NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 321 N. P. File # 804

Date: 8/2/75
MONTH DAY YEAR

Time alarm received 11:34 AM Number of miles traveled 2

Time back in service ____ M

Time back at station 11:52 AM

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

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

Cause of fire SYSTEMS TROUBLE

Description of building or occupancy: HOPKINS HEALTH CENTER

Owner of building or occupancy: SAME

Owner's address: SAME

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	XX ☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ 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: #2.

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
N. PHELAND	R. PARENTEAU	
G. BULPITT SR.	R. RATHIER	
J. PICCARDI	H. DARBY	
D. FORTIN		
J. BOREK		

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO	CAPT. P. RUGGIANO	
G. BULPITT SR.	LT. R. PAQUET	
	W. DRAPER JR.	

REMARKS: CODE BLUE FROM CAR #2.
SYSTEMS TROUBLE, 2nd. FLOOR NORTH.

Lt. E. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 322 N. P. File # 808

Date: 8/3/75
MONTH DAY YEAR

Time alarm received 5:39 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 5:55 P M

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

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

Cause of fire COOKING

Description of building or occupancy: MADFISON HOUSE

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	R. HUGHES	
	J. ZIROLI	
	J. BOREK	
	R. RATHIER	
	P. LYONS	
VEHICLE	**STATION**	**ON SCENE**
CHIEF E. DI GIULIO	CHIEF J. MURPHY	STATION
	CAPT. P. RUGGIANO	T. RUSSO
	LT. R. PAQUET	P. TREMENTOZZI
	N. PHELAND	G. BULPITT SR.
	G. BULPITT JR.	H. DARBY
	J. MOLLO	M. RUSSO
	J. LANE	
	J. PICCARDI	
	R. PARENTEAU	
	J. DRAPER JR.	

REMARKS: CODE RED FROM ENG. #3.

E. B. di Giulio
SIGNED BY:

R. RATHIER
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 323 N. P. File # 811

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

Time alarm received 3:54 P M Number of miles traveled 4

Time back in service ____ M

Time back at station 3:57 P M

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

Location of alarm: (Street and Number) 258 FRUIT HILL AVE.

Cause of fire SHORT

Description of building or occupancy: ____

Owner of building or occupancy: PETER PHILLIPS

Owner's address: SAME.

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

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
					DEODERIZER

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 #
	CAPT. W. ROY	
	LT. E. PELLAND	
	P. LYONS	
	J. MOLLO	
	P. PHILLIPS	
	J. LANE	

VEHICLE	STATION	ON SCENE
	LT. B. DI GIULIO	
	CAPT. P. RUGGIANO	
	H. PARISI	
	J. ZIROLI	
	R. PARENTEAU	
	E. BAZZLE	
	N. PHELAND	
	J. NOTARANTONINO	

REMARKS: CODE YELLOW FROM ENG. #6.

Lt B. Di Giulio
SIGNED BY:

CAPT. W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 324 N. P. File # 814

Date: 8/5/75
MONTH DAY YEAR

Time alarm received 11:12 P M Number of miles traveled 4

Time back in service ____ M

Time back at station 11:18 P M

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

Location of alarm: (Street and Number) FRONT OF GANTERY'S MINERAL SPRING AVE.

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: BOB BUCCI

Owner's address: 26 ~~XXXX~~ REDWOOD DR. NO. PROV. R.I.

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #1. Ladder(s) ____ Rescue(s) ____ Car: #2. 21.

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. W. ROY		
B. DI GIULIO		
D. HOUDE		
A. CORISI		
R. HUGHES		

VEHICLE	STATION	ON SCENE
CHIEF J. MURPHY	J. BOREK	
CHIEF E. DI GIULIO	M. MAGGIACOMO	
D. FORTIN	M. MOONEY	
	R. RATHIER	

REMARKS: SPONG BURNING IN TRUNK OF CAR.

OWNER: BOB BUCCI 1969, TR 6
26 REDWOOD DR.
NO. PROV. R.I.

NO DAMAGE TO CAR, OUT ON ARRIVAL.

Lt B. Di Giulio
SIGNED BY:

CAPT. W. ROY
PERSON IN CHG.

CODE SHEET

1.	Month in which fire occurred	8
2.	Community in which fire occurred	24
3.	Cause	4
4.	If Accidental, specific cause	–
5.	If Incendiary, suspected motive	–
6.	If Suspicious, suspected motive	–
7.	Suspicion directed toward	–
8.	Type of structure	12
9.	Occupied by whom	1
10.	Insurance	1
11.	Total Amount of Insurance	–
12.	Estimated loss	0

Name and Address of Owner — Robert Bucci
26 Rosewood Dr. N. Prov.

Name of Occupant — SAME

COMPLETE AND RETURN TO STATE DIVISION OF FIRE SAFETY

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 325 N. P. File # RES. 781

Date: 8/8/75
MONTH DAY YEAR

Time alarm received 6.55 P M Number of miles traveled 0

Time back in service _____ M

Time back at station _____ M

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

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

Cause of fire FIRST AID

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

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

VEHICLE	STATION	ON SCENE
	CAPT. P. RUGGIANO	
	J. MOLLO	
	R. HUGHES	
	J. ZIROLI	
	J. LANE	

REMARKS: REFER TO RESCUE REPORT #781

Lt. B. Di Giulio
SIGNED BY:

CAPT. P. RUGGIANO
PERSON IN CHG.

RESC. FILE #781
CO. FILE #325

NO. PROVIDENCE FIRE DEPARTMENT
– SECONDARY RESCUE REPORTS –

DATE: 8/8/75 TIME: ARRIVED 6:55 P.M. RETURNED

NAME: MARCIANO DE CESAR AGE: 34

ADDRESS: 3 FLORA ST. ALARM BY: WALK IN

PROVIDENCE,R.I.

