

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

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

Date: 8 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		☒ 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: _____

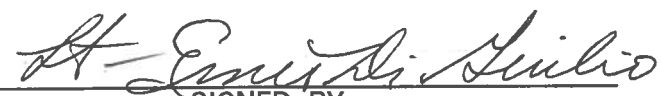
Engines(s) 1, 3, 4 Ladder(s) 1, 2 Rescue(s) 1, 2 Car: 1

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



 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 1 75
MONTH DAY 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	☒ 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	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

St. Emidio 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 2 75
MONTH DAY 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
☒ 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)		
	Other (Describe)				Number Used
					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. PAZZLE	
	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

St. Emille Lulier

 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 2 75
MONTH DAY 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 ☐ Fire in dwelling ☐ Fire in brush or grass ☐ Fire in rubbish ☐ Fire in dump ☐ Fire in vehicle ☒ Miscellaneous fires (describe) <u>WOOD BURNING</u>	☐ Code Red ☒ Code Yellow ☐ Code Blue	☐ Rescue or emergency ☐ Water emergency ☐ Lockout ☐ Accidental alarms ☐ False alarm ☐ Miscellaneous alarm (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
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.

St. Emile 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 2 75
MONTH DAY 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	
P. TREMENTOZZI	C. HARRISON	
H. DARBY	W. DRAPER JR	
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


 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 in building
- ☐ Fire in dwelling
- ☐ Fire in brush or grass
- ☐ Fire in rubbish
- ☐ Fire in dump
- ☐ Fire in vehicle
- ☒ Miscellaneous fires (describe)
T.V. SET

FIRE CODE

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

ALARM WITH NO FIRE

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

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
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\$400.00 DAMAGE ESTIMATED AT \$200.00.


 SIGNED BY:

CHIEF E. DI GIULIO
 PERSON IN CHG.

CODE SHEET

1. Month in which fire occurred	<u>4</u>
2. Community in which fire occurred	<u>24</u>
3. Cause	<u>1</u>
4. If Accidental, specific cause	<u>4</u>
5. If Incendiary, suspected motive	<u>7</u>
6. If Suspicious, suspected motive	<u>7</u>
7. Suspicion directed toward	<u>7</u>
8. Type of structure	<u>4</u>
9. Occupied by whom	<u>1</u>
10. Insurance	<u>1</u>
11. Total Amount of Insurance	
12. Estimated loss	<u>\$200.</u>
Name and Address of Owner	<u>FRANK IZZO</u>
	<u>51 JACKSONIA DR.</u>
	<u>N. PROV.</u>
Name of Occupant	<u>SAME</u>

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	☒ 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.

1967 BUICK

OZ229

INFORMATION ON RESCUE REPORT.

E. Di Giulio
 SIGNED BY:

LT. P. RUGGIANO
 PERSON IN CHG.

NO. PROVIDENCE FIRE DEPARTMENT
- SECONDARY RESCUE REPORTS -

DATE: **4/5/75** TIME: ARRIVED **2:45 P.M.** RETURNED **3:02 P.M.**
NAME: ~~XXXX~~ **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**
NO
PATIENT TRANSPORTED TO:
IF PATIENT WAS NOT TRANSPORTED EXPLAIN: **NO INJURIES**

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

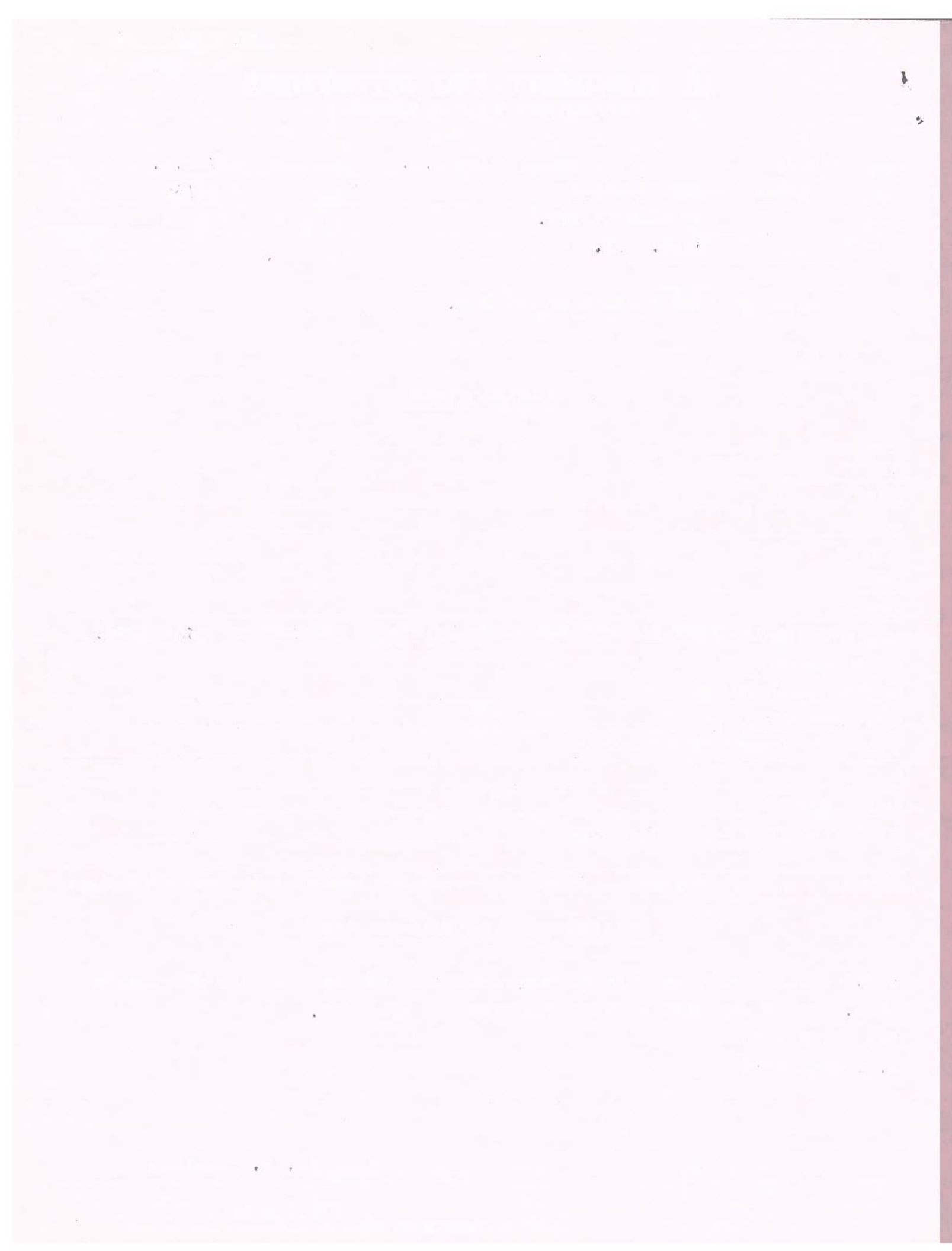
REMARKS -- (List First Aid Given, If Any)

**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. Gualo*OFFICER IN CHARGE: **lt. p. ruggiano****STATION CALL**

RESCUE CO. NO. _____



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	
LT. W. ROY	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. Gaudio
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: #1, 6. #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	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

D. Fortin
 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	☒ 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: _____

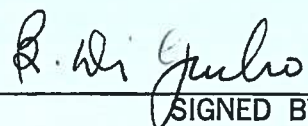
Engines(s) #2,1,3. Ladder(s) #1. Rescue(s) _____ Car: _____

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. HATHIER		
P. TREMENTOZZI		
A. CORSINI		
VEHICLE	STATION	ON SCENE
	J. LANE	
	T. PERNA	

REMARKS: CODE BLUE


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	☒ 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
					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.


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: CERTRUDE 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		☒ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		<u>LOCKOUT</u>

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)		
	Other (Describe)				Number Used
					Other Equipment

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

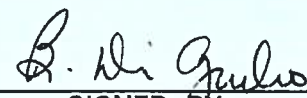
Engines(s) _____ Ladder(s) # S.S. #1 Rescue(s) #1. Car: _____

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.


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	☒ 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	<u>100'</u>	Booster <u>1"</u>		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: _____

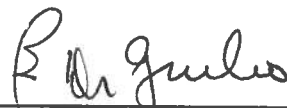
Engines(s) #1. Ladder(s) _____ Rescue(s) _____ Car: _____

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. H. ROY	CAPT? C. SALISBURY	
W. DRAPER SR.	P. TRMENTOZZI	

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



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	☒ 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	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.

E. 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	☒ Code Blue	☐ Lockout
☐ Fire in rubbish		☒ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		
		<u>SPRINKLER SYSTEM</u>

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 #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.


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 8 75
MONTH DAY YEAR

Time alarm received 3:57 P M Number of miles traveled 2

Time back in service 4:00 P M

Time back at station 4:10 P M

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

B. Di Giulio

 SIGNED BY:

B. DI GIULIO

 PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

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

Date: 4 10 75
MONTH DAY 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
<u>1</u>	Pump Cans		3 Inch Hose	SALVAGE COVERS	
<u>1</u>	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: _____

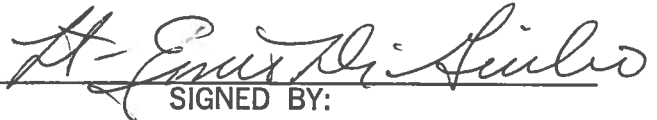
Engines(s) 1 Ladder(s) _____ Rescue(s) _____ Car: _____

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 11 75
MONTH DAY 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)		
	Other (Describe)				Number Used
					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 12 75
MONTH DAY YEAR

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

Time back in service _____ M

Time back at station 11:18 PM

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	☒ Code Yellow	☐ Water emergency
☒ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		_____
_____		_____

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: 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 #
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


SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

Primary Fire District Report

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)		

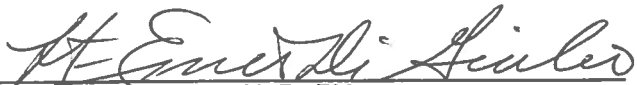
EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	200'	Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
3	Pump Cans		3 Inch Hose	SALVAGE COVERS	
1	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

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


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 12 75
MONTH DAY 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: _____

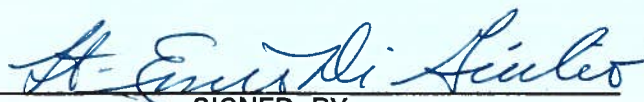
Other companies responding: _____

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


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 14 75
MONTH DAY 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)		
	Other (Describe)				Number Used
					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


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 14 75
MONTH DAY 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	☒ 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		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

St. Emidio 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 ☐ Fire in dwelling ☐ Fire in brush or grass ☐ Fire in rubbish ☐ Fire in dump ☒ XX Fire in vehicle ☐ Miscellaneous fires (describe) <u>AUTO</u>	☐ Code Red ☒ XX Code Yellow ☐ Code Blue	☐ Rescue or emergency ☐ Water emergency ☐ Lockout ☐ Accidental alarms ☐ False alarm ☐ Miscellaneous alarm (describe) <u> </u> <u> </u>

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: #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. C. SALISBURY		
N. FRELAND		
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


SIGNED BY:

J. MOLLO

PERSON IN CHG.

CODE SHEET

1. Month in which fire occurred	<u>4</u>
2. Community in which fire occurred	<u>24</u>
3. Cause	<u>1</u>
4. If Accidental, specific cause	<u>3</u>
5. If Incendiary, suspected motive	<u>7</u>
6. If Suspicious, suspected motive	<u>7</u>
7. Suspicion directed toward	<u>7</u>
8. Type of structure	<u>12</u>
9. Occupied by whom	<u>1</u>
10. Insurance	<u>1</u>
11. Total Amount of Insurance	
12. Estimated loss	<u>\$200.</u>
Name and Address of Owner	<u>EDNA DEAN</u>
	<u>5 DORA DR.</u>
	<u>CHEPACHET, R.I.</u>
Name of Occupant	<u>SAME</u>

COMPLETE AND RETURN TO STATE DIVISION OF FIRE SAFETY

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that proper record-keeping is essential for ensuring the integrity of the financial system and for providing a clear audit trail. The document also highlights the need for transparency and accountability in all financial dealings.

In the second part, the focus is on the role of the auditor in verifying the accuracy of the financial statements. The auditor is responsible for conducting a thorough examination of the records and providing an independent opinion on the fairness and reliability of the information presented. This process is crucial for building trust and confidence among stakeholders.

The third part of the document addresses the challenges faced by organizations in implementing effective internal controls. It identifies common weaknesses and provides practical suggestions for strengthening the control environment. Key areas of concern include the segregation of duties, the authorization of transactions, and the regular monitoring of financial performance.

Finally, the document concludes by stressing the importance of ongoing communication and collaboration between all parties involved in the financial process. By working together, organizations can ensure that their financial systems are robust, reliable, and compliant with all applicable regulations.

The following table provides a summary of the key findings and recommendations from the audit. It is intended to serve as a reference for all parties involved in the financial process.

Area of Concern	Findings	Recommendations
Record-Keeping	Inconsistent documentation of transactions.	Implement a standardized system for recording all financial activities.
Auditor's Role	Limited scope of the audit.	Expand the scope of the audit to include all relevant areas.
Internal Controls	Weak segregation of duties.	Reassign responsibilities to ensure proper checks and balances.
Communication	Lack of regular reporting.	Establish a schedule for regular financial reviews and reports.

The document concludes with a statement of appreciation for the cooperation and assistance provided by all parties during the audit process. It also expresses confidence in the organization's ability to implement the recommended improvements and maintain high standards of financial integrity.

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
☒ 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. P. RUGGIANO	
	J. BOREK	
	T. RUSSO	
	R. RATHIER	
	D. HOUDE	
	W. DRAPER JR.	
	P. TREMENTOZZI	
	C. HARRISON	
	A. CORSINI	
	G. BULPITT	

REMARKS: FIRE IN TOWN OF SMITHFIELD

B. H. Darby

SIGNED BY:

H. DARBY

PERSON IN CHG.

Primary Fire District Report

Date: 4/14/73
MONTH DAY YEAR

Time back in service_____M

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

Owner's address: 2008 SMITH ST

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

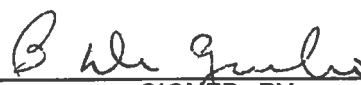
EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
1	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
				1	HANDLIGHT

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
D. FORTIN	LT. P. RUGGIANO	
J. BOBEK	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.


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)		
	Other (Describe)				Number Used
					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	☒ 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)		<u> </u>
<u> </u>		<u> </u>

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: #1.

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

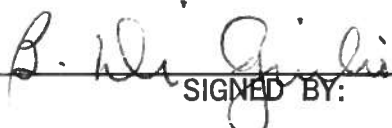
Other companies responding:

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.


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

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. PHELAND		
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. E. 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	☒ 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	<u>25'</u> Booster <u>1"</u>	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: #1, 8.
 Engines(s) _____ 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.



SIGNED BY:

CHIEF 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 16 75
MONTH DAY 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
☒ 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, 88 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.


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 16 75
MONTH DAY YEAR

Time alarm received 1:50 P M Number of miles traveled 0

Time back in service 1:53 P M

Time back at station 1:55 P M

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)		
	Other (Describe)				Number Used
					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 16 75
MONTH DAY 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	☐ 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) <u>STUMP</u>		_____ _____

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.


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 16 75
MONTH DAY 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	☒ 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	SALVAGE COVERS
Carbon Dioxide	<u>100'</u> Booster	Aerial	
Dry Chemical	1½ Inch Hose	Over 35 Feet	
Foam	2½ Inch Hose	Under 35 Feet	
Pump Cans	3 Inch Hose		Number Used
Brooms	Other (Describe)		Other Equipment
Other (Describe)			

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 16 75
MONTH DAY 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
☒ 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. CIVILIAN VOLUNTEERS ASSISTED
 AT FIRE.


 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	☒ 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: _____

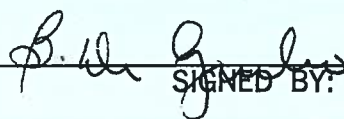
Other companies responding: _____

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	☒ 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)		
	Other (Describe)				Number Used
					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.


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

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

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

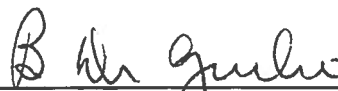
APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____
 Defects on apparatus after alarm (if any): _____
 Companies responding: #1.
 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		
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.


 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: **4/27/75**
MONTH DAY YEAR

Time alarm received **2:25** **P** M Number of miles traveled **5**
2:40 **P** M
 Time back in service
 Time back at station **2:45** **P** M

RADIO

Alarm received by: Box # _____ Phone _____ Other _____ (Describe)
MINERAL SPRING AVE.
 Location of alarm: (Street and Number)
 Cause of fire **BARGAMIAN JUNK YARD**
 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	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

10

Working time of pump: Hours: _____ minutes: _____
 Defects on apparatus after alarm (if any): _____
 Companies responding: **#1**
 Engines(s) _____ Ladder(s) _____ Rescue(s) _____ Car: _____
 Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. J. MURPHY		
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	☒ Code Yellow	☐ Water emergency
☒ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		_____

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	100'	Booster 1"		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
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.


 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

Time alarm received 11:33 A M Number of miles traveled 9
 Time back in service 12:04 A M
 Time back at station 12:15 A M

Alarm received by: Box # _____ Phone XX JOHN STEVENS Other XX 231-0581 (Describe)
 Location of alarm: (Street and Number) COOKING
 Cause of fire 2 STORY WOODEN
 Description of building or occupancy: SAME
 Owner of building or occupancy: 438 WOONASQUETUCKET AVE.
 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
Brooms	Other (Describe) GENERATOR USED	1 Number Used
Other (Describe) MOP	20 min.	2 Other Equipment SMOKE EJECTORS
1 SQUEEGE		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, 8 #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. E. Giulio
SIGNED BY:

CAPT. J. MURPHY

PERSON IN CHG.

CODE SHEET

1. Month in which fire occurred	<u>4</u>
2. Community in which fire occurred	<u>24</u>
3. Cause	<u>1</u>
4. If Accidental, specific cause	<u>10</u>
5. If Incendiary, suspected motive	<u></u>
6. If Suspicious, suspected motive	<u></u>
7. Suspicion directed toward	<u></u>
8. Type of structure	<u>4</u>
9. Occupied by whom	<u>1</u>
10. Insurance	<u>1</u>
11. Total Amount of Insurance	<u></u>
12. Estimated loss	<u>500.00</u>
Name and Address of Owner	<u>John STEVENS</u>
	<u>438 WOONASQUETUCKET AVE</u>
Name of Occupant	<u>John STEVENS</u>

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 WOONASQUETUCKET 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)
☒ Miscellaneous fires (describe) <u>SMELL OF SMOKE</u>		

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: #1

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

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. J. MURPHY		
LT. 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.


 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)		<u>STAND-BY</u>

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

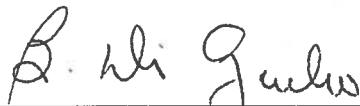
Engines(s) _____ Ladder(s) _____ Rescue(s) _____ Car: _____

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
STANBXXXXXXHDDX		
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.



 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) MINEHAL 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	☒ 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. #1.

Engines(s) _____ 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. 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.

Bali 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	☒ 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
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.


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 ☐ Fire in dwelling ☐ Fire in brush or grass ☐ Fire in rubbish ☐ Fire in dump ☐ Fire in vehicle ☐ Miscellaneous fires (describe)	☐ Code Red ☐ Code Yellow ☐ Code Blue	☒ Rescue or emergency ☐ Water emergency ☐ Lockout ☐ Accidental alarms ☐ False alarm ☐ Miscellaneous alarm (describe)
<u>AUTO ACCIDENT</u>		

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.

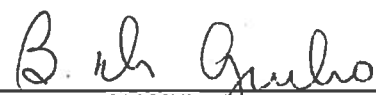
Other companies responding: S.S. RES. #3.

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. BK898
NORTH PROVIDENCE.	


 SIGNED BY:
CHIEF E. DI GIULIO
 PERSON IN CHG.

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. De Guelis

OFFICER IN CHARGE:

LT. P. RUGGIANO

RESCUE CO. NO.

ENG.#1.



NO. PROVIDENCE FIRE DEPARTMENT
- 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:

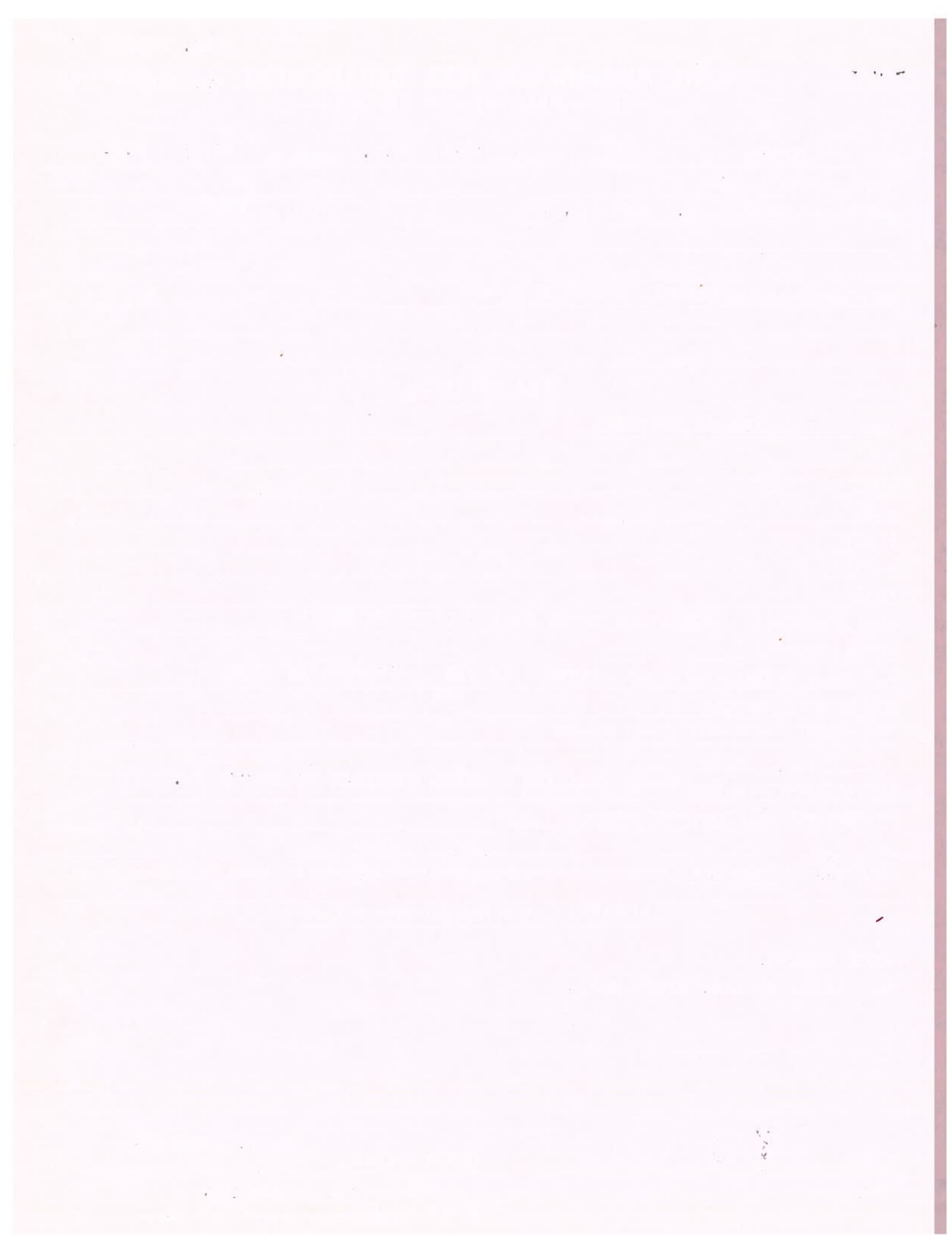
P. W. Guggiano

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	☒ 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.


 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 E 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	☒ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☒ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		_____

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	100'	Booster 1"		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	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. PERENTEAU	

REMARKS: ALL WIRING IN CAR COMPLETERY BURNED UNDER HOOD.

NORMAN FONTAINE **1970 PLYMOUTH FURY3**
140 HAZELTON ST. **R.I. REG. NF137**
CRANSTON, R.I.

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	<u>4</u>
2. Community in which fire occurred	<u>24</u>
3. Cause	<u>1</u>
4. If Accidental, specific cause	<u>3</u>
5. If Incendiary, suspected motive	<u>7</u>
6. If Suspicious, suspected motive	<u>7</u>
7. Suspicion directed toward	<u>7</u>
8. Type of structure	<u>12</u>
9. Occupied by whom	<u>1</u>
10. Insurance	<u>1</u>
11. Total Amount of Insurance	
12. Estimated loss	<u>\$ 300.</u>
Name and Address of Owner	<u>NORMAN FONTAINE</u>
	<u>140 HAZELTON ST.</u>
Name of Occupant	<u>CRANSTON, R.I.</u>

COMPLETE AND RETURN TO STATE DIVISION OF FIRE SAFETY

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry, no matter how small, should be carefully documented to ensure the integrity of the financial data. This includes recording dates, amounts, and the nature of the transactions.

The second part of the document outlines the procedures for reconciling the accounts. It states that the accounts should be reconciled at the end of each month to identify any discrepancies. This process involves comparing the internal records with the bank statements and ensuring that they match. If there are any differences, the reasons should be investigated and corrected.

The third part of the document describes the process of preparing the financial statements. It notes that the statements should be prepared on a regular basis, typically at the end of each quarter. These statements provide a summary of the financial performance of the organization and are used by management and external stakeholders to make informed decisions.

The fourth part of the document discusses the importance of internal controls. It states that a strong system of internal controls is essential for preventing fraud and ensuring the accuracy of the financial records. This includes implementing segregation of duties, requiring proper authorization for transactions, and conducting regular audits.

The fifth part of the document outlines the responsibilities of the accounting department. It states that the department is responsible for maintaining the financial records, preparing the financial statements, and providing financial information to management. It also notes that the department should work closely with other departments to ensure that all transactions are properly recorded.

The sixth part of the document discusses the importance of staying up-to-date with changes in accounting standards and regulations. It states that the accounting department should regularly review the latest standards and regulations to ensure that the financial records are compliant. This may involve attending training courses or consulting with external experts.

The seventh part of the document outlines the process for handling errors. It states that if an error is discovered, it should be investigated immediately and corrected. The process should involve identifying the cause of the error, determining the impact, and implementing measures to prevent the error from recurring.

The eighth part of the document discusses the importance of maintaining confidentiality of financial information. It states that financial records are often sensitive and should be protected from unauthorized access. This includes implementing security measures such as password protection and access controls.

The ninth part of the document outlines the process for archiving financial records. It states that records should be archived at the end of each year to ensure that they are preserved for future reference. This involves creating a secure and organized system for storing the records.

The tenth part of the document discusses the importance of regular communication and reporting. It states that the accounting department should provide regular reports to management and other stakeholders to keep them informed of the financial performance. This includes providing timely and accurate information on a regular basis.

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 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	☒ 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	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

5

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		
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.


 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	☒ 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: _____

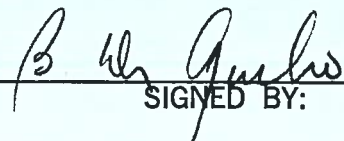
Engines(s) #4, 1, 2. Ladder(s) #1, 2. Rescue(s) #3. Car: _____

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. HARRISON	
W. DRAPER SR.		

REMARKS: CODE BLUE FROM ENG. #4.



 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	☒ <u>XX</u> 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	<u>14'</u> 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: 2:39 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


 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 Number of miles traveled **2**

Time back in service **4:44** **P** M

Time back at station **4:44** **P** M

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	☒ 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: _____

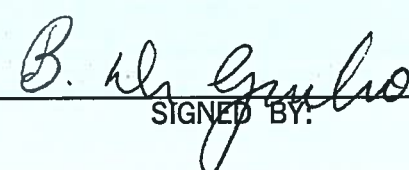
Engines(s) **#3,4,1.** Ladder(s) **#1,2.** Rescue(s) _____ Car: _____

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.



 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

Time alarm received 3:02 P M Number of miles traveled 2
 Time back in service 3:06 P M
 Time back at station 3:10 P M

Alarm received by: Box # XXX Phone 32 PROSPECT ST. Other _____ (Describe)

Location of alarm: (Street and Number) _____

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) 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)		
	Other (Describe)				Number Used
					Other Equipment

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: #3, #4, #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** **150** N. P. File # **383**
 Company Alarm # **4/23/75**
 Date: _____
 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: **JOSIEH KULBOX**
 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	SALVAGE COVERS
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		Number Used
Brooms	Other (Describe)		Other Equipment
Other (Describe)			

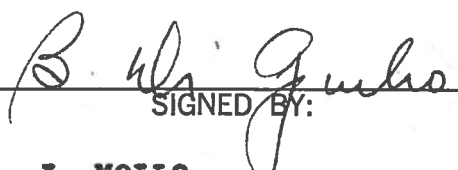
APPARATUS REPORT

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.


 SIGNED BY:
 J. MOLLO
 PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

151
~~385~~

Company CENTREDALE Company Alarm # ~~385~~ N. P. File # 385
4/23/75

Date: _____

MONTH DAY YEAR

Time alarm received 4:07 P M Number of miles traveled 7
4:35 P M
Time back in service 4:38 P M
Time back at station _____ 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	☒ 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	<u>50'</u> Booster <u>1"</u>	Aerial
Dry Chemical	1½ Inch Hose	Over 35 Feet
Foam	2½ Inch Hose	Under 35 Feet
Pump Cans	3 Inch Hose	SALVAGE COVERS
<u>2</u> 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: #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. C. SALISBURY		
LT. E. DI GIULIO		
J. BOREK		
J. MOLLO		
D. BAZZLE		
VEHICLE	STATION	ON SCENE
LT. W. ROY	CAPT. J. MURPHY	
	N. PHELAND	
	D. FORTIN	
	E. PELLAND	
	J. LANE	
	B. DI 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- 61830)

Owner of building or occupancy: _____

Owner's address: SAHE

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

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	140 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: #1, 6. #1.

Engines(s) _____ 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	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. BULFETT		

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

EXPANSION COLLAR ON BOILER BURNED, CAUSING HEAVY SMOKE IN HOUSE.

GAS CO. REPAIRMAN RESPONDED AND IS WORKING 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	<u>4</u>
2. Community in which fire occurred	<u>24</u>
3. Cause	<u>1</u>
4. If Accidental, specific cause	<u>1</u>
5. If Incendiary, suspected motive	<u>7</u>
6. If Suspicious, suspected motive	<u>7</u>
7. Suspicion directed toward	<u>7</u>
8. Type of structure	<u>4</u>
9. Occupied by whom	<u>1</u>
10. Insurance	<u>1</u>
11. Total Amount of Insurance	<u> </u>
12. Estimated loss	<u>\$100.</u>
Name and Address of Owner	<u>JOSEPH HANDLEY</u>
	<u>24 BROWN AVE</u>
Name of Occupant	<u>SAME</u>

COMPLETE AND RETURN TO STATE DIVISION OF FIRE SAFETY

The first part of the paper discusses the importance of maintaining accurate records of all transactions. It is essential for the company to have a clear and concise record of all financial activities, including sales, purchases, and expenses. This will allow the company to track its performance over time and identify areas for improvement. The second part of the paper discusses the importance of maintaining accurate records of all assets and liabilities. This will allow the company to track its net worth over time and identify areas for improvement. The third part of the paper discusses the importance of maintaining accurate records of all personnel. This will allow the company to track its workforce over time and identify areas for improvement. The fourth part of the paper discusses the importance of maintaining accurate records of all equipment. This will allow the company to track its equipment over time and identify areas for improvement. The fifth part of the paper discusses the importance of maintaining accurate records of all contracts. This will allow the company to track its contracts over time and identify areas for improvement. The sixth part of the paper discusses the importance of maintaining accurate records of all legal matters. This will allow the company to track its legal matters over time and identify areas for improvement. The seventh part of the paper discusses the importance of maintaining accurate records of all tax matters. This will allow the company to track its tax matters over time and identify areas for improvement. The eighth part of the paper discusses the importance of maintaining accurate records of all insurance matters. This will allow the company to track its insurance matters over time and identify areas for improvement. The ninth part of the paper discusses the importance of maintaining accurate records of all other matters. This will allow the company to track its other matters over time and identify areas for improvement. The tenth part of the paper discusses the importance of maintaining accurate records of all other matters. This will allow the company to track its other matters over time and identify areas for improvement.

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NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 153 N. P. File # 400
 Date: 4/27/75

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: #1, 3, 6. #1. #78
 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. 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.**


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

REMARKS: CODE BLUE.

B. J. Murphy

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 M Number of miles traveled 1

Time back in service _____ M

Time back at station 1:01 1 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	☒ 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)		
	Other (Describe)				Number Used
					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



 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	☒ 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	<u>200'</u> Booster <u>1"</u>	Aerial
Dry Chemical	1½ Inch Hose	Over 35 Feet
Foam	2½ Inch Hose	Under 35 Feet
<u>1</u> 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. SALISBURY	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.


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
☒ Fire in building ☐ Fire in dwelling ☐ Fire in brush or grass ☐ Fire in rubbish ☐ Fire in dump ☐ Fire in vehicle ☐ Miscellaneous fires (describe) _____	☐ Code Red ☒ Code Yellow ☐ Code Blue	☐ Rescue or emergency ☐ Water emergency ☐ Lockout ☐ Accidental alarms ☐ False alarm ☐ Miscellaneous alarm (describe) _____ _____ _____

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

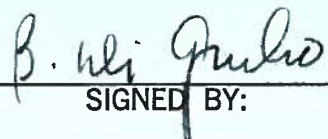
Engines(s) #3,4,1. Ladder(s) #2. Rescue(s) _____ Car: #1.

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.



 SIGNED BY:
 LT.W. ROY

 PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # ¹⁵⁸158 N. P. File # ~~407~~ 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
☒ 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.


 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 29 75
MONTH DAY 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	☒ 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: _____

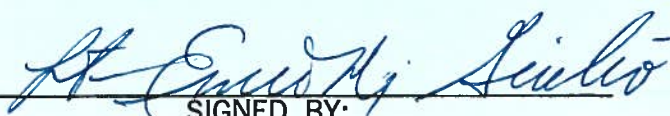
Engines(s) 2,1,3 Ladder(s) 1 Rescue(s) _____ Car: _____

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. NOLLO	
J. BOREK	D. BAZZLE	
VEHICLE	STATION	ON SCENE

REMARKS: CODE BLUE



 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 29 75
MONTH DAY 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 in building
- ☐ Fire in dwelling
- ☒ Fire in brush or grass
- ☐ Fire in rubbish
- ☐ Fire in dump
- ☐ Fire in vehicle
- ☐ Miscellaneous fires (describe)

FIRE CODE

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

ALARM WITH NO FIRE

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

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	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 30 75
MONTH DAY 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	☒ Code Yellow	☐ Water emergency
☒ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		_____
_____		_____

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

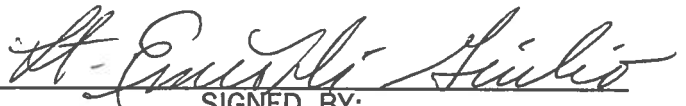
Engines(s) 1 Ladder(s) _____ Rescue(s) _____ Car: _____

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 LOADS OF WATER FROM TRUCK.


SIGNED BY:

CAPT J. MURPHY
PERSON IN CHG.