NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 467 N. P. File # 1199

Date: 12/1/75
MONTH DAY YEAR

Time alarm received 3:10 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 3:14 P M

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

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

Cause of fire CODE BLUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. B. DI GIULIO	H. PARISI	
C. SALISBURY	J. MOLLO	
P. PHILLIPS	R. HUGHES	
B. CHARELLO	W. ZAMBARNO	
J. BOREK		
S. COPPA		
VEHICLE	**STATION**	**ON SCENE**
D. BAZZLE	R. PARENTEAU	
W. DRAPER SR.	J. ZIROLI	
	M. MAGGIACOMO	
	E. SPAZIANO	

REMARKS: CODE BLUE FROM ENG.#1.

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 # 468 N. P. File # 1102

Date: 12/2/75
MONTH DAY YEAR

Time alarm received 7:02 P M Number of miles traveled 3

Time back in service ____ M

Time back at station 7:05 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: #21.

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. H. DARBY	N. PHELAND	
L. TORO	P. TREMENTOZZI	
F. CHARTIER	R. PARENTEAU	
D. BAZZLE	A. CORSINI	
VEHICLE	**STATION**	**ON SCENE**
CHIEF J. MURPHY	G. BULPITT	
	M. MAGGIACOMO	
	J. SHIPPIE	

REMARKS: CODE BLUE FROM ENG.#6.

Lt. B. M. Giulio
SIGNED BY:

LT. H. DARBY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 469 N. P. File # 1206

Date: 12/5/75
MONTH DAY YEAR

Time alarm received 9:28 PM Number of miles traveled 4

Time back in service ____ M

Time back at station 9:31 PM

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	
	R. RATHIER	
	LT. H. DARBY	
	J. ZIROLI	
	E. SPAZIANO	

VEHICLE	STATION	ON SCENE
	CHIEF R. CHARELLO	
	CHIEF E. DI GIULIO	
	B. CHARELLO	
	CAPT. E. PELLAND	
	T. RUSSO	
	S. COPPA	
	P. LYONS	
	G. BULPITT JR.	
	M. RUSSO	
	C. HARRISON	

J. SHIPPEE

F. ROTELLA

REMARKS:

CODE BLUE FROM ENG.#2.

Lt. B. Di Giulio

SIGNED BY

LT. H. DARBY

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 470 N. P. File # 1211

Date: 12/6/75
MONTH DAY YEAR

Time alarm received 10:00 P M Number of miles traveled 3

Time back in service ____ M

Time back at station 10:18 P M

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

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

Cause of fire CODE BLUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. P. RUGGIANO		
J. LANE		
E. BAZZLE		
R. HUGHES		
J. ZIROLI		
E. SPAZIANO		

VEHICLE	STATION	ON SCENE
	CHIEF J. MURPHY	
	LT. R. PAQUET	
	J. MOLLO	
	D. LANE	
	P. LYONS	
	W. ROY	
	W. ZAMBARANO	

REMARKS: CODE BLUE FROM ENG.#1.

Capt. P. Di Giulio
SIGNED BY:

CAPT. P. RXXXXXX RUGGIANO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 471 N. P. File # 1212

Date: 12/6/75 (MONTH DAY YEAR)

Time alarm received 11:20 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 11:49 P M

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

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

Cause of fire AUTO ACCIDENT

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. P. RUGGIANO	CAPT. E. PELLAND	
J. LANE	J. MOLLO	
E. BAZZLE	D. LANE	
R. HUGHES	P. LYONS	
J. ZIROLI	W. ZAMBARANIO	
E. SPAZIANO		

VEHICLE	STATION	ON SCENE
CHIEF R. CHARELLO	S. COPPA	
CHIEF E. DI GIULIO		
CHIEF J. MURPHY		
LT. R. PAQUET		
N. PHELAND		
F. CHARTIER		
W. ROY		
G. BULPITT JR.		

REMARKS: BOX 131 PULLED FOR AUTO ACCIDENT.
CODE YELLOW FOR ENG.#1.
JPB2 MERCURY 1967 GC 566 PONTIC

SEE RESCUE REPORT FOR DETAILS.

Lt. B. DiGiulio
SIGNED BY:

CAPT. P. RUGGIANO
PERSON IN CHG.

RES. FILE-- 1225

NO. PROVIDENCE FIRE DEPARTMENT

CO. FILE-- 471

– SECONDARY RESCUE REPORTS –

DATE: 12/6/75 TIME: ARRIVED 11:20 P.M. RETURNED 11:49 P.M.

NAME: ALBERT TELOQUIA AGE: 72

ADDRESS: ALARM BY:

LOCATION OF RESCUE MINERAL SPRING & LOCUST AVE.

EXAMINATION

SKULL * SLIGHT LACERATION FOREHEAD

EYES *

EARS *

NOSE *

MOUTH *

CHEST *

ABDOMEN *

UPPER EXTREMITIES *

LOWER EXTREMITIES * LACERATION LEFT LEG

POSITION OF PATIENT WHEN FOUND: STANDING

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) YES

PATIENT TRANSPORTED TO: ROGER WILLIAMS GENERAL 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)

STERILE DRESING 4"x4" APPLIED TO LACERATIONS LEFT LEG.
3" ROOL GAUZE
4$x4" DRESING

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

RESCUE CO. NO. ENG.#1.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 472 N. P. File # 1213

Date: 12/7/75
MONTH DAY YEAR

Time alarm received 12:49 P M Number of miles traveled 1

Time back in service _____ M

Time back at station 12:59 A M

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

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

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☒ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☒ Miscellaneous fires (describe) 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)	1	HANDLIGHT		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 #
J. LANE		
R. HUGHES		
J. ZIROLI		
E. BAZZLE		
G. BULPITT JR.		