LOCATION OF RESCUE 1967 MINERAL SPRING AVE. STATION #1

EXAMINATION

SKULL *

EYES *

EARS *

NOSE *

MOUTH *

CHEST *

ABDOMEN *

UPPER EXTREMITIES *

LOWER EXTREMITIES *

POSITION OF PATIENT WHEN FOUND: WALKED INTO STATION

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) YES

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

IF PATIENT WAS NOT TRANSPORTED EXPLAIN:

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

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

PATIENT RECEIVED LACERATION RIGHT HAND ON AUG.2,1975. HAD STICTES PUT IN BY A DOCTOR. HAD STICTES TAKEN OUT BY DOCTOR FROM ROGER WILLIAMS GENERAL HOSPITAL ON AUG.7,1975. LACERATION ON RIGHT HAND OPENED UP, CAPT. RUGGIANO PUT A BUTTERFLY ON AND A 4"x4" STERILE DRESSING AND WRAPED IT UP. SENT PATIENT TO ROGER WILLIAMS GENERAL HOSITAL TO BE RESTICTED.

SIGNED: Lt B. Ruggiano OFFICER IN CHARGE: CAPT. P. RUGGIANO

RESCUE CO. NO. STATION #1.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 326 N. P. File # 820

Date: 8/9/75
MONTH DAY YEAR

Time alarm received 3:03 A.M Number of miles traveled 7

Time back in service ____ M

Time back at station 3:33 A.M

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

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

Cause of fire AUTO ACCIDENT (WASH DOWN)

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	60'	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
				2	HAND LIGHTS

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 10

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #1. Ladder(s) ____ Rescue(s) #1. Car: #21.

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. P. RUGGIANO		
D. BAZZLE		
C. HARRISON		
R. HUGHES		
J. ZIROLI		
P. LYONS		
VEHICLE	**STATION**	**ON SCENE**
CHIEF J. MURPHY		
J. MOLLO		

REMARKS: AUTO ACCIDENT ON SMITH ST, ENG.#1. CALLED FOR WASH DOWN.
GR732 CHEV. 1968 WAGON.

Lt. B. DiGiulio
SIGNED BY:

CHIEF J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 327 N. P. File # 823

Date: 8/9/75
MONTH DAY YEAR

Time alarm received 4:29 P. M Number of miles traveled 2

Time back in service ____ M

Time back at station 4:30 P M

Alarm received by: Box # 425 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) SYLVIA & BELVEDERE

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. W. ROY	
	J. BOREK	
	J. LANE	
	M. RUSSO	
	D. BAZZLE	
VEHICLE	**STATION**	**ON SCENE**
	LT. R. PAQUET	
	LT. E. PELLAND	
	CHIEF E. DI GIULIO	
	B. DI GIULIO	
	D. FORTIN	
	D. HODE	
	A. CORSINI	

REMARKS: CODE BLUE FROM ENG.#2.

SIGNED BY:

CAPT. W. ROY

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 328 N. P. File # 825

Date: 8/10/75
MONTH DAY YEAR

Time alarm received 7:29 PM Number of miles traveled 2

Time back in service ____ M

Time back at station 7:42 P M

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

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

Cause of fire UNKNOWN

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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: ____

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. W. ROY		
J. BOREK		
D. FORTIN		
A. CORSINI		

VEHICLE	STATION	ON SCENE
C. HARRISON	CHIEF E. DI GIULIO	
D. HOUDE	B. DI GIULIO	
	J. LANE	
	M. MOONEY	
	J. ZIROLI	
	W. DRAPER JR.	

REMARKS: SMALL CAMP FIRE.

Lt B. Di Giulio

SIGNED BY:

CAPT. W. ROY

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 329 N. P. File # 828

Date: 8/12/75
MONTH DAY YEAR

Time alarm received 4:31 AM Number of miles traveled 14

Time back in service ____ M

Time back at station 6:43 A M

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

Location of alarm: (Street and Number) RANDALL ST

Cause of fire INVESTIGATING

Description of building or occupancy: 2 STORY HOME

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	52'	Aerial
	Dry Chemical	350'	1½ Inch Hose	35'	Over 35 Feet
	Foam	800'	2½ Inch Hose	76'	Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
		1	HOSE CLAMP	2	AXE
		2½"x	1½" WYE	1	PIKE POLE
				1	SMOKE EJECTOR

EXT. CORDS

APPARATUS REPORT

Working time of pump: Hours: 1 minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: #ENG.#4, RELOCATE TOHDGS.

Engines(s) #2,1. Ladder(s) #1. Rescue(s) ____ Car: #1,2,21.

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

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. E. PELLAND	CAPT.W. ROY	
R. HUGHES	T. RUSSO	
H. DARBY	R. RATHIER	
J. LANE	M. RUSSO	
	L. MARTIANO	
	P. TREMENTOZZI	
	J. MOLLO	
	D. FORTIN	

VEHICLE	STATION	ON SCENE
CHIEF R. CHARELLO		
CHIEF E. DI GIULIO		
CHIEF J. MURPHY		
CAPT. P. RUGGIANO		
R. PARENTEAU		
G. BULPITT JR.		

REMARKS: CODE RED, 2 STORY HOME, HEAVY FIRE DAMAGE TO CELLAR, 1st. FLOOR SMOKE, HEAT, SOME CHARRING, 2nd. FLOOR.

