NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 378 N. P. File # 940

Date: 9 (MONTH) 1 (DAY) 74 (YEAR)

Time alarm received 1:22 A M Number of miles traveled 2

Time back in service ____ M

Time back at station 2:02 A M

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

Location of alarm: (Street and Number) 63 STELLA DR

Cause of fire SMOKING IN BED

Description of building or occupancy: ____

Owner of building or occupancy: MRS HELEN COSTA

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 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	
1-CO2	Carbon Dioxide	50'	Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)	1	Number Used
	Other (Describe)	1	MOP		Other Equipment
2	SMOKE EJECTORS		RESCUSITATOR		
3	PIKE POLES		DEODORIZER		
1	SHOVEL				

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 15

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO	CAPT J. MURPHY	
D. FORTIN	LT F. BURSIE	
~~R. RATHIER~~	~~LT P. RUGGIANO~~	
D. BAZZLE	D. HOUDE	
~~N. PHELAND~~	J. MOLLO	
T. PERNA		

VEHICLE	STATION	ON SCENE

REMARKS: 2nd FLOOR BED ROOM MATTERS & BOX SPRING BURNING.

BURNT MATCH FOUND ON FLOOR NEXT TO BED. PROBABLE CAUSE SMOKING IN BED. JOSEPH COSTA GIVEN OXYGEN ON SCENE FOR SMOKE INHALATION MINOR SMOKE ON 2nd FLOOR.

Lt E. DiGiulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 379 N. P. File # 942

Date: 9 (MONTH) 2 (DAY) 74 (YEAR)

Time alarm received 2:20 A M Number of miles traveled 4

Time back in service ____ M

Time back at station 2:38 A M

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

Location of alarm: (Street and Number) 6 POLLY DR

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT F. BURSIE		
D. FORTIN		
R. RATHIER		
D. HOUDE		
N. PHELAND		
T. PERNA		

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

REMARKS: CODE BLUE

Lt Ernest M. Fiuhro
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 380 N. P. File # 944

Date: 9/2/74
MONTH DAY YEAR

Time alarm received 6:27 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 6:29 P M

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

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

Cause of fire BLUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 7.1. Ladder(s) #1. Rescue(s) ____ Car: ____

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
E. PELLAND		
D. FORTIN		
N. PHELAND		
H. DARBY		

VEHICLE	STATION	ON SCENE
	CAPT. C. SALISBURY	
	CAPT. J. MURPHY	
	LT. F. BURSIE	
	W. ROY	
	D. MARCIANO	
	T. RUSSO	
	T. PERNA	
	C. ZAHN	

REMARKS: CODE BLUE.

B. Eli Gaulin
SIGNED BY:

H. DARBY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 381 N. P. File # 945

Date: 9/2/74
MONTH DAY YEAR

Time alarm received 10:56 PM Number of miles traveled 2

Time back in service ____ M

Time back at station 11:08 P M

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

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

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 #
LT. F. BURSIE		
P. RUGGIANO		
W. ROY		
D. FORTIN		
T. PERNA		
N. PHELAND		

VEHICLE	STATION	ON SCENE
	CAPT. J. MURPHY	
	R. RATHIER	

REMARKS: REPORTED BRUSH FIRE. CODE BLUE.

B. [illegible]

SIGNED BY:

LT. F. BURSIE

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 382 N. P. File # 946

Date: 9/3/74
MONTH DAY YEAR

Time alarm received 12:10 A M Number of miles traveled 8

Time back in service ____ M

Time back at station 1:48 A M

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

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

Cause of fire MUTUAL AID

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	CAPT. J. MURPHY	
	LT. F. BURSIE	
	D. FORTIN	
	D. BAZZLE	
	N. PHELAND	
VEHICLE	**STATION**	**ON SCENE**
	CHIEF E. DI GIULIO	
	P. RUGGIANO	
	W. ROY	
	J. MOLLO	
	C. ZAHN	

REMARKS: RELOCATED TO STATION #5, JOHNSTON, R.I.

B. Di Giulio

SIGNED BY:

CAPT. J. MURPHY

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 383 N. P. File # 949

Date: 9/4/74
MONTH DAY YEAR

Time alarm received 8:46 A M Number of miles traveled 4

Time back in service 9:02 A M

Time back at station 9:15 A M

Alarm received by: Box # 6541 Phone _____ Other _____ (Describe)

Location of alarm: (Street and Number) LYMANSVILLIE SCHOOL

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) #6.7.1. Ladder(s) #1. 2. Rescue(s) _____ Car: _____

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
~~CAPT. C. SALISBURY~~	LT. E. DI GIULIO	
~~B. DI GIULIO~~	W. DRAPER	
VEHICLE	**STATION**	**ON SCENE**
CAPT. J. MURPHY		
D. FORTIN		

REMARKS: CODE BLUE

B. Di Giulio

SIGNED BY:

B. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 384 N. P. File # 955

Date: 9/7/74
MONTH DAY YEAR

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

Time back in service ____ M

Time back at station ~~XXX~~ 3:24 P M

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

Location of alarm: (Street and Number) 7 FERNCLIFF AVE.

Cause of fire ____

Description of building or ~~occupancy~~: FRANK SABETTA (OWENR

Owner of building or occupancy: LEE ROMANO

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)		LEAKING REFRIGARATOR

	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	SCOTTS
				2	SMOKE EJECTORS
					DEODORIZER

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: S.S. LADDER #1.

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

ENGINE(S) #	LADDER(S) #	RESCUE #
D. FORTIN	LT. F. BURSIE	
R. RATHIER	W. DRAPER JR.	
T. RUSSO	R. PARENTEAU	
	H. DARBY	

VEHICLE	STATION	ON SCENE
LT. E. DI GIULIO	J. BOREK	
C. ZAHN	J. MURPHY SR.	
	W. DRAPER	

REMARKS: MEN MOVING REFRIGERATOR. BROKE LINE & STRONG ODER OF AMMONIA IN HOUSE ON #3rd FLOOR. OCCUPIED BY LEE ROMANO.

B Lt. Gen

SIGNED BY:

LT. E. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 385 N. P. File # 957

Date: 9/7/74 (MONTH DAY YEAR)

Time alarm received 7:45 P M Number of miles traveled 3

Time back in service ____ M

Time back at station 8:01 P M

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

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

Cause of fire ____

Description of building or occupancy: HILLVIEW SOCIAL CLUB

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 3.4. Ladder(s) #1,2. Rescue(s) ____ Car: ____

Other companies responding: S.S. ENG.#1, RES.#2,3.

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO	CAPT. J. MURPHY	
CAPT. C. SALISBURY	W. ROY	
D. FORTIN	R. RATHIER	
D. HOUDE	W. DRAPER JR.	
J. MODLO	T. RUSSO	
N. PHELAND		
G. BULPITT		

VEHICLE	STATION	ON SCENE
R. SALISBURY		
H. DARBY		
F. ROTELLA		
W. DRAPER		

REMARKS: CODE RED. IN SOCIAL CLUB. SMOKE IN 2nd & 3rd. FLOOR.

LAD. OUT... 7:45 P.M.

ENG. OUT... 7:49 P.M.

LAD. IN... 8:31 P.M.

ENG. IN... 8:01 P.M.

Chief Giulio

SIGNED BY:

CHIEF E. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 386 N. P. File # 964

Date: 9/8/74
MONTH DAY YEAR

Time alarm received 3:36 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 3:49 P M

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

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

Cause of fire BOMB SCARE

Description of building or occupancy: HILLSIDE CINIMA

Owner of building or occupancy: ____

Owner's address: ____

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

	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		
R. RATHIER		
W. DRAOER JR.		
T. PERNA		
J. BOREK		

VEHICLE	STATION	ON SCENE
F. ROTELLA		

REMARKS: P.D. REQUEST TO STAND BY. BOMB SCARE CALLED IN FOR HILLSIDE CINIMA. POLICE CHECKED OUT BLDG. CODE BLUE.

SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 387 N. P. File # RES. #950

Date: 9/11/74
MONTH DAY YEAR

Time alarm received 6:40 P M Number of miles traveled 0

Time back in service ____ M

Time back at station 6:55 P M

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

Location of alarm: (Street and Number) OPPOSITE 1919 MINERAL SPRING AVE.

Cause of fire MED. AID

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
					FIRST AID KIT
				2	3"x4" GAUZE PADS
				1	ROLL 1" GAUZE ADHESIVE TAPE

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

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

VEHICLE	STATION	ON SCENE
	CAPT. J. MURPHY	
	LT. E. DI GIULIO	
	E. PELLAND	
	D. FORTIN	
	W. DRAPER	
	T. RUSSO	
	D. BAZZLE	
	W. DRAPER JR.	

REMARKS: SUBJECT CAME TO STATION REQUESTING AID FOR WILLIAM PELLIGRINO OF 20 BELVEDERE BLVD. NO. PROV. R.I. INJURED OPPOSITE 1919 MINERAL SPRING AVE.

SEVERE LACERTION ON BOTTOM OF LEFT FOOT

CALLED FOR RES. #1.

E. Pelland

SIGNED BY:

E. PELLAND

PERSON IN CHG.

NO. PROVIDENCE FIRE DEPARTMENT
– SECONDARY RESCUE REPORTS –

DATE: 9/11/74 TIME: ARRIVED 6:55 P.M. RETURNED

NAME: WILLIAM PELLIGRINO AGE: 15

ADDRESS: 20 BELVEDERE BLVD. ALARM BY: WALK IN
NORTH PROVIDENCE, R.I.

LOCATION OF RESCUE OPPOSITE 1919 MINERAL SPRING AVE.

EXAMINATION

SKULL * OK

EYES * OK

EARS * OK

NOSE * OK

MOUTH * OK

CHEST * OK

ABDOMEN * OK

UPPER EXTREMITIES * OK

LOWER EXTREMITIES * LEFT FOOT SEVERE LACERATION (BOTTOM)

POSITION OF PATIENT WHEN FOUND: LYING DOWN

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) YES

PATIENT TRANSPORTED TO: ROGER WILLIAMS BY RES.#1.

IF PATIENT WAS NOT TRANSPORTED EXPLAIN:

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

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

LEFT FOOT BANDGED WITH 2-4"x3" GAUZE PADS
1- ROLL 1" GAUZE & ADHESIVE TAPE.

SIGNED: R. Ulysses (covers) OFFICER IN CHARGE: E. PELLAND

RESCUE CO. NO. Centredale Station

CAPT. J. MURPHY
LT. E. DI GIULIO
E. PELLAND
D. FORTIN
W. DRAPER JR.
T. RUSSO
D. BAZZLE

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 388 N. P. File # 965

Date: 9/12/74 (MONTH / DAY / YEAR)

Time alarm received 7:15 P M Number of miles traveled 0

Time back in service ____ M

Time back at station XX M

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

Location of alarm: (Street and Number) CHINA GARDEN

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

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

VEHICLE	STATION	ON SCENE
	~~CHIEF E. DI GIULIO~~	
	~~CAPT. C. SALISBURY~~	
	~~W. ROY~~	
	~~D. FORTIN~~	
	~~R. RATHIER~~	
	~~T. RUSSO~~	
	~~T. PERNA~~	
	~~J. BOREK~~	
	~~G. BULPITT~~	

REMARKS: DISPATCHER BLEW CENTREDALE SIREN FOR CHINA GARDEN IN CENTREDALE, PLACE IS IN GENEVA. SENT ENG.#3.

B. Di Giulio

SIGNED BY:

CHIEF E. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 389 N. P. File # 968

Date: 9 (MONTH) 14 (DAY) 74 (YEAR)

Time alarm received XX2XX 12.06 AM Number of miles traveled 2

Time back in service _____ M

Time back at station 12.13 A M

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

Location of alarm: (Street and Number) 17 ALDRICH 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 XX	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
W. ROY	CAPT J. MURPHY	
D? FORTIN	LT F. BURSIE	
R. RATHIER	D. MARCIANO	
T. PERNA	D. HOUDE	
	N. PHELAND	

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO		

REMARKS: CODE BLUE

Lt Emilio DiGiulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 390 N. P. File # 970

Date: 9 (MONTH) 16 (DAY) 74 (YEAR)

Time alarm received 10:23 A M Number of miles traveled 5

Time back in service ____ M

Time back at station 10:47 A M

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

Location of alarm: (Street and Number) 2048 SMITH ST (HOTEL LOUNGE)

Cause of fire ELECTRICAL

Description of building or occupancy: ____

Owner of building or occupancy: HOWARD GARCIA

Owner's address: OCCUPIED BY STANLEY PELLAND

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
XX 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	
1oo2	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose	24 EXT.	Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
1	SMOKE EJECTOR				
	CORD				
1	HAND LIGHT				

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT C. SALISBURY	J. MOLLO	LT E. DI GIULIO
P. PHILLIPS	W. DRAPER	H. PARISI
VEHICLE	**STATION**	**ON SCENE**
D. FORTIN		
N. PHELAND		
F. ROTELLA		

REMARKS: TABLE MODEL RADIO ON DRESSER CAUGHT FIRE CAUSING SLIGHT CHARRING TO DRESSER, RUG, & CLOTH. SMOKE DAMAGE TO ROOM & HALLWAY

Lt Ernest M. Fiorito
SIGNED BY:

CHIEF MORRISSEY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 391 N. P. File # 971

Date: 9 (MONTH) 16 (DAY) 74 (YEAR)

Time alarm received 4:51 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 4:59 P M

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

Location of alarm: (Street and Number) 73 BROOKSIDE AVE

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO		
N. PHELAND		
G. BULPITT		

VEHICLE	STATION	ON SCENE
CAPT C. SALISBURY	W. DRAPER JR	
D. FORTIN		

REMARKS: SMALL LOGS SMOLDERING

Lt Ernie Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 392 N. P. File # 973

Date: 9 (MONTH) 18 (DAY) 74 (YEAR)

Time alarm received 1:20 A M . Number of miles traveled 4

Time back in service ____ M

Time back at station 1.26 A M

Alarm received by: Box # 124 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) WATERMAN & ADAMS

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
W.ROY	CAPT J. MURPHY	
D. HOUDE	CAPT C. SALISBURY	
N. PHELAND	LT F. BURSIE	
T. PERNA	J.MOLLO	
	D. FORTIN	
	G. BULPITT	

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO		

REMARKS: CODE BLUE

Lt E. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 393 N. P. File # 974

Date: 9 (MONTH) 19 (DAY) 74 (YEAR)

Time alarm received 12:26 P M

Time back in service 12:09 P M

Time back at station 12:35 P M

Number of miles traveled 3

Alarm received by: Box # 414 Phone _____ Other _____ (Describe)

Location of alarm: (Street and Number) SMITH & HIGH SERVICE

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) 7, 1, 3 Ladder(s) 1 Rescue(s) 1 Car: _____

Other companies responding: _____

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

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

VEHICLE	STATION	ON SCENE
D. FORTIN		
W. DRAPER SR		

REMARKS: CODE YELLOW FOR ENG 7 & RES 1

Lt Capt C. Salisbury
SIGNED BY:

CAPT C. SALISBURY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 394 N. P. File # 976

Date: 9 (MONTH) 19 (DAY) 74 (YEAR)

Time alarm received 7:58 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 8:09 P M

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

Location of alarm: (Street and Number) 5-6 MARILYN DR

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☒ Fire in dwelling	☒ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ 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		
E. PELLAND		
D. FORTIN		
C. ZAHN		

VEHICLE	STATION	ON SCENE
	CAPT J. MURPHY	
	W. DRAPER JR	
	J. BOREK	
	G. BULPITT	

REMARKS: WALL SWITCH SHORTED OUT. REMOVED SWITCH & TAPED WIRES

SIGNED BY:

PVT W. ROY

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 395 N. P. File # 977

Date: 9 (MONTH) 10 (DAY) 74 (YEAR)

Time alarm received 10:39 P M

Time back in service _____ M

Time back at station 10:42 P M

Number of miles traveled 2

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

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

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

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

VEHICLE	STATION	ON SCENE
LT F. BURSIE	N. PHELAND	
W. ROY	G. BULPITT	

REMARKS: SMALL RAG BURNING IN PARKING LOT

Lt F. Bursie
SIGNED BY:

LT F. BURSIE
PERSON IN CHG.

NO. PROVIDENCE FIRE DEPARTMENT

– SECONDARY RESCUE REPORTS – RES # 979 COMP # 396

DATE: 9/ 20/ 74 TIME: ARRIVED 5:50 pm RETURNED 6:05 pm

NAME: KIM RENALLO AGE: 11

ADDRESS: 12 BICENTENNIAL WAY ALARM BY: WALK IN

LOCATION OF RESCUE FIRE DEPT HQ.

EXAMINATION

SKULL * BUMP ON HEAD, POSSIBLE CONCUSSION

EYES * PUPILS DIALATED

EARS * OK, NO BLOOD

NOSE * OK

MOUTH * WAS VARMOTING PREVIOUS TO ARRIVAL

CHEST * OK

ABDOMEN * OK

UPPER EXTREMITIES * OK

LOWER EXTREMITIES * OK

POSITION OF PATIENT WHEN FOUND: SITTING

WAS PATIENT CONSCIOUS? SEMI CONCIOUS

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) YES

PATIENT TRANSPORTED TO: R.W.G.H. BY RES 1

IF PATIENT WAS NOT TRANSPORTED EXPLAIN:

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

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

PATIENT WAS EXAMINED, NO FIRST AID GIVEN OTHER THAN TO COMFORT PATIENT TREAT FOR MILD SHOCK.

MEN HERE

W. ROY
E. PELLAND
D. FORTIN
D. BAZZLE
T. RUSSO

SIGNED: OFFICER IN CHARGE: E. PELLAND

RESCUE CO. NO. East 1

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 397 N. P. File # 979

Date: 9 (MONTH) 20 (DAY) 74 (YEAR)

Time alarm received 8:08 P M

Time back in service eng 8:54 P M

Time back at station lad 8:57 P M

Number of miles traveled 2

Alarm received by: Box # 216 Phone _____ Other _____ (Describe)

Location of alarm: (Street and Number) 1650 MINERAL SP. AVE

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose	1- 24'	Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
1	AXE				
1	HAND LIGHT				
	LEGHTS 10 min.				

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) 3, 4, 1 Ladder(s) 1 Rescue(s) 2 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	
W. DRAPER JR	E. PELLAND	
C. ZAHN	W. DRAPER SR	
T. RUSSO		

VEHICLE	STATION	ON SCENE
CAPT C. SALISBURY		
LT F. BURSIE		
D. FORTIN		
W. ROY		
F. ROTELLA		

REMARKS: BLDG. FIRE. HEAVLY SATUATED WITH GASOLINE. FOUND FIVE CONTAINERS SIX GAL. CAPACITY. ONE FULL. ONE ½ FULL, FOUR EMPTY

Lt Emilio Sirles
SIGNED BY:

CAPT J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 398 N. P. File # 980

Date: 9 (MONTH) 21 (DAY) 74 (YEAR)

Time alarm received 12:52 A M

Time back in service 12:55 A M

Time back at station 1:00 A M

Number of miles traveled 3

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

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

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

VEHICLE	STATION	ON SCENE
	CAPT J. MURPHY	
	CAPT C. SALISBURY	
	W. ROY	
	G. BULPITT	
	P. PHILLIPS	

REMARKS: CODE BLUE ENG 7

Lt Emilio Sirios
SIGNED BY:

D. FORTIN
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 399 N. P. File # 981

Date: 9 (MONTH) 21 (DAY) 74 (YEAR)

Time alarm received 9:46 A M Number of miles traveled 1

Time back in service ____ M

Time back at station 9:53 A M

Alarm received by: Box # 1123 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) UNION FREE LIBARY

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 1, 6, 3 Ladder(s) 1 Rescue(s) 1 Car: 1, 78

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
E. PELLAND	D. FORTIN	
N. PHELAND	T. RUSSO	
T. PERNA		

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO		
CAPT C. SALISBURY		
LT E. DI GIULIO		
LT F. BURSIE		
W. DRAPER JR		
J. BOREK		
D. BAZZLE		
J. MURPHY SR		
W. DRAPER SR		

REMARKS: ACCIDENTAL ALARM

Lt. Emil Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 400 N. P. File # 983

Date: 9 (MONTH) 21 (DAY) 74 (YEAR)

Time alarm received 11:41 PM Number of miles traveled 0

Time back in service ____ M

Time back at station 11:41 P M

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

Location of alarm: (Street and Number) BIRCHWOOD SCHOOL

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

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

VEHICLE	STATION	ON SCENE
	CHIEF E. DI GIULIO	
	LT P. RUGGIANO	
	W. ROY	
	E.PELLAND	
	D. FORTIN	
	R. RATHIER	
	J. LANE	
	D. BAZZLE	

REMARKS: FULL COMPLEMENT SENT BY ERROR ENG1 & LADDER 1 DID NOT LEAVE STATION ~~CODE BLUE FROM ENG 3~~

E. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 401 N. P. File # 984

Date: 9 (MONTH) 22 (DAY) 74 (YEAR)

Time alarm received 10:40 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 10:46 P M

Alarm received by: Box # 6133 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) ST. PATRICK SCHOOL

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
W. ROY		
R. RATHIER		
T. PERNA		

VEHICLE	STATION	ON SCENE
CAPT C. SALISBURY	CAPT J. MURPHY	
CHIEF E. DI GIULIO	D. FORTIN	
	E. PELLAND	
	R. PARENTEAU	

REMARKS: CODE BLUE

Lt Emile Simko
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 402 N. P. File # 985

Date: 9 (MONTH) 23 (DAY) 74 (YEAR)

Time alarm received 11:53 A M Number of miles traveled 5

Time back in service ____ M

Time back at station 12:16 P M

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

Location of alarm: (Street and Number) 103 BELVERDIER BLVD.

Cause of fire POSSIBLE CIGARETTE

Description of building or occupancy: TWO STORY BLD.

Owner of building or occupancy: AGNES DEL GIUDICE

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	50'	Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose	1-14'	Under 35 Feet
	Pump Cans		3 Inch Hose	1- 24'	SALVAGE COVERS
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
1	PRY AXE				
1	AXE				

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 5

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 7. 1 3 Ladder(s) 1 Rescue(s) ____ Car: 1

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
P. PHILLIPS	LT E. DI GIULIO	
J. MOLL O	L. CALISE	
B. DI GIULIO		

VEHICLE	STATION	ON SCENE
N. PHELAND		
W. DRAPER SR		
D. FORTIN		

REMARKS: AWNING OVER KITCHEN WINDOW ON FIRST FLOOR. PROBABLE CAUSE BY A CIGARETTE. FROM SECOND FLOOR WINDOW.

Lt Emilio Giulio
SIGNED BY:

B. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 403 N. P. File # 987

Date: 9 (MONTH) 24 (DAY) 74 (YEAR)

Time alarm received 11:38 A M Number of miles traveled 2

Time back in service ____ M

Time back at station 11:51 A M

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

Location of alarm: (Street and Number) 7 LONGUE VUE AVE

Cause of fire NO FIRE, FUEL TOO RICH

Description of building or occupancy: SIGNAL FAMILY

Owner of building or occupancy: LUIGI DI SANTO

Owner's address: SA ME

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) BOILER, FUEL TO RICH		

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): PACKING ON LADDER PUMP LET GO COULD NOT USE BOOSTER

Companies responding: ____

Engines(s) 3. 4 Ladder(s) 1 Rescue(s) ____ Car: ____

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	LT E. DI GIULIO	
	D. MARCIANO	
	D. FORTIN	
	P. PHILLIPS	
	L. CALISE	
VEHICLE	**STATION**	**ON SCENE**
	B. DI GIULIO	
	J. MOLLO	
	W. ROY	
	CAPT C. SALISBURY	
	D. BAZZLE	

REMARKS: EXCESSIVE AMOUNT OF SMOKE COMING FROM CHIMMNEY NO FIRE FUEL WAS TOO RICH,
LT. ERNIE DI GIULIO TWISTED HIS RIGHT ANKLE GETTING OFF TUCK NO TREATMENT REQUIED AT THIS TIME, APPEARS TO HAVE SLIGHT SPRAIN
P. PHILLIPS DROVE BACK FROM CALL. PACKING ON LADDER FOR BOOSTER LET GO COULD NOT USE IT.

Lt. Ernie Di Giulio
SIGNED BY:

P. PHILLIPS
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # ~~990~~ 404 N. P. File # ~~404~~ 990

Date: 9?25/74
MONTH DAY YEAR

Time alarm received 7:49 A M Number of miles traveled 3

Time back in service ____ M

Time back at station 8:50 A M

Alarm received by: Box # 7433 Phone ____ Other ____ (Describe)

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

Cause of fire GREASE FROM COOKING

Description of building or occupancy: HOSIPTAL

Owner of building or occupancy: OWR LADY OF FATIMA HOSPTAL

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
XX 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	
3	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
				2	SMOKE IJECTORS

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 1,3,4,5,6,7. Ladder(s) #1,2. PROV. ENG.12, LAD.#3. Rescue(s) #1,2,3. Car: #1.

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. C. SALISBURY	LT. E. DI GIULIO	
J. MOLLO.	P. PHILLIPS	
B. DI GIULIO	L. CALISE	

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

REMARKS: FOOD ON STOVE CAUGHT FIRE. CAUGHT GREASE IN AIR DUCTS OVER STOVE, HEAVY SMOKE COMING FROM ROOF, OUT OF AIR DUCTS.

SIGNED BY:

B. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 405 N. P. File # 991

Date: 9/25/74
MONTH DAY YEAR

Time alarm received 10:20 P M Number of miles traveled 0

Time back in service ____ M

Time back at station 10:23 P M

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

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

Cause of fire BLUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #7.6. Ladder(s) #1. Rescue(s) ____ Car: ____

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	E. PELLAND	
	D. FORTIN	
	T. PERNA	
	D. BAZZLE	
	N. PHELAND	

VEHICLE	STATION	ON SCENE
	CAPT. J. MURPHY	
	W. ROY	
	G. BULPITT	

REMARKS: CODE BLUE FROM ENG.#7.

B. DiGiulio
SIGNED BY:

E. PELLAND
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 406 N. P. File # 993

Date: 9/26/74
MONTH DAY YEAR

Time alarm received 8:51 A M Number of miles traveled 1

Time back in service M

Time back at station 9:04 A M

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

Location of alarm: (Street and Number) 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

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 #
D. BAZZLE		
L. CALISE		
B. DI GIULIO		
J. MOLLO		
N. PHELAND		

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

REMARKS: AUTOMIBILE ACCIDENT INVOLVING ONE CAR, CAR WASS FORCED OFF ROAD AND HIT UTILITY POLE. RESCUE #1. TRANSPORTED TO ROGER WILLIAMS HOSP.

BRIVER,, PATRICIA WICKHAM R.I. REG. YG886

1974 PLYMOUTH DUSTER

B. Di Giulio

SIGNED BY:

J. MOLLO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 407 N. P. File # 994

Date: 9 (MONTH) 26 (DAY) 74 (YEAR)

Time alarm received 3:51 P M Number of miles traveled 3

Time back in service 4:05 P M

Time back at station 4:14 P M

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

Location of alarm: (Street and Number) 8 WIPPLE AVE

Cause of fire SET

Description of building or occupancy: ____

Owner of building or occupancy: ESTHER CARDENTE

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)
XX Miscellaneous fires (describe) PINE BUSH IN FRONY OF HOUSE		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	10'	Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose	1- 14'	Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
1	HAND LIGHT				

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 5

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT C. SALISBURY	LT E. DI GIULIO	
N. PHELAND	P. PHILLIPS	
D. FORTIN	D? BAZZLE	
B. DI GIULIO		
L. CALISE		
J. MOLLO		

VEHICLE	STATION	ON SCENE
W. DRAPER SR		

REMARKS: PINE TREE IN FORNT OF HOUSE CHECKED IN SIDE OF HOUSE SLIGHT SMOKE INSIDE . SLIGHT DAMAGE TO FRONT OF HOUSE MONEY FOUND IN ATTIC TURNED OVER TO OWNER. WITNESSED BY CHIEF MORRISSEY. L. CALISE. B. DI GIULIO. ENG 7 WENT TO WRONG BOX GREGORY KAPANAKIS AGE 6 SAW PERSON LIGHT TREE FIRE 12 WIPPLE AVE N. P.

Lt Emil Di Giulio
SIGNED BY:

B. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 408 N. P. File # 995

Date: 9 (MONTH) 26 (DAY) 74 (YEAR)

Time alarm received 4:26 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 4:28 P M

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

Location of alarm: (Street and Number) 1919 MINERAL SP. AVE

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT C.SALISBURY		
D. FORTIN		
J. MOLLO		
B. DI GIULIO		
L. CALISE		

VEHICLE	STATION	ON SCENE
	~~LT E. DI GIULIO~~	
	~~W. ROY~~	
	~~C. ZAHN~~	
	D. BAZZLE	
	N. PHELand	
	p. phillips	

REMARKS: CODE BLUE PERSON STOPED AT STATION TO ~~REPORT A CAR FIRE~~ SAW A LOT OF SMOKE COMING FROM CAR. ON ~~ARRIVAL FOUND NOTHING~~

Lt. Emil N. Sacco
SIGNED BY:

~~B. DI GIULIO~~
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company C ENTREDALE Company Alarm # 409 N. P. File # 997

Date: 9 (MONTH) 27 (DAY) 74 (YEAR)

Time alarm received 9:21 AM Number of miles traveled 3

Time back in service 9:25 A M

Time back at station 9:35 A M

Alarm received by: Box # 6233 Phone _____ Other _____ (Describe)

Location of alarm: (Street and Number) FRUIT HILL AVE (ST MARY'S HOME)

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue XX	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms 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) 7.6.1.3 Ladder(s) 1. 2 Rescue(s) 1. 2 Car 1

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT C. SALISBURY	LT E. DI GIULIO	
B. DI GIULIO	L. CALISE	
J. MOLLO	P.PHILLIPS	
D. BAZZLE		

VEHICLE	STATION	ON SCENE
D.FORTIN		
N. PHELAND		
W. DRAPER SR		

REMARKS: ACCIDENTAL ALARM

B. Di Giulio
SIGNED BY:

B. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 410 N. P. File # 1001

Date: 9 (MONTH) 28 (DAY) 74 (YEAR)

Time alarm received 5:15 P M Number of miles traveled 3

Time back in service 5:39 P M

Time back at station 5:44 P M

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

Location of alarm: (Street and Number) JOSLIN ST (MURPHY JUNK YARD)

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) MATTRESS IN TRUCK		

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

VEHICLE	STATION	ON SCENE
	CAPT C. SALISBURY	
	LT F. BURSIE	
	D. FORTIN	
	R. RATHIER	
	W. DRAPER JR	
	H. DARBY	
	T. RUSSO	
	T. PERNA	
	W. DRAPER SR	

REMARKS: MATTRESS IN ABANDED TRUCK

Lt. Ernest N. Simeo
SIGNED BY:

W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 411 N. P. File # 1009

Date: 9 (MONTH) 30 (DAY) 74 (YEAR)

Time alarm received 12:47 P M Number of miles traveled 10

Time back in service lad 1:28 P M

Time back at station eng 2:00 P M

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

Location of alarm: (Street and Number) 184 WOON. AVE

Cause of fire _____

Description of building or occupancy: TWO STORY STONE BLDG.

Owner of building or occupancy: OWNER RONCI MFG.

Owner's address: _____

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

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	100'	Booster 2 LINES		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam	550'	2½ Inch Hose	1 - 24'	Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)	2	SLEDGE HAMMERS		Other Equipment
1	AXE				
2	HAND LIGHTS				
1	CROW BAR				

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: 20

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT E. DI GIULIO	CAPT C. SALISBURY	
B. DI GIULIO	D. BAZZLE	
E. PEL LAND	P. PHILLIPS	
D. FORTIN		
N. PHELAND		
L. CALISE		
VEHICLE	**STATION**	**ON SCENE**
LT P. RUGGIANO		
W. DRAPER SR		
F. ROTELLA		

REMARKS: CODE RED. LAID FEEDER LINE TO ENG 6. TWO STORY STONE BLDG. USED FOR STORAGE. FIRE ON FIRST FLOOR MATERIAL USED FOR REPARTS CAUGHT ON FIRE.

Lt. Emil N. Giulio

SIGNED BY:

LT E. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 412 N. P. File # 10010

Date: 9 (MONTH) 30 (DAY) 74 (YEAR)

Time alarm received 3:00 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 3:14 P M

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

Location of alarm: (Street and Number) GREYSTONE SCHOOL

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	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		
B. DI GIULIO		
E. PELLAND		
D. FORTIN		
L. CALISE		
J. MOLLO		

VEHICLE	STATION	ON SCENE
	CAPT C. SALISBURY	
	D. BAZZLE	
	N. PHELAND	
	P. PHILLIPS	
	G. BULPITT	
	W. DRAPER SR	

REMARKS: BOX WAS PULLED FROM INSIDE, CHECKED BLDG. FOUND NOTHING PRINCIPAL WAS THERE ALSO. CALLED FIRE ALARM TOCHECK SYSTEM OUT

Lt Emile E. Giulio
SIGNED BY:

LT E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 413 N. P. File # 1011

Date: 9 (MONTH) 30 (DAY) 74 (YEAR)

Time alarm received 8:05 P M Number of miles traveled

Time back in service M

Time back at station 8:12 P M

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

Location of alarm: (Street and Number) 17 Mc GUIRE RD

Cause of fire SHORT

Description of building or occupancy:

Owner of building or occupancy: MR TREMENTOZZI

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) ELECTRICAL		

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		
Capt J. MURPHY		
E. PELLAND		
D. FERTIN		
R. RATHIER		
C. ZAHN		

VEHICLE	STATION	ON SCENE

REMARKS: CODE YELLOW SMOKE IN CELLAR FROM ELECTRIC MOTOR (WATER PUMP)

E. DiGiulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.