VEHICLE	STATION	ON SCENE
CHIEF J. MURPHY	J. MOLLO	
G. BULPITT SR.	D. LANE	
	CAPT. E. PELLAND	
	R. RATHIER	
	P. LYONS	

REMARKS: CODE YELOW FROM ENG.#1.

Lt. B. Di Giulio
SIGNED BY:

CHIEF J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 473 N. P. File # 1215

Date: 12/7/75
MONTH DAY YEAR

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

Time back in service ____ M

Time back at station 3:58 P M

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

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

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

	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 #
J. LANE		
J. ZIROLI		
R. HUGHES		
E. BAZZLE		
E. SPAZIANO		

VEHICLE	STATION	ON SCENE
CHIEF J. MURPHY	CHIEF E. DI GIULIO	
	J. MOLLO	
	P. LYONS	
	CAPT. E. PELLAND	

REMARKS: WOMEN REPORTED SEEING SMOKE COMING FROM COVER IN STREET, WATER SHUT OFF. NOTIFIED FIRE ALARM TO CALL WATER DEPT.

Lt. E. Di Giulio
SIGNED BY:

CHIEF J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 474 N. P. File # 1217

Date: 12/8/75
MONTH DAY YEAR

Time alarm received 5:51 P M Number of miles traveled 3

Time back in service ____ M

Time back at station 5:66 P M

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

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

Cause of fire CODE BLUE

Description of building or occupancy: LYMANSVILLE 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) #6.1.2. Ladder(s) #1. Rescue(s) #1. Car: #24.

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. H. DARBY	P. TREMENTOZZI	
L. TORO	D. BAZZLE	
W. DRAPER JR.	E. BAZZLE	
R. HUGHES	J. ZIROLI	
	W. ZAMBARANO	
VEHICLE	**STATION**	**ON SCENE**
	CAPT. P. RUGGIANO	
	CAPT. E. PELLAND	
	N. PHELAND	
	G. BULPITT SR.	
	K. CERERONE	
	D. HOUDE	
	G. BULPITT JR.	
	W. ROY	
	M. MAGGACIMO	

REMARKS: CODE BLUE FROM CAR #24.

Lt. B Di Zinno
SIGNED BY:

LT. H. DARBY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 475 N. P. File # 1219

Date: 12/9/75
MONTH DAY YEAR

Time alarm received 12:15 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 12:19 P 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	☒ 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, 2. Rescue(s) #3. Car: #1.

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. B. DI GIULIO	J. MOLLO	
C. SALISBURY	H. PARISI	

VEHICLE	STATION	ON SCENE
D. BAZZLE	W. DRAPER JR.	
	E SPAZIANO	
	M. RUSSO	
	W. DRAPER SR.	

REMARKS: SMALL CHILD PULLED INSIDE PULL STATION.

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 # 476 N. P. File # 1220

Date: 12/9/75
MONTH DAY YEAR

Time alarm received 7:47 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 7:49 P M

Alarm received by: Box # 153 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) WOONASQUTUCKET & CHANDLER

Cause of fire CODE BLUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #1, 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 #
CHIEF R, CHARELLO	LT. R. PAQUET	
E. SPAZIANO	W. ROY	
CAPT. E. PELLAND	D. HOUDE	
LT. H. DARBY	M. MAGGIACOMO	
P. TREMENTOZZI	M. MOONEY	
	J. SHIPPEE	
	G. BULPITT JR.	
	W. ZAMBARANO	
VEHICLE	**STATION**	**ON SCENE**
K. CECERONE	CHIEF E. DI GIULIO	
	CHIEF J. MURPHY	
	J. ZIROLI	
	R. RATHIER	
	S. COPPA	
	J. BOREK	

REMARKS: CODE BLUE FROM ENG.#1.

Lt. B. Di Giulio
SIGNED BY:

CHIEF R, CHARELLO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 477 N. P. File # 1221

Date: 12/9/75 (MONTH DAY YEAR)

Time alarm received 9:37 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 9:46 P M

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

Location of alarm: (Street and Number) ____

Cause of fire CODE BLUE

Description of building or occupancy: OWR LADY OF FATIMA HOSPTIAL

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) #2,3,4,1,6,5. Ladder(s) #1,2. Rescue(s) #1,2. Car: #1,2.

PROV. ENG. & LADDER

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF J. MURPHY	LT. HA DARBY	
CAPT. E. PELLAND	W. ROY	
LT. R. PAQUET	J. ZIROLI	
D. HOUDE	W. ZAMBARANO	
E. SPAZIANO		
J. SHIPPEE		
P. TREMENTOZZI		
S. COPPA		
M. RUSSO		
VEHICLE	**STATION**	**ON SCENE**
CHIEF R. CHARELLO	B. DI GIULIO	
CHIEF E. DI GIULIO	A. CORSINI	
	M. MAGGIACOMO	
	M. MOONEY	
	N. PHELAND	
	J. LANE	
	G. BULPITT JR.	
	J. BOREK	
	R. RATHIER	

REMARKS: CODE BLUE

H R. DeGiulio
SIGNED BY:

CHIEF J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 478 N. P. File # 1222

Date: 12/10/75 (MONTH / DAY / YEAR)

Time alarm received 12:44 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 12:54 P M

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

Location of alarm: (Street and Number) 2160 MINERAL SPRING AVE.