Lt B. Hughes
SIGNED BY:

CHIEFS
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 330 N. P. File # 832

Date: 8/13/75 (MONTH / DAY / YEAR)

Time alarm received 10:34 P M Number of miles traveled 3

Time back in service ____ M

Time back at station 10:38 P M

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

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

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	CAPT. P. RUGGIANO	
	J. MOLLO	
	C. HARRISON	
	E. BAZZLE	
	J. ZIROLI	
	R. RATHIER	

VEHICLE	STATION	ON SCENE
	CHIEF E. DI GIULIO	
	CHIEF J. MURPHY	
	T. PERNA	
	R. HUGHES	
	J. LANE	
	LT. R. PAQUET	
	W. DRAPER JR.	
	G. BULPITT JR.	
	D. FORTIN	
	LT. E. PELLAND	
	S. COPPA	

REMARKS: CODE BLUE FROM ENG.#2.

SIGNED BY: Lt P. Di Giulio

CAPT. P. RUGGIANO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 331 N. P. File # RES. 797

Date: 8/14/75
MONTH DAY YEAR

Time alarm received 11:45 A M Number of miles traveled _____

Time back in service _____ M

Time back at station _____ M

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

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

Cause of fire FRIST AID

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

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

VEHICLE	STATION	ON SCENE
	LT. B. DI GIULIO	
	J. MOLLO	
	P.PHILLIPS	
	W. DRAPER SR.	

REMARKS: SEE RESCUE REPORTE RES. #797

Lt B Di Giulio
SIGNED BY:

LT. B. DI GIULIO
PERSON IN CHG.

RES, FILE--797

CO. FILE--331

NO. PROVIDENCE FIRE DEPARTMENT

– SECONDARY RESCUE REPORTS –

DATE: 8/14/75 TIME: ARRIVED 11:45 A.M. RETURNED

NAME: MRS. E.TAVANIAN AGE: 72

ADDRESS: 20 McQUIRE RD, ALARM BY: WALK IN

NORTH PROVIDENCE,R.I.

LOCATION OF RESCUE 1967 MINERAL SPRING AVE.

EXAMINATION

SKULL *

EYES *

EARS *

NOSE *

MOUTH *

CHEST *

ABDOMEN *

UPPER EXTREMITIES * LACERATION ON THUMB OF RIGHT HAND(¼" LONG)

LOWER EXTREMITIES *

POSITION OF PATIENT WHEN FOUND: STANDING

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) YES

PATIENT TRANSPORTED TO: NO

IF PATIENT WAS NOT TRANSPORTED EXPLAIN: NOT REQUESTED BY PATIENT

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

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

CLEANED AND BANDAGED CUT

SIGNED: Lt. B. McGuirk OFFICER IN CHARGE: P. PHILLIPS

RESCUE CO. NO. STATION

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 332 N. P. File # 833

Date: 8/15/75
MONTH DAY YEAR

Time alarm received 11:30 P M Number of miles traveled 15

Time back in service ____ M

Time back at station 12:28 A M

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

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

Cause of fire RUPTURD TANK (WASH DOWN)

Description of building or occupancy: ____

Owner of building or occupancy: ALMAC'S

Owner's address: ____

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

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	75'	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
				3	HANDLIGHTS
				1	MALLET
					SMALL CROWBAR

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 45

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #1. Ladder(s) ____ Rescue(s) ____ Car: #21.

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. W. ROY		
J. BOREK		
A. CORSINI		
D. BAZZLE		
J. LANE		

VEHICLE	STATION	ON SCENE
CHIEF J. MURPHY	D. FORTIN	
R. PARENTEAU	B. DI GIULIO	
	M. MAGGIACONO	
	M. MOONEY	
	D. HOUDE	
	P. TREMENTOZZI	
	R. HUGHES	

REMARKS: DRIVER HIT WALL BACKING UP TO UNLOAD. RUPTURED FUEL TANK, PULLED UP TANK, WASHED DOWN ASPHALT.
TRUK OWNED BY ALMAC'S.

Lt. B. M. Gaucho
SIGNED BY:

CHIEF J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 333 N. P. File # 838

Date: 8/16/75
MONTH DAY YEAR

Time alarm received 8:27 A M Number of miles traveled 4

Time back in service ____ M

Time back at station 8:31 A M

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

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

Cause of fire ____

Description of building or occupancy: RONCI MFG.

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #6, 1, 3. Ladder(s) #1, 2. Rescue(s) ____ Car: #2, 21.

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
T. PERNA	CAPT. P. RUGGIANO	
R. HUGHES	J. MOLLO	
J. ZIROLI	E. BAZZLE	
M. MAGGIACOMO	M. RUSSO	
LT. E. PELLAND		
VEHICLE	**STATION**	**ON SCENE**
~~EMXEX~~ CHIEF J. MURPHY	C. HARRISON	
CHIEF E. DI GIULIO	W. DRAPER SR.	
	T. RUSSO	
	H. DARBY	

REMARKS: CODE YELLOW FROM ENG.#6.

Lt B. Di Giulio

SIGNED BY:

CHIEFS

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 334 N. P. File # 841

Date: 8/16/75
MONTH DAY YEAR

Time alarm received 9:20 P M Number of miles traveled 3

Time back in service ____ M

Time back at station 9:24 P M

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

Location of alarm: (Street and Number) 1525 SMITH ST.

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: STOP & SHOP

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: #2.

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
T. PERNA	J. MOLLO	
C. HARRISON	D. BAZZLE	
E. BAZZLE	J. ZIROLI	
R. HUGHES	CAPT. P. RUGGIANO	
M. RUSSO		
LT. E. PELLAND		
H. DARBY		
P. TREMENTOZZI		

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO		
M. MAGGIACOMO		

REMARKS: CODE YELLOW FROM ENG. #2.

Lt. B. di Giulio
SIGNED BY:

CAPT. P. RUGGIANO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 335 N. P. File # 842

Date: 8/17/75
MONTH DAY YEAR

Time alarm received 1:48 P M Number of miles traveled 0

Time back in service ____ M

Time back at station 1:58 P M

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

Location of alarm: (Street and Number) 20 McMAGUIRE RD.

Cause of fire SHORT

Description of building or occupancy: SPRING VILLA APT.

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
J. MOLLO		
D. BAZZLE		
J. ZIROLI		
M. MAGGIACOMO		
E. BAZZLE		
P. TREMENTOZZI		
R. RATHIER		

VEHICLE	STATION	ON SCENE
	T. PERNA	
	R. HUGHES	
	C. HARRISON	

REMARKS: SHORT IN P.A. SYSTEM, BELL KEEPS ON RINGING.
CALLED MATNTAINANCE MAN.

Lt. B. DeGiulio
SIGNED BY:

J. MOLLO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 336 N. P. File # 845

Date: 8/18/75
MONTH DAY YEAR

Time alarm received 12:10 A M Number of miles traveled 2

Time back in service ____ M

Time back at station 12:18 A M

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

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

Cause of fire CODE BLUE

Description of building or occupancy: GREYSTONE SCHOOL

Owner of building or occupancy: TOWN OF NORTH PROVIDENCE

Owner's address: 2008 SMITH ST.

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #1. Ladder(s) ____ Rescue(s) ____ Car: #2, 21.

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. P. RUGGIANO	C. HARRISON	
D. BAZZLE	R. HUGHES	
E. BAZZLE	J. LANE	
J. ZIROLI	T. PERNA	
N. PHELAND	J. MOLLO	
M. MAGGIANOMO	P. LYONS	

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO	LT. R. PAQUET	
CHIEF J. MURPHY	W. DRAPER JR.	
	A. CORSINI	
	J. PICCARDI	
	L. MARTINO	
	CAPT. W. ROY	

REMARKS: CODE BLUE FROM ENG.#1.

Lt. B. DiGiulio
SIGNED BY:

CAPT. P. RUGGIANO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 337 N. P. File # 846

Date: 8/18/75 (MONTH / DAY / YEAR)

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

Time back in service ____ M

Time back at station 12:17 A M

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

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

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	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) #5, 3. Ladder(s) #1. Rescue(s) ____ Car: #2, 21.

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. P. RUGGIANO	J. MOLLO	
D. BAZZLE	T. PERNA	
E. BAZZLE	C. HARRISON	
J. ZIROLI	R. HUGHES	
M. MAGGIACOMO	J. LANE	
N. PHELAND	P. LYONS	
	J. PICCARDI	
	L. MARTINO	

VEHICLE	STATION	ON SCENE
CHIEF J. MURPHY	LT. R. PAQUET	
CAPT. W. ROY	A. CORSINI	
CHIEF E. DI GIULIO	W. DRAPER JR.	

REMARKS: CODE BLUE.

Lt. B. di Giulio
SIGNED BY:

J. MOLLO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 338 N. P. File # 847

Date: 8/18/75
MONTH DAY YEAR

Time alarm received 1:16 A M Number of miles traveled 3

Time back in service ____ M

Time back at station 1:20 A M

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

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

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) #6.2.1. Ladder(s) #1. Rescue(s) ____ Car: #21.

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. P. RUGGIANO	D. BAZZLE	
E. BAZZLE	C. HARRISON	
J. ZIROLI	R. HUGHES	
J. LANE	L. MARTINO	
CAPT. W. ROY	P. TREMENTOZZI	
M. MAGGIACOMO		

VEHICLE	STATION	ON SCENE
CHIEF J. MURPHY	J. MOLLO	
LT. R. PAQUET	T. PERNA	
	J. PICCARDI	
	N. PHELAND	

REMARKS: CODE BLUE FROM ENG.#6.

SIGNED BY:

CAPT. P. RUGGIANO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 339 N. P. File # 850

Date: 8/18/75
MONTH DAY YEAR

Time alarm received 3:53 P M Number of miles traveled 3

Time back in service 4:15 P M

Time back at station 4:20 P M

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

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

Cause of fire UNKNOWN

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

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

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. B. DI GIULIO		
P. PHILLIPS		
N. PHELAND		
R. HUGHES		
M. MAGGIACOMO		

VEHICLE	STATION	ON SCENE
	J. ZIROLI	
	J. BOREK	
	J. PICCARDI	
	R. PARENTEAU	
	P. TREMENTOZZI	
	J. MOLLO	
	J. NOTARANTONIO	
	CAPT. W. ROY	

REMARKS: SMALL BRUSH FIRE.

Lt. B. Di Giulio
SIGNED BY:

LT. B. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 340 N. P. File # 853

Date: 8/19/75
MONTH DAY YEAR

Time alarm received 9:36 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 9:41 P M

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

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

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, 1. Ladder(s) #1. Rescue(s) ____ Car: #21.

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
B. DI. GIULIO	J. BOREK	
A. CORSINI	M. MOONEY	
M. MAGGIACOMO	R. HUGHES	
R. RATHIER	J. ZIROLI	
P. LYONS		
CAPT. W. ROY		
VEHICLE	**STATION**	**ON SCENE**
CHIEF J. MURPHY	CHIEF E. DI GIULIO	
	D. FORTIN	
	R. PARENTEAU	
	T. PERNA	
	C. HARRISON	
	D. BAZZLE	

REMARKS: CODE BLUE FROM ENG. #2.

Lt. B. Di Giulio
SIGNED BY:

CAPT. W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 341 N. P. File # 854

Date: 8/19/75
MONTH DAY YEAR

Time alarm received 10;46 P M Number of miles traveled 7

Time back in service ____ M

Time back at station 11;06 P M

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

Location of alarm: (Street and Number) 1856 SMITH ST.

Cause of fire ACCIDENT

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 10

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #1. Ladder(s) ____ Rescue(s) #1. Car: #2, 21.

