M

Time back at station 7:09 P M

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

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

Cause of fire SET

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	100'	Booster 2/50' 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	PIKE POLE

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: 15

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. C. SALISBURY	LT. E. DI GIULIO	
E. PELLAND	LT. F. BURSIE	
C. ZAHN	J. MOLLO	
J. BOREK	D. FORTIN	
T. RUSSO	R. RATHIER	
W. DRAPER JR.		
VEHICLE	**STATION**	**ON SCENE**
CHIEF E. DI GIULIO	F. ROTELLA	
P RUGGIANO	W. DRAPER	

REMARKS: FIRE IN WOODEN PALLETS UNDER STORAGE TANK OF ACID TO REAR OF BLDG. ASSITED ENG.7, IN COOLING TANK AND PUTTING OUT FIRE.

Bernard Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 65 N. P. File # 149

Date: 3 (MONTH) 4 (DAY) 74 (YEAR)

Time alarm received 10:08 P M

Time back in service 10:13 P M

Time back at station 10:17 P M

Number of miles traveled 3

Alarm received by: Box # 428 Phone _____ Other _____ (Describe)

Location of alarm: (Street and Number) LINWOOD & BURNSIDE

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) 7, 3 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	
	J. BOREK	
	W. DRAPER JR	
	D. FORTIN	
	R. RATHIER	
	T. RUSSO	

VEHICLE	STATION	ON SCENE
	CHIEF E. DI GIULIO	
	CAPT J. MURPHY	
	D. MARCIANO	
	P. RUGGIANO	
	T. PERNA	
	B. DI GIULIO	
	F. ROTELLA	

REMARKS: CODE BLUE

Lt Francis Burke
SIGNED BY:

LT F. BURSIE
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 66 N. P. File # 150

Date: 3 (MONTH) 4 (DAY) 74 (YEAR)

Time alarm received 11:01 PM Number of miles traveled 2

Time back in service ____ M

Time back at station 11:07 PM

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

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

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 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	LT F. BURSIE	
J. BOREK	W. ROY	
W. DRAPER JR	D. MARCIANO	
T. RUSSO	D. FORTIN	
	R. RATHIER	
	N. PHELAND	
	T. PERNA	
VEHICLE	**STATION**	**ON SCENE**
CHIEF E. DI GIULIO	R. IAFRATE	

REMARKS: CODE BLUE

Lt Ernest Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 67 N. P. File # 151

Date: 3 (MONTH) 5 (DAY) 74 (YEAR)

Time alarm received 6:41 A M Number of miles traveled 2

Time back in service 6:55 A M

Time back at station 7:00 A M

Alarm received by: Box # 4233 Phone _____ Other _____ (Describe)

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

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT C. SALISBURY	LT F. BURSIE	
W. ROY	C. ZAHN	
N. PHELAND	J. MOLLO	
T. PERNA	D. MARCIANO	
	D. FORTIN	
	B. DI GIULIO	

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO	F. ROTELLA	
	W. DRAPER SR	

REMARKS: SPRINKLER HEAD LET GO OVER VAT.

SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 68 N. P. File # 152

Date: 3 (MONTH) 5 (DAY) 74 (YEAR)

Time alarm received 7:56 A M Number of miles traveled 17

Time back in service 9:00 A M

Time back at station 9:05 A M

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

Location of alarm: (Street and Number) 1 SWEET AVE

Cause of fire UNKNOW

Description of building or occupancy: _____

Owner of building or occupancy: CROWN LUMBER 61 PUTMAN AVE JOHNSTON

Owner's address: OCCUPIED BY SLYVIA LOMBA

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	14'-24'	Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)	1	SHOVEL		Other Equipment
4	SCOTTS	1	HAND LIGHT		
1	SMOKE EJECTOR				
2	AXES				

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: 55

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT E. DI GIULIO	W. ROY	
C. ZAHN	J. MOLLO	
P. PHILLIPS	D. FORTIN	
B. DI GIULIO		
VEHICLE	**STATION**	**ON SCENE**
R. PARENTEAU	F. ROTELLA	
CAPT J. MURPHY		
N. PHELAND		
P. RUGGIANO		
W. DRAPER SR		

REMARKS: SECOND FLOOR FULL OF SMOKE, FIRE IN CLOSET SECOND FLOOR SOUTH SIDE, CLOTHS BURNING HEAVY SMOKE. STATE FIRE MARSHALL CALLED

Lt E. DiGiulio
SIGNED BY:

CAPT J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 69 N. P. File # 156

Date: 3 6 74
MONTH DAY YEAR

Time alarm received 3:25 P M Number of miles traveled 4

Time back in service 3:27 P M

Time back at station 3:35 P M

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

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

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (If any): _____

Companies responding: _____

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

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT E. DI GIULIO	J. MOLLO	
W. ROY	D. FORTIN	
C.ZAHN		
P. PHILLIPS		
B. DI GIULIO		
VEHICLE	**STATION**	**ON SCENE**
	CAPT J. MURPHY	
	N. PHELAND	
	T. PERNA	
	W. DRAPER SR	

REMARKS: CODE BLUE

Lt. E. Di Giulio
SIGNED BY:

B. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 70 N. P. File # 171

Date: 3/8/74
MONTH DAY YEAR

Time alarm received 11:47 P. M Number of miles traveled 3

Time back in service 11:53 P. M

Time back at station 12:00 P. M

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

Location of alarm: (Street and Number) 10 BALSTON 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) #1.6. Ladder(s) #1. Rescue(s) #1. Car: #78

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. J. MURPHY	LT. F. BURSIE	
W. ROY	T. PERNA	
D. BAZZLE	R. RATHIER	
T. RUSSO		
D. FORTIN		

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO	W. DRAPER JR.	
J. LANE	F. ROTELLA	
K. MIDDLETON		

REMARKS: CODE BLUE, NO SUCH NUMBER ON STREET.

Bernard Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 71 N. P. File # 172

Date: 3/9/74
MONTH DAY YEAR

Time alarm received 2:50 P. M Number of miles traveled 3

Time back in service ____ M

Time back at station 3:07 P. M

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

Location of alarm: (Street and Number) 600 BLOCK SMITHFIELD RD.

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		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	BLANKETS

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: RES#3, ON SPECIAL SIGNAL.