Cause of fire CARBURATOR

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

	EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED
	Carbon Dioxide	25'	Booster 1"		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose		SALVAGE COVERS
	Brooms		Other (Describe)		Number Used
	Other (Describe)	2pr.	ABBESTOS GLOVES		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 #
LT. B. DI GIULIO		
C. SALISBURY		
J. MOLLO		
W. ZAMBARANO		

VEHICLE	STATION	ON SCENE
	L. CALISI	
	H. PARISI	
	K. CICERONE	
	D. CELLO	

REMARKS: BACK IN CARBURATOR.

OWNER-- ELEANOR DI TUSA
2160 MINERAL SPRING AVE.
NORTH PROVIDENCE,R.I.
APT. 10

1969 CHEV. 4 DOOR
COLOR-- GOLD
R.I. REG. NO 313

NO INS.

Lt. B. Di Giulio
SIGNED BY:

LT. B. DI GIULIO
PERSON IN CHG.

CODE SHEET

1.	Month in which fire occurred	12
2.	Community in which fire occurred	24
3.	Cause	1
4.	If Accidental, specific cause	11
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	2
11.	Total Amount of Insurance	—
12.	Estimated loss	0

Name and Address of Owner ELEANOR DiTUSA
2160 MIN. SPR. Ave, 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 # 479 N. P. File # 1223

Date: 12/10/75
MONTH DAY YEAR

Time alarm received 7:11 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 7:19 P M

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

Location of alarm: (Street and Number) 12 SHERRI 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		☒ XX Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		DETAIL

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	CAPT. E. PELLAND	
	T. RUSSO	
	S. COPPA	
	M. RUSSO	
	J. ZIRDLI	
	J. SHIPPEE	

VEHICLE	STATION	ON SCENE
	CHIEF J. MURPHY	
	LT. H. DARBY	
	J. BOREK	
	R. RATHIER	
	P. LYONS	
	D. CELIO	
	G. BULPITT	
	R. HUGHES	
	W. ZAMABARANIO	
	K. CICERONE	

REMARKS: SENT TO DISLOGE CAT TRAPPED IN ENGINE COMPARTMENT OF AUTOMOBILE. CAT HAD BEEN FREED BY DRIVER OF VEHILE UPON ARRIVLE.

SIGNED

CAPT. E. PELLAND

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 480 N. P. File # RES. FILE 1235

Date: 12/10/75
MONTH DAY YEAR

Time alarm received 6:50 P M Number of miles traveled _____

Time back in service _____ M

Time back at station 7:00 P M

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

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

Cause of fire RESCUE

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

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

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. E. PELLAND	
	T. RUSSO	
	J. BOREK	
	R. RATHIER	
	S. COPPA	
	M. RUSSO	
	P. LYONS	STATION
	D. CELIO	J. SHIPPEE
	J. ZIROLI	K. CICERONE
	W. ZAMBARANO	

REMARKS: CALL TO POLICE STATION FOR MEDICAL AID.
SEE ATTACHED RESCUE REPORT.

Lt. B. Di Giulio
SIGNED BY:

CAPT. E. PELLAND
PERSON IN CHG.

RES. FILE-- 1235
CO. FILE-- 480

NO. PROVIDENCE FIRE DEPARTMENT

– SECONDARY RESCUE REPORTS –

DATE: 12/10/75 TIME: ARRIVED 6:50 P.M. RETURNED 7:00 P.M.

NAME: FRANCES CUSANO AGE: 51

ADDRESS: 61 EMANUEL ST ALARM BY: PHONE

NORTH PROVIDENCE, R.I.

LOCATION OF RESCUE NORTH PROVIDENCE POLICE STATION
1967 MINERAL SPRING AVE.

EXAMINATION

SKULL *

EYES *

EARS *

NOSE *

MOUTH *

CHEST *

ABDOMEN *

UPPER EXTREMITIES * CURTAIN HOOK LOGGED IN RIGHT HAND

LOWER EXTREMITIES *

POSITION OF PATIENT WHEN FOUND: SITTING

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) YES

PATIENT TRANSPORTED TO: NO. PROV. EMERGENCY ROOM 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)

HAND BANDAGED AND PATIENT TRANPORTED BY RES.#1.

2-- 4"x4" PADS
1role 1" GAUZE
1 ALCOHOL PAD

SIGNED: Lt. B. DeGiulio OFFICER IN CHARGE: CAPT. E. PELLAND

RESCUE CO. NO. ENG.#1.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 481 N. P. File # 1231

Date: 12/13/75
MONTH DAY YEAR

Time alarm received 1:24 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 1:29 P M

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

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

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. E. PELLAND		
T. RUSSO		
S. COPPA		
M. RUSSO		
J. ZIROLI		

VEHICLE	STATION	ON SCENE
R. PARENTEAU	J. BOREK	
	R. RATHIER	
	D. CELIO	
	R. HUGHES	
	J. SHIPPEE	
	LT. R. PAQUET	
	N. PHELAND	
	CAPT. P. RUGGIANO	
	M. MAGGIACOMO	
	W. DRAPER JR.	
	D. LANE	

REMARKS: REPOTR OF A NATURAL GAS LEAK.
NO ONE AT ABOVE ADDRESS CALLED.

Lt. B. DiGiulio
SIGNED BY:

CAPT. E. PELLAND
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 482 N. P. File # 1233

Date: 12/13/75
MONTH DAY YEAR

Time alarm received 1:46 P M Number of miles traveled 3

Time back in service ____ M

Time back at station 1:49 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	☒ 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. E. PELLAND	
	J. BOREK	
	R. RATHIER	
	D. CELIO	
	R. HUGHES	
	J. SHIPPEE	
	M. MAGGIACOMO	

VEHICLE	STATION	ON SCENE
M. MOONEY	CHIEF R. CHARELLO	
	CHIEF E. DI GIULIO	
	CAPT. P. RUGGIANO	
	LT. R. PAQUET	
	T. RUSSO	
	S. COPPA	
	M. RUSSO	
	N. PHELAND	
	W. DRAPER JR.	
	J. ZIROLI	

REMARKS: CODE BLUE FROM ENG.#2.

Lt. B. Di Giulio
SIGNED BY:

CAPT. E. PELLAND
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 483 N. P. File # 1234

Date: 12/13/75
MONTH DAY YEAR

Time alarm received 6:13 P M Number of miles traveled 4

Time back in service ____ M

Time back at station 6:16 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 #
	CHIEF J. MURPHY	
	J. BOREK	
	R. RATHIER	
	D. CELIO	
	K. CICERONE	

VEHICLE	STATION	ON SCENE
	CHIEF R. CHARELLO	
	CHIEF E. DI GIULIO	
	LT. R. PAQUET	
	CAPT. E. PELLAND	
	T. RUSSO	
	S. COPPA	
	M. RUSSO	
	J. SHIPPEE	
	J. LANE	
	D. BAZZLE	

REMARKS: CODE BLUE FROM ENG.#2.

Lt B. Di Giulio
SIGNED BY:

CHIEF J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 484 N. P. File # 1235

Date: 12/13/75 (MONTH DAY YEAR)

Time alarm received 9:11 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 9:19 P M

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

Location of alarm: (Street and Number) 41 ANGELL AVE

Cause of fire ____

Description of building or occupancy: REAR 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	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
2	Pump Cans		3 Inch Hose	SALVAGE COVERS	
1	Brooms		Other (Describe)		Number Used
	Other (Describe)	1	HANDLIGHT		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 #
CAPT. E. PELLAND		
T. RUSSO		
S. COPPA		
M. RUSSO		

VEHICLE	STATION	ON SCENE
CAPT. P. RUGGIANO	J. BOREK	
CHIEF J. MURPHY	R. RATHIER	
	P. LYONS	
	J. SHIPPEE	
	D. CELIO	
	W. ZAMBARANO	

REMARKS: SMALL PILE OF LOGS IN CAMP FIRE IN WOODED AREA IN REAR OF SCHOOL.

Lt. B. Di Giulio
SIGNED BY:

CAPT. E. PELLAND
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 485 N. P. File # 1236

Date: 12/14/75
MONTH DAY YEAR

Time alarm received 12:26 P M Number of miles traveled 4

Time back in service ____ M

Time back at station 12:29 P M

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

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

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☐ 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) #6,1,2. 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. E. PELLAND	T. RUSSO	
J. BOREK	P. RATHIER	
S. COPPA	P. LYONS	
M. RUSSO	D. CALIO	
J. SHIPPEE	K. CICERONE	
VEHICLE	**STATION**	**ON SCENE**
CHIEF J. MURPHY		
CHIEF E. DI GIULIO		

REMARKS: CODE BLUE FROM ENG.#6/

Lt. E. Di Giulio
SIGNED BY:

CHIEF J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 486 N. P. File # 1238

Date: 12/14/75 (MONTH / DAY / YEAR)

Time alarm received 8:10 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 8:21 P M

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

Location of alarm: (Street and Number) 41 ANGELL AVE.

Cause of fire CAMPFIRE

Description of building or occupancy: REAR 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	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☒ Miscellaneous fires (describe) CAMPFIRE		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
2	Pump Cans		3 Inch Hose	SALVAGE COVERS	
1	Brooms		Other (Describe)		Number Used
	Other (Describe)	1	HANDLIGHT		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 #
J. BOREK	CAPT. PELLAND	
R. RATHIER	S. COPPA	
M. RUSSO	P. LYONS	
D. CELIO	J. SHIPPEE	
J. MOLLO	R. HUGHES	
VEHICLE	**STATION**	**ON SCENE**
CHIEF J. MURPHY	T, RUSSO	

REMARKS: SMALL PILE OF LOGS IN CAMP FIRE IN WOODED AREA IN REAR OF SCHOOL.

LADDER #1, OUT DRIVER TRAINING.

Lt R. Di Giulio
SIGNED BY:

R. RATHIER
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 487 N. P. File # 1239

Date: 12/14/75 (MONTH / DAY / YEAR)

Time alarm received 9:38 P M Number of miles traveled 6

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) 7 STELLA DR.

Cause of fire SET

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 20

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. E. PELLAND		
J. BOREK		
R. RATHIER		
M. RUSSO		
D. CELIO		
R. HUGHES		

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO	T. RUSSO	
CHIEF J. MURPHY	S. COPPA	
	P. LYONS	
	J. SHIPPEE	
	P. TREMENTOZZI	
	K. CICERONE	

REMARKS: REAR PORTION AND INTERIER INVOLVED. GASOLINE CAN AND OTHER EVIDENCE TAKEN TO POLIC HDGT. BY PTLM. PHILLIPS.

OWENER--

MICHAEL DI FILLIPPO — R.I. REG. DY791

161 WESCOTT AVE. — 1966 CHEV.

CRANSTON,R.I. — COLOR, GREEN

Lt. R. Di Giulio

SIGNED BY:

CHIEF J. MURPHY

PERSON IN CHG.

CODE SHEET

1.	Month in which fire occurred	12
2.	Community in which fire occurred	24
3.	Cause	2
4.	If Accidental, specific cause	—
5.	If Incendiary, suspected motive	7
6.	If Suspicious, suspected motive	—
7.	Suspicion directed toward	7
8.	Type of structure	12
9.	Occupied by whom	3
10.	Insurance	UNKNOWN
11.	Total Amount of Insurance	" "
12.	Estimated loss	300.00

Name and Address of Owner MICHAEL DiFILLIPPO
161 WESCOTT Ave
CRANSTON, R.I.

Name of Occupant

COMPLETE AND RETURN TO STATE DIVISION OF FIRE SAFETY

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 488 N. P. File # 1240

Date: 12/15/75
MONTH DAY YEAR

Time alarm received 10:09 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 10:13 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: #24.

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF J. MURPHY	CAPT. E. PELLAND	
D. BAZZLE	J. SHIPPEE	
D. HOUDE	R. HUGHES	
A. CORSINI	G. BULPITT SR.	
E. SPAZIANO		
S. COPPA		
VEHICLE	**STATION**	**ON SCENE**
	LT. R. PAQUET	
	M. MOONEY	
	P. TREMENTOZZI	

REMARKS: CODE BLUE FROM CAR#24.

Lt B. diGiulio
SIGNED BY:

CHIEF J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 489 N. P. File # 1247

Date: 12/20/75 (MONTH / DAY / YEAR)

Time alarm received 5:39 A M Number of miles traveled 1

Time back in service ____ M

Time back at station 5:52 A M

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

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

Cause of fire FAULTY ALARM

Description of building or occupancy: HOPKINS HEALTH CENTER

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: #3.

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. E. PELLAND	J. BOREK	
T. RUSSO	R. RATHIER	
S. COPPA	P. LYONS	
M. RUSSO	D. CELIO	
G. BULPITT JR.		
VEHICLE	**STATION**	**ON SCENE**
SUPT. J. MURPHY		

REMARKS: FAULTY ALARM. TROUBLE IN ALARM SYSTEM.
NURSE IN CHARGE TOLD TO NOTIFY ALARM COMPANY BY SUPT. OF FIRE ALARM.

Lt B DiGiulio
SIGNED BY:

CAPT. E. PELLAND
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 490 N. P. File # 1254

Date: 12/21/75
MONTH DAY YEAR

Time alarm received 6:06 P M Number of miles traveled 3

Time back in service ____ M

Time back at station 6:34 P M

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

Location of alarm: (Street and Number) PELHAM PARKWAY

Cause of fire BOILER

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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: #21.

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. H. DARBY	G. BULPITT	
W. DRAPER JR.	P. TREMENTOZZI	
N. PHELAND	D. BAZZLE	
L. TORO	R. HUGHES	
F. CHARTIER	S. COPPA	
VEHICLE	**STATION**	**ON SCENE**
CHIEF J. MURPHY	CHIEF E. DI GIULIO	
	J. MOLLO	

REMARKS: CODE YELLOW FOR ENG.#2.

Lt B [illegible]
SIGNED BY:

CHIEF J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 491 N. P. File # 1264

Date: 12/23/75
MONTH DAY YEAR

Time alarm received 8:51 P M Number of miles traveled 9

Time back in service ____ M

Time back at station 9:35 P M

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

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

Cause of fire AUTO

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	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	
	Brooms		Other (Describe)		Number Used
	Other (Describe)		ABBESTOS GLOVES		Other Equipment
			CROW BAR		

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 25

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 #
D. BAZZLE		
J. SHIPPEE		
J. ZIROLI		
S. COPPA		

VEHICLE	STATION	ON SCENE
W. ROY	LT. R. PAQUET	
	R. PARENTEAU	
	D. HOUDE	
	M. MAGGIACOMO	
	E. SPAZIANO	

REMARKS: CAR TOTALLY INVOLVED.

R.I.REG. #IN878

CHEV. 1972, COLOR GOLD

Lt B DiGiulio
SIGNED BY:

~~S. COPPA~~
PERSON IN CHG.

CODE SHEET

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

Name and Address of Owner — UNKNOWN

" "

Name of Occupant — " "

COMPLETE AND RETURN TO STATE DIVISION OF FIRE SAFETY

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 492 N. P. File # 1267

Date: 12/24/75 (MONTH / DAY / YEAR)

Time alarm received 9:37 PM Number of miles traveled 5

Time back in service ____ M

Time back at station 10:46 PM

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

Location of alarm: (Street and Number) 19 ELM ST.

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose	42'	Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)	4	HANDLIGHTS		Other Equipment
		2	SMOKE EJECTORS		GENERATOR 20 mins.
			HALIGAN TOOL		
		50'	ELEC. CORDS		

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: #1, 2, 21.

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

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. E. PELLAND	R. RATHIER	
T. RUSSO	P. LYONS	
J. BOREK	J. ZIROLI	
M. RUSSO	R. PARENTEAU	
G. BULPITT JR.	R. HUGHES	
J. MOLLO		
J. LANE		

VEHICLE	STATION	ON SCENE
CHIEF R. CHARELLO		
CHIEF E. DI GIULIO		
CHIEF J. MURPHY		
LT. R. PAQUET		
S. COPPA		
LT. H. DARBY		
W. DRAPER JR.		
P. TRMENTOZZI		
W. ROY		
J. SHIPPEE		

REMARKS: CODE RED FROM ENG. #6.

Lt E. Di Giulio
SIGNED BY:

CHIEF J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 493 N. P. File # 1269

Date: 12/25/75
MONTH DAY YEAR

Time alarm received 3:51 AM Number of miles traveled 1

Time back in service ____ M

Time back at station 4:04 AM

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

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

Cause of fire FAULTY ALARM

Description of building or occupancy: HOPKINS HEALTH CENTER

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #1, 3, 4. Ladder(s) #1, 2. Rescue(s) #1, 2. Car: #21.

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. E. PELLAND	T. RUSSO	
J. BOREK	S. COPPA	
R. RATHIER	P. LYONS	
M. RUSSO	D. CELIO	
G. BULPITT JR.	R. HUGHES	
J. ZIROLI		

VEHICLE	STATION	ON SCENE
CHIEF J. MURPHY	P. TRMENTOZZI	

REMARKS: INTERIOR ALARM FOR FRIST FLOOR CORRIDOR, NORTH. DID NOT TRIP BOX. NO FIRE, FAULTY ALARM.

Lt. B. Di Grubo
SIGNED BY:

CHIEF J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 494 N. P. File # 1272

Date: 12/26/75
MONTH DAY YEAR

Time alarm received 12:04 PM Number of miles traveled 5

Time back in service 12:40 PM

Time back at station 12:48 PM

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

Location of alarm: (Street and Number) 101 ONLEY AVE.

Cause of fire FIREPLACE

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

	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)		DEODERIZER		Other Equipment
		1	ELEC. CORD		

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: #1.

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	J. MOLLO	
	R. PARENTEAU	
	R. HUGHES	
	J. ZIROLI	

VEHICLE	STATION	ON SCENE
CHIEF R. CHARELLO	C. SALISBURY	
CHIEF E. DI GIULIO	L. CALISI	
	K. CICERONE	

REMARKS: CODE YELLOW FROM ENG.#6,AND ENG.#2, ENG.#6 THEN CALLED FOR SMOKE EJECTORS, LADDER #1 RETURNIED TO SCENE.

Lt. B. Di Giulio

SIGNED BY:

CHIEF

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 495 N. P. File # 1275

Date: 12/26/75 (MONTH / DAY / YEAR)

Time alarm received 1:15 P M Number of miles traveled 1

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) SMITHFIELD RD.

Cause of fire WATER EMERGENCY

Description of building or occupancy: INTERNATIONAL APTS.

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

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	J. NOTARANTONIO	
	R. HUGHES	
	K. CICERONE	
	J. MOLLO	

VEHICLE	STATION	ON SCENE
CHIEF R. CHARELLO	L. CALISI	
J. ZIROLI	C. SALISBURY	
J. BOREK	T. RUSSO	
	D. LANE	
	M. RUSSO	

REMARKS:

Lt. B. Di Giulio
SIGNED BY:

J. NOTARANTONIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 496 N. P. File # 1281

Date: 12/26/75 (MONTH / DAY / YEAR)

Time alarm received 2.27 P M Number of miles traveled _____

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) 23 WENDALL ST.

Cause of fire WATER EMERGENCY

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

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) #7. Ladder(s) _____ Rescue(s) _____ Car: _____

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
R. HUGHES		
K. CICERONE		
T. RUSSO		

VEHICLE	STATION	ON SCENE
	CHIEF R. CHARELLO	
	CHIEF E. DI GIULIO	
	J. MOLLO	
	C. SALISBURY	
	L. CALISI	
	J. NOTARANTONIO	
	J. BOREK	
	J. ZIROLI	
	M. RUSSO	
	D. LANE	

REMARKS:

Lt. B. Di Giulio
SIGNED BY:

R. HUGHES
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 497 N. P. File # 1291

Date: 12/26/75
MONTH DAY YEAR

Time alarm received 5:05 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 5:22 P M

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

Location of alarm: (Street and Number) 590 SMITHFIELD RD.

Cause of fire RESCUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: S.S.ENG.#1, S.S. JOHSTON RESCUE#3.

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. R. PAQUET		
J. MOLLO		
J. LANE		
E. BAZZLE		
R. HUGHES		
D. LANE		
T. RUSSO		

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO	CAPT P. RUGGIANO	ENG.#7, ON DETAIL
M. JABBADIER	W. ROY	J. BOREK
	W. ZAMBARANO	M. RUSSO
	D. CELIO	J. ZIROLI
	K. CICERONE	

REMARKS: REFER TO RESCUE FILE #1291.

Lt. R. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

RES. FILE-- 1291

NO. PROVIDENCE FIRE DEPARTMENT

CO. FILE-- 497

– SECONDARY RESCUE REPORTS –

DATE: 12/26/75 TIME: ARRIVED 5:05 P.M. RETURNED 5:22 P.M.

NAME: MRS. COWELL AGE: 75

ADDRESS: 590 SMITHFIELD RD. ALARM BY:

LOCATION OF RESCUE SAME AS ABOVE

EXAMINATION

SKULL * PAIN IN BACK OF HEAD

EYES *

EARS *

NOSE *

MOUTH *

CHEST *

ABDOMEN * PAINS AND VOMITING

UPPER EXTREMITIES *

LOWER EXTREMITIES *

POSITION OF PATIENT WHEN FOUND: SITTING IN CHAIR

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) YES

PATIENT TRANSPORTED TO: ROGER WILLIAMS GENERAL HOSPITAL BY JOHNSTON RES. #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)

PATIENT COMPLAIND OF PAIN IN NECK AND DIZZINESS.
PATIENT ALSO VOMITTED.

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

RESCUE CO. NO. ENG.#1.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 498 N. P. File # 1286

Date: 12/26/75
MONTH DAY YEAR

Time alarm received 3:35 P M Number of miles traveled _____

Time back in service _____ M

Time back at station 3:51 P M

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

Location of alarm: (Street and Number) 33 PALM ST.

Cause of fire WATER EMERGENCY

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) #7. Ladder(s) _____ Rescue(s) _____ Car: _____

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
J. ZIROLI		
J. BOREK		
M. RUSSO		

VEHICLE	STATION	ON SCENE
	CHIEF R. CHARLLO	
	CHIEF E. DI GIULIO	
	LT. R. PAQUET	
	L. CALISI	
	C. SALISBURM	
	J. MOLLO	
	J. NOTARANTONIO	
	R. HUGHES	STATION
	K. CICERONE	D. LANE
	T. RUSSO	J. LANE

REMARKS:

Lt. B. Di Giulio
SIGNED BY:

J. BOREK
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 499 N. P. File # 1287

Date: 12/26/75
MONTH DAY YEAR

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

Time back in service M

Time back at station 4:15 P M

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

Location of alarm: (Street and Number) 53 BROOKSIDE DR.

Cause of fire WATER EMERGENCY

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)	1	CROW BAR		Other Equipment
			SUMP PUMP		

APPARATUS REPORT

Working time of pump: Hours: minutes:

Defects on apparatus after alarm (if any):

Companies responding:

Engines(s) #7. Ladder(s) Rescue(s) Car:

Other companies responding:

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

ENGINE(S) #	LADDER(S) #	RESCUE #
J. ZIROLI		
J. BOREK		
M. RUSSO		

VEHICLE	STATION	ON SCENE
	CHIEF R. CHARELLO	
	CHIEF E. DI GIULIO	
	LT. R. PAQUET	
	L. CALISE	
	C. SALISBURY	
	J. MOLLO	
	J. NOTARANTONIO	STATION
	R. HUGHES	D. LANE
	K. CICERONE	E. BAZZLE
	T. RUSSO	J. LANE

REMARKS:

Lt. R. DiGiulio

SIGNED BY:

J. BOREK

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 500 N. P. File # 1288

Date: 12/26/75
MONTH DAY YEAR

Time alarm received 4:17 P M Number of miles traveled _____

Time back in service _____ M

Time back at station 4:35 P M

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

Location of alarm: (Street and Number) 5 TANGLEWOOD LANE

Cause of fire WATER EMERGENCY

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	[redacted] Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	XX Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) #7. Ladder(s) _____ Rescue(s) _____ Car: _____

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
J. BOREK		
J. ZIROLI		
M. RUSSO		

VEHICLE	STATION	ON SCENE
	CHIEF R. CHARELLO	
	CHIEF E. DI GIULIO	
	LT. R. PAQUET	
	CAPT. P. RUGGIANO	
	L. CALISI	
	C. SALISBURY	
	J. MOLLO	STATION
	J. NOTARANTONIO	J. LANE
	R. HUGHES	E. BAZZLE
	D. LANE	W. ROY

REMARKS:

Lt. E. Di Giulio
SIGNED BY:

J. ZIROLI
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 501 N. P. File # 1289

Date: 12/26/75
MONTH DAY YEAR

Time alarm received 4:35 PM Number of miles traveled _____

Time back in service _____ M

Time back at station 4:49 PM

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

Location of alarm: (Street and Number) 79 VERDI ST.

Cause of fire WATER EMERGENCY

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: #7.

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 #
J. BOREK		
J. ZIROLI		
M. RUSSO		

VEHICLE	STATION	ON SCENE
	CHIEF R. CHARELLO	
	CHIEF E. DI GIULIO	
	CAPT. P. RUGGIANO	
	LT. R. PAQUET	
	J. MOLLO	
	L. CALISI	
	C. SALISBURY	STATION
	D. LANE	D. CELIO
	E. BA ZZLE	W. ZAMBARANO
	R. HUGHES	J. LANE

REMARKS:

Lt. E. Di Giulio
SIGNED BY:

M. RUSSO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 502 N. P. File # 1290

Date: 12/26/75
MONTH DAY YEAR

Time alarm received 4:50 P M Number of miles traveled _____

Time back in service _____ M

Time back at station 5:08 P M

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

Location of alarm: (Street and Number) 15 AMBROSE ST

Cause of fire WATER EMERGENCY

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) #7 Ladder(s) _____ Rescue(s) _____ Car: _____

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
J. BOREK		
J. ZIROLI		
M. RUSSO		

VEHICLE	STATION	ON SCENE
	CHIEF R. CHARELLO	
	CHIEF E. DI GIULIO	
	CAPT. P. RUGGIANO	
	LT. R. PAQUET	
	J. MOLLO	STATION
	L. CALISI	K. CICERONE
	C. SALISBURY	D. CELIO
	E. BAZZLE	W. ZAMBARANO
	D. LANE	R. HUGHES
	W. ROY	J. LANE

REMARKS:

Lt. B. Di Giulio
SIGNED BY:

J. ZIROLI
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 503 N. P. File # 1293

Date: 12/26/75
MONTH DAY YEAR

Time alarm received 5:25 P M Number of miles traveled _____

Time back in service _____ M

Time back at station 5:32 P M

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

Location of alarm: (Street and Number) 29 ST. JOHNS CIRCLE

Cause of fire WATER EMERGENCY

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) #7 Ladder(s) _____ Rescue(s) _____ Car: _____

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
J. BOREK		
J. ZIROLI		
M. RUSSO		

VEHICLE	STATION	ON SCENE
	CHIEF R. CHARELLO	
	CHIEF E. DI GIULIO	
	CAPT. P. RUGGIANO	
	LT. R. PAQUET	
	L. CALISI	
	J. MOLLO	STATION
	T. RUSSO	K. CICERONE
	E. BAZZLE	D. CELIO
	D. LANE	R. HUGHES
	W. ROY	J. LANE

REMARKS:

Lt. E. Di Giulio
SIGNED BY:

M. RUSSO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 504 N. P. File # 1294

Date: 12/26/75 (MONTH / DAY / YEAR)

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

Time back in service ____ M

Time back at station 10:51 P M

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

Location of alarm: (Street and Number) FARNUM & BICENNTINAL WAY

Cause of fire WATER EMERGENCY

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)		WATER VAC.		Other Equipment

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #7. 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. LANE		
K. CICERONE		

VEHICLE	STATION	ON SCENE
	CHIEF R. CHARELLO	
	CHIEF E. DI GIULIO	
	CAPT. P. RUGGIANO	
	LT. H. DARBY	
	W. ROY	
	J. LANE	
	E. BAZZLE	STATION
	A. CORSINI	D. BAZZLE
	J. ZIROLI	P. LYONS
	S. COPPA	

REMARKS:

Lt. B. Di Giulio

SIGNED BY:

D. LANE

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 505 N. P. File # 1296

Date: 12/27/75
MONTH DAY YEAR

Time alarm received 11:07 A M Number of miles traveled 2

Time back in service ____ M

Time back at station 12:09 P M

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

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

Cause of fire WATER EMERGENCY

Description of building or occupancy: WELFARE DEPT.

Owner of building or occupancy: ____

Owner's address: ____

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

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical	50'	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)	1	PUMP		Other Equipment
			WATER VAC.		
		50'	ELEC. CORD		

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #7. Ladder(s) ____ Rescue(s) ____ Car: ____

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
D. LANE		
J. BOREK		
P. LYONS		

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO	CHIEF J. MURPHY	
LT. R. PAQUET	CAPT. P. RUGGIANO	
	D. BAZZLE	
	J. ZIROLI	
	R. HUGHES	
	E. SPAZIANO	

REMARKS:

Lt. E. Di Giulio
SIGNED BY:

P. LYONS
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 506 N. P. File # 1299

Date: 12/29/75 (MONTH / DAY / YEAR)

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

Time back in service M

Time back at station 2:02 P M

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

Location of alarm: (Street and Number) 37 GREENFIELD AVE.

Cause of fire INVESTIGATION

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)		INVESTIGATION

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 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		
C. SALISBURY		
R. HUGHES		

VEHICLE	STATION	ON SCENE
	J. MOLLO	
	P. PHILLIPS	
	L. CALISI	
	D. FORTIN	
	CAPT. P. RUGGIANO	
	E. SPAZIANO	

REMARKS: REPORT OF ORDER IN HOUSE. TROUBLE WITH BOILER.
TOLD OWNER TO CALL OIL MAN.

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 # 507 N. P. File # 1301

Date: 12/29/75
MONTH DAY YEAR

Time alarm received 10:22 P M Number of miles traveled 4

Time back in service ____ M

Time back at station 10:24 P M

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

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

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) #2.1.3. 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. E. PELLAND	J. BOREK	
T. RUSSO	R. RATHIER	
S. COPPA	P. LYONS	
M. RUSSO	G. BULPITT JR.	
D. CELDO		
VEHICLE	**STATION**	**ON SCENE**
CHIEF E. DI GIULIO	R. HUGHES	
CHIEF J. MURPHY	K. CICERONE	

REMARKS: CODE BLUE FROM ENG.#2.

Lt. B. Di Giulio
SIGNED BY:

CAPT. E. PELLAND
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 508 N. P. File # 1303

Date: 12/30/75
MONTH DAY YEAR

Time alarm received 1:35 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 1:38 P M

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

Location of alarm: (Street and Number) 10 LOCUST AVE.

Cause of fire CODE BLUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. B. DI GIULIO	J. MOLLO	
A. CACCIA	C. SALISBURY	
R. HUGHES	L. CALISI	
	J. SHIPPEE	
	P. LYONS	
	D. FORTIN	
VEHICLE	**STATION**	**ON SCENE**
CHIEF R.CHARELLO	P. PHILLIPS	
CHIEF K. CHILLE	R. PARENTEAU	

REMARKS: NO SUCH NOUMBER.

L.B. Di Giulio
SIGNED BY:

LT. B. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 509 N. P. File # 1308

Date: 12-31-75
MONTH DAY YEAR

Time alarm received 8:11 PM Number of miles traveled 2

Time back in service 8:22 PM

Time back at station ____ M

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

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

Cause of fire CAMPFIRE

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) CAMPFIRE		

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ENGINE 1

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 MURPHY		
JACK LANE		
W. ZAMBARANO		
R. HUGHES		
J. ZIROLI		
D. LANE		

VEHICLE	STATION	ON SCENE
D. CHIEF DIGIULIO	CAPT. RUGGIANO	
	JOHN MOLLO	
	DENNIS BAZZLE	
	JACK SHIPPEE	

REMARKS: CODE YELLOW UNATTENDED CAMPFIRE

Chief John Murphy

SIGNED BY:

CHIEF JOHN MURPHY

PERSON IN CHG.