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. W. ROY		
J. BOREK		
M. MAGGIACOMO		
R. RATHIER		
D. BAZZLE		

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO	B. DI GIULIO	
CHIEF J. MURPHY	M. MOONEY	
CAPT. P. RUGGIANO	XXXXXXXE D. HOUDE	
D. FORTIN	P. LYONS	
A. CORSINI	J. ZIROLI	
L. MARTINO	J. LANE	

REMARKS: CAR AND MOTORCYCLE.

Lt. B. Di Giulio
SIGNED BY:

CAPT. W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 342 N. P. File # 855

Date: 8/19/75
MONTH DAY YEAR

Time alarm received 11:42 P M Number of miles traveled 5

Time back in service M

Time back at station 11:45 P M

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

Location of alarm: (Street and Number) 1856 SMITH ST.

Cause of fire WASH DOWN

Description of building or occupancy:

Owner of building or occupancy:

Owner's address:

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

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

APPARATUS REPORT

Working time of pump: Hours: minutes: 10

Defects on apparatus after alarm (if any):

Companies responding:

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

Other companies responding:

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. W. ROY		
J. BOREK		
M. MAGGIACOMO		
D. BAZZLE		
J. ZIROLI		
P. LYONS		

VEHICLE	STATION	ON SCENE
D. FORTIN	[illegible]	
R. PARENTEAU	CHIEF J. MURPHY	
	B. DI GIULIO	
	D. HOUDE	
	A. CORSINI	
	M. MOONEY	
	R. RATHIER	
	R. HUGHESG. [illegible].	
	[illegible] G. BULPITT JR.	

REMARKS: GAS WASH DOWN PER ORDER OF POLICE DEPT.

Lt. B. DeGrulio
SIGNED BY:

CAPT. W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 343 N. P. File # 827

Date: 8/21/75
MONTH DAY YEAR

Time alarm received 11:34 P M Number of miles traveled 0

Time back in service ____ M

Time back at station 11:40 P M

Alarm received by: Box # ____ Phone ____ Other WALK 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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

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

VEHICLE	STATION	ON SCENE
	CAPT. W.ROY	
	CAPT. P. RUGGIANO	
	R. RARENTEAU	
	P. LYONS	
	D. BAZZLE	
	D. HOUDE	
	J. LANE	
	R. HUGHES	

REMARKS: WALK IN RESCUE.

SIGNED BY:

CAPT. R. RUGGIANO

PERSON IN CHG.

CO. FILE-- 827

NO. PROVIDENCE FIRE DEPARTMENT
– SECONDARY RESCUE REPORTS –

DATE: 8/21/75 TIME: ARRIVED 11:34 P.M. RETURNED 11:40 P?M.

NAME: PLACIDO FEMINO AGE: 27

ADDRESS: 242 WATERMAN AVE. APT. 10 ALARM BY: WALK IN

NORTH PROVIDENCE,R.I.

LOCATION OF RESCUE 1967 MINERAL SPRING AVE. (STATION#1.)

EXAMINATION

SKULL *

EYES *

EARS *

NOSE *

MOUTH *

CHEST * TIGHTNESS IN CHEST, PAIN

ABDOMEN *

UPPER EXTREMITIES *

LOWER EXTREMITIES *

POSITION OF PATIENT WHEN FOUND: STANDING

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) YES

PATIENT TRANSPORTED TO: ST. JOSPHS 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)

PATIENT WAS BROUGHT TO STATION BY A FRIEND. PATIENT COMPLAINED OF PAIN IN CHEST. PATIENT WAS TO SEE DOCTOR IN MORNING.
ADMINISTERED OXYGEN.

SIGNED: Lt. B. di Giulio OFFICER IN CHARGE: CAPT. P. RUGGIANO

RESCUE CO. NO. ENG. #1.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 344 N. P. File # 861

Date: 8/21/75
MONTH DAY YEAR

Time alarm received 1:15 A M Number of miles traveled 2

Time back in service ____ M

Time back at station 1:21 A M

Alarm received by: Box # 142 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) WOONASQUATUCKET & REDFERN

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) #1, 6, 3. Ladder(s) #1. Rescue(s) ____ Car: #2, 21.

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
N. PHELAND	CAPT. W. ROY	
R. PARENTEAU	D. BAZZLE	
P. LYONS		
D. HOUDE		
J. LANE		
VEHICLE	**STATION**	**ON SCENE**
CHIEF E. DI GIULIO	LT. R. PAQUET	
CHIEF J. MURPHY	W. DRAPER JR	
	J. MOLLO	

REMARKS: CODE BLUE FROM ENG.1.

Lt. B. Di Giulio
SIGNED BY:

CAPT. W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 345 N. P. File # 862

Date: 8/21/75
MONTH DAY YEAR

Time alarm received 2;24 A M Number of miles traveled 2

Time back in service ____ M

Time back at station 2;28 A M

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

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

Cause of fire CODE BLUE

Description of building or occupancy: GREYSTONE SCHOOL

Owner of building or occupancy: TOWN OF NORTH PROVIDENCE

Owner's address: 200 S SMITH ST.

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #1. Ladder(s) ____ Rescue(s) ____ Car: #21.

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
N. PHELAND		
P. LYONS		
R. PARENTEAU		
D. HODDE		

VEHICLE	STATION	ON SCENE
CHIEF J. MURPHY	CAPT. W. ROY	
	LT. R. PAQUET	
	D. BAZZLE	
	G. BULPITT SR.	
	G. BULPITT JR.	
	W. DRAPER JR.	
	J. LANE	

REMARKS: CODE BLUE.