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO		
W. ROY		
E. PELLAND		
J. BOREK		
D. BAZZLE		
T, RUSSIO		
D. FORTIN		
W. DRAPER JR.		
VEHICLE	**STATION**	**ON SCENE**
CAPT. C. SALISBURY		
T. PERNA		
W. DRAPER		

REMARKS: CALLED FOR AUTO ACCIDENT INVOLVEING,
REG. R.I.EV842, 1966 CHEV. (WHITE)
REG, R.I. COMM. 93722 CHEV. PICKUP TRUCK.

Bernard E. Grubb
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

Rescue #228

NO. PROVIDENCE FIRE DEPARTMENT
– SECONDARY RESCUE REPORTS –

DATE: 3/9/74 TIME: ARRIVED 2.50 P.M. RETURNED 3:07 P.M.

NAME: AGE:

ADDRESS: ALARM BY: XX PHONE

LOCATION OF RESCUE 600 BLOCK SMITHFIELD RD.

EXAMINATION

SKULL *

EYES *

EARS *

NOSE *

MOUTH *

CHEST *

ABDOMEN *

UPPER EXTREMITIES *

LOWER EXTREMITIES *

POSITION OF PATIENTS WHEN FOUND: STANDING

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) YES

PATIENTS TRANSPORTED TO: 5 PATIENTS TO ROGER WILLIAMS HOSPITAL

IF PATIENT WAS NOT TRANSPORTED EXPLAIN:

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

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

NO VISIBLE SIGNS OF INJUREIS.

SIGNED: Bernard Di Giulio (Asst.) OFFICER IN CHARGE: CHIEF E. DI GIULIO

RESCUE CO. NO. ENG#1.

Rescue #1

trasported by___--- T. LAMBERT, 687 CHALKSTONE AVE. PROV. R.I. AGE, 25

CHRISTOPHER LAMBERT, 687 CHALKSTONE AVE, PROV. R.I. AGE,4

KATHLEEN AIELLO, 96 CORONA ST. WARWICK, R.I. AGE, 25

KRISTIN AIELLO, 96 CORONA ST. WARWICK, R.I. AGE, 2

TRANSPORTED BY RESCUE #3.

JACKIE CABAL, 22 BUICK ST. EAST PROV. R.I. AGE, 21

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 72 N. P. File # 174

Date: 3/9/74
MONTH DAY YEAR

Time alarm received 7:33 PM Number of miles traveled 2

Time back in service ____ M

Time back at station 7:50 PM

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

Location of alarm: (Street and Number) BECKSIDE 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: ____

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		
J. BOREK		
N. PHELAND		
W. DRAPER JR.		
P. RUGGIANO		
VEHICLE	**STATION**	**ON SCENE**
	CAPT. J. MURPHY	
	E. PELLAND	

REMARKS: FIRE IN TOWN OF JOHNSTON

Bernard Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 73 N. P. File # 177

Date: 3.10.74
MONTH DAY YEAR

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

Time back in service M

Time back at station 2:55 P M

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

Location of alarm: (Street and Number) 360 SUNSET 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	XX ☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

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	SUMP PUMP
				1	SHOVEL

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		
J. BOREK		
T. PERNA		
J. LANE		
D. FORTIN		
R. RATHIER		
P. RUGGIANO		
W. DRAPER JR.		
VEHICLE	**STATION**	**ON SCENE**
N. PHELAND	CAPT. C. SALISBURY	
	LT. E. DI GIULIO	
	F. ROTELLA	
	W. DRAPER	

REMARKS: LEFT PUMP & 50' PLUS HOSE WITH PUMP.
WATER IN CELLAR.

Bernard Di Giulio
SIGNED BY:

CHIEF E, DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 74 N. P. File # 186

Date: 3/10/74
MONTH DAY YEAR

Time alarm received 11:48 P M
Time back in service 1:04 A M
Time back at station 1.12 A M

Number of miles traveled 7

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

Location of alarm: (Street and Number) TOWN OF JOHNSTON, STATION #5.

Cause of fire STANDBY

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
- ☒ XX Miscellaneous alarm (describe)

MUTUAL AID

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	CAPT. C. SALISBURY	
	LT. F. BURSIE	
	E. PELLAND	
	D. FORTIN	
	T. PERNA	
VEHICLE	**STATION**	**ON SCENE**
	CHIEF E. DI GIULIO	
	CAPT. J. MURPHY	
	R. PARENTEAU	
	J. MOLLO	
	R. RATHIER	
	P. PHILLIPS	

REMARKS: MUTUAL AID TO TOWN OF JOHNSTON, STATION #5.

Bernard Di Giulio
SIGNED BY:

CAPT. C. SALISBURY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 75 N. P. File # 187

Date: 3/11/74
MONTH DAY YEAR

Time alarm received 3:55 P M Number of miles traveled 7

Time back in service 4:35 P M

Time back at station 4:39 P M

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

Location of alarm: (Street and Number) END OF SAVOY ST.

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	400'	Booster 1"		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
2	Pump Cans		3 Inch Hose	SALVAGE COVERS	
1	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: 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 #
B. DI GIULIO		
J. MOLLO		
D. FORTIN		
P. PHILLIPS		

VEHICLE	STATION	ON SCENE
C. ZAHN	LT. E. DI GIULIO	
	T. PERNA	
	N. PHELAND	
	F. ROTELLA	
	W. DRAPER	

REMARKS: WOODED AREA, 2 DIFFERENT FIRES, BETWEEN SAVOY & BERWICK AVE.

Bernard Di Giulio
SIGNED BY:

J. MOLLO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 76 N. P. File # 198

Date: 3 (MONTH) 13 (DAY) 74 (YEAR)

Time alarm received 10:02 p M

Time back in service 10:06 p M

Time back at station ** ** M

Number of miles traveled 2

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

Location of alarm: (Street and Number) 15 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) 2, 1 Ladder(s) 1 Rescue(s) 2 Car: ____

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO	CAPT J. MURPHY	
E. PELLAND	LT E. DI GIULIO	
W. DRAPER JR	W. ROY	
T. RUSSO	J. MOLLO	
	N. PHELAND	
	T. PERNA	

VEHICLE	STATION	ON SCENE

REMARKS: CODE BLUE

Lt Emilio Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 77 N. P. File # 199

Date: 3 (MONTH) 13 (DAY) 74 (YEAR)

Time alarm received 10:55 P M Number of miles traveled 0

Time back in service ____ M

Time back at station 11:00 P M

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

Location of alarm: (Street and Number) WATER ST

Cause of fire

Description of building or occupancy:

Owner of building or occupancy:

Owner's address:

CLASSIFICATION OF ALARM

- ☐ Fire in building
- ☐ Fire in dwelling
- ☐ Fire in brush or grass
- ☐ 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, SS 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	LT E. DI GIULIO	
CAPT J. MURPHY	J. MOLLO	
W. ROY	K. MIDDLETON	
E. PELLAND	J. LANE	
T. PERNA	N. PHELAND	
	W. DRAPER JR	
	T. RUSSO	

VEHICLE	STATION	ON SCENE
	F. ROTELLA	

REMARKS: CODE YELLOW ENG 6 ENG 1 & LADDER 1 WAS CALLED FOR A FILL IN , DID NOT LEAVE STATION

SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 78 N. P. File # 209

Date: 3/15/74 (MONTH / DAY / YEAR)

Time alarm received 8:00 A M Number of miles traveled 2

Time back in service ____ M

Time back at station 8:30 A M

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

Location of alarm: (Street and Number) CORNER STEVENS & CENTERDALE STS.

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		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
4	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
				1	BLANKET
				1	CROW BAR
					FIRST 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) #3,1. Car: ____

Other companies responding: ____

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

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

VEHICLE	STATION	ON SCENE
W. ROY	LT. E. DI GIULIO	
D. FORTIN	K. MIDDLETON	
R. RATHIER	F. ROTELLA	
C. ZAHN	W. DRAPER	
N. PHELAND		

REMARKS:

R.I. REG. 80219	R.I. REG. XQ951
1967 CHEV, PICKUO TRUCK	1969 vOLKSWORGON
PELOQUIN CONST. CO.	LOUISE ASSELIN
JOE PELOQUIN	22 ALDRICH, ST.
44 STEVEN ST.	N. PROV.R.I.
N. PROV.R.I.	

Bernard W. DiGiulio
SIGNED BY:

J. MOLLO
PERSON IN CHG.

file #247

NO. PROVIDENCE FIRE DEPARTMENT co.file #78

– SECONDARY RESCUE REPORTS –

DATE: 3/15/74 TIME: ARRIVED 8:00 A.M. RETURNED 8:30 A.M.

NAME: GLORIA ASSELIN AGE:

ADDRESS: 22 ALDRICH ST ALARM BY: XX

NO. PROV.R.I.

LOCATION OF RESCUE CORNER OF CENTREDALE & STEVENS ST.

EXAMINATION

SKULL * O.K.

EYES * LACERATION OF RIGHT EYE LID

EARS * O.K.

NOSE * O.K.

MOUTH * O.K.

CHEST * O.K.

ABDOMEN * O.K.

UPPER EXTREMITIES * O.K.

LOWER EXTREMITIES * PAINS IN LEFT LEG

POSITION OF PATIENT WHEN FOUND: FRONT SEAT OF CAR, PASSENGER SIDE

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) YES

PATIENT TRANSPORTED TO: ROGER WILLIAMS GENERAL

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)

GAVE FIRST AID TO LACERATIONS OF EYE LID

4X4" GAUGE PADS

SIGNED: B. Di Giulio OFFICER IN CHARGE: J. MOLLO

RESCUE CO. NO. ENG #1.

FILE #247

CO. FILE #78

NO. PROVIDENCE FIRE DEPARTMENT

– SECONDARY RESCUE REPORTS –

DATE: 3/15/74 TIME: ARRIVED 8:00 A.M. RETURNED 8:30 A.M.

NAME: MABEL BOUCHARD AGE: 74

ADDRESS: 22 ALDRICH, ST. ALARM BY: XX
NO. PROV. R.I.

LOCATION OF RESCUE CORNER OF CENTREDALE& STEVENS ST.

EXAMINATION

SKULL * SLIGHT PUNTURE WOUND LEFT TEMPEL

EYES * O.K.

EARS * O.K.

NOSE * O .K.

MOUTH * O.K.

CHEST * O.K.

ABDOMEN * O.K.

UPPER EXTREMITIES * LACERATION OFPALM OF LEFT HAND

LOWER EXTREMITIES * ABRASIONS OF BOTH LEGS

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

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) YES

PATIENT TRANSPORTED TO: ROGER WILLIAMS GENERAL

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)

COMPLAINED OF PAIN IN LOWER BACK

SIGNED: B Di Giulio OFFICER IN CHARGE: J. MOLLO

RESCUE CO. NO. ENG.#1.

FILE# 247

NO. PROVIDENCE FIRE DEPARTMENT

CO. FILE #78

– SECONDARY RESCUE REPORTS –

DATE: #3/15/74 TIME: ARRIVED 8:00 A.M. RETURNED 8:30 A.M.

NAME: LOUSIE ASSELIN AGE: 51

ADDRESS: 22 ALDRICH ST. ALARM BY: XX

NO. PROV.R.I.

LOCATION OF RESCUE CORNER OF CENTREDALE # STEVENS, ST.

EXAMINATION

SKULL * ABRASIONS OF FACE

EYES * O.K

EARS * O.K.

NOSE * O.K.

MOUTH * O.K.

CHEST * O.K.

ABDOMEN * O.K.

UPPER EXTREMITIES * POSSIABLE FRACTURE)OF LEFT WRIST

LOWER EXTREMITIES * PAIN IN LEFT SIDE

POSITION OF PATIENT WHEN FOUND: SITTING UP ON DRIVERS SIDE

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) YES

PATIENT TRANSPORTED TO: ROGER WILLIAMS GENERAL

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)

AIR SPLENT TO LEFT ARM

SIGNED: B. Di Giulio OFFICER IN CHARGE: J. MOLLO

RESCUE CO. NO. ENG.#1.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 79 N. P. File # 213

Date: 3 (MONTH) 15 (DAY) 74 (YEAR)

Time alarm received 5:28 P M

Time back in service 5:46 P M

Time back at station 5:55 P M

Number of miles traveled 3

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

Location of alarm: (Street and Number) 28 WOODHAVEN BLVD

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

CLASSIFICATION OF ALARM

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

FIRE CODE

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

ALARM WITH NO FIRE

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

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		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	
3	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		
CHIEF E. DI GIULIO		
E. PELLAND		
K. MIDDLETON		
J. BOREK		
D. BAZZLE		
W. DRAPER JR		
T. RUSSO		
J. MOLLO		

VEHICLE	STATION	ON SCENE
CAPT J. MURPHY	D. FORTIN	
	F. ROTELLA	
	W. DRAPER SR	

REMARKS: BRUSH FIRE IN WOODS

E. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 80 N. P. File # 214

Date: 3 (MONTH) 15 (DAY) 74 (YEAR)

Time alarm received 5:46 P M Number of miles traveled 3

Time back in service ____ M

Time back at station 5:55 P M

Alarm received by: Box # ____ Phone ____ Other RADIO (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	☒ 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	25'	Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

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		
W. ROY		
E. PELLAND		
K. MIDDLETON		
J. BOREK		
D. BAZZLE		
W. DRAPER JR		
T. RUSSO		
J. MOLLO		

VEHICLE	STATION	ON SCENE
	CAPT J. MURPHY	
	D.FORTIN	
	W. DRAPER SR	

REMARKS: RETURNING FROM WOODHAVEN SPOTTED OPEN BURNING, NOTIFIED HQ. BY RADIO

E. DiGiulio
SIGNED BY:

~~XEAX~~ CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 81 N. P. File # 218

Date: 3 (MONTH) 15 (DAY) 74 (YEAR)

Time alarm received 7:33 P M

Time back in service 7:35 P M

Time back at station 7:40 P M

Number of miles traveled 2

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

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

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT C. SA LISBURY	LT E. DI GIULIO	
	W. ROY	
VEHICLE	**STATION**	**ON SCENE**
	F. ROTELLA	

REMARKS: BOX WAS PULLED FOR BRUSH FIRE THAT ENG 6 WAS AT ON SAEDLER ST

Lt E. Di Giulio
SIGNED BY:

W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 82 N. P. File # 221

Date: 3 (MONTH) 16 (DAY) 74 (YEAR)

Time alarm received 3.05 A M Number of miles traveled 1

Time back in service ____ M

Time back at station 3:44 A M

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

Location of alarm: (Street and Number) WOON. AVE (ALLENDALE MANOR)

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

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		
D. FORTIN		
W. DRAPER JR		
T. PERNA		

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO	LT F. BURSIE	
	F. ROTELLA	

REMARKS: ACCIDENTAL INTERIOR EMERG. ALARM (NOT FIRE ALARM)

Lt. Ernest Hinkis
SIGNED BY:

CAPT J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 83 N. P. File # 224

Date: 3 (MONTH) 16 (DAY) 74 (YEAR)

Time alarm received 8:19 P M

Time back in service 8:32 P M

Time back at station 8:46 P M

Number of miles traveled 5

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

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

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

	EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		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		
W. ROY		
E. PELLAND		
R. RATHIER		
~~N. PHELAND~~		
W. DRAPER JR		
T. PERNA		
VEHICLE	**STATION**	**ON SCENE**
CAPT C. SALISBURY		

REMARKS: FIRE CONTAINED IN DUMP, NO DANGER TO SURROUNDING PROPERTY

Lt. Engr. E. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 84 N. P. File # 225

Date: 3 (MONTH) 16 (DAY) 774 (YEAR)

Time alarm received 10:25 P M Number of miles traveled 10

Time back in service ____ M

Time back at station 11:13 M

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

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

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	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	HAND LIGHT				
1	CROW BAR				

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 #
CHIEF E. DI GIULIO		
E. ROY		
E. PELLAND		
R. RATHIER		
N. PHELAND		
T. PERNA		
W:DRAPER JR		

VEHICLE	STATION	ON SCENE
T. RUSSO		
CAPT J. MURPHY		

REMARKS: REAR END COLLISION, GAS TANK ON GROUND ~~WASED~~ WASHED XXXXX DOWN

CAR# 1 BN 598 65 CADILLAC

VIVIAN AVERBACH 48 MORGAN AVE NO. PROV

CAR# 2 PY 976 65 PLYMOUTH

ARTHUR BERUBE CENT, P.O. BOX 3933

NO INJURIES

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 # 85 N. P. File # 229

Date: 3/17/74
MONTH DAY YEAR

Time alarm received 3:30 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 3:39 P M

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

Location of alarm: (Street and Number) 14 ESTHER 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	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		
D. FORTIN		
R. RATHIER		
T. RUSSO		
D. BAZZLE		
W. DRAPER JR.		

VEHICLE	STATION	ON SCENE
	T. PERNA	
	J. MOLLO	
	J. BOREK	
	R. PAQUET	
	N. PHELAND	
	W. DRAPER	

REMARKS: INVESTRAGTION FOR HOUSE FIRE. CODE BLUE

B. Di Giulio
SIGNED BY:

W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 86 N. P. File # 230

Date: 3/17/74
MONTH DAY YEAR

Time alarm received 4:25 P M
Time back in service 4:30 P M
Time back at station 4.35 P M

Number of miles traveled 2

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

Location of alarm: (Street and Number) 4 WHIPPLE CT.

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO	T. PERNA	
W. ROY	J. MOLLO	
D. FORTIN	J. BOREK	
R. RATHIER		
T. RUSSO		
N. PHELAND		
W. DRAPER JR.		

VEHICLE	STATION	ON SCENE
	CAPT. J. MURPHY	
	R. PARENTEAU	
	F. ROTELLA	
	W. DRAPER	

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 # 87 N. P. File # 231

Date: 3/17/74
MONTH DAY YEAR

Time alarm received 7:10 P M Number of miles traveled 1

Time back in service . M

Time back at station 7:14 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: GREYSTONE ELEMENTARY 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) #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	
D. FORTIN	T. PERNA	
R. RATHIER	J. MOLLO	
T. RUSSO	J. LANE	
H. DARBY	N. PHELAND	
	W. DRAPER JR.	
VEHICLE	**STATION**	**ON SCENE**
	R. IAFRATE	
	F. ROTELLA	
	W. DRAPER	

REMARKS: CODE BLUE

SIGNED BY: B. Di Giulio

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 88 N. P. File # 234

Date: 3/18/74
MONTH DAY YEAR

Time alarm received 2:26 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 2:32 P M

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

Location of alarm: (Street and Number) 1971 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		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. E. DI GIULIO		
W. ROY		
E. PELLAND		
D. FORTIN		
N. PHELAND		
D. BAZZLE		
P. PHILLIPS		

VEHICLE	STATION	ON SCENE
C. ZAHN	R. CRANSHAW	
	W. DRAPER	

REMARKS: CALL FOR BRUSH FIRE, CHECK AREA FOUND NOTHING.

B. Di Giulio
SIGNED BY:

P. PHILLIPS
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 89 N. P. File # 238

Date: 3/18/74
MONTH DAY YEAR

Time alarm received 9:12 P M
Time back in service 9:16 P M
Time back at station 9:25 P M

Number of miles traveled 3

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

Location of alarm: (Street and Number) 18 TUSCOLA AVE.

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO	CAPT. J. MURPHY	
E. PELLAND	CAPT. C. SALISBURY	
D. FORTIN	LT. F. BURSIE	
R. RATHIER	T. PERNA	
T.RUSSO	J. MOLLO	
B. DI GIULIO	C. ZAHN	
W. DRAPER JR.	D. BAZZLE	
	N. PHELAND	

VEHICLE	STATION	ON SCENE
	R. IAFRATE	

REMARKS: COBE BLUE FROM ENG.#2.

B. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 90 N. P. File # 239

Date: 3/19/74
MONTH DAY YEAR

Time alarm received 10:59 AM Number of miles traveled 3

Time back in service 11:08 AM

Time back at station 11:12 AM

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

Location of alarm: (Street and Number) 1876 SMITH ST.

Cause of fire AUTO ACCIDENTE

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		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. J. MURPHY		
LT. E. DI GIULIO		
D. FORTIN		
P. PHILLIPS		
C. ZAHN		
D. BAZZLE		
VEHICLE	**STATION**	**ON SCENE**
W. ROY	B. DI GIULIO	
	F. ROTELLA	
	W. DRAPER	

REMARKS: TWO CAR ACCIIDENT IN FRONT OF TEXACO STATION.

R.I. REG. LV241, PLYMOUTH BARRAUCDA. PAMAELA BRANT
R.I. REG. 74 DEALER, OSLDS. EDWARD NOTORANDO,

PAMELA BRANT, BRUSIED MOUTH, TAKEN TO HOSP. BY RES.#1.

B. Di Giulio
SIGNED BY:

CAPT. J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 91 N. P. File # 242

Date: 3/19/74
MONTH DAY YEAR

Time alarm received 7:55 P M Number of miles traveled 6

Time back in service _____ M

Time back at station 8:25 P M

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

Location of alarm: (Street and Number) ADAMS 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	200'	Booster 1"		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
1	Pump Cans		3 Inch Hose	SALVAGE COVERS	
3	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
				1	HANDLIGHT
				1	FLOODLIGHT

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 #
LT. F. BURSIE		
E.F PELLAND		
R. RATHIER		
C. ZAHN		
D. BAZZLE		
W. DRAPER JR.		

VEHICLE	STATION	ON SCENE
	P. RUGGIANO	
	T. RUSSO	
	J. BOREK	
	F. ROTELLA	

REMARKS: SMALL AREA BURNINGREAR OF ADAMS ST.
CALL RECEIVED BY SMITHFIELD FIRE ALARM FOR GLADSTON ST.

B. Gli Gerlis
SIGNED BY:

LT. F. BURSIE
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 92 N. P. File # 243

Date: 3/20/74
MONTH DAY YEAR

Time alarm received 1:24 A M Number of miles traveled 8

Time back in service ____ M

Time back at station 2:01 A M

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

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

Cause of fire AUTO ACCIDENT

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)

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	
1	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
				2	HANDLIGHT
					FIRST AID KIT

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) #1. 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		
E. PELLAND		
T. PERNA		
W. DRAPER JR.		

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO	F. ROTELLA	
LT. F. BURSIE		
D. FORTIN		
J. MOLLO		
C. ZAHN		

REMARKS: GAS TANKERR ERUPTED, SETTING CAR R.I. REG.KO320 ON FIRE.
NO ONE IN CAR UPON ARRIVAL.
R.I. REG. NG634 MUSTANG
R.I. REG. KO320 JEEP WAGONER

SEE RES. REPORT FOR DETAILS ON INJURED.

SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

N.P. FILE 243

CO. FILE 92

NO. PROVIDENCE FIRE DEPARTMENT
– SECONDARY RESCUE REPORTS –

DATE: 3/20/74 TIME: ARRIVED 1:24 A.M. RETURNED 2:01 A.M.

NAME: DONNA ANYELONE AGE: 22

ADDRESS: 36 SMITH ST. ALARM BY: POLICE

GREENVILLE, R.I.

LOCATION OF RESCUE MINERAL SPRING & BY PASS

EXAMINATION

SKULL * SMALL LACERATION

EYES *

EARS *

NOSE *

MOUTH *

CHEST *

ABDOMEN *

UPPER EXTREMITIES * COMPLAINED OF BACK INJURIES

LOWER EXTREMITIES *

POSITION OF PATIENT WHEN FOUND: LYING IN STREET

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) YES

PATIENT TRANSPORTED TO: ROGER WILLIAMS GEN. 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)

CLEANED CUT ON HEAD, EXAMINED FOR FURTHER INJURIES. PATIENT COMPLAIED SEVERAL TIMES OF BACK INJURIES. RESCUE#1, ON SCENE. APPLIED FULL BACK BOARD. RESCUE#1, TRANSPORTED TO 3 OTHER PATIENTS FOR OBSERVATION.

(OVER)

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

RESCUE CO. NO. ENG.#1.

#2. AL ANYELONE AGE. 22
36 SMITH ST.
GREENVILLE, R.I. (OBSERVATION)

#3 PAULA AZZOLINE AGE. 21
149 HOPKINS AVE.
JOHNSTON, R. I. (BRUSIED KNEE)

#4. JOE BUONACORSI
15 CANDLEWOOD, DR.
GRENNVILLE, R. I. (OBSERVATION)

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 93 N. P. File # 244

Date: 3/20/74 (MONTH DAY YEAR)

Time alarm received 10:43 P M Number of miles traveled 5

Time back in service ____ M

Time back at station 10:53 P M

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

Location of alarm: (Street and Number) SMITH FIELD RD.

Cause of fire ____

Description of building or occupancy: PETER RANDALLS RESERVATION

Owner of building or occupancy: STATE OF 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 XX	☐ Code Yellow XX	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

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	
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: #78

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. F. BURSIE		
E. PELLAND		
D. FORTIN		
R. RATHIER		
T. RUSSO		
C. ZAEN		
D. BAZZLE		
N. PHELAND		
W. DRAPER JR.		
VEHICLE	**STATION**	**ON SCENE**
CHIEF E. DI GIULIO	CAPT. J. MURPHY	
	T. PERNA	

REMARKS: SMALL AREA BURNING IN RESERVATION, RIGHT OF ENTRANCE.

B. Di Giulio

SIGNED BY:

LT. F. BURSIE

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 94 N. P. File # 251

Date: 3/23/74 (MONTH / DAY / YEAR)

Time alarm received 1:00 P M Number of miles traveled 13

Time back in service ____ M

Time back at station 1:43 P M

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

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

Cause of fire UNKNOWN

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	150'	Booster 1"		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
				1	PIKE POLE

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 30

Defects on apparatus after alarm (if any): PANEL SPEAKER NOT WORKING, DYNALUX NOT WORKING.

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. FONTIN~~		
~~T. PERNA~~		
~~J. MOLLO~~		
~~C. ZAHN~~		
~~W. DRAPER JR.~~		

VEHICLE	STATION	ON SCENE
	W. ROY	
	R. RATHIER	
	D. BAZZLE	
	H. DARBY	

REMARKS: BRUSH PILES & RUBBISH

B. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 95 N. P. File # 252

Date: 3/23/74 (MONTH / DAY / YEAR)

Time alarm received 7:32 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 7:37 P M

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

Location of alarm: (Street and Number) 44 OBSERVATORY AVE.

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): INTERCOM ON AERIAL, POWER STEERING ON LADDER #1

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	W. ROY	
	J. MOLLO	
	N. PHELAND	
	W. DRAPER	

VEHICLE	STATION	ON SCENE

REMARKS: CODE YELLOW FROM ENG.#2.

B. Di Giulio
SIGNED BY:

W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 96 N. P. File # 257

Date: ~~XXXX~~ 3/25/74
MONTH DAY YEAR

Time alarm received 5:05 P M Number of miles traveled 3

Time back in service _____ M

Time back at station 5:14 P M

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

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

Cause of fire SET

Description of building or occupancy: _____

Owner of building or occupancy: SUNNYBROOK FARMS

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 1"		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
1	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: 5

Defects on apparatus after alarm (if any): PANEL SPERRER, DYMALUX

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		
W. ROY		
E. PELLAND		
T. RUSSO		
D. BAZZLE		
N. PHELAND		
W. DRAPER JR.		

VEHICLE	STATION	ON SCENE
	LT. F. BURSIE	
	T. PERNA	
	J. BOREK	
	F. ROTELLA	

REMARKS: ADJACENT TO SUNNYBROOK FARMS. SMALL AREA SET.

WETNESS INTERVEID BY N.P.P.D.

E. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 97 N. P. File # 259

Date: 3/25/74
MONTH DAY YEAR

Time alarm received 8:56 P M Number of miles traveled 4

Time back in service M

Time back at station 9:11 P M

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

Location of alarm: (Street and Number) REAR OF BROWN & SHARPE (JHONSTON)

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	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): PANEL SPEAKER, DYNALUX.

Companies responding:

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

Other companies responding: Johnston Eng # 8

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E, DI GIULIO		
W. ROY		
E. PELLAND		
D. FORTIN		
R. RATHIER		
T. RUSSO		
D. BAZZLE		
R. PAQUET		

VEHICLE	STATION	ON SCENE
	CAPT. J. MURPHY	
	LT. F. BURSIE	
	T. PERNA	
	J.MOLLO	
	J. BOREK	
	R. IAFRATE	
	W. DRAPER J R.	
	F. ROTELLA	

REMARKS: REPORT OF FIRE IN REAR OF BROWN & SHARPE, ENG.#1 ASSISTED JOHNSTON ENG.#8. 6 AREARS OF GRASS BURNING.

E. Di Giulio

SIGNED BY:

CHIEF E. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 98 N. P. File # 266

Date: 3/26/74
MONTH DAY YEAR

Time alarm received 8:15 P M Number of miles traveled 3

Time back in service 8:20 P M

Time back at station 8:30 P M

Alarm received by: Box # 423 Phone _____ Other _____ (Describe)

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

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): ENG.#1, PANEL SPEAKER, DYNALUX
LAD.#1, INTERCOM ON AERIAL, POWER STEERING.

Companies responding: _____

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

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO	CAPT. C. SALISBURY	
E. PELLAND	J. BOREK	
R. RATHIER	D. BAZZLE	
C. ZAHN		

VEHICLE	STATION	ON SCENE
	T. RUSSO	

REMARKS: CODE BLUE FROM ENG.#2.

B. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 99 N. P. File # 267

Date: 3/26/74 (MONTH / DAY / YEAR)

Time alarm received 11:04 PM Number of miles traveled 1

Time back in service ____ M

Time back at station 11:08 PM

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

Location of alarm: (Street and Number) MINERAL SPRING & LOCUST

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): ENG.#1, PANEL SPEAKER, DYNALUX.
LAD.#1, INTERCOM ON AERIAL, POWER STEERING.

Companies responding: XXXXXXXXXXXXXX

Engines(s) #1, 2. Ladder(s) #1. Rescue(s) #2, 1. Car: #78

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
lt. f. bursie	CAPT. J. MURPHY	
E. PELLAND	D. MARCIANO	
T. PERNA	D. FORTIN	
P. RUGGIANO	R. RATHIER	
	T. RUSSO	
	J. MOLLO	
	C. ZAHN	
	D. BAZZLE	
	N. PHELAND	
VEHICLE	**STATION**	**ON SCENE**
CHIEF E. DI GIULIO	R. IAFRATE	

REMARKS: CODE BLUE FROM ENG. #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 # 100 N. P. File # 268

Date: 3/27/74
MONTH DAY YEAR

Time alarm received 11:30 A M Number of miles traveled 8

Time back in service 12:13 P M

Time back at station 12:15 P M

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

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

Cause of fire UNKOWN

Description of building or occupancy: _____

Owner of building or occupancy: METRO ATLANTIC SITE

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
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	300'	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: 20

Defects on apparatus after alarm (if any): panel speaker DYNALUX

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		
W. ROY		
B. DI GIULIO		

VEHICLE	STATION	ON SCENE
CAPT, J. MURPHY		
P. RUGGIANO		
W. DRAPER		
F. ROTELLA		

REMARKS: SEVERAL SMALL FIRES BURNING IN GRASS & RUBBISH PILES.

B Di Giulio

SIGNED BY:

CAPT. B. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 101 N. P. File # 269

Date: 3/27/74 (MONTH / DAY / YEAR)

Time alarm received 3:40 P M Number of miles traveled 8

Time back in service ____ M

Time back at station 4:14 P M

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

Location of alarm: (Street and Number) END OF SAVOY S T.

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	400'	Booster 1½		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: 30

Defects on apparatus after alarm (if any): PANEL SPEAKER. DYNLUX

Companies responding: ____

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

Other companies responding: SPEC. SIG. #2.

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

ENGINE(S) #	LADDER(S) #	RESCUE #
~~LT. E. DI GIULIO~~		
~~W. ROY~~		
~~T. PERNA~~		
~~P. RUGGIANO~~		
~~N. PHELAND~~		

VEHICLE	STATION	ON SCENE
CAPT. J. MURPHY	~~E. PELLAND~~	
LT. F. BURSIE	~~F. ROTELLA~~	
W. DRAPER		

REMARKS: APPRO.X. 1 ACRE BRUSH & GRASS BURNING.
SPEC. SIG. ENG.#2. TO WATERMAN AVE. OPP. BROWN& SHARPE ENTRANCE.

B. Di Giulio
SIGNED BY:

CAPT. J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 102 N. P. File # 270

Date: 3/27/74 (MONTH / DAY / YEAR)

Time alarm received 5:40 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 5:54 P M

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

Location of alarm: (Street and Number) 2175 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		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
					FRIST AID KIT

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): PANEL SPEAKER, DYNALUX

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 #
CHIEF E. DI GIULIO		
LT. F. BURSIE		
W. ROY		
E. PELLAND		
T. RUSSO		
C. ZAHN		
J. BOREK		
D. BAZILE		
W. DRAPER JR.		
N. PHELAND	P. RUGGIANO	
VEHICLE	**STATION**	**ON SCENE**
W. DRAPER	D. FORTIN	
F. ROTELLA	T. PERNA	

REMARKS: STOOD BY WITH BOOSTER. APPLIED FIRST AID TO SUBJECT.
R.I. REG.CF730 HIT PARKED TRUCK COMMERCIAL 16558.

SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

FILE#289

CO.#102

NO. PROVIDENCE FIRE DEPARTMENT

– SECONDARY RESCUE REPORTS –

DATE: 3.27.74 TIME: ARRIVED 5:40 P.M. RETURNED 5:54 P.M.

NAME: JAMES FORD AGE: 58

ADDRESS: 4 POLLY DR. NORTH PROVIDENCE, R.I. ALARM BY: PHONE

LOCATION OF RESCUE 2175 MINERAL SPRING AVE.

EXAMINATION

SKULL * LACERATION OF FORE HEAD

EYES * LACERATION ABOVE LEFT EYE

EARS * OK

NOSE * LACERATION

MOUTH * OK

CHEST * OK

ABDOMEN * OK

UPPER EXTREMITIES * OK

LOWER EXTREMITIES * OK

POSITION OF PATIENT WHEN FOUND: SITTING UP IN DRIVERS SEAT.

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) YES

PATIENT TRANSPORTED TO: ROGER WILLIAMS GENERAL 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)

APPLIED 3--4x4 GAUGE BANDAGE TO FORE HEAD & NOSE.
ROLLER BANDAGE, 2" TO SKULL.

SIGNED: B. DeGuglielmo OFFICER IN CHARGE: P. RUGGIANO

RESCUE CO. NO. Eng #1

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 103 N. P. File # 271

Date: 3/27/74 (MONTH / DAY / YEAR)

Time alarm received 7:18 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 8:13 P M

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

Location of alarm: (Street and Number) 2191 MINERAL SPRING AVE.

Cause of fire KEROSENE SPACE HEATER

Description of building or occupancy: ____

Owner of building or occupancy: DONALD BEAUCHEMIN

Owner's address: SAME

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

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose	2/14' 24'	Under 35 Feet
	Pump Cans		3 Inch Hose		SALVAGE COVERS
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
				2	SMOKE EJECTORS
					DEORIZER
					GENERATOR 45 MINS.
				3	FLOOD LIGHTS

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ENG.#1. PANEL SPEAKER, DYNALU X

Companies responding: ____

Engines(s) #1.2. Ladder(s) #1. Rescue(s) #2. Car: ____

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO	CAPT. C. SALISBURY	
CAPT. J. MURPHY	T. RUSSO	
W. ROY	K. MIDDLETON	
E. PELLAND	C. ZAHN	
D. MARCIANO	D. BAZZLE	
D. FORTIN	W. DRAPER	
T. PERNA	H. DRABY	
J. MOLLO	R. RATHIER	
VEHICLE	**STATION**	**ON SCENE**
LT. F. BURSIE	B. DI GIULIO	
S. COPPA	D. HOUDE	
	R. RATHIER	
	F. ROTELLA	
	W. DRAPER	

REMARKS: KEROSENE TANK ON SPACE HEATER EXPLODED CAUSING FIRE. FLOOR JOIST OVER HEARTER SCORCHED. FIRE CONTROLLED BY WITH GARDEN HOSE BY OWNER. SMOKE THOUGHOUT HOUSE.

B. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 104 N. P. File # 273

Date: 3/28/74 (MONTH DAY YEAR)

Time alarm received 12:56 P M Number of miles traveled 5

Time back in service 1:15 P M

Time back at station 1:20 P M

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

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

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	200'	Booster 1"		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: 10

Defects on apparatus after alarm (if any): PANEL SPEAKER, DYNAL UX

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		
B. DI GIULIO		
P. PHILLIPS		
N. PHELAND		
VEHICLE	**STATION**	**ON SCENE**
W. DRAPER	F. ROTELLA	

REMARKS: SMALL BRUSH FIRE REAR GREYSTON SCHOOL.

1 PUMP CAN FELL OFF TRUCK. DAMAGED BEYOUND REPAIER.

B. Di Giulio

SIGNED BY:

B. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 105 N. P. File # 276

Date: 3/28/74
MONTH DAY YEAR

Time alarm received 3:45 P M Number of miles traveled 2

Time back in service 3:48 P M

Time back at station 4:01 P M

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

Location of alarm: (Street and Number) END OF 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	☐ 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): PANEL SPEAKER, DYNALUX

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		
W. ROY		
B. DI GIULIO		
C. ZAHN		
P. RUGGIANO		
N. PHELAND		
P. PHILLIPS		
VEHICLE	**STATION**	**ON SCENE**
W. DRAPER		

REMARKS: REPORT OF BRUSH FIRE, END SAVOY ST. SMOKE COMING FROM GREYSTONE MILL, BLOWING THROUGH WOODS.

B. di Giulio
SIGNED BY:

B, DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 106 N. P. File # 278

Date: 3/28/74
MONTH DAY YEAR

Time alarm received 4:10 P M Number of miles traveled 1

Time back in service 4:20 P M

Time back at station 4:25 M

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

Location of alarm: (Street and Number) END 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	☐ 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): PANEL SPEAKER, DYNALUX

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		
W. ROY		
E. PELLAND		
B. DI GIULIO		
C. ZAHN		
P. RUGGIANO		
N. PHELAND		
P. PHILLIPS		

VEHICLE	STATION	ON SCENE
W. DRAPER		

REMARKS: SECOND CALL FOR SAVOY ST. SMOKE COMING FROM GREYSTONE MILL, SMOKE BLOWING THROUGH WOODS.

B. Di Giulio
SIGNED BY:

B. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 107 N. P. File # 280

Date: 3/28/74
MONTH DAY YEAR

Time alarm received 7:51 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 8:20 P M

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

Location of alarm: (Street and Number) REAR 32 BABARA ANN 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		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
3	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
				1	HANDLIGHT
					PORTABLE RADIO

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): PANEL SPEAKER, DYNALUX

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. C. SALISBURY		
T. RUSSO		
J. MOLLO		
J. BOREK		
D. BAZZLE		
W. DRAPER JR.		

VEHICLE	STATION	ON SCENE
W. DRAPER	CHIEF E. DI GIULIO	
	CAPT. J. MURPHY	
	W. ROY	
	B. DI GIULIO	
	F. ROTELLA	

REMARKS: SMALL AREA IN WOODS AT END OF BERWICK AVE,

B. Di Giulio

SIGNED BY:

CAPT. C. SALISBURY

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 108 N. P. File # 281

Date: 3/28/74 (MONTH / DAY / YEAR)

Time alarm received 7:58 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 8:01 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: GREYSTONE ELEMENETARY 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): DEFECTS FIXED ON LADDER#1.

Companies responding: ____

Engines(s) # 2 Ladder(s) # 1 Rescue(s) ____ Car: ____

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. C. SALISBURY	CHIEF E, DI GIULIO	
T. RUSSO	CAPT. J. MURPHY	
J. MOLLO	B. DI GIULIO	
J. BOREK		
D. BAZZLE		
W. DRAPER JR.		
VEHICLE	**STATION**	**ON SCENE**
W. DRAPER	W. ROY	
F. ROTELLA	R. IAFRATE	

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 # 109 N. P. File # 285

Date: 3/29/74
MONTH DAY YEAR

Time alarm received 2:43 P M Number of miles traveled 2

Time back in service 2:45 P M

Time back at station 2:50 P M

Alarm received by: Box # 353 Phone _____ Other _____ (Describe)

Location of alarm: (Street and Number) LONGMEADOW & MEADOW

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): PANEL SPEAKER, DYNLUX.

Companies responding: _____

Engines(s) #5,3,1. Ladder(s) #2. Rescue(s) #3. Car: _____

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
W. ROY		
T. PERNA		
B. DI GIULIO		
C. ZAHN		
N. PHELAND		
P. PHILLIPS		

VEHICLE	STATION	ON SCENE
W. DRAPER	LT. DI GIULIO	

REMARKS: BOX 353 PULLED FOR BRUSH FIRE IN TOWN OF LINCOLN.
ENG.#4. OUT OF SERVICE.

B. Di Giulio
SIGNED BY:

B. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 110 N. P. File # 287

Date: 3/29/74 (MONTH / DAY / YEAR)

Time alarm received 3:59 P M Number of miles traveled 6

Time back in service 4:20 P M

Time back at station 4:30 P M

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

Location of alarm: (Street and Number) REAR OF 79 LOCUST AVE.

Cause of fire UNKNOWN

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): PANEL SPEAKER, DYNALUX.

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		
E. PELLAND		
T. PERNA		
B. DI GIULIO		
P. PHILLIPS		

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

REMARKS: ¼ ACREA OF GRASS BURNING.

B. Di Giulio

SIGNED BY:

B. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 111 N. P. File # 289

Date: 3/30/74
MONTH DAY YEAR

Time alarm received 11:23 a M Number of miles traveled 3

Time back in service 11:30 A M

Time back at station 11:45 A M

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

Location of alarm: (Street and Number) 716 FRUIT HILL AVE.

Cause of fire OIL SPILL

Description of building or occupancy: _____

Owner of building or occupancy: NOTTE

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		☐ 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): PANEL SPEAKER, DYNALUX. ENG.#1.

Companies responding: _____

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

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO	CAPT. C. SALISBURY	
LT. E. DI GIULIO	P. RUGGIANO	
D. BAZZLE	R. PARENTEAU	
H. DARBY	W. DRAPER JR.	

VEHICLE	STATION	ON SCENE
	P. PALUMBO	
	R. PAQUET	
	J. MOLLO	
	T. RUSSO	
	F. ROTELLA	

REMARKS: OIL SPILL FROM TANK NIGHT BEFORE.
SAW DUST & SPEEDI DRI WAS ON FLOOR. WOMEN WAS SCARED ABOUT OIL BURNER RUNING.

E. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 112 N. P. File # 291

Date: 3/30/74
MONTH DAY YEAR

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

Time back in service 11:15 P M

Time back at station 11:24 P M

Alarm received by: Box # 423 Phone _____ Other _____ (Describe)

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

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): PANEL SPEAKER, DYNALUX, ENG.#1.

Companies responding: _____

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

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. J. MURPHY	J. MOLLO	
W. BOY	N. PHELAND	
T. RUSSO	P. RUGGIANO	
J. LANE		
W. DRAPER JR.		

VEHICLE	STATION	ON SCENE

REMARKS: CODE BLUE FROM ENG. #2.

B. Di Giulio
SIGNED BY:

CAPT. J. MURPHY
PERSON IN CHG.