NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 28 N. P. File # 73

Date: 2 (MONTH) 3 (DAY) 75 (YEAR)

Time alarm received 12:41 P M

Number of miles traveled 3

Time back in service _____ M

Time back at station 1:15 P M

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

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

Cause of fire SET

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT E. DI GIULIO		
B. DI GIULIO		
D. BAZZLE		

VEHICLE	STATION	ON SCENE
LT W. ROY	T. RUSSO	
W. DRAPER SR	J. MOLLO	

REMARKS: BRUSH IN WOODS. WIND WAS MOVEING FIRE CALLED ENG 6

Lt Eric Di Giulio
SIGNED BY:

LT E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 29 N. P. File # 75

Date: 2 (MONTH) 3 (DAY) 75 (YEAR)

Time alarm received 2:53 P M

Time back in service 2:59 P M

Time back at station 3:04 P M

Number of miles traveled 2

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

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

Cause of fire SET

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: 5

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT W.ROY		
~~N. PHELAND~~		
~~D. BAZZLE~~		
~~R. PAQUET~~		
B. DI GIULIO		

VEHICLE	STATION	ON SCENE
	LT E. DI GIULIO	
	~~J. MOLLO~~	
	~~P. TREMENTOZZI~~	

REMARKS: BRUSH IN WOODS

Lt. Ernest Di Giulio
SIGNED BY:

LT W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 30 N. P. File # 77

Date: 2 (MONTH) 3 (DAY) 75 (YEAR)

Time alarm received 4:45 P M Number of miles traveled 4

Time back in service _____ M

Time back at station 5:07 P M

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

Location of alarm: (Street and Number) POLLY 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	☒ 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
4	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
1	BROOM				

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 W. ROY		
E. PELLAND		
N. PHELAND		
J. MOLLO		
P. TREMENTOZZI		
A. CORSINI		
T. PERNA		

VEHICLE	STATION	ON SCENE
	CHIEF E. DI GIULIO	

REMARKS: BRUSH, ABOUT 200' IN OFF POLLY DR

Lt Ernest Di Giulio
SIGNED BY:

LT W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # #1 N. P. File # 78

Date: 2 (MONTH) 3 (DAY) 75 (YEAR)

Time alarm received 10:38 P M

Time back in service _____ M

Time back at station 11:23 P M

Number of miles traveled 7

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

Location of alarm: (Street and Number) JOSLIN ST

Cause of fire SET

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☒ XX Code Yellow	☐ Water emergency
☐ 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) JUNK CAR & TIRES		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	300'	Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
3	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
1	PIKE POLE				
1	HAND LIGHT				
	FLOOD LIGHTS	35 MIN.			

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: 35

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT J. MURPHY		
D. FORTIN		
N. PHELAND		
R. RATHIER		
F. BURSIE		
~~A. CORSINI~~		

VEHICLE	STATION	ON SCENE
	LT W. ROY	
	LT P. RUGGIANO	
	E. PELLAND	
	J. MOLLO	
	P. TREMENTOZZI	
	C. HARRISON	
	J. LANE	

REMARKS: JUNK CAR FULL OF WOOD BURNING, PLUS TIRES

Lt Ernest M. Pinkos
SIGNED BY:

CAPT J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 32 N. P. File # 83

Date: 2 (MONTH) 5 (DAY) 75 (YEAR)

Time alarm received 5:19 P M

Time back in service ____ M

Time back at station 5:36 P M

Number of miles traveled 1

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

Location of alarm: (Street and Number) 9 RAYMOND AVE

Cause of fire FIRE PLACE

Description of building or occupancy: ____

Owner of building or occupancy: WALTER MURPHY

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	
1co2	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
1	hand light				
	deodorizer				

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT W. ROY	N. PHELAND	
E. PELLAND	J. MOLLO	
R. RATHIER	D. BAZZLE	
T. PERNA	R. PARENTEAU	
P. TREMENTOZZI		
F. BURSIE		

VEHICLE	STATION	ON SCENE
J. LANE	CAPT J. MUPHY	

REMARKS: ARTIFICIAL LOG IN FIRE PLACE, LADY HAD TROUBLE PUTTING IT OUT. CODE YELLOW ENG 1

Lt Ernest A. Leblanc
SIGNED BY:

LT W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 33 N. P. File # 84

Date: 2 (MONTH) 6 (DAY) 75 (YEAR)

Time alarm received 1:12 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 1:16 P M

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

Location of alarm: (Street and Number) BIRCH WOOD SCHOOL

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 3.4.1 Ladder(s) 1. 2 Rescue(s) 3 Car: 1

Other companies responding: ____

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

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

VEHICLE	STATION	ON SCENE
W. DRAPER SR C1	LT W. ROY	
	D. RAZZLE	
	T. RUSSO	

REMARKS: CODE BLUE

Lt. Emilio Di Giulio
SIGNED BY:

LT E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 34 N. P. File # 85

Date: 2 (MONTH) 7 (DAY) 75 (YEAR)

Time alarm received 1:51 A M Number of miles traveled 2

Time back in service ____ M

Time back at station 2:18 A M

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

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

Cause of fire LAMP

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 1,3,4,5,7 Ladder(s) 1, 2 Rescue(s) 1,2,3 Car: ____

Other companies responding: PROV, ENG 12 & LADDER 3

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT W. ROY	CAPT J. MURPHY	
N.PHELAND	J. MOLLO	
D. BAZZLE	P. TREMENTOZZI	
	T. PERNA	

VEHICLE	STATION	ON SCENE
F. ROTELLA		

REMARKS: CODE YELLOW FOR ENG 7,3 LAD. 1 & RES 2

READING LAMP FELL ON PILLOW CAUGHT ON FIRE.

Lt. Ernest DiLucio
SIGNED BY:

CAPT J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 35 N. P. File # 89

Date: 2 (MONTH) 9 (DAY) 75 (YEAR)

Time alarm received 9:49 P M Number of miles traveled 0

Time back in service ____ M

Time back at station 10:00 P M

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

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

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)		CAR 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	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
4	BLANKETS				

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 #
T. PERNA		
R. RATHIER		
J. LANE		
P. TREMENTOZZI		

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO		
CAPT J. MURPHY		
LT W. ROY		

REMARKS: CAR ACCIDENT JS 257 CHEV. CAPRISE

DOOR HANDLE ON ENG 1 SNAPED.

Lt. Ernest Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NO. PROVIDENCE FIRE DEPARTMENT

– SECONDARY RESCUE REPORTS –

CO. # 35

RESCUE # 125

DATE: 2/ 9/ 75 TIME: ARRIVED 9:49 pm RETURNED 10:00 pm

NAME: ALLEN SPARADEO AGE: 18

ADDRESS: 62 AUDUBON AVE ALARM BY: POLICE

NO. PROV.

LOCATION OF RESCUE ~~MINERAL SP. & LOCUST~~

EXAMINATION

SKULL *

EYES *

EARS *

NOSE *

MOUTH *

CHEST * PAIN IN CHEST

ABDOMEN *

UPPER EXTREMITIES *

LOWER EXTREMITIES *

POSITION OF PATIENT WHEN FOUND: LYING ON GROUND

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) YES

PATIENT TRANSPORTED TO: R.W.G.H. 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)

COMPLAINED OF PAINS IN CHEST & STOMACH, COVERED HIM WITH BLANKETS.

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

RESCUE CO. NO. _____

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 36 N. P. File # 90

Date: 2 (MONTH) 10 (DAY) 75 (YEAR)

Time alarm received 6:12 A M Number of miles traveled 2

Time back in service _____ M

Time back at station 6:25 A M

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

Location of alarm: (Street and Number) 11 BROWN AVE

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: MR. KEARNS

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) 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
1	HAND LIGHT				

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO		
CAPT J. MURPHY		
CAPT C. SALISBURY		
J. MOLLO		
N. PHELAND		

VEHICLE	STATION	ON SCENE
LT E. DI GIULIO	W. DRAPER SR	

REMARKS: SMOKE IN HOUSE COMING FROM AIR DUCTS, NO FIRE POSSIBLE FROM MOTOR, TOLD TO CALL GAS CO. & CHECK OUT HEATING SYSTEM.

E. Di Giulio

SIGNED BY:

CHIEF E. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 37 N. P. File # 91

Date: 2 (MONTH) 10 (DAY) 75 (YEAR)

Time alarm received 11:48 A M

Time back in service 11:52 A M

Time back at station 11:53 A M

Number of miles traveled 0

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

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

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: TOWN

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) SMOKE, CAUSED DETECTOR TO GO OFF, NO 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
	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 E. DI GIULIO	B. DI GIULIO	
J. MOLLO		

VEHICLE	STATION	ON SCENE
W. DRAPER SR		CAPT C. SALISBURY
CHIEF OF DEPT.		LT W. ROY
D. BAZZLE		J. MURPHY SR
N. PHELAND		R. PARENTEAU

REMARKS: WELDING BEING DONE IN WOMEN CELL BLOCK, SMOKE SET ALARM OFF. NO FIRE

Lt Ernest M. Giulio
SIGNED BY:

CAPT C. SALISBURY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 38 N. P. File # RES. FILE 146

Date: 2/14/75
MONTH DAY YEAR

Time alarm received 6.30 P M Number of miles traveled 0

Time back in service 7:12 P M

Time back at station M

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

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

Cause of fire AUTO ACCIDENT

Description of building or occupancy:

Owner of building or occupancy:

Owner's address:

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

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	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) SMITHFIELD RES. #2. Ladders(s) #1 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. J. MURPHY
		LT. W.ROY
		E. PELLAND
		D. BAZZLE
		W. DRAPER JR.
		J. LANE
		P. TREMENOZZI
		S. MARWELL (LYM.)

REMARKS:

B. W. Gruber
SIGNED BY:

LT. W. ROY
PERSON IN CHG.

RES. FILE 146

NO. PROVIDENCE FIRE DEPARTMENT CO. FILE 38

– SECONDARY RESCUE REPORTS –

DATE: 2/14/75 TIME: ARRIVED 6:30 P.M. RETURNED 7:12 P.M.

NAME: CATHERINE L. JUDGE AGE: 58

ADDRESS: 122 ORTELEVA DR. ALARM BY: PHONE

PROVIDENCE, R.I.

LOCATION OF RESCUE 1967 MINERAL SPRING AVE. NO. PROV. (IN STREET)

EXAMINATION

SKULL * 2 LARCERATIONS, 1 OVER LEFT EYE, 1 OVER RIGHT EYE.

EYES *

EARS *

NOSE * BLEEDING

MOUTH *

CHEST * PAINS

ABDOMEN * PAINS

UPPER EXTREMITIES *

LOWER EXTREMITIES * POSSIBLE 2 BROKEN LEGS

POSITION OF PATIENT WHEN FOUND: LYING ON GROUND

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) YES

PATIENT TRANSPORTED TO: R.I. HOSPITAL BY SMITHFIELD RES. #2.

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 IN SHOCK, BANDAGED BOTH LARCERATIONS OVER EYES
SPLINTED BOTH LEGS, 1 PLASTIC SPLINT, 1 WOOD SPLINT
COVERED WITH BLANKETS, USED 6/4"x4" GAUGE PADS. 1 TRINGULAR BANDAGE.

SIGNED: B. W. Gaulin OFFICER IN CHARGE: LT. W. ROY

RESCUE CO. NO. STATION #1.

RES. FILE, 146
CO. FILE, 38

NO. PROVIDENCE FIRE DEPARTMENT
– SECONDARY RESCUE REPORTS –

DATE: 2/14/75 TIME: ARRIVED 6:30 P.M. RETURNED 7:12 P.M.

NAME: MARK CAREY AGE: 54

ADDRESS: 122 ORTELEVA DR. ALARM BY: PHONE

PROVIDENCE, R.I.

LOCATION OF RESCUE 1967 MINERAL SPRING AVE. IN STREET

EXAMINATION

SKULL *

EYES *

EARS *

NOSE * BLEEDING

MOUTH *

CHEST * PAINS

ABDOMEN *

UPPER EXTREMITIES *

LOWER EXTREMITIES * 2 BROKEN LEGS

POSITION OF PATIENT WHEN FOUND: SITTING IN ROAD

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) YES

PATIENT TRANSPORTED TO: R.I. 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 WAS IN SHOCK, WRAPED IN BLANKETS UNTIL RES.#1, WAS ON SCENE.
USED 1 TRIANGLUR BANDAGES
2- 4"x4" GAUGE PADS
1 ROLL KLING GAUGE.

SIGNED: B. Wm Gaules OFFICER IN CHARGE: LT. E. ROY

RESCUE CO. NO. STATION #1.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 39 N. P. File # 101

Date: 2/15/75 (MONTH DAY YEAR)

Time alarm received 10:53 P M Number of miles traveled 17

Time back in service ____ M

Time back at station 11:53 P M

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

Location of alarm: (Street and Number) REAR 112 COTTAGE AVE.

Cause of fire SUSPICIOUS

Description of building or occupancy: BOX TRAILER

Owner of building or occupancy: DONATELLI BUILDING CO.

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) BOX TRAILER		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	300'	Booster 1"		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
2	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
				4	HANDLIGHTS
				1	PIKE POLE
				2	SHOVELS
				1	FLOOD LIGHT

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 45

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

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

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO		
LT. P. RUGGIANO		
N. PHELAND		
P. TREMENTOZZI		
T. PERNA		

VEHICLE	STATION	ON SCENE
CAPT. J. MURPHY	J. MOLLO	
LT. W. ROY	J. LANE	
D. FORTIN	C. HARRISON	
D. BAZZLE	T. RUSSO	
R. RATHIER		
H. DARBY		

REMARKS: CODE YELLOW FOR ENG.#7,1. TRAILER BOX WITH FURNITURE STORED IN IT BURNED THROUGH FLOOR. SOME FURNITURE BURNED ALSO. REPORTED TO POLICE DEPT. FIRE CALL FOR BARKER ST. BUT WAS ON COTTAGE AVE.
TO BE REPORTED TO DET. CIOTTI & CHIEF MORRISSORY.

N. PHELAND TRANSPORTED TO ROGER WILLIAMS HOSPITAL FOR 2nd DEGREE BURNS OF LEFT HAND.

E. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

RES. FILE, 157

Company CENTREDALE Company Alarm # 40 N. P. File # 102

Date: 2/16/75 (MONTH / DAY / YEAR)

Time alarm received 9:50 A M Number of miles traveled 6

Time back in service ____ M

Time back at station 10:19 A M

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

Location of alarm: (Street and Number) 2033 MINERAL SPRING AVE.

Cause of fire AUTO ACCIDENT

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	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
				1	HANDLIGHT
					FRIST AID KIT

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) #1 Car: #78

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. E. DI GIULIO		
LT. W. ROY		
N. PHELAND		
D. BAZZLE		
R. RATHIER		

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO	D. FORTIN	
CAPT. J. MURPHY	R. SALISBURY	
CAPT. C. SALISBURY	J. LANE	
LT. P. RUGGIANO		
T.RUSSO		
T. PERNA		
H. DARBY		
P. TRMENTOZZI		
W. DRAPER SR.		

REMARKS: AUTO ACCIDENT:

CAR #1:	CAR #2.
JAMES P. KEANE	DI TUSA
656 FRUIT HILL AVE.	2033 MINERAL SPRING AVE.
NO. PROV. R.I.	NO. PROV. R.I.
1965 CHEV.	1966 CHEV. R.I. REG. BD233

B. W. Giulio
SIGNED BY:

LT. W. ROY
PERSON IN CHG.

RES. FILE, #157
CO. FILE, #40

NO. PROVIDENCE FIRE DEPARTMENT
– SECONDARY RESCUE REPORTS –

DATE: 2/16/75 TIME: ARRIVED 9:50 A.M. RETURNED 10:19A.M.

NAME: JIM KEENE AGE: 16

ADDRESS: 656 FRUIT HILL AVE. ALARM BY: PHONE

NO. PROV. R.I.

LOCATION OF RESCUE 2033 MINERAL SPRING AVE.

EXAMINATION

SKULL *

EYES *

EARS *

NOSE *

MOUTH *

CHEST *

ABDOMEN *

UPPER EXTREMITIES *

LOWER EXTREMITIES * ABRASION OF RIGHT KNEE

POSITION OF PATIENT WHEN FOUND: WALKING

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) YES

PATIENT TRANSPORTED TO: ROGER WILLIAMS 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)

NO TREATMENT, REFUSED FRIST AID.

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

RESCUE CO. NO. ENG.#1

RES. FILE, #157

NO. PROVIDENCE FIRE DEPARTMENT

CO. FILE, #40

– SECONDARY RESCUE REPORTS –

DATE: 2/16/75 TIME: ARRIVED 9:50 A.M. RETURNED 10:19 A.M.

NAME: DANIEL KEENE AGE: 14

ADDRESS: 656 FRUIT HILL AVE. ALARM BY: PHONE

NO. PROV. R.I.

LOCATION OF RESCUE 2033 MINERAL SPRING AVE.

EXAMINATION

SKULL *

EYES *

EARS *

NOSE *

MOUTH * LACERATION INSIDE, POSSABLE BROKEN TEETH

CHEST *

ABDOMEN *

UPPER EXTREMITIES *

LOWER EXTREMITIES *

POSITION OF PATIENT WHEN FOUND: SITTING UP

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) YES

PATIENT TRANSPORTED TO: ROGER WILLIAMS 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)

WIPED OUT PATIENTS MOUTH WITH A 4"x4" STERI. GAUGE

SIGNED: B. A. Jules

OFFICER IN CHARGE: LT. P. RUGGIANO

RESCUE CO. NO. ENG. #1.

RES. FILE, 157

NO. PROVIDENCE FIRE DEPARTMENT CO. FILE, #40

– SECONDARY RESCUE REPORTS –

DATE: 2/16/75 TIME: ARRIVED 9:50 A.M. RETURNED 10:19 A.M.

NAME: STEVEN O'CONNOR AGE: 3

ADDRESS: 14 TRAVER AVE. ALARM BY: PHONE

JOHNSTON, R.I.?

LOCATION OF RESCUE 2033 MINERAL SPRING AVE.

EXAMINATION

SKULL * POSS. CONS. RIGHT FOREHEAD

EYES *

EARS *

NOSE *

MOUTH *

CHEST *

ABDOMEN *

UPPER EXTREMITIES *

LOWER EXTREMITIES *

POSITION OF PATIENT WHEN FOUND: SITTING

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) YES

PATIENT TRANSPORTED TO: ROGER WILLIAMS 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)

ICE APPLIED TO FOREHEAD.

SIGNED: Bill Gruhs OFFICER IN CHARGE: LT. P. RUGGIANO

RESCUE CO. NO. ENG.#1

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 41 N. P. File # 103

Date: 2/16/75 (MONTH / DAY / YEAR)

Time alarm received 7:54 P M Number of miles traveled 0

Time back in service ____ M

Time back at station 7:56 P M

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

Location of alarm: (Street and Number) SPEED TOYOTA

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

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

VEHICLE	STATION	ON SCENE
	CHIEF E. DI GIULIO	
	CAPT. J. MURPHY	
	LT. W. ROY	
	LT. P. RUGGIANO	
	N. PHELAND	
	D. FORTIN	
	T. RUSSO	
	T. PERNA	
	R. RATHIER	
	W. DRAPER JR.	

J. LANE

P. TREMENTOZZI

REMARKS:

CODE YELLOW FROM ENG. #7.

ENG. #1, DID NOT LEAVE STATION.

E. di Giulio

SIGNED BY:

CHIEF E. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 42 N. P. File # 107

Date: 2/19/75 (MONTH / DAY / YEAR)

Time alarm received 11:31 A M Number of miles traveled 0

Time back in service ____ M

Time back at station 11:35 A M

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

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

Cause of fire ELAVATOR STUCK

Description of building or occupancy: ____

Owner of building or occupancy: SPRING VILLA APTS.

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)		ELAVATOR STUCK

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	CAPT. J. MURPHY	
	LT. E. DI GIULIO	
	N. PHELAND	
	P? TREMENTOZZI	
VEHICLE	**STATION**	**ON SCENE**
	CAPT. C. SALISBURY	
	B. DI GIULIO	
	J. MOLLO	
	H. PARISI (LYM.)	
	T. CACCIA (LYM.)	
	S. MARWELL (LYM.)	

REMARKS: BOY STUCK IN ELAVATOR AT 1st. FLOOR LEVEL.
UNLOCKED DOOR. FORCHED POEN.

B. Di Giulio

SIGNED BY:

CAPT. J. MURPHY

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 43 N. P. File # 108

Date: 2/19/75
MONTH DAY YEAR

Time alarm received 11:17 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 11:21 P M

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

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

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
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
				2	HANDLIGHTS

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. W. ROY		
D. FORTIN		
N. PHELAND		
D. BAZZLE		
R. RATHIER		

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO	CAPT. J. MUPHY	
F. ROTELLA	E. PELLAND	
	R. PARENTEAU	
	J. MOLLO	
	P. TREMENTOZZI	

REMARKS: 1972 DODGE VALIANT SCAMP, R.I. REG.sz316, 2dr. COLOR BLUE
ELIE SARCIONE
1330 WEST SHORE RD.
WARICK, R.I.

E. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 44 N. P. File # 109

Date: 2/20/75
MONTH DAY YEAR

Time alarm received 12:47 A M Number of miles traveled 3

Time back in service ____ M

Time back at station 12:53 A M

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

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

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: #3,4,1. #1,2. #3.

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. J. MURPHY	D. FORTIN	
LT. W. ROY	J. MOLLO	
E. PELLAND	R. RATHIER	
P. TREMENTOZZI	D. HOUDE	
VEHICLE	**STATION**	**ON SCENE**
	C. ZAHN	

REMARKS: CODE BLUE FROM ENG#3.

R. Di Zinno
SIGNED BY:

CAPT. J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTRE ALE Company Alarm # 45 N. P. File # 112

Date: 2 (MONTH) 20 (DAY) 75 (YEAR)

Time alarm received 9:29 P M Number of miles traveled 1

Time back in service _____ M

Time back at station 9:31 P M

Alarm received by: Box # 426 Phone _____ Other _____ (Describe)

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

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO	D. FORTIN	
LT E. DI GIULIO	R. RATHIER	
D. BAZZLE	P. TREMENTOZZI	
W. DRAPER JR	T. PERNA	
R. PAQUET	F. ROTELLA	

VEHICLE	STATION	ON SCENE
	J. MOLLO	

REMARKS: CODE BLUE

Lt. E. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 46 N. P. File # 115

Date: 2 (MONTH) 22 (DAY) 75 (YEAR)

Time alarm received 1130 A M Number of miles traveled 1

Time back in service ____ M

Time back at station 1135 A M

Alarm received by: Box # 234 Phone ____ Other ____ (Describe)

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

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	N. PHELAND	
	LT W. ROY	
	D. BAZZLE	
	D. HOUDE	

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

REMARKS: CODE YELLOW FOR ENG 3 TRUCK FIRE IN STEPHEN OLEY PARK

Lt Emidi Giulio
SIGNED BY:

D. BAZZLE
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 47 N. P. File # 119

Date: 2 (MONTH) 23 (DAY) 75 (YEAR)

Time alarm received 9:25 A M Number of miles traveled 4

Time back in service ____ M

Time back at station 9:45 A M

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

Location of alarm: (Street and Number) 41 BARBARA ANN DR

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: JOHN Mc CONNELL

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT E. DI GIULIO		
N. PHELAND		
D. BAZZLE		
R. RATHIER		
R. SALISBURY		

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

REMARKS: DUE TO THE INCREASE OF WATER PRESSURE IN THAT AREA COPPER TUBING BROKE, CAUSEING WATER IN CELLAR, LITTLE WATER ON FLOOR WHEN WE ARRIVED, OWNER CLEANED MOST OF IT. TOLD HIM TO CALL PLUMBER THERE WAS NOTHING WE COULD DO FOR HIM.

E. Di Giulio
SIGNED BY:

LIEUT. E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 48 N. P. File # 123

Date: 2 (MONTH) 26 (DAY) 75 (YEAR)

Time alarm received 8:36 P M Number of miles traveled 3

Time back in service ____ M

Time back at station 8:43 P M

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

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

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

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) 1 Car: ____

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT J. MURPHY	CAPT G. SALISBURY	
LT E. DI GIULIO	LT W. ROY	
E. PELLAND	J. MOLLO	
D. FORTIN	R. RATHIER	
D. BAZZLE	D. HOUDE	
LT P. RUGGIANO	W. DRAPER JR	
T. RUSSO	H. DARBY	
	P TREMENTOZZI	
	C. HARRISON	
	T. PERNA	
VEHICLE	**STATION**	**ON SCENE**
CHIEF E. DI GIULIO	R. PARENTEAU	
	F. ROTELLA	
	W. DRAPER SR	

REMARKS: CALL FOR HOUSE FIRE END OF ELMO ST.
WAS A BRUSH FIRE, CODE YELLOW FOR ENG 6

Lt Emilio Giulio
SIGNED BY:

CAPT J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 49 N. P. File # 124

Date: 2 (MONTH) 27 (DAY) 75 (YEAR)

Time alarm received 1:43 P M Number of miles traveled 4

Time back in service 1:57 P M

Time back at station 2:00 P M

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

Location of alarm: (Street and Number) 250 WATERMAN AVE

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

	EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	125'	Booster		Aerial	
	Dry Chemical		1½ Inch Hose		Over 35 Feet	
	Foam		2½ Inch Hose		Under 35 Feet	
	Pump Cans		3 Inch Hose		SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used	
	Other (Describe)				Other Equipment	

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: 5

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

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

REMARKS: RUBBISH IN FIRE PLACE BACK YARD

E. Di Giulio
SIGNED BY:

B. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 50 N. P. File # 125

Date: 2 (MONTH) 27 (DAY) 75 (YEAR)

Time alarm received 2:15 P M Number of miles traveled 2

Time back in service _____ M

Time back at station 2:23 P M

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

Location of alarm: (Street and Number) 2033 MINERAL SP. AVE

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: 5

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

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

VEHICLE	STATION	ON SCENE
	LT E. DI GIULIO	
	N. PHELAND	
	W. DRAPER SR	

REMARKS: RUBBISH IN FIRE PLACE IN BACK YARD

Lt. Emil Di Giulio
SIGNED BY:

B. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 51 N. P. File # 126

Date: 2 (MONTH) 27 (DAY) 75 (YEAR)

Time alarm received 9:59 P M Number of miles traveled 3

Time back in service ____ M

Time back at station 10:06 P M

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

Location of alarm: (Street and Number) SYKES & ZIPPORAH ST

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT C. SALISBURY	R. RATHIER	
N. PHELAND	P. TREMENTOZZI	
	F. BURSIE	
	D. FORTIN	

VEHICLE	STATION	ON SCENE

REMARKS: CODE BLUE

SIGNED BY:

D. FORTIN
PERSON IN CHG.

NO. PROVIDENCE FIRE DEPARTMENT

RESCUE # 199 — PRIMARY RESCUE REPORTS — COMPANY # 52

DATE: 2/28/75 TIME: ARRIVED 10:13 pm RETURNED 10:45 pm

NAME: JOHN Mc NEIL AGE: 56

ADDRESS: 35 PECKHAM AVE ALARM BY: F.A.

NO. PROV, R.I.

LOCATION OF RESCUE SAME

EXAMINATION

SKULL *

EYES *

EARS *

NOSE *

MOUTH *

CHEST *

ABDOMEN *

UPPER EXTREMITIES * LEFT ARM NO RESPONSE

LOWER EXTREMITIES * LEFT LEG NO RESPONSE

POSITION OF PATIENT WHEN FOUND: ON FLOOR IN BEDROOM

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN)

PATIENT TRANSPORTED TO: R.W.G.H. 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)

POSSIBLE STROKE LEFT SIDE

CENT. STATION COVERED FOR LYMAN, STATION: RES 1 REASSIGNED TO STATION 1

ON RESCUE

LT P. RUGGIANO
E. PELLAND
D. BAZZLE
R. RATHIER

IN STATION

CAPT J. MURPHY
N. PHELAND
T. PERNA
C. HARRISON
D. FORTIN
P. PALOMBO

SIGNED: Lieut Gerald McGinley OFFICER IN CHARGE: LIEUT P. RUGGIANO

RESCUE CO. NO. Real