NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 94 N. P. File # 223

Date: ~~3~~ 4 1 75
MONTH DAY YEAR

Time alarm received 8:40 A M Number of miles traveled 1

Time back in service 9:01 A M

Time back at station 9:06 A M

Alarm received by: Box # 7123 Phone _____ Other _____ (Describe)

Location of alarm: (Street and Number) 610 SMITHFIELD RD (HOPKINS HEALTH CENTER)

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) 1, 3, 4 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	B. DI GIULIO	
LT E. DI GIULIO	W. DRAPER SR	
J. MOLLO		

VEHICLE	STATION	ON SCENE

REMARKS: FAULTY ALARM ON NORTH TWO

Lt Emil Di Giulio
SIGNED BY:

CAPT C. SALISBURY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 95 N. P. File # 224

Date: 4 (MONTH) 1 (DAY) 75 (YEAR)

Time alarm received 4:25 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 4:30 P M

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

Location of alarm: (Street and Number) MINERAL SP. & 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	☒ 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	30'	Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
1	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 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 #
CAPT C. SALISBURY		
LT E. DI GIULIO		
LT W. ROY		
E. PELLAND		
N. PHELAND		
D. BAZZLE		

VEHICLE	STATION	ON SCENE
P. TREMENTOZZI	CHIEF E. DI GIULIO	
	LT P. RUGGIANO	
	J. MOLLO	
	A. CORSINI	
	T. PERNA	
	B. DI GIULIO	

REMARKS: SMALL BRUSH, CODE YELLOW

Lt E. Di Giulio

SIGNED BY:

LT W. ROY

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 96 N. P. File # 230

Date: 4 (MONTH) 2 (DAY) 75 (YEAR)

Time alarm received 6:39 P M Number of miles traveled 3

Time back in service ____ M

Time back at station 6:46 P M

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

Location of alarm: (Street and Number) 43 BARRETT AVE

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 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 W. ROY	
	D. FORTIN	
	J. BOREK	
	T. RUSSO	
	D. BAZZLE	
	R. RATHIER	
	W. DRAPER JR	

VEHICLE	STATION	ON SCENE
	CHIEF E. DI GIULIO	
	CAPT J. MURPHY	
	LT RUGGIANO	
	T. PERNA	
	R. PARENTEAU	
	P. TREMENTOZZI	
	C. HARRISON	
	G. BULPITT	
	W. DRAPER SR	

REMARKS: CODE YELLOW ENG 3 STOVE IN CELLAR

Lt Ernest M. Di Giulio
SIGNED BY:

LT W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 97 N. P. File # 231

Date: 4 (MONTH) 2 (DAY) 75 (YEAR)

Time alarm received 7:19 P M Number of miles traveled 4

Time back in service ____ M

Time back at station 7:30 P M

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

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

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

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 #
CAPT J. MURPHY		
D. FORTIN		
J. BOREK		
D. BAZZLE		
P. TREMENTOZZI		
C. HARRISON		
T. RUSSO		

VEHICLE	STATION	ON SCENE
	LT E. DI GIULIO	
	LT W. ROY	
	R. RATHIER	
	W. DRAPER JR	
	W. DRAPER SR	

REMARKS: PILE OF WOOD BURNING.

Lt Emil M. Giulio
SIGNED BY:

CAPT J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 98 N. P. File # 232

Date: 4 (MONTH) 2 (DAY) 75 (YEAR)

Time alarm received 7:38 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 7:40 P M

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

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

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☒ 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 #
CAPT J. MURPHY	LT E. DI GIULIO	
D. FORTIN	LT W. ROY	
J. BOREK	D. BAZZLE	
T. RUSSO	~~R. RATHIER~~ C. HARRISON	
P. TREMENTOZZI	W. DRAPER JR	
H. DARBY		
VEHICLE	**STATION**	**ON SCENE**
LT P. RUGGIANO	CHIEF E. DI GIULIO	
	T. PERNA	
	R. PARENTEAU	
	J. MOLLO	
	D. HOUDE	
	R. PAQUET	
	F. ROTELLA	
	W. DRAPER SR	

REMARKS: CODE BLUE

Lt E. Di Giulio
SIGNED BY:

CAPT J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 99 N. P. File # 239

Date: 4/5/75 (MONTH / DAY / YEAR)

Time alarm received 10:46 A. M Number of miles traveled 1

Time back in service ____ M

Time back at station 10:55 A M

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

Location of alarm: (Street and Number) 51 JACKSONIA DR.

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: FRANK IZZO

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) T.V. SET		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
1	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	DETAIL	
T. RUSSO	LT. W. ROY	
P. TREMENTOZZI	LT. P. RUGGIANO	
	D. BAZZLE	
	N. PHELAND	
VEHICLE	**STATION**	**ON SCENE**
W. DRAPER JR.	R. PARENTEAU	
	M. RUSSO	

REMARKS: T.V. SET BURNING IN HIGH VOLTAGE AREA. RESIDENT REMOVED SET FROM HOUSE TO YARD. INSURED WITH HOMEOWNERS POLICY. SET VALUED AT$400.oo DAMAGE ESTIMATED AT $200.00.

SIGNED BY:

CHIEF E. DI GIULIO

PERSON IN CHG.

CODE SHEET

1.	Month in which fire occurred	4
2.	Community in which fire occurred	24
3.	Cause	1
4.	If Accidental, specific cause	4
5.	If Incendiary, suspected motive	7
6.	If Suspicious, suspected motive	7
7.	Suspicion directed toward	7
8.	Type of structure	4
9.	Occupied by whom	1
10.	Insurance	1
11.	Total Amount of Insurance	
12.	Estimated loss	$200.

Name and Address of Owner FRANK IZZO
51 JACKSONIA DR.
N. PROV.

Name of Occupant SAME

COMPLETE AND RETURN TO STATE DIVISION OF FIRE SAFETY

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 100 N. P. File # R.318

Date: 4/5/75 (MONTH / DAY / YEAR)

Time alarm received 2:45 P M Number of miles traveled 0

Time back in service ____ M

Time back at station 3:02 P M

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

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

Cause of fire RESCUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

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	
	LT. P. RUGGIANO	
	N. PHELAND	
	B. DI GIULIO	
	W. DRAPER JR.	
	C. HARRINGTON	
	D. OLIVER (P.D.)	
	W. DRAPER SR.	

REMARKS: RESCUE AT CENTREDALE STATION.

1964 BUICK

OZ229

INFORMATION ON RESCUE REPORT.

R Di Giulio
SIGNED BY:

LT. P. RUGGIANO
PERSON IN CHG.

RES. FILE, 318
CO. FILE, 100

NO. PROVIDENCE FIRE DEPARTMENT
– SECONDARY RESCUE REPORTS –

DATE: 4/5/75 TIME: ARRIVED 2:45 P.M. RETURNED 3:02 P.M.

NAME: ~~XXXXX~~ JOSEPH TURCONE AGE: 2 YEARS

ADDRESS: 125 ACADEMY AVE. ALARM BY: WALK IN

PROV. R.I.

LOCATION OF RESCUE 1967 MINERAL SPRING AVE.

EXAMINATION

SKULL *

EYES *

EARS *

NOSE *

MOUTH *

CHEST *

ABDOMEN *

UPPER EXTREMITIES * PATIENT HAD FINGERS JAMED IN WINDOW DEFORSTING DISCHARGE.

LOWER EXTREMITIES *

POSITION OF PATIENT WHEN FOUND:

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) YES

PATIENT TRANSPORTED TO: NO

IF PATIENT WAS NOT TRANSPORTED EXPLAIN: NO INJURIES

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

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

YOUNG CHILD (MALE) HAD HIS FINGERS WEDGED IN DEFROSTING UNIT OF PARENTS AUTO. GREASE WAS USED TO SLID OUT FINGERS. ALSO OIL.
TAN BUICK.1964
R.I. REG.OZ229

SIGNED: B. W. Gruber OFFICER IN CHARGE: lt. p. ruggiano

RESCUE CO. NO. STATION CALL

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 101 N. P. File # 242

Date: 4/5/75 (MONTH / DAY / YEAR)

Time alarm received 9:22 P.M Number of miles traveled 2

Time back in service _____ M

Time back at station 9:29 P.M

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

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

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) _____ Car: _____

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. W. ROY	D. BAZZLE	
[illegible]	C. HARRISON	
D. FORTIN	LT. P. RUGGIANO	
R. RATHIER		
P. TREMENTOZZI		
A. CORSINI		
VEHICLE	**STATION**	**ON SCENE**
W. DRAPER JR.	J. MOLLO	
F. ROTELLA		

REMARKS: CODE BLUE.

B. W. Fortin
SIGNED BY:

D. FORTIN
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 102 N. P. File # 243

Date: 4/5/75 (MONTH / DAY / YEAR)

Time alarm received 9:29 P. M Number of miles traveled 2

Time back in service _____ M

Time back at station 9:33 P. M

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

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

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. W. ROY	LT. P. RUGGIANO	
D. FORTIN	D. BAZZLE	
R. RATHIER	C. HARRISON	
W. DRAPER JR.		
P. TREMENTOZZI		
A. CORSINI		

VEHICLE	STATION	ON SCENE
	F. ROTELLA	

REMARKS: CODE BLUE.

CALL RECEIVED BY RADIO

P. Di Giulio
SIGNED BY:

D. FORTIN
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 103 N. P. File # 244

Date: 4/5/75
MONTH DAY YEAR

Time alarm received 9:56 P. M Number of miles traveled 3

Time back in service _____ M

Time back at station 10:00 P M

Alarm received by: Box # 4234 Phone _____ Other _____ (Describe)

Location of alarm: (Street and Number) STOP & SHOP

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

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. W. ROY	D. BAZZLE	
LT. P. RUGGIANO		
D. FORTIN		
J. MOLLO		
R. RATHIER		
P. TREMENTOZZI		
A. CORSINI		

VEHICLE	STATION	ON SCENE
	J. LANE	
	T. PERNA	

REMARKS: CODE BLUE

R. W. Giulio
SIGNED BY:

LT. W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 104 N. P. File # 245

Date: 4/6/75 (MONTH / DAY / YEAR)

Time alarm received 2:38 P. M Number of miles traveled 1

Time back in service _____ M

Time back at station 2:53 P. M

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

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

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	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): ANTENNA ON PORTABLE RADIO BROKEN

Companies responding: _____

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

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO		
D. FORTIN		
N. PHELAND		
T. PERNA		
D. BAZZLE		
R. RATHIER		
P. TREMENTOZZI		
G. BULPITT		

VEHICLE	STATION	ON SCENE
	T. RUSSO	

REMARKS: SMALL BRUSH IN WOODS.

USED BUCKET & WATER HOLE NEAR FIRE TO EXTINGUISH FIRE.

E. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 105 N. P. File # 247

Date: 4/7/75
MONTH DAY YEAR

Time alarm received 12:11 P. M Number of miles traveled 3

Time back in service ____ M

Time back at station 12:19 P. M

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

Location of alarm: (Street and Number) 10 HOPE ST.

Cause of fire ____

Description of building or occupancy: ~~GERTRUDE TAYLOR~~ AGE. 80

Owner of building or occupancy: ____

Owner's address: SAME

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)		LOCKOUT

	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) # S.S.#LADDER #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	
	LT. W. ROY	
	LT. P. RUGGIANO (RES.1)	

VEHICLE	STATION	ON SCENE
	N. PHELAND	
	J. MOLLO	
	B. DI GIULIO	

REMARKS: S.S. FOR LADDER #1, TO ASSIST RESCUE #1,
NOT NEEDED.

B. Di Giulio
SIGNED BY:

LT. W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 106 N. P. File # 249

Date: 4/7/75 (MONTH / DAY / YEAR)

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

Time back in service 3.55 P. M

Time back at station 3:56 P. M

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

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

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	100'	Booster 1"		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: 10

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

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

VEHICLE	STATION	ON SCENE
LT. E. ROY	CAPT? C. SALISBURY	
W. DRAPER SR.	P. TRMENTOZZI	

REMARKS: SMALL AREA IN ~~CEMENTARY~~ CEMETERY.

R 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 # 250

Date: 4/7/75 (MONTH / DAY / YEAR)

Time alarm received 5:54 P. M Number of miles traveled 1

Time back in service _____ M

Time back at station 6:13 P. M

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

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

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	10'	Booster 1"		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
3	Pump Cans		3 Inch Hose	SALVAGE COVERS	
2	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. W. ROY		
LT. P. RUGGIANO		
E. PELLAND		
N. PHELAND		
F. BURSIE		
D. BAZZLE		
A. CORSINI		
VEHICLE	**STATION**	**ON SCENE**
CHIEF E. DI GIULIO		

REMARKS: LARGE AREA IN FIELD.

R. Di Giulio
SIGNED BY:

LT. W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 108 N. P. File # 252

Date: 4/8/75 (MONTH / DAY / YEAR)

Time alarm received 10:20 A.M Number of miles traveled 3

Time back in service 10:39 A.M

Time back at station 10:43 A.M

Alarm received by: Box # 7123 Phone _____ Other _____ (Describe)

Location of alarm: (Street and Number) 610 SMITHFIELD RD.

Cause of fire ACCIDENTIAL ALARM

Description of building or occupancy: HOPKINS HEALTH CENTER

Owner of building or occupancy: SAME

Owner's address: SAME

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		XX Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		SPRINKLER SYSTEM

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) #1, 3, 4. Ladder(s) #1, 2. 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	CAPT. C. SALISBURY	
B. DI GIULIO	P. TREMENTOZZI	
J. MOLLO		

VEHICLE	STATION	ON SCENE

REMARKS: ALARM FROM SOUTH #2, SPRINKLER SYSTEM.
SUPT. MURPHY NOTIFIED.

B. Di Giulio
SIGNED BY:

B. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 109 N. P. File # 255

Date: 4 (MONTH) 8 (DAY) 75 (YEAR)

Time alarm received 3:57 P M

Time back in service 4:00 P M

Time back at station 4:10 P M

Number of miles traveled 2

Alarm received by: Box # 413 Phone _____ Other _____ (Describe)

Location of alarm: (Street and Number) SMITH ST & FRUIT HILL AVE

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) 2, 1, 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 #
B. DI GIULIO	CAPT C. SALISBURY	
J. MOLLO	LT E. DI GIULIO	
J. BOREK		
N. PHELAND		

VEHICLE	STATION	ON SCENE
W. DRAPER SR		

REMARKS: CODE YELLOW, CAR. FROM ENG. 2

Lt. C. Salisbury
SIGNED BY:

B. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 110 N. P. File # 266

Date: 4 (MONTH) 10 (DAY) 75 (YEAR)

Time alarm received 10:06 PM Number of miles traveled 4

Time back in service ____ M

Time back at station 10:15 PM

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

Location of alarm: (Street and Number) KILEY ST

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT WO ROY		
J. BOREK		
D. BAZZLE		
R. RATHIER		
A. CORSINI		

VEHICLE	STATION	ON SCENE
	CHIEF E. DI GIULIO	
	LT P. RUGGIANO	
	D. FORTIN	
	N. PHELAND	
	C. HARRISON	
	G. BULPITT	

REMARKS: YELLOW ENG 1

SIGNED BY:

LT W. ROY

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 111 N. P. File # 269

Date: 4 (MONTH) 11 (DAY) 75 (YEAR)

Time alarm received 9:11 P M Number of miles traveled 4

Time back in service ____ M

Time back at station 9:15 P M

Alarm received by: Box # 521 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) CUSANO & EMANUEL

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO	LT W. ROY	
CAPT J. MURPHY	R. RATHIER	
LT E. DI GIULIO	D. HOUDE	
J. BOREK		
T. PERNA		
LT P. RUGGIANO		
VEHICLE	**STATION**	**ON SCENE**
W. DRAPER JR	A. CORSINI	

REMARKS: CODE BLUE ENG 6

SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 112 N. P. File # 272

Date: 4 (MONTH) 12 (DAY) 75 (YEAR)

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

Time back in service M

Time back at station 11:18 M

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

Location of alarm: (Street and Number) GAUDET 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	50'	Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: minutes: 5

Defects on apparatus after alarm (if any):

Companies responding:

Engines(s) 1 Ladder(s) Rescue(s) Car: 28

Other companies responding:

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

ENGINE(S) #	LADDER(S) #	RESCUE #
E. PELLAND		
D. BAZZLE		
R. RATHIER		
W. DRAPER JR		
P. TREMENTOZZI		
H. DARBY		
T. RUSSO		
VEHICLE	**STATION**	**ON SCENE**
CHIEF E. DI GIULIO	LT W. ROY	
LT P. RUGGIANO	J. BOREK	
CAPT J. MURPHY		

REMARKS: OPEN LOT, BRUSH

E. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 113 N. P. File # 278

Date: 4 (MONTH) 12 (DAY) 75 (YEAR)

Time alarm received 4:58 P M

Time back in service ____ M

Time back at station 5:40 P M

Number of miles traveled 11

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

Location of alarm: (Street and Number) 20 GALDSTONE ST

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ERNEST ROBERT

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 20

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

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

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO	LT P. RUGGIANO	
	P. TREMENTOZZI	
	D. HOUDE	
	W. DRAPER JR	
	H. DARBY	

REMARKS: SMALL BRUSH

Lt Emerdi Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 114 N. P. File # 279

Date: 4 (MONTH) 12 (DAY) 75 (YEAR)

Time alarm received 11:41 P M Number of miles traveled 2

Time back in service _____ M

Time back at station 11:47 P M

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

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

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

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	LT W. ROY	
	D. BAZZLE	
	R. RATHIER	
	A. CORSINI	
VEHICLE	**STATION**	**ON SCENE**
	CAPT J. MURPHY	
	LT P. RUGGIANO	
	E. PELLAND	
	D. FORTIN	
	F. BURSIE	

REMARKS:

CODE BLUE

Lt. Ernest Di Nicola
SIGNED BY:

D. BAZZLE
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 115 N. P. File # 281

Date: 4 (MONTH) 14 (DAY) 75 (YEAR)

Time alarm received 10:37 A M Number of miles traveled 3

Time back in service ____ M

Time back at station 10:42 A M

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

Location of alarm: (Street and Number) 498 WOON AVE (N.P. & JOHNSTON BOYS CLUB)

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

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

VEHICLE	STATION	ON SCENE
LT W. ROY	LXX	
N. PHELAND		
W. DRAPER SR		

REMARKS: CODE BLUE

Lt Ernest Di Giulio
SIGNED BY:

CAPT J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 116 N. P. File # 282

Date: 4 (MONTH) 14 (DAY) 75 (YEAR)

Time alarm received 11:47 A M Number of miles traveled 5

Time back in service ____ M

Time back at station 12:17 P M

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

Location of alarm: (Street and Number) BARKER AVE

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 15

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT W. ROY		
CAPT C. SALISBURY		
J. MOLLO		
D. BAZZLE		

VEHICLE	STATION	ON SCENE
CAPT J. MURPHY	LT E. DI GIULIO	
N. PHELAND	P. TREMENTOZZI	
	B. DI GIULIO	

REMARKS: CALL CAME IN FOR 1900 MINERAL SP. AVE. FIRE WAS OFF BARKER AVE. BRUSH

Lt. Emidi Giulio
SIGNED BY:

LT W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 117 N. P. File # 289

Date: 4/14/75 (MONTH / DAY / YEAR)

Time alarm received 3:30 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 3:38 P M

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

Location of alarm: (Street and Number) 1903 MINERAL SPRING AVE.

Cause of fire SHORT

Description of building or occupancy: ____

Owner of building or occupancy: EDNA DEAN

Owner's address: 5 DORA DR., CHEPACHET, R.I.

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

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
1	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. SALISBURTY		
N. PHELAND		
J. BOREK		
B. DI GIULIO		
J. MOLLO		

VEHICLE	STATION	ON SCENE
CAPT. J. MURPHY	LT. E. DI GIULIO	
	P. TREMENTOZZI	
	W. DRAPER SR.	

REMARKS: SMALL ELECTRIC FIRE IN REAR SEAT.

OWNER:

EDNA DEAN

5 DORA DR, CHEPACHET, R.I. R.I. REG. 5215

1969 FORD, BLUE

B. Di Giulio

SIGNED BY:

J. MOLLO

PERSON IN CHG.

CODE SHEET

1.	Month in which fire occurred	4
2.	Community in which fire occurred	24
3.	Cause	1
4.	If Accidental, specific cause	3
5.	If Incendiary, suspected motive	7
6.	If Suspicious, suspected motive	7
7.	Suspicion directed toward	7
8.	Type of structure	12
9.	Occupied by whom	1
10.	Insurance	1
11.	Total Amount of Insurance	
12.	Estimated loss	$200.

Name and Address of Owner EDNA DEAN
5 DORA DR.
CHEPACHET, R.I.

Name of Occupant ~~SAME~~

COMPLETE AND RETURN TO STATE DIVISION OF FIRE SAFETY

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 118 N. P. File # 294

Date: 4/14/75 (MONTH / DAY / YEAR)

Time alarm received 8:02 P M Number of miles traveled 5

Time back in service ____ M

Time back at station 8:12 P M

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

Location of alarm: (Street and Number) WATERMAN 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
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. 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. FORTIN		
D. BAZZLE		
H. DARBY		

VEHICLE	STATION	ON SCENE
F. ROTELLA	LT. F. RUGGIANO	
	J. BOREK	
	T. RUSSO	
	R. RATHIER	
	D. HOUDE	
	W. DRAPER JR.	
	P. TRMENTOZZI	
	C. HARRISON	
	A. CORSINI	
	G. BULPITT	

REMARKS: FIRE IN TOWN OF SMITHFIELD

B. de Grulio

SIGNED BY:

H. DARBY

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 119 N. P. File # 296

Date: 4/14/75 (MONTH / DAY / YEAR)

Time alarm received 8:41 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 8:59 P M

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

Location of alarm: (Street and Number) 511 WOONASQUATUCKET AVE.

Cause of fire SET

Description of building or occupancy: SENIOR CITIZEN HOUSING

Owner of building or occupancy: TOWN OF NORTH PROVIDENCE

Owner's address: 2008 SMITH ST

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #1.2.6. Ladder(s) #1.2. Rescue(s) #1.2. Car: ____

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
D. FORTIN	LT. P. RUGGIANO	
J. BOREK	E. PELLAND	
T. RUSSO	D. BAZZLE	
P. TREMENTOZZI	D. HOUDE	
C. HARRISON	W. DRAPER JR.	
H. DARBY	G. BULPITT	
A. CORSINI		
VEHICLE	**STATION**	**ON SCENE**
J. MURPHY SR.	R. RATHIER	

REMARKS: TWO YOUTHS SET FIRE TO CLOTHES LINE THEN RAN OUT BACK.

B W Fortin
SIGNED BY:

D. FORTIN
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 120 N. P. File # 300

Date: 4/15/75
MONTH DAY YEAR

Time alarm received 9:26 A. M Number of miles traveled 2

Time back in service 9:29 A M

Time back at station 9:35 A M

Alarm received by: Box # 241 Phone _____ Other _____ (Describe)

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

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. 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	
	J. BOREK	
	P. TRMENTOZZI	
VEHICLE	**STATION**	**ON SCENE**
W. BRAPER SR.	B. DI GIULIO	
	J. MOLLO	
	D. BAZZLE	

REMARKS: CODE YELLOW FROM ENG.#3.

B. Di Giulio
SIGNED BY:

CAPT. C. SALISBURY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 121 N. P. File # 301

Date: 4/15/75 (MONTH / DAY / YEAR)

Time alarm received 10:57 A M Number of miles traveled 6

Time back in service ____ M

Time back at station 11:56 A M

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

Location of alarm: (Street and Number) NORTH ELMORE

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	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	
1	Brooms		Other (Describe)		Number Used
	Other (Describe)	150'	BOOSTER 3/4"		Other Equipment

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ENG.45, LAD.20

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
B. DI GIULIO	CAPT. C. SALISBURY	
T. PERNA	LT. E. DI GIULIO	
J. MOLLO		
VEHICLE	**STATION**	**ON SCENE**
	J. BOREK	
	P. TREMENTOZZI	
	W. DRAPER SR.	

REMARKS: BRUSH FIRE BETWEEN NORTH & SAVOY ST. IN BALL FIELD. LADDER #1, OUT ON A DETAIL AT POST OFFICE, ON WAY BACK TO STATION STOPPED AND HELPED.

B. Di Giulio

SIGNED BY:

B. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREADLE Company Alarm # 122 N. P. File # 304

Date: 4/15/75
MONTH DAY YEAR

Time alarm received 1:44 P M Number of miles traveled 3

Time back in service 150 eng. P M

Time back at station 2:06 lad. PM

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

Location of alarm: (Street and Number) # 4 WARREN 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
☒ 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	
	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	SMOKE EJECTOR
				50'	ELETRIC CORD

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

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

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

REMARKS: CODE YELLOW FOR ENG.#6. & LADDER #1.

B. Di Giulio
SIGNED BY:

J. MOLLO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 123 N. P. File # 309

Date: 4/15/75
MONTH DAY YEAR

Time alarm received 8:43 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 8:49 P M

Alarm received by: Box # 421 Phone ____ Other ____ (Describe)

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

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #2, 1. Ladder(s) #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	E. PELLAND	
D. FORTIN	J. BOREK	
T. PERNA	J. LANE	
R. RATHIER	D. BAZZLE	
VEHICLE	**STATION**	**ON SCENE**
F. BURSIE		
W. DRAPER JR.		

REMARKS: CODE BLUE FROM ENG.#2.

SIGNED BY:

CAPT. J. MURPHY

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 124 N. P. File # 311

Date: 4/15/75
MONTH DAY YEAR

Time alarm received 11:43 P M Number of miles traveled 3

Time back in service ____ M

Time back at station 11:53 P M

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

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

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO		
CAPT. J. MURPHY		
LT. F. RUGGIANO		
N. PRELAND		
T. PERNA		
G. BULPITT		

VEHICLE	STATION	ON SCENE
	LT. W. ROY	
	D. FORTIN	
	D. BAZZLE	
	D. HOUDE	
	A. CORSINI	
	E. BAZZLE	

REMARKS: CODE BLUE. CALLED FOR BRUSH FIRE.

B. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 125 N. P. File # 312

Date: 4/15/75
MONTH DAY YEAR

Time alarm received 12:29 A M Number of miles traveled 4

Time back in service ____ M

Time back at station 12:39 A M

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

Location of alarm: (Street and Number) 548 WOONASQUATUCKET AVE.

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

	EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	25'	Booster 1"		Aerial	
	Dry Chemical		1½ Inch Hose		Over 35 Feet	
	Foam		2½ Inch Hose		Under 35 Feet	
	Pump Cans		3 Inch Hose		SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used	
	Other (Describe)				Other Equipment	

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 5

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. J. MURPHY		
E. PELLAND		
D. FORTIN		
N. PHELAND		
J. BOREK		
T. PERNA		

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO	LT. W. ROY	
	LT. P. RUGGIANO	
	F. BURSIE	
	R. PARENTEAU	
	J. MOLLO	
	D. BAZZLE	
	D. HOUDE	
	E. BAZZLE	

REMARKS: CODE YELLOW, BRUSH.

E. Di Giulio

SIGNED BY:

CHEEF E. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 126 N. P. File # 315

Date: 4 (MONTH) 16 (DAY) 75 (YEAR)

Time alarm received 1:25 P M Number of miles traveled 14

Time back in service ____ M

Time back at station 3:02 P M

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

Location of alarm: (Street and Number) WALTER 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
☒ 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	10'	Booster		Aerial
	Dry Chemical	50'	1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
5	Pump Cans		3 Inch Hose	SALVAGE COVERS	
2	Brooms		Other (Describe)		Number Used
	Other (Describe)	300'	FORRESTRY HOSE		Other Equipment

APPARATUS REPORT

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

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT J. MURPHY		
E. PELLAND		
J. BOREK		
D. BAZZLE		
J. MOLLO		
W. DRAPER JR		
B. DI GIULIO		

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

REMARKS: ABOUT 1½ ACRE OF WOODLAND, ACROSS BACK OF GREYSTONE SCHO
OL. AFTER IN SERVICE ENG 4 RELOCATED TO HQ.

E. Di Giulio
SIGNED BY:

CAPT J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 127 N. P. File # 317

Date: 4 (MONTH) 16 (DAY) 75 (YEAR)

Time alarm received 1:50 P M

Time back in service 1:53 P M

Time back at station 1:55 P M

Number of miles traveled 0

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

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

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	capt C. SALISBURY	
	LT E. DI GIULIO	

VEHICLE	STATION	ON SCENE

REMARKS: OPEN BURNING, OUT ON ARRIVAL.

SIGNED BY:

CAPT C. SALISBURY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 128 N. P. File # 320

Date: 4 (MONTH) 16 (DAY) 75 (YEAR)

Time alarm received 4:47 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 5:00 P M

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

Location of alarm: (Street and Number) 15 SO. LARCHMONT

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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	
1	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT J. MURPHY		
LT W. ROY		
E. PELLAND		
J. MOLLO		
R. PARENTEAU		

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO		

REMARKS: STUMP, IN WOODS.

Lt. Ernest Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 129 N. P. File # 322

Date: 4 (MONTH) 16 (DAY) 75 (YEAR)

Time alarm received 7:47 P M Number of miles traveled 16

Time back in service ____ M

Time back at station 8:02 P M

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

Location of alarm: (Street and Number) WOON AVE (LITTLE LEAGUE FIELD)

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 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 #
CAPT J. MURPHY		
LT E. DI GIULIO		
E. PELLAND		
J. BOREK		
J. MOLLO		
D. BAZZLE		
T. RUSSO		

VEHICLE	STATION	ON SCENE
	CHIEF E. DI GIULIO	
	LT W. ROY	
	LT P. RUGGIANO	
	T. PERNA	
	D. HOUDE	
	W. DRAPER JR	
	W. DRAPER SR	
	R. PAQUET	
	H. DARBY	
	G. BULPITT	

REMARKS: SMALL BRUSH.

SIGNED BY:

CAPT J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 130 N. P. File # 323

Date: 4 (MONTH) 16 (DAY) 75 (YEAR)

Time alarm received 10:58 P M Number of miles traveled 21

Time back in service _____ M

Time back at station 11:56 P M

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

Location of alarm: (Street and Number) END OF NELSON 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
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	150'	1½ Inch Hose		Over 35 Feet
	Foam	50'	2½ Inch Hose		Under 35 Feet
7	Pump Cans		3 Inch Hose	SALVAGE COVERS	
3	Brooms		Other (Describe)		Number Used
	Other (Describe)	300'	FORRESTRY HOSE		Other Equipment
4	HANDLIGHTS				

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: 45min

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) 1, ss3,6 Ladder(s) ss1 Rescue(s) _____ Car: _____

Other companies responding: SMITHFIELD TANKER 2

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO	LT P. RUGGIANO	
CAPT J. MURPHY	J. BOREK	
LT W. ROY	R. RATHIER	
E. PELLAND		
N. PHELAND		
T. PERNA		
D. HOUDE		
A. CORSINI		

VEHICLE	STATION	ON SCENE
W. DRAPER JR		
H.DARBY		
C. ZAHN		
P. PHILLIPS		

REMARKS: LARGE AREA OF BRUSH BETWEEN WOODLAND AVE TO NO. ELMORE CALL RECEIVED FOR 15 LARCHMONT. CIVILAN VOLUNTEERS ASSISTED AT FIRE.

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 # 131 N. P. File # 327

Date: 4/17/75 (MONTH / DAY / YEAR)

Time alarm received 1:51 A M Number of miles traveled 0

Time back in service ____ M

Time back at station 1:55 A M

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

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

Cause of fire BLUE

Description of building or occupancy: HOUSING FOR ELDERLY

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #4, 1, 5. Ladder(s) #1, 2. Rescue(s) #3. Car: ____

Other companies responding: ____

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

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

VEHICLE	STATION	ON SCENE
	CHIEF E. DI GIULIO	
	CAPT. C. SALISBURY	
	LT. W. ROY	
	E. PELLAND	
	N. PHELAND	
	J. BOREK	
	J. MOLLO	
	D. BAZZLE	

REMARKS: CODE BLUE FROM ENG.#4.
TRUCKS 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 # 132 N. P. File # 328

Date: 4/17/75
MONTH DAY YEAR

Time alarm received 10:55 A M Number of miles traveled 5

Time back in service ____ M

Time back at station 11:06 A M

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

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

Cause of fire BLUE

Description of building or occupancy: RANDALL RES.

Owner of building or occupancy: STATE OF RHODE ISLAND

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 #1.

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. J. MURPHY	T. PERNA	
CAPT. C. SALISBURY	J. MOLLO	
LT. E. DI GIULIO	D. BAZZLE	
LT. W. ROY		
J. BOREK		
B. DI GIULIO		

VEHICLE	STATION	ON SCENE
	A. CORSINI	
	W. DRAPER JR.	

REMARKS: CALL FOR BRUSH FIRE. FIRE IN TOWN OF SMITHFIELD,
ALREADY ON SCENE.

TRUCKS AT DRILL, HOPKINS HEALTH CENTER.

B. W. Gaudy
SIGNED BY:

J. MOLLO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 134 N. P. File # 335

Date: 4/17/75
MONTH DAY YEAR

Time alarm received 2:14 P M Number of miles traveled 2

Time back in service 2:21 P M

Time back at station 2:25 P M

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

Location of alarm: (Street and Number) NORTH ELMORE ST.

Cause of fire CODE BLUE

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

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

REMARKS: CODE BLUE.

B de Giulio
SIGNED BY:

CAPT. J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 135 N. P. File # 336

Date: 4/22/75 (MONTH DAY YEAR)

Time alarm received 2:25 P M

Time back in service 2:40 P M

Time back at station 2:45 P M

Number of miles traveled 5

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

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

Cause of fire _____

Description of building or occupancy: BARGAMIAN JUNK YARD

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: 10

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. J. MURPHY		
E. PELLAND		
N. PHELAND		
J. BOREK		
T. PERNA		
B. DI GIULIO		
J. MOLLO		
D. BAZZLE		
W. DRAPER JR.		

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

REMARKS: ENG. #1 REPORTED BUSES ON FIRE.

SIGNED BY:

CAPT. J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 136 N. P. File # 341

Date: 4/17/75
MONTH DAY YEAR

Time alarm received 9:42 P M Number of miles traveled 4

Time back in service ____ M

Time back at station 9:58 P M

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

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

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	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	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	
2	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 10

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO		
LT. W. ROY		
LT. P. RUGGIANO		
E. PELLAND		
T. PERNA		
A. CORSINI		
G. BULPITT		
VEHICLE	**STATION**	**ON SCENE**
	C. HARRISON	

REMARKS: SMALL AREA ALONG ROADSIDE, NEAR MURPHY'S JUNKYARD.

E. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 137 N. P. File # 345

Date: 4/18/75 (MONTH / DAY / YEAR)

Time alarm received 11.33 A M

Time back in service 12:04 A M

Time back at station 12:15 A M

Number of miles traveled 9

Alarm received by: Box # _____ Phone XX JOHN STEVENS XX Other 231_0581 (Describe)

Location of alarm: (Street and Number) COOKING

Cause of fire _____

Description of building or occupancy: 2 STORY WOODEN

Owner of building or occupancy: SAME

Owner's address: 438 WOONASQUTUCKET AVE.

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	
1	Brooms		Other (Describe) GENERATOR USED 20 min.	1	Number Used
	Other (Describe)				Other Equipment
1	MOP			2	SMOKE EJECTORS
1	SQUEGGE			50'	ELECTRIC CORD
1	HANDLIGHT			1	SHOVEL
1	CLOSET HOOK				

APPARATUS REPORT

10

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: #1, 6, 3 #1. #1. #1.

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

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. W. ROY	CAPT. C. SALISBURY	
LT. P. RUGGIANO	LT. E. DI GIULIO	
N. PHELAND	W. DRAPER JR.	
J. BOREK		
B. DI GIULIO		
J. MOLLO		
VEHICLE	**STATION**	**ON SCENE**
CAPT. J. MURPHY		
J. LANE		
D. BAZZLE		
P. TREMENTOZZI		
A. CORSINI		
W. DRAPER SR.		

REMARKS: KITCHEN CABINETS BURNED, CEILING, WALLS SCORTCHED, SMOKE THRU OUT HOUSE, SLIGHT WATER IN KITCHEN AREA.
CRAIG STEVENS, SON AGE 14.
INS. CO. COAT HURDIS INS. EST. DAMAGE,$500.00

B. Lt. Grubo
SIGNED BY:

CAPT? J. MURPHY
PERSON IN CHG.

CODE SHEET

1.	Month in which fire occurred	4
2.	Community in which fire occurred	24
3.	Cause	1
4.	If Accidental, specific cause	10
5.	If Incendiary, suspected motive	
6.	If Suspicious, suspected motive	
7.	Suspicion directed toward	
8.	Type of structure	4
9.	Occupied by whom	1
10.	Insurance	1
11.	Total Amount of Insurance	
12.	Estimated loss	500.00

Name and Address of Owner JOHN STEVENS
438 WOONASQUTUCKET AVE

Name of Occupant JOHN STEVENS

COMPLETE AND RETURN TO STATE DIVISION OF FIRE SAFETY

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 138 N. P. File # 348

Date: 4/18/75 (MONTH / DAY / YEAR)

Time alarm received 12:21 P M Number of miles traveled 2

Time back in service 12:32 P M

Time back at station 12:40 P M

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

Location of alarm: (Street and Number) 438 WOONASQUTUCKET AVE.

Cause of fire _____

Description of building or occupancy: 2 STORY WOODEN

Owner of building or occupancy: JOHN STEVENS

Owner's address: SAME

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)
XX Miscellaneous fires (describe) SMELL OF SMOKE		

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. J. MURPHY		
LT. E. ROY		
N. PHELAND		
J. BOREK		
B. DI GIULIO		
J. MOLLO		
A. CORSINI		

VEHICLE	STATION	ON SCENE
	CAPT. C. SALISBURY	
	LT. P. RUGGIANO	
	LT. E. DI GIULIO	
	D. BAZZLE	
	W. DRAPER JR.	
	P. TRMENTOZZI	
	W. DRAPER SR.	

REMARKS: CALLED BACK FOR SMELL OF SMOKE.
NOTHING SHOWING.

B. M. Murphy
SIGNED BY:

CAPT. J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 139 N. P. File # 349

Date: 4/18 75
MONTH DAY YEAR

Time alarm received 2:19 P M Number of miles traveled 30

Time back in service 6:00 P M

Time back at station 6:10 P M

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

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

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: TOWN OF JOHNSTON

Owner's address: _____

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

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	20'	Booster 1"		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
6	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: 15

Defects on apparatus after alarm (if any): _____

Companies responding: # 1,

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

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
[illegible]		
LT. W. ROY		
E. PELLAND		
J. BOREK		
B. DI GIULIO		
J. MOLLO		
D. BAZZLE		
P. TREMENTOZZI		

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

REMARKS: STAND BY AT JOHNSTON STATION #5.
WORKED WITH JOHNSTON CREW'S ON LARGE BRUSH FIRE IN CENTRAL AVE.
AREA AND ROUTE 295, RELIEF CREW SENT OVER ABOUT 4:30 P.M.

E. Di Giulio
SIGNED BY:

LT. W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 140 N. P. File # 351

Date: 4/18/75 (MONTH / DAY / YEAR)

Time alarm received 2:28 P M Number of miles traveled 0

Time back in service 2:37 P M

Time back at station 2:40 P M

Alarm received by: Box # 1132 Phone _____ Other _____ (Describe)

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

Cause of fire CODE BLUE

Description of building or occupancy: ALMAC'S STORE

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: #3.4.6.

Engines(s) _____ 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	
	LT. P. RUGGIANO	
	N. PHELAND	
	P. TREMENTOZZI	
VEHICLE	**STATION**	**ON SCENE**
W. DRAPER SR.	J. LANE	

REMARKS: CODE BLUE.

E. Di Giulio

SIGNED BY:

CAPT. C. SALISBURY

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 141 N. P. File # 358

Date: 4/18/75 (MONTH / DAY / YEAR)

Time alarm received 9:53 P M Number of miles traveled # 2

Time back in service ____ M

Time back at station 9:59 P M

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

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

	EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED
	Carbon Dioxide	50'	Booster 1"		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	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		
CAPT. J. MURPHY		
D. FORTIN		
B. DI GIULIO		
D. BAZZLE		
G. BULPITT		
VEHICLE	**STATION**	**ON SCENE**
N. PHELAND	LT. W. ROY	
C. HARRISON	LT. P. RUGGIANO	
	R. RATHIER	
	P. TRMENTOZZI	

REMARKS: SMALL AREA OF GRASS.

B. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 142 N. P. File # 359

Date: 4/18/75 (MONTH / DAY / YEAR)

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

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) MINERAL SPRING & BY PASS

Cause of fire AUTO ACCIDENT

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: S.S. RES. #3.

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. J. MURPHY		
LT. P. RUGGIANO		
D. BAZZLE		
R. RATHIER		
P. TRMENTOZZI		
G. BULPITT		

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO	A. CORSINI	
LT. W. ROY		
D. FORTIN		
N. PHELAND		
B. DI GIULIO		
R. SALISBURY		
C. HARRISON		
J. MURPHY SR.		

REMARKS: 2 CAR ACCIDENT ON BY PASS.

JOHN FORTE, AGE 18 — FORD MUSTANG, R.I. REG. NG159
4th, STREET
SMITHFIELD, R.I.

IRENE NOTARGIACOMO AGE, 53
6 OLIVER ST. — VEGA, R.I. REG. RK898
NORTH PROVIDENCE.

B. di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

RES. FILE, 374

NO. PROVIDENCE FIRE DEPARTMENT

CO. FILE 142

– SECONDARY RESCUE REPORTS –

DATE: 4/18/75 TIME: ARRIVED 10:40 P.M. RETURNED 10:55 P.M.

NAME: IRENE NOTARGIACOMO AGE: 53

ADDRESS: 6 OLIVER ST. NO. PROV. ALARM BY: POLICE

LOCATION OF RESCUE MINERAL SPRING & BYPASS

EXAMINATION

SKULL * BUMP OVER RIGHT EYE

EYES *

EARS *

NOSE *

MOUTH *

CHEST *

ABDOMEN *

UPPER EXTREMITIES *

LOWER EXTREMITIES *

POSITION OF PATIENT WHEN FOUND: SITTING IN CAR

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) YES

PATIENT TRANSPORTED TO: ROGER WILLIAMS GENERAL HOSPITAL BY RESCUE #1.

IF PATIENT WAS NOT TRANSPORTED EXPLAIN:

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

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

NO FRIST AID AT SCENE (IRENE NOTARGIACOMO)

JOH N FORTE, REFUSED MEDICAL AID AT SCENE.
TRANSPORTED TO R.W.G.H. BY RES.#1.
HAD LACERATIONS OF SCALP.

SIGNED: B. Di Giulio OFFICER IN CHARGE: LT. P. RUGGIANO

RESCUE CO. NO. ENG.#1.

RES. FILE** 374

NO. PROVIDENCE FIRE DEPARTMENT

CO. FILE** 142

– SECONDARY RESCUE REPORTS –

DATE: 4/18/75 TIME: ARRIVED 10:40 P.M. RETURNED 10:55 P.M.

NAME: JOAN BROWN AGE: 40

ADDRESS: 40 ASHTON ST. PROV. R.I. ALARM BY: POLICE

LOCATION OF RESCUE MINERAL SPRING & BYPASS

EXAMINATION

SKULL * BRUISE ON FOREHEAD

EYES *

EARS *

NOSE *

MOUTH *

CHEST *

ABDOMEN *

UPPER EXTREMITIES * LACERATION RIGHT HAND (PAIN TO NECK)

LOWER EXTREMITIES *

POSITION OF PATIENT WHEN FOUND: SITTING IN CAR (PASSENGER SIDE)

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) YES

PATIENT TRANSPORTED TO: ROGER WILLIAMS GENERAL HOSPITAL BY RESCUE #3.

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)

NECK COLLOR.

4x4 GAUZE TO LAC. RIGHT HAND.

SIGNED: P. Ruggiano OFFICER IN CHARGE: LT. P. RUGGIANO

ENG #1.

RESCUE CO. NO.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 143 N. P. File # 361

Date: 4/19/75
MONTH DAY YEAR

Time alarm received 12:29 A M Number of miles traveled 2

Time back in service ____ M

Time back at station 12:37 A M

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

Location of alarm: (Street and Number) 12 JOHN F. KENNARDY CIRCLE

Cause of fire CODE BLUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	CAPT. J. MURPHY	
	LT. P. RUGGIANO	
	N. PHELAND	
	T. PERNA	
	D. BAZZLE	
	D. HOUDE	
	A. CORSINI	

VEHICLE	STATION	ON SCENE
	LT. W. ROY	
	D. FORTIN	

REMARKS: CODE BLUE FROM ENG.#2.

B. Murphy
SIGNED BY:

CAPT. J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 144 N. P. File # 362

Date: 4/19/75 (MONTH / DAY / YEAR)

Time alarm received n 10:02 A M Number of miles traveled 2

Time back in service ____ M

Time back at station 10:17 A M

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

Location of alarm: (Street and Number) 1991 MINERAL SPRING AVE.

Cause of fire ELEC. SHORT

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	100'	Booster 1"		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
				1	AXE
				1	ASBESTOS GLOVE

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 10

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO		
N? PHELAND		
J. BOREK		
D. BAZZLE		
P. TRMENTOZZI		
W. DRAPER JR.		
H. DARBY		

VEHICLE	STATION	ON SCENE
W. DRAPER SR.	T. PERNA	
	R. PARENTEAU	

REMARKS: ALL WIRING IN CAR COMPLETERY BURNED UNDER HOOD.

NORMAN FONTAINE
140 HAZELTON ST.
CRANSTON,R.I.

1970 PLYMOUTH FURY3
R.I. REG. NF137

INSURED BY, CENTRAL AGENCY
ATWOOD AVE.
CRANSTON,R.I.

B Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

CODE SHEET

1.	Month in which fire occurred	4
2.	Community in which fire occurred	24
3.	Cause	1
4.	If Accidental, specific cause	3
5.	If Incendiary, suspected motive	7
6.	If Suspicious, suspected motive	7
7.	Suspicion directed toward	7
8.	Type of structure	12
9.	Occupied by whom	1
10.	Insurance	1
11.	Total Amount of Insurance	
12.	Estimated loss	$300.

Name and Address of Owner NORMAN FONTAINE
140 HAZELTON ST.
CRANSTON, R.I.

Name of Occupant

COMPLETE AND RETURN TO STATE DIVISION OF FIRE SAFETY

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTRADEE Company Alarm # 145 N. P. File # 367

Date: 4/20/75
MONTH DAY YEAR

Time alarm received 5:14 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 5:39 P M

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

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

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	10'	Booster 1"		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
4	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		
CAPT. J. MURPHY		
D. FORTIN		
LT. W. ROY		
R. RATHIER		
C. HARRISON		

VEHICLE	STATION	ON SCENE
	J. BOREK	
	P. TREMENTOZZI	

REMARKS: SMALL PILE OF WOOD AND TRASH BURNING.
CALL RECIEVED FOR END OF McGUIRE RD.

B. Di Giulio
SIGNED BY:

CAPT. J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 146 N. P. File # 372

Date: 4/21/75
MONTH DAY YEAR

Time alarm received 1:59 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 2:07 P M

Alarm received by: Box # 6212 Phone ____ Other ____ (Describe)

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

Cause of fire CODE BLUE

Description of building or occupancy: NORTH PROVIDENCE HIGH SCHOOL

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. J. MURPHY	LT. W. ROY	
CAPT. C. SALISBURY	B. DI GIULIO	
LT. E. DI GIULIO	J. MOLLO	
J. BOREK		
W. DRAPER JR.		
VEHICLE	**STATION**	**ON SCENE**
P. TREMENTOZZI	C. HARRSION	
W. DRAPER SR.		

REMARKS: CODE BLUE FROM ENG. #4.

B W Gurlo
SIGNED BY:

CAPT. J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 147 N. P. File # 373

Date: 4/21/75
MONTH DAY YEAR

Time alarm received 2:39 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 2:52 P M

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

Location of alarm: (Street and Number) 2222 MINERAL SPRING AVE.

Cause of fire LOCKOUT 1st. FLOOR

Description of building or occupancy: 2 STORY WOODEN

Owner of building or occupancy: JUSTINA CHIMEZE

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	14'	Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
					HAND TOOLS

APPARATUS REPORT

Working time of pump: Hours ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: #1.

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

Other companies responding: ____

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

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

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

REMARKS: LOCKOUT

B Di Giulio
SIGNED BY:

J. MOLLO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 148 N. P. File # 374

Date: 4/21/75
MONTH DAY YEAR

Time alarm received 4:38 P M

Time back in service 4:44 P M

Time back at station 4:44 P M

Number of miles traveled 2

Alarm received by: Box # 2351 Phone _____ Other _____ (Describe)

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

Cause of fire CODE BLUE

Description of building or occupancy: BIG G MARKET

Owner of building or occupancy: _____

Owner's address: _____

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

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) #3.4.1. 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	D. FORTIN	
LT. W. ROY	J. MOLLO	
N. PHELAND	D. BAZZLE	
J. LANE	W. DRAPER SR.	
P. TREMENTOZZI		
VEHICLE	**STATION**	**ON SCENE**
	R. PAQUET	

REMARKS: CODE BLUE FROM ENG.#3.

B. W. Roy

SIGNED BY:

LT. W. ROY

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 149 N. P. File # 380

Date: 4/22/75
MONTH DAY YEAR

Time alarm received 3:02 P M

Time back in service 3:06 P M

Time back at station 3.10 P M

Number of miles traveled 2

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

Location of alarm: (Street and Number) ~~32 PROSPECT ST.~~

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: ~~#3.~~ #1. #1.

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

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	CAPT. J. MURPHY	
	J. BOREK	
	B. DI GIULIO	
	J. MOLLO	
VEHICLE	STATION	ON SCENE
W. DRAPER SR.	CAPT. C. SALISBURY	
	LT. E. DI GIULIO	

REMARKS: CODE BLUE FOR ENG.#3.

B. Di Giulio
SIGNED BY:

CAPT. J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 150 N. P. File # 383

Date: 4/23/75
MONTH DAY YEAR

Time alarm received 8:00 A M Number of miles traveled 4

Time back in service 8:40 A M

Time back at station ____ M

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

Location of alarm: (Street and Number) 31 DOUGLAS TERRACE

Cause of fire CAT IN TREE

Description of building or occupancy: ~~JOSEPH KULBOK~~

Owner of building or occupancy: SAME

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)		CAT IN TREE

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster	30'	Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: #1.

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

REMARKS: CAT IN TREE.

B. Di Giulio

SIGNED BY:

J. MOLLO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 151 ~~385~~ N. P. File # 385

Date: 4/23/75
MONTH DAY YEAR

Time alarm received 4:07 P M Number of miles traveled 7

Time back in service 4:35 P M

Time back at station 4:38 P M

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

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

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	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	
2	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT 10

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		
LT. E. DI GIULIO		
J. BOREK		
J. MOLLO		
D. BAZZLE		
VEHICLE	**STATION**	**ON SCENE**
LT. W. ROY	CAPT. J. MURPHM	
	N. PHELAND	
	D. FORTIN	
	E. PELLAND	
	J. LANE	
	B. DM GIULIO	

REMARKS: SMALL AREA OF WOODS.

SIGNED BY:

LT. E. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 152 N. P. File # 397

Date: 4/26/75 (MONTH DAY YEAR)

Time alarm received 11:16 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 11:40 P M

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

Location of alarm: (Street and Number) 24 BROWN AVE.

Cause of fire GAS BOILER

Description of building or occupancy: JOSEPH HANDLY (231-6183)

Owner of building or occupancy: ____

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) GAS BOILER		

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

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 #
LT. W. ROY	CAPT. J. MURPHY	
D. FORTIN	LT. P. RUGGIANO	
D. BAZZLE	N. PHELAND	
R. RATHIER	J. MOLLO	
	P. TREMENTOZZI	

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO		
T. PERNA		
D. HOUDE		
G. BULPPTT		

REMARKS: CODE YELLOW FOR ENG.,#1, & LADDER#1.
EXPANSION COLLAR ON BOILER BURNED, CAUSING HEAVY SMOKE IN HOUSE.
GAS CO. REPAIRMAN RESPONDED AND IS WORHING ON BOILER.
INSURED BY C.D.PAGE AGENCY.

E. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

CODE SHEET

1.	Month in which fire occurred	4
2.	Community in which fire occurred	24
3.	Cause	1
4.	If Accidental, specific cause	1
5.	If Incendiary, suspected motive	7
6.	If Suspicious, suspected motive	7
7.	Suspicion directed toward	7
8.	Type of structure	4
9.	Occupied by whom	1
10.	Insurance	1
11.	Total Amount of Insurance	
12.	Estimated loss	$100.

Name and Address of Owner JOSEPH HANDLEY
24 BROWN AVE

Name of Occupant SAME

COMPLETE AND RETURN TO STATE DIVISION OF FIRE SAFETY

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 153 N. P. File # 400

Date: 4/27/75
MONTH DAY YEAR

Time alarm received 12.43 A M Number of miles traveled 2

Time back in service ____ M

Time back at station 12:47 A M

Alarm received by: Box # 144 Phone ____ Other ____ (Describe)

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

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #1, 3, 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 #
LT. W. ROY	CAPT. J. MURPHY	
N. PHELAND	LT. P. RUGGIANO	
T. PERNA	D. FORTIN	
R. RATHIER	P. TREMENTOZZI	
	D. HOUDE	

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO	J. MOLLO	
J. BOREK		

REMARKS: CODE BLUE.

B. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 1541x N. P. File # 406

Date: 4/27/75
MONTH DAY YEAR

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

Time back in service ____ M

Time back at station 12:54 A M

Alarm received by: Box # 213 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) LONGVUE & CHESNUT

Cause of fire CODE BLUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	CAPT. J. MURPHY	
	D.FORTIN	
	J. MOLLO	
	P. TREMENTOZZI	
	D. HOUDE	

VEHICLE	STATION	ON SCENE
	LT. W. ROY	
	LT. RUGGIANO	
	N. PHELAND	
	T. PERNA	
	R. RATHIER	

REMARKS: CODE BLUE.

SIGNED BY:

CAPT. J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 155 N. P. File # 402

Date: 4/27/75
MONTH DAY YEAR

Time alarm received 12:57 1 A M Number of miles traveled 1

Time back in service ____ M

Time back at station 1:01 A M

Alarm received by: Box # 441 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) CHERRY & STANLEY

Cause of fire CODE BLUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #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 #
	CAPT. J. MURPHY	
	D. FORTIN	
	J. MOLLO	
	P. TREMENTOZZI	
	D. HOUDE	
VEHICLE	**STATION**	**ON SCENE**
	LT. W. ROY	
	LT. P. RUGGIANO	
	N. PHELAND	
	T. PERNA	
	R. RATHIER	

REMARKS: CODE BLUE

B. Mr Guire
SIGNED BY:

CAPT. J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 156 N. P. File # 403

Date: 4/27/75 (MONTH / DAY / YEAR)

Time alarm received 2:48 P M Number of miles traveled 5

Time back in service 3:05 P M

Time back at station 3:11 P M

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

Location of alarm: (Street and Number) 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	2 100'	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	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: 10

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO		
T. PERNA		
D. BAZZLE		
P. TREMENTOZZI		

VEHICLE	STATION	ON SCENE
R. SALESBURY	CAPT. J. MURPHY	
	J. BOREK	
	A. CORSINI	

REMARKS: 2 AREAS BURNING, OFF BALL FIELD.
SUSPECT JOHN PHILLIPS OBSERVED BY ROBERT VALEZ OF 14 SAWIN AVE.
REPORTED TO P.D.

B Mc Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 157 N. P. File # 407

Date: 4/28/75
MONTH DAY YEAR

Time alarm received 12:30 P M Number of miles traveled 5

Time back in service ____ M

Time back at station 12:38 P M

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

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

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #3, 4, 1. Ladder(s) #2. Rescue(s) ____ Car: #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		
LT. W. ROY		
J. BOREK		
D. BAZZLE		

VEHICLE	STATION	ON SCENE
W. DRAPER JR.	B. DI GIULIO	
	J. MOLLO	

REMARKS: CODE YELLOW FOR LADDER #2.

B. Di Giulio
SIGNED BY:

LT.W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 158 (158) N. P. File # ~~XXX~~ 410

Date: 4/29/75 (MONTH / DAY / YEAR)

Time alarm received 9:41 A M Number of miles traveled 1

Time back in service 9:48 A M

Time back at station 9:50 A M

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

Location of alarm: (Street and Number) 1895 SMITH ST.

Cause of fire RUBBISH CANS

Description of building or occupancy: R.I. AUTO SUPPLY CO.

Owner of building or occupancy: SAME

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

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
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 #
LT. E. DI GIULIO		
J. BOREK		
B. DI GIULIO		

VEHICLE	STATION	ON SCENE
D. BAZZLE	J. MOLLO	
	W. DRAPER SR.	

REMARKS: RUBBISH IN CANS.

B. Di Giulio
SIGNED BY:

B. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 159 N. P. File # 411

Date: 4 (MONTH) 29 (DAY) 75 (YEAR)

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

Time back in service 2:40 P M

Time back at station 2:43 P M

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

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

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

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT C. SALISBURY	B. DI GIULIO	
LT E. DI GIULIO	J. HOLL O	
J. BOREK	D. BAZZLE	

VEHICLE	STATION	ON SCENE

REMARKS: CODE BLUE

Lt Emilio Di Giulio
SIGNED BY:

CAPT C. SALISBURY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 160 N. P. File # 413

Date: 4 (MONTH) 29 (DAY) 75 (YEAR)

Time alarm received 3:30 P M Number of miles traveled 5

Time back in service 3:48 P M

Time back at station 3:51 P M

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

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

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: 10

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT C. SALISBURY		
LT E. DI GIULIO		
J. BOREK		
D. BAZZLE		

VEHICLE	STATION	ON SCENE
	J. MOLLO	
	B. DI GIULIO	

REMARKS: RUBBISH & BRUSH AT LOCUST & BICENTENNIAL

SIGNED BY:

CAPT C. SALISBURY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 161 N. P. File # 414

Date: 4 (MONTH) 30 (DAY) 75 (YEAR)

Time alarm received 12:45 P M Number of miles traveled 17

Time back in service ____ M

Time back at station 2:11 P M

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

Location of alarm: (Street and Number) REAR OF 52 JACKSONIA 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)	500'	FORESTRY HOSE		Other Equipment

APPARATUS REPORT

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

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT J. MURPHY		
CAPT C. SALISBURY		
LT E. DI GIULIO		
J. BOREK		
P. TREMENTOZZI		

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

REMARKS: LARGE AREA OF WOODLAND WITH TREE STUMPS IN THE JOSLIN ST. AREA. USED THREE LAODS OF WATER FROM TRUCK.

Lt. E. Di Giulio
SIGNED BY:

CAPT J. MURPHY
PERSON IN CHG.