Lt. B. Di Gaulio
SIGNED BY:

N. PHELAND
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 346 N. P. File # 867

Date: 8/23/75 (MONTH / DAY / YEAR)

Time alarm received 8:13 P M Number of miles traveled 3

Time back in service ____ M

Time back at station 8:18 P M

Alarm received by: Box # 415 Phone ____ Other ____ (Describe)

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

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #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 #
	~~LT. E. PELLAND~~	
	~~H. DARBY~~	
	~~P. LYONS~~	
	~~W. DRAPER JR.~~	
	~~R. HUGHES~~	
	~~J. LANE~~	

VEHICLE	STATION	ON SCENE
	CHIEF J. MURPHY	
	CAPT. P. RUGGIANO	
	CHIEF E. DI GIULIO	
	~~T. RUSSO~~	
	~~S. COPPA~~	
	~~M. RUSSO~~	
	~~J. PICCARDI~~	
	~~L. MARTIANO~~	
	J. BOREK	
	A. CORSINI	

REMARKS: ~~CODE BLUE FROM ENG. #2.~~

Lt. E. Pelland

SIGNED BY:

~~LT. E. PELLAND~~ PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CEN TREDALE Company Alarm # 347 N. P. File # 868

Date: 8/23/75 (MONTH/DAY YEAR)

Time alarm received 8:17 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 8:21 P M

Alarm received by: Box # 6183 Phone ____ Other ____ (Describe)

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

Cause of fire CODE BLUE

Description of building or occupancy: CENTREDALE SCHOOL

Owner of building or occupancy: TOWN OF NORTH PROVIDENCE

Owner's address: 2008 SMITH ST.

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF J. MURPHY		
CAPT. P. RUGGIANO		
T. RUSSO		
M. RUSSO		
J. PICCARDI		
L. MARTIANO		
A. CORSINI		

VEHICLE	STATION	ON SCENE
	CHIEF E. DI GIULIO	
	LT. E. PELLAND	
	H. DARBY	
	P. LYONS	
	S. COPPA	
	W. DRAPER JR.	
	R. HUGHES	
	J. LANE	
	J. BOREK	

REMARKS: CODE BLUE.

Lt. B. De Giulio
SIGNED BY:

CHIEF J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 348 N. P. File # 870

Date: 8/24/75 (MONTH / DAY / YEAR)

Time alarm received 1:40 P M Number of miles traveled 4

Time back in service ____ M

Time back at station 2:05 P M

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

Location of alarm: (Street and Number) 24 COVE CT.

Cause of fire FUMES FROM GLUE

Description of building or occupancy: ____

Owner of building or occupancy: JOSEPH TUFANO

Owner's address: SAME

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

	EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose	1-14'	Under 35 Feet
	Pump Cans		3 Inch Hose		SALVAGE COVERS
	Brooms		Other (Describe)		Number Used
	Other (Describe)		DEODORIZER		Other Equipment
			ELEC. CORDS	2	SMOKE EJECTORS
				2	HANDLIGHTS
				1	MBP

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

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

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. E. PELLAND	T. RUSSO	
H. DARBY	M. RUSSO	
P. LYONS	L. MARTIANO	
R. HUGHES	W. DRAPER JR.	
M. MAGGIACOMO	G. BULPITT JR.	
J. LANE	CHIEF CHILLIE	
VEHICLE	**STATION**	**ON SCENE**
CAPT. P. RUGGIANO	R. RATHIER	
	J. PICCARDI	

REMARKS: FUMES FROM GLUE FOR FORMICA IGNITED BY PILOT LIGHT ON GAS STOVE. OUT ON ARRIVAL. LIGHT SMOKE IN HOUSE.

ESTIMATED DAMAGE. 25.00.

JOHN CLARK INSURANCE CO.

Lt. B Di Giulio

SIGNED BY:

CHIEF CHILLIE

PERSON IN CHG.

CODE SHEET

1.	Month in which fire occurred	8
2.	Community in which fire occurred	24
3.	Cause	1
4.	If Accidental, specific cause	9
5.	If Incendiary, suspected motive	–
6.	If Suspicious, suspected motive	–
7.	Suspicion directed toward	–
8.	Type of structure	4
9.	Occupied by whom	1
10.	Insurance	1
11.	Total Amount of Insurance	–
12.	Estimated loss	25.00

Name and Address of Owner: JOSEPH TUFANO
24 Cove Ct.

Name of Occupant: SAME

COMPLETE AND RETURN TO STATE DIVISION OF FIRE SAFETY

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 349 N. P. File # 876

Date: 8/25/75
MONTH DAY YEAR

Time alarm received 9:38 P M Number of miles traveled 5

Time back in service ____ M

Time back at station 9:42 P M

Alarm received by: Box # 3211 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) HURDIS 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:

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. W. ROY	D. FORTIN	
J. BOREK	G. BULPITT SR.	
M. MAGGIACOMO	A. CORSINI	
J. ZIROLI	J. MOLLO	
	R. HUGHES	
VEHICLE	**STATION**	**ON SCENE**
CHIEF E. DI GIULIO	LT. R. PAQUET	
	M. MOONEY	
	N. PHELAND	
	P. LYONS	
	L. MARTIANO	
	F. ROTELLA	

REMARKS: CODE BLUE FROM ENG.#3.

Lt B. W. Jones
SIGNED BY:

CAPT. W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 350 N. P. File # 877

Date: ~~XXXX~~ 8/25/75
MONTH DAY YEAR

Time alarm received 10:48 P M Number of miles traveled 3

Time back in service ____ M

Time back at station 10:51 P M

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

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

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) #6, 1, 2. Ladder(s) #1. Rescue(s) ____ Car: #2, 21.

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. W. ROY	M. MOONEY	
J. BOREK	G. BULPITT	
A. CORSINI	P. LYONS	
M. MAGGIACOMO	J. MOLLO	
J. ZIROLI	R. HUGHES	
	J. PICCARDI	

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO	N. PHELAND	
CHIEF J. MURPHY		
D. FORTIN		

REMARKS: CODE BLUE FROM ENG.#6.

Lt B. di Giulio
SIGNED BY:

CAPT. W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 351 N. P. File # 878

Date: 8/26/75
MONTH DAY YEAR

Time alarm received 3:25 A M Number of miles traveled 11

Time back in service M

Time back at station 5:32 A M

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

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

Cause of fire ELECTRIAL WIRING

Description of building or occupancy: NORTH PROVIDENCE BOYS CLUB

Owner of building or occupancy: WOOSTER TEXTILE

Owner's address:

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

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster	75'	Aerial
	Dry Chemical	300'	1½ Inch Hose		Over 35 Feet
	Foam	500'	2½ Inch Hose	78'	Under 35 Feet
	Pump Cans	75'	3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)	3	Number Used
	Other (Describe)	1	PICAXE		Other Equipment
		1	SHOVEL	2	PIKE POLES
		2	SMOKE EJECTORS	4	SQUEGGES
			ELEC. CORDS	4	HANDLIGHTS

APPARATUS REPORT

Working time of pump: Hours: 1 minutes:

Defects on apparatus after alarm (if any):

Companies responding:

Engines(s) #1, 6, 3. Ladder(s) #1. Rescue(s) #1. Car: #1, 2, 3, 21

Other companies responding: S.S. RES, #2.

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

ENGINE(S) #	LADDER(S) #	RESCUE #
J. BOREK	D. BAZZLE	
A. CORSINI	J. ZIROLI	
M. MAGGIACOMO	M. MOONEY	
N. PHELAND	J. LANE	

VEHICLE	VEHICLE STATION	ON SCENE
CHIEF R. CHARELLO	W. DRAPER JR.	
CHIEF E. DI GIULIO	G. BULPITT JR.	
CHIEF J. MURPHY	J. MOLLO	
LT. E. PELLAND	T. PERNA	
LT. R. PAQUET	T. RUSSO	
CAPT. W. ROY	M. RUSSO	
D. FORTIN	H. DARBY	
G. BULPITT SR.	J. PICCARDI	
W. DRAPER SR.	L. MARTIANO	
F. ROTELLA		

REMARKS: HEAVY FIRE DAMAGE 1st. FLOOR REAR. WATER DAMAGE THROUGHOUT BLDG. (FIRE UNDER INVESTAGATION) (3 SALVAGE COVERS LEFT ON SCENE.) H. PAESI INVESTITAGATED, CAUSE POINTED TO ELECTRICAL WIREING. BOTH PARTIES INSURED, ESTIMATED LOSS APROX. $3,000.00

SIGNED BY: Lt Billi Giulio

CHIEF J. MURPHY

PERSON IN CHG.

CODE SHEET

1.	Month in which fire occurred	8
2.	Community in which fire occurred	24
3.	Cause	1
4.	If Accidental, specific cause	3
5.	If Incendiary, suspected motive	—
6.	If Suspicious, suspected motive	—
7.	Suspicion directed toward	—
8.	Type of structure	10
9.	Occupied by whom	2
10.	Insurance	Yes
11.	Total Amount of Insurance	
12.	Estimated loss	#3,000.

Name and Address of Owner WOOSTER TEXTILE (Gregson's)

Name of Occupant No. Prov. Boys Club

COMPLETE AND RETURN TO STATE DIVISION OF FIRE SAFETY

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 352 N. P. File # RES. 846

Date: 8/26/75
MONTH DAY YEAR

Time alarm received 6:34 P M Number of miles traveled 0

Time back in service ____ M

Time back at station 6:42 P M

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

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

Cause of fire FIRST AID

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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 #

VEHICLE	STATION	ON SCENE
	CAPT. W.ROY	
	LT. E. PELLAND	
	W. DRAPER JR.	
	N. PHELAND	
	D. BAZZLE	
	J. BOREK	
	R. RATHIER	
	T. RUSSO	

REMARKS: PATIENT WALK IN, POSSIBLE HEART ATTACK.

Lt. B. di Giulio
SIGNED BY:

LT. E. PELLAND
PERSON IN CHG.

RES. FILE--846

NO. PROVIDENCE FIRE DEPARTMENT

– SECONDARY RESCUE REPORTS –

CO. FILE--352

DATE: 8/26/75 TIME: ARRIVED 6:42 P.M. RETURNED [illegible]

NAME: ernst BADWAY AGE: 30

ADDRESS: 67 SUNSET AVE. ALARM BY: walk in

NORTH PROVIDENCE,R.I.

LOCATION OF RESCUE 1967 MINERAL SPRING AVE.

EXAMINATION

SKULL *

EYES *

EARS *

NOSE *

MOUTH *

CHEST * CHEST PAINS

ABDOMEN *

UPPER EXTREMITIES * POSSIBLE HEART ATTACK, PAIN IN LEFT ARM

LOWER EXTREMITIES *

POSITION OF PATIENT WHEN FOUND: STANDING

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN)

PATIENT TRANSPORTED TO: VETERANS HOSPITAL BY RES. #1.

IF PATIENT WAS NOT TRANSPORTED EXPLAIN:

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

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

PATIENT HAD DIFFICULTY BREATHING. SEVERE CHEST PAINS. PATIENT WAS SAT DOWN IN CHAIR AND ADMINISTERED OXYGEN.

SIGNED: Lt. B. McGuire OFFICER IN CHARGE: LT. E. PELLAND

RESCUE CO. NO. STATION #1.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 353 N. P. File # 879

Date: 8/28/75
MONTH DAY YEAR

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

Time back in service ____ M

Time back at station 8:10 A M

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

Location of alarm: (Street and Number) 5 CORA ST.

Cause of fire SHORT IN CORD OF FLAT IRON

Description of building or occupancy: ____

Owner of building or occupancy: LOUISE IASIMONE

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) FLAT IRON		

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#1,6. Ladder(s) #1. Rescue(s) ____ Car: #1,21.

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. B. DI GIULIO	J. LANE	
H. PARISI	J. MOLLO	
J. NATARANTONIO		
D.BAZZLE		
R. HIGHES		
J. ZIROLI		

VEHICLE	STATION	ON SCENE
CHIEF CHARELLO	~~P. TREMENTOZZI~~	
CHIEF J. MURPHY	P. LYONS	
J. PICCARDI	~~W. DRAPER SR.~~	
~~XXXXXXXXXX~~		
L. CALISI		

REMARKS: OUT ON ARRIVAL. SHORT IN FLAT IRON CORD.
BURNED CORD OFF AT IRON END.

Lt B. Di Giulio
SIGNED BY:

CHIEF J. MURPHY
PERSON IN CHG.

CODE SHEET

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

Name and Address of Owner _____

1

Name of Occupant _____

1

–

COMPLETE AND RETURN TO STATE DIVISION OF FIRE SAFETY

13.00

LOUISE IASIMONE

5 CORA ST. No. Prov

SAME

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 354 N. P. File # 880

Date: 8/28/75
MONTH DAY YEAR

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

Time back in service ____ M

Time back at station 10:46 A M

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

Location of alarm: (Street and Number) END McGUIRE RD.

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
1	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	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. B. DI GIULIO		
R. HUGHES		
R. RATHIER		
H. PARISI		

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

REMARKS: SMALL GRASS FIRE

Lt. B. Di Giulio

SIGNED BY:

LT. B. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 355 N. P. File # 882

Date: 8/28/75
MONTH DAY YEAR

Time alarm received 4;13 P M Number of miles traveled 0

Time back in service ____ M

Time back at station 4;23 P M

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

Location of alarm: (Street and Number) 1890 MINERAL SPRING AVE.

Cause of fire SHORT IN BALLAST IN LIGHT

Description of building or occupancy: GUIRK & McMAHAN INC.

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. H. PARISI		
LT. B. DI GIULIO		
J. BOREK		
R. HUGHES		
CAPT. W. ROY		
VEHICLE	**STATION**	**ON SCENE**
P. TREMENTOZZI	CAPT. P. RUGGIANO	
D. BAZZLE	J. MOLLO	
	J. NARTORANTONDO	
	L. CALISE	
	J. LANE	
	M. MAGGACOMO	
	J. PICCARDI	

REMARKS: SHORT IN BALLAST IN LIGHT FIXTURE. DISCONECTED BALLAST. OUT ON ARRIVAL.

Lt. B. Di Giulio

SIGNED BY:

LT. B. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 356 N. P. File # 884

Date: 8/28/75
MONTH DAY YEAR

Time alarm received 10:44 P M Number of miles traveled 4

Time back in service ____ M

Time back at station 10:47 P M

Alarm received by: Box # 415 Phone ____ Other ____ (Describe)

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

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 #
	J. BOREK	
	A. CORSINI	
	M. MOONEY	
	P. LYONS	
	J. ZIROLI	
VEHICLE	**STATION**	**ON SCENE**
	LT. R. PAQUET	
	CAPT. W. ROY	
	N. PHELAND	
	M. MAGGIACOMO	
	D. FORTIN	
	B. DI GIULIO	
	G. BULPITT JR	
	J. LANE	
	R. HUGHES	C. HARRISON
	S. COPPA	R. RATHIER

REMARKS: CODE BLUE FROM ENG.#2.

Lt B. Di Giulio

SIGNED BY:

A. CORSINI

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 357 N. P. File # 887

Date: 8/29/75 (MONTH / DAY / YEAR)

Time alarm received 10:59 P M

Time back in service ____ M

Time back at station 11:02 P M

Number of miles traveled 6

Alarm received by: Box # 411 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) MacARTHUR & GAINER

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, 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 J. MURPHY	LT. PELLAND	
T. PERNA	H. DARBY	
A. CORSINI	M. RUSSO	
J. LANE	P. LYONS	
J. BOREK		
VEHICLE	**STATION**	**ON SCENE**
P. TREMENTOZZI	LT. R. PAQUET	
N. PHELAND	CAPT. P. RUGGIANO	
	S. COPPA	
	J. PICCARDI	
	L. MARTINO	
	G. BULPITT	
	C, HARRISON	
	R. HUGHES	
	J. MOLLO	

REMARKS: CODE BLUE FROM ENG.#2 .

Lt. B. Di Guilio
SIGNED BY:

CHIEF J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 358 N. P. File # 890

Date: ~~xx~~ 8/31/75
MONTH DAY YEAR

Time alarm received 1:35 A M
Time back in service ____ M
Time back at station 1:38 A M

Number of miles traveled 2

Alarm received by: Box # 2212 Phone ____ Other ____ (Describe)
Location of alarm: (Street and Number) WENTWORTH ST.
Cause of fire CODE BLUE
Description of building or occupancy: ____
Owner of building or occupancy: ____
Owner's address: ____

CLASSIFICATION OF ALARM

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

FIRE CODE

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

ALARM WITH NO FIRE

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____
Defects on apparatus after alarm (if any): ____
Companies responding: ____
Engines(s) #3. 4. 1. Ladder(s) #1. 2. Rescue(s) #1. Car: ____
Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
G. BULPITT SR.		N. PHELAND
G. BULPITT JR.		N. RAMPONE
P. TREMENTOZZI		M. LABBADIA
P. LYONS		
J. BOREK		

VEHICLE	STATION	ON SCENE
~~W. DRAPER JR.~~	LT. R. PAQUET	
	J. LANE	
	R. HUGHES	
	D. FORTIN	
	J. PICCARDI	

REMARKS: CODE BLUE FROM ENG.#3.

Lt. B. Di Giulio
SIGNED BY:

G. BULPITT SR.
PERSON IN CHG.