NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

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

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

Time alarm received 4:14 P M Number of miles traveled 48

Time back in service ____ M

Time back at station 7:45 P M

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

Location of alarm: (Street and Number) 48 EAST AVE

Cause of fire TEAR GAS CART.

Description of building or occupancy: ____

Owner of building or occupancy: JOHN MURPHY SR.

Owner's address: SAN E

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	400'	Booster LAD. 200'		Aerial
	Dry Chemical	300'	1½ Inch Hose		Over 35 Feet
	Foam	150'	2½ Inch Hose	1-24'	Under 35 Feet
	Pump Cans		3 Inch Hose	2-14' 1-10'	SALVAGE COVERS 1
	Brooms		Other (Describe)	1- 20'	Number Used
	Other (Describe)		RESCUIATOR	2 AXES	Other Equipment
6	HAND LIGHTS			1 PLASTER HOOK	
1	SMOKE EJECTOR			3 PIKE POLES	
4	WAY BOX			2 2 ROPES	
				4 SCOTTS	

APPARATUS REPORT

Working time of pump: Hours: 13/4 hrs. minutes: LADDER 1 3/4 hrs.

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 1, 6 ss Ladder(s) 1ss Rescue(s) 1,2,3 ss Car: 1

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO	LT F. BURSIE	
W. ROY	LT P. RUGGIANO	
E. PELLAND	T. RUSSO	
T. PERNA		

VEHICLE	STATION	ON SCENE
CAPT C. SALISBURY		CAPT J. MURPHY JR.
D. FORTIN		
W. DRAPER JR		
N. PHELAND		
P. TREMENTOZZI		
C. HARRISON		
A. CORSINI		
B. DI GIULIO		
R. SALISBURY		
J. MOLLO		
R. PARENTEAU		

REMARKS: ENG 1 SENT TO STAND BY AT 48 EAST AVE ON A POLICE REQUEST TEAR GAS CANNISTERS FIRED INTO SECOND FLOOR STARTED FIRE. FIRE CONTROL WAS ATTEMPTED FROM CONCEALED POSITIONS ON GROUND DUE TO SUBJECT IN HOUSE WITH FIRE ARMS. FIRE PROGRESSED TO CODE RED. (SPECIAL SIGNALS CALLED) . SUBJECT WAS APPRENDED AND INTERIOR ATTACK WAS MADE AT THIS TIME., FIRE BROUGHT UNDER CONTROL & EXTINGUISHED ROOF & ROOMS UPSTARIS BURNED, WATER DAMAGE THROUGH OUT PVT. BERNARD DI GIULIO TRANSPORTED TO R.W.G.H. FOR LEG INJURY BY RES 3, FIRST FLOOR CONTENTS COVERD WITH SALVAGE COVERS.

Lt- Enrico Di Giulio
SIGNED BY:

CHIEF ED. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 2 N. P. File # 3

Date: 1 (MONTH) 2 (DAY) 75 (YEAR)

Time alarm received 5:11 P M Number of miles traveled 3

Time back in service ____ M

Time back at station 5:24 P M

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

Location of alarm: (Street and Number) GREYSTONE AVE - NEAR INDUSTRIAL PLATING

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)		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: 78

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT P. RUGGIANO		
W. ROY		
E. PELLAND		
D. BAZZLE		
N. PHELAND		
P. TREMENTOZZI		

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

REMARKS: CODE BLUE

Lt Emilio Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 3 N. P. File # 4

Date: 1 (MONTH) 2 (DAY) 75 (YEAR)

Time alarm received 7:37 P M

Time back in service _____ M

Time back at station 7:38 P M

Number of miles traveled 1

Alarm received by: Box # 216 Phone _____ Other _____ (Describe)

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

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 Rescue(s) _____ Car: _____

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
W. ROY	E. PELLAND	
J. BOREK	D. FORTIN	
D. BAZZLE	R. RATHIER	
	N. PHELAND	

VEHICLE	STATION	ON SCENE
	D. HOUDE	
	H. DARBY	
	CAPT J. MURPHY	

REMARKS: CODE YELLOW FROM ENG 3

H. Emile Leduc
SIGNED BY:

W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 4 N. P. File # 5

Date: 1/2/75
MONTH DAY YEAR

Time alarm received 11:01 P M Number of miles traveled 20

Time back in service ____ M

Time back at station 12:12 P M

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

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

Cause of fire ____

Description of building or occupancy: RONCE BLDG.

Owner of building or occupancy: ____

Owner's address: ____

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

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	200'	Booster 1½	50'	Aerial
	Dry Chemical		1½ Inch Hose	35'	Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)		GENERTOR USED		Other Equipment
			45 min.	3	HANDLIGHTS
				SMOKE	IJECTOR
				1	PIKE POLE
				2	LADDER BELTSS CORD

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 45

Defects on apparatus after alarm (if any): 1 HANDLIGHT NOT WORKING

Companies responding: ____

Engines(s) #6.7.1. 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 E. DI GIULIO	LT. F. BURSIE	
CAPT. J. MURPHY	RES. LT P. RUGGIANO	
W. ROY	D. HOUDE	
E. PELLAND	J. MOLLO	
D. FORTIN	D. BAZZLE	
R. RATHIER	S. COPPA	
	N. PHELAND	

VEHICLE	STATION	ON SCENE
H. DARBY		

REMARKS: CODE RED- -- FOR COMPANIES RESPONDING, FIRE IN PILE OF RUBBLE, 3rd, FLOOR ON CIELING 2nd. FLOOR.

B Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 5 N. P. File # 8

Date: 1/3/75
MONTH DAY YEAR

Time alarm received 11:39 A M

Time back in service 12:21 A M

Time back at station 12:26 A M

Number of miles traveled 3

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

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

Cause of fire MAN PINED IN ELEVATOR (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)		MAN PPINED IN ELEVATOR

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	24'	Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)	GENERATOR USED			Other Equipment
			20min.	1	SPORT LIGHT
				1	50' ROPE
		2	HANDLIGHTS	1	50' CORD

APPARATUS REPORT

1--LADDER BELT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	RES. LT. P. RUGGIANO	
	J. MOLLO	
	D. BAZZLE	
	R. PAQUET	
~~VEHICLE~~ Station	~~STATION~~ Car	ON SCENE
CAPT. J. MURPHY	LT. F. BUESIE	
CAPT. C. SALISBURY	W. DRAPER	
LT. E. DI GIULIO		
W. ROY		
P. TREMENTOZZI		

REMARKS: MAN WAS UNDER ELEVATOR, WAS WORKING IN THE ELEVATOR SHAFT ON A SWITCH WHEN ELEVATOR CAME DOWN, CAUGHT HIS LEFT ARM BETWEEN THE ELEVATOR & WALL. LARGE BOLT WHICH WAS PART OF THE ELEVATOR WENT INTO HIS LEFT ARM, UPPER PART. DR. E. RICCI WAS CALLED IN TO GIVE MEDICATON.

LADDER#1. A SSISED RES.#1.

~~REEXXEL~~ BOB VELISLE
64 BARNABE ST.
WOONSOCKET, R.I.

AGE**25

B. Di Giulio
SIGNED BY:

RES. LT. P. RUGGIANO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 6 N. P. File # RES.#19

Date: 1/4/75
MONTH DAY YEAR

Time alarm received 2:02 P M

Time back in service _____ M

Time back at station 2:11 P M

Number of miles traveled _____

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

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

Cause of fire RESCUE

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	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)		RESCUE

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) #1. _____ 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	
	W. ROY	
	T. RUSSO	
	N. PHELAND	

REMARKS: SEE RESCUE REPORT #19 FOR RETAILS.

SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

RESCUE #19
CO. #6

NO. PROVIDENCE FIRE DEPARTMENT
– SECONDARY RESCUE REPORTS –

DATE: 1/4/75 TIME: ARRIVED 2:02 P.M. RETURNED 2:11 P.M.

NAME: MARYANN PEREZ AGE: 11

ADDRESS: 2167 MINERAL SPRING AVE. ALARM BY: WALK IN

NORTH PROVIDENCE,R.I.

LOCATION OF RESCUE 1967 MINERALE SPRING AVE.

EXAMINATION

SKULL *

EYES *

EARS *

NOSE *

MOUTH *

CHEST *

ABDOMEN *

UPPER EXTREMITIES *

LOWER EXTREMITIES *

POSITION OF PATIENT WHEN FOUND: WALK IN

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) YES

PATIENT TRANSPORTED TO: ROGER WILLIAMS GENARL HOSP: 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)

CAUGHT FINGER IN CAR DOOR, SWELLING & DISCOLORATION,
POSSIBLE FRACTURE, COMPLAINED OF PAINE.
TRANSPORTED BY RESCUE#1.

SIGNED: [signature] OFFICER IN CHARGE: CHIEF E. DI GIULIO

RESCUE CO. NO. _____

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 7 N. P. File # 10

Date: 1/4/75
MONTH DAY YEAR

Time alarm received 8:40 P M

Number of miles traveled 1

Time back in service M

Time back at station 8:56 P M

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

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

Cause of fire

Description of building or occupancy:

Owner of building or occupancy: TOWN OF NORTH PROVIDENCE, R.I.

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	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
				1	PIKE POLE
				3	HANDLIGHTS

APPARATUS REPORT

Working time of pump: Hours: minutes:

Defects on apparatus after alarm (if any):

Companies responding: #1. #78

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

Other companies responding:

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

ENGINE(S) #	LADDER(S) #	RESCUE #
W. ROY		
D. FORTIN		
R. RATHIER		
J. LANE		
T. RUSSO		
D. BAZZLE		
P. TREMENTOZZI		

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO	N. PHELAND	
S. COPPA		

REMARKS: CAMP FIRE REAR OF CENTREDALE SCHOOL.

E. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 8 N. P. File # 18

Date: 1/7/75
MONTH DAY YEAR

Time alarm received 6:32 P M Number of miles traveled 0

Time back in service ____ M

Time back at station ~~6:33~~ 6:33 P M

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

Location of alarm: (Street and Number) 22 CUSHING 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) STOVE		

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

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

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
	RES. LT P. RUGGIANO	
	W. ROY	
	D. FORTIN	
	D. HOUDE	
	W. DRAPER JR	
	T. RUSSO	
	R. PARENTEAU	
	D. BAZZLE	
	N. PHELAND	
	P. TREMENTOZZI	

W. DRAPER

REMARKS:

CODE YELLOW FROM ENG. #3.

LADDER DID NOT LEAVE STATION.

R. Di Giulio
SIGNED BY:

W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 9 N. P. File # 20

Date: 1 (MONTH) 8 (DAY) 75 (YEAR)

Time alarm received 11:35P M Number of miles traveled 1

Time back in service ____ M

Time back at station 11:42 P M

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

Location of alarm: (Street and Number) 14 JACKSONIA DR

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E DI GIULIO		
R. MARWELL		
R. PARENTEAU		
LT P. RUGGIANO		

VEHICLE	STATION	ON SCENE
LT W. BOY		
D. FORTIN		
R. RATHIER		
D. BAZZLE		
N. PHELAND		
T. PERNA		
F. ROTELLA		

REMARKS: R.I. SX 295 69 BUICK

DAVID GRAVES 37 BROOKSIDE AVE N.P.

18 yrs OLD NOSE WAS BLEEDING REFUSED MEDICAL AID

CAR HIT TREE.

Lt. Ernest R. Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 10 N. P. File # 21

Date: 1 (MONTH) 9 (DAY) 75 (YEAR)

Time alarm received 10:51 A M

Time back in service 10:56 A M

Time back at station 11:00 A M

Number of miles traveled 1

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

Location of alarm: (Street and Number) REAR OF 46 HOBSON 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)
XX Miscellaneous fires (describe) BURNING IN STOVE		

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

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

VEHICLE	STATION	ON SCENE
	LT W. ROY	
	J. MOLLO	
	L. CALISE	

REMARKS: A. THIBODEAU WAS STARTING FIRE IN STOVE IN GARAGE
SMOKE HANGING LOW IN NEIGHBORHOOD, DUE TO RAINY WEATHER
SMOKE INVESTIGATION

Lt Emilio Giulio
SIGNED BY:

B. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 11 N. P. File # 22

Date: 1 (MONTH) 9 (DAY) 75 (YEAR)

Time alarm received 11:31 A M Number of miles traveled 1

Time back in service M

Time back at station 11:46 A M

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

Location of alarm: (Street and Number) 1845 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	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) BALLAEST IN LIGHT FIXTURE		

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	14'	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, 7, 6 Ladder(s) 1 Rescue(s) 2 Car: 1

Other companies responding:

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT C. SALISBURY	J. MOLLO	
LT E. DI GIULIO	J. LANE	
B. DI GIULIO	L. CALISE	

VEHICLE	STATION	ON SCENE
W. DRAPER SR	D. BAZZLE	
	N. PHELAND	
	P.TREMENTOZZI	
	A. CORSINI	

REMARKS: SHORT IN BALLAST IN LIGHTING FIXTURE, IN MAIN ENTRANCE

SIGNED BY:

B. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 12 N. P. File # 29

Date: 1/11/75
MONTH DAY YEAR

Time alarm received 11:40 P M Number of miles traveled 5

Time back in service ____ M

Time back at station 12:12 A M

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

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 15

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. W. ROY		
T. PERNA		
D. BAZZLE		
R. RATHIER		
P. TREMENTOZZI		

VEHICLE	STATION	ON SCENE
B. FORTIN	A. CORSINI	

REMARKS: CAR HIT POLE. NO MEDICAL AID GIVEN.
RESCUE #1, TRENSPORTED.
1967 SIMCA R.I.376.

ROBERT TANZI
PLAINFIELD ST.
PROVIDENCE, R.I.

B. W. Giulio
SIGNED BY:

LT. W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 13 N. P. File # 31

Date: 1/3/75
MONTH DAY YEAR

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

Time back in service _____ M

Time back at station 1:20 P M

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

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

Cause of fire ACCIDENTAL ALARM

Description of building or occupancy: NORTH PROVIDENCE HIGH 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) #3,4,1. Ladder(s) #1. Rescue(s) #3. Car: #1.

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. W. ROY	CAPT. C. SALISBURY	
LT. B. DI GIULIO	B. DI GIULIO	
T. RUSSO	J. MOLLO	
D. BAZZLE	D. CLARK (F.H.)	
VEHICLE	**STATION**	**ON SCENE**
W. DRAPER	C. ZAHN	

REMARKS: ACCIDENTAL ALARM.

B. W. Roy
SIGNED BY:

LT. W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTERDALE Company Alarm # 14 N. P. File # 33

Date: 1/13/75
MONTH DAY YEAR

Time alarm received 10:44 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 11:15 P M

Alarm received by: Box # 121 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) MINERAL SPRING AVE. & 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
				3	HANDLIGHTS
		X		1	BLANKET
			FRIST AID KIT	1	PRY AXE
				1	FLOODLIGHT

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: # 78

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

SS #3.

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. J. MURPHY		
D. FORTIN		
T. RUSSO		
F. BURSIE		
R. RATHIER		
P. TREMENTOZZI		

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO	J. MOLLO	
LT. E. DI GIULIO		
LT. W. ROY		
N. PHELAND		
D. HOUDE		
J. MURPHY SR.		
F. ROTELLA		

REMARKS: 2 CAR ACCIDENT, AR378 -- CT921 FORD

3 INJURED, 2 TRANSPORTED BY RESCUE#1.

1 TRANSPORTED BY RESCUE#3. FRIST AID GIVEN 2 PEOPLE BY CENTREDALE.

SEE RESCUE REPORT #49.

B. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

RESCUE FILE #49

NO. PROVIDENCE FIRE DEPARTMENT

– SECONDARY RESCUE REPORTS –

CO. FILE #14

DATE: 1/13/75 TIME: ARRIVED 10:45 P.M. RETURNED 11:15 P.M.

NAME: WILLIAM PELIGRINO AGE: ~~15~~ 15

ADDRESS: 60 SYLIVA AVE. ALARM BY: BOX 121

NORTH PROVIDENCE, R.I.

LOCATION OF RESCUE MINERAL SPRING & BYPASS

EXAMINATION

SKULL *

EYES *

EARS *

NOSE *

MOUTH *

CHEST *

ABDOMEN *

UPPER EXTREMITIES * POSSIABLE FRACTURE OF RIGHT ARM

LOWER EXTREMITIES *

POSITION OF PATIENT WHEN FOUND: OUTSIDE OF CAR

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) YES

PATIENT TRANSPORTED TO: ROGER WILLIAMS GENERAL HOSPITAL

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)

ARM SPLINTED BY RESCUE #1.

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

RESCUE CO. NO. ENGINE#1.

RESCUE FILE #49

NO. PROVIDENCE FIRE DEPARTMENT

CO. FILE #14

– SECONDARY RESCUE REPORTS –

DATE: 1/13/75 TIME: ARRIVED 10:45 P.M. RETURNED 11:15 P.M.

NAME: STEVE MARTIN AGE: 53

ADDRESS: 19 GREENLAKE DR. ALARM BY: BOX 121

GREENVILLE, R.I.

LOCATION OF RESCUE MINERAL SPRING & BYPASS

EXAMINATION

SKULL * MINER LACERATION TO BACK OF SKULL

EYES *

EARS *

NOSE *

MOUTH *

CHEST *

ABDOMEN *

UPPER EXTREMITIES *

LOWER EXTREMITIES *

POSITION OF PATIENT WHEN FOUND: STANDING OUT SIDE OF CAR

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) [illegible]

PATIENT TRANSPORTED TO: ROGER WILLIAMS GENERAL HOSPITAL

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)

5--4x4 GAUZE PADS

2-- CLING BANDAGES

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

RESCUE CO. NO. ENGINE #1.

RESCUE #49

NO. PROVIDENCE FIRE DEPARTMENT

CO FILE #14

– SECONDARY RESCUE REPORTS –

DATE: 1/13/75 TIME: ARRIVED 10:45 P.M. RETURNED 11:15 P.M.

NAME: ROBERT ROSSI AGE: 16

ADDRESS: 11 JUSTICE ST. ALARM BY: BOX 121

NORTH PROVIDECE, R.I.

LOCATION OF RESCUE MINERAL SPRING & BYPASS

EXAMINATION

SKULL * LACERATION OF SKULL OVER LEFT EYE

EYES * BLOOD IN EYES

EARS *

NOSE *

MOUTH *

CHEST *

ABDOMEN *

UPPER EXTREMITIES * LACERATIONS ON LEFT PALM & FINGERS

LOWER EXTREMITIES * PATIENT COMPLAINED OF LEG AND BACK PAINS

POSITION OF PATIENT WHEN FOUND: LYING ON SIDE IN FRONT SEAT

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN)

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

IF PATIENT WAS NOT TRANSPORTED EXPLAIN:

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

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

PATIENT WAS FOUND IN FRONT SEAT, SEVERL LACERATIONS ON FOREHEAD.
PATIENT COMPLAINED OF BACK PAINS.
FRIST AID DONE BY RESCUE#1.

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

RESCUE CO. NO. ENGINE#1.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 15 N. P. File # 34

Date: 1/14/75
MONTH DAY YEAR

Time alarm received 1:05 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 1:17 P M

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

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

Cause of fire ACCIDENTAL ALARM

Description of building or occupancy: GREYSTONE SCHOOL

Owner of building or occupancy: TOWN OF NORTH PROVIDENCE

Owner's address: 2008 SMITH ST.

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #1, 6, 3. Ladder(s) #1, 2. Rescue(s) #1. 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	
LT. W. ROY	J. MOLLO	
B. DI GIULIO	P. TRMENTOZZI	
VEHICLE	**STATION**	**ON SCENE**
R. PAQUET		
W. DRAPER SR.		

REMARKS: BOYS HAIER GOT CAUGHT IN PULL STATION.

R W. Giulio
SIGNED BY:

LT. W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 16 N. P. File # 39

Date: 1/16/75
MONTH DAY YEAR

Time alarm received 12:37 P M
Time back in service 1:00 P M
Time back at station 1:02 P M

Number of miles traveled 5

Alarm received by: Box # _____ Phone X4 Other _____ (Describe)

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

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	☐ 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)		WASH DOWN

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: 15

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

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

VEHICLE	STATION	ON SCENE
	CAPT. C. SALISBURY	
	LT. W. ROY	
	J. MOLLO	
	R. PAQUET	
	P. TREMENTOZZI	
	A. CORSINI	
	W. DRAPER SR.	

REMARKS: AUTO ACCIDENT, NO INJURIES. WASH GASOLINE FROM STREET.

N.P. TOWN TRUCK #1799
CHEV. MM495

B. Di Giulio
SIGNED BY:

LT. E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 17 N. P. File # 40

Date: 1/17/75
MONTH DAY YEAR

Time alarm received 12:40 P M Number of miles traveled 2

Time back in service 12:44 P M

Time back at station 12:49 P M

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

Location of alarm: (Street and Number) GEORGE ST

Cause of fire SET

Description of building or occupancy: ST. PATRICK HIGH SCHOOL

Owner of building or occupancy: SAME

Owner's address: _____

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

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. W. ROY		
N. PHELAND		
T. RUSSO		
B. DI GIULIO		
A. CORSINI		

VEHICLE	STATION	ON SCENE
	CAPT. C. SALISBURY	
	LT. E. DI GIULIO	
	J. MOLLO	
	D. BAZZLE	
	R. PAQUET	

REMARKS: CODE YELLOW, OUT ON ARRIVAL.

B Di Giulio
SIGNED BY:

LT. W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 18 N. P. File # 46

Date: 1/20/75
MONTH DAY YEAR

Time alarm received 10:05 A M Number of miles traveled 0

Time back in service 10:13 A M

Time back at station 10:17 A M

Alarm received by: Box # 1126 Phone _____ Other _____ (Describe)

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

Cause of fire _____

Description of building or occupancy: SPRING VILLA APTS.

Owner of building or occupancy: SAME

Owner's address: _____

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

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) #1, 3, 6. Ladder(s) #1. Rescue(s) _____ Car: #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. TRMENTO ZZI	
	J. MOLLO	

VEHICLE	STATION	ON SCENE
T. RUSSO	D. BAZZLE	
W. DRAPER SR.		

REMARKS: CODE YELLOW. TENAT BURNING INSENT IN ROOM. HALL WAY & APT. FULL OF SMOKE. BOX PULLED FOR SAME.

B. Di Giulio

SIGNED BY:

B. DI GIULIO

PERSON IN CHG.

NO. PROVIDENCE FIRE DEPARTMENT

– SECONDARY RESCUE REPORTS –

COMPANY# 19 RESCUE# 69

DATE: 1/ 20/ 75 TIME: ARRIVED 3:48 pm RETURNED 4:04 pm

NAME: LOUIS REGA AGE: 16

ADDRESS: 141 STANSBURY ST ALARM BY: POLICE
PROV, R.I.

LOCATION OF RESCUE POLICE HQ.

EXAMINATION

SKULL *	OK
EYES *	OK
EARS *	OK
NOSE *	BLEEDING
MOUTH *	OK
CHEST *	OK
ABDOMEN *	OK
UPPER EXTREMITIES *	OK
LOWER EXTREMITIES *	OK
POSITION OF PATIENT WHEN FOUND:	LYING ON FLOOR
WAS PATIENT CONSCIOUS?	NO
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)

ASSISTED RES 1

CHIEF E. DI GIULIO
CAPT C. SALISBURY
LT E. DI GIULIO
LT W. ROY
J. MOLLO
D. BAZZILE
B. DI GIULIO
W. DRAPER SR

SIGNED: Lieut Emilio M. Giulio OFFICER IN CHARGE: LT W. ROY

RESCUE CO. NO. Amb 1

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 20 N. P. File # 50

Date: 1 (MONTH) 22 (DAY) 75 (YEAR)

Time alarm received 3:15 A M Number of miles traveled 0

Time back in service ____ M

Time back at station 3:18 A M

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

Location of alarm: (Street and Number) SMITH ST (FRONT OF KANES DRUG STORE)

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	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)		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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

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

VEHICLE	STATION	ON SCENE
	LT W. ROY	

REMARKS: ENG 1 DID NOT GET OUT, HAD F.A. CONTACT P.D. ON SCENE TO SEE IF NEEDED, NOT NEEDED, TOLD F.A. NOT TO BLOW SIREN AGAIN

Lieut Ernest W. Hinds
SIGNED BY:

LIEUT. W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 21 N. P. File # 53

Date: 1 (MONTH) 24 (DAY) 75 (YEAR)

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

Time back in service ____ M

Time back at station 6:43 P M

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

Location of alarm: (Street and Number) 1991 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
☐ 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	
1oo2	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
1pr	ASBESTOS GLOVES				
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 #
D. BAZZLE		
J. LANE		
P. TREMENTOZZI		
C. HARRISON		
T.PERNA		

VEHICLE	STATION	ON SCENE
	CHIEF E. DI GIULIO	
	D. FORTIN	

REMARKS: CAR, OUT ON ARRIVAL SMOULDERING INSULATION
MIKE MAIERA 16 HENRY ST CENTRAL FALLS

E. Di Giulio
SIGNED BY:

D. BAZZLE
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 22 N. P. File # 54-25

Date: 1 (MONTH) 24 (DAY) 75 (YEAR)

Time alarm received 6:44 P M

Time back in service _____ M

Time back at station 6:57 P M

Number of miles traveled 1

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

Location of alarm: (Street and Number) 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	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)		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
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) 1 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		
D. BAZZLE		
J. LANE		
P. TREMENTOZZI		
T. PERNA		

VEHICLE	STATION	ON SCENE
LT W. ROY		
LT P. RUGGIANO		
W. DRAPER JR		
F. ROTELLA		

REMARKS: AUTO ACCIDENT

E. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NO. PROVIDENCE FIRE DEPARTMENT
– SECONDARY RESCUE REPORTS –

Res # 85

DATE: 1/ 24/ 75 TIME: ARRIVED ~~XXX~~ 6:44 pm RETURNED 6:57 pm

NAME: PHILLIP A PEARL AGE: 75

ADDRESS: 75 SYLVIA AVE ALARM BY: F.A.

NO. PROV, R.I.

LOCATION OF RESCUE MINERAL SP. AVE

EXAMINATION

SKULL * OK

EYES * DIALATED

EARS * OK

NOSE * OK

MOUTH * REMOVED FALSE TEETH

CHEST * OK

ABDOMEN * OK

UPPER EXTREMITIES * OK

LOWER EXTREMITIES * SLUMPED OVER STEERING WHEEL

POSITION OF PATIENT WHEN FOUND: ME

WAS PATIENT CONSCIOUS? NO

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN)

PATIENT TRANSPORTED TO: R.W.G.H. BY RES1

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 GIVEN C.P.R BY LT CARNAVELL & LT RUGGIANO AT SCENE, CONTIUNED C.P.R ON WAY TO HOSP. CALLED CODE BLUE TO HOSP. PATIENT HAD A PACEMAKER

SIGNED: Lt Ernest Di Stefano OFFICER IN CHARGE: RES. LT P. RUGGIANO

RESCUE CO. NO. Res 1

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 23 N. P. File # 56

Date: 1 (MONTH) 26 (DAY) 75 (YEAR)

Time alarm received 8:04 P M Number of miles traveled 4

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) LARCHMONT ST

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO		
CAPT J. MURPHY		
R. RATHIER		
J. LANE		
T. PERNA		
VEHICLE	**STATION**	**ON SCENE**
CAPT C. SALISBURY	LT W. ROY	
	C. HARRISON	

REMARKS: SMALL CAMP FIRE IN WOODS

E. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 24 N. P. File # 58

Date: 1 (MONTH) 27 (DAY) 75 (YEAR)

Time alarm received 11:01 A M Number of miles traveled 1

Time back in service 11:08 A M

Time back at station 11:11 A M

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

Location of alarm: (Street and Number) NO. PROV HIGH SCHOOL, 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
[XX] Fire in building	[XX] Code Red	[ ] Rescue or emergency
[ ] Fire in dwelling	[ ] Code Yellow	[ ] Water emergency
[ ] Fire in brush or grass	[ ] Code Blue	[ ] Lockout
[ ] Fire in rubbish		[ ] Accidental alarms
[ ] Fire in dump		[ ] False alarm
[ ] Fire in vehicle		[ ] Miscellaneous alarm (describe)
[ ] Miscellaneous fires (describe)		

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

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 #
CAPT C. SALISBURY	LT E. DI GIULIO	
N. PHELAND	J. MOLLO	
T. RUSSO	R. PAQUET	
B. DI GIULIO		
VEHICLE	**STATION**	**ON SCENE**
LT P. RUGGIANO	LT W. ROY	
D. BAZZLE		
P. TREMENTOZZI		

REMARKS: FIRE IN GIRLS LOCKER ROOM, DRESSED HYD. & STOOD BY

~~NOT NEEDED~~

Lt Ernest Di Giulio
SIGNED BY:

CAPT C. SALISBURY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 25 N. P. File # 59

Date: 1 (MONTH) 28 (DAY) 75 (YEAR)

Time alarm received 12:37 P M

Time back in service 12:47 P M

Time back at station 12:40 P M

Number of miles traveled 0

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

Location of alarm: (Street and Number) HOUSE OF MOY

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) MED- AID
☐ 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
	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) _____ Rescue(s) 1 Car: _____

Other companies responding: _____

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

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

VEHICLE	STATION	ON SCENE
	LT E. DI GIULIO	LT W. ROY
		D. BAZZLE

REMARKS: CHIEF OF DEPT, ASKED FOR ENG 1

SIGNED BY:

CAPT C. SALISBURY
PERSON IN CHG.

NO. PROVIDENCE FIRE DEPARTMENT
– SECONDARY RESCUE REPORTS –

RES# 91

DATE: 1/ 28/ 75 TIME: ARRIVED 12:37 PM RETURNED 12:48 PM

NAME: MAIRA SCOPEL AGE: 82

ADDRESS: 25 UNIT ST ALARM BY: F.A.

PROV. R.I.

LOCATION OF RESCUE HOUSE OF MOY

EXAMINATION

SKULL *

EYES *

EARS *

NOSE *

MOUTH *

CHEST *

ABDOMEN *

UPPER EXTREMITIES *

LOWER EXTREMITIES * SCRAP ON RIGHT KNEE

POSITION OF PATIENT WHEN FOUND: SITTING IN CAR

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) YES

PATIENT TRANSPORTED TO: R.W.G.H. 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 FIRST AID GIVEN, ASSISTED RES 1. PATIENT HAD A PACEMAKER

SIGNED: [signature] OFFICER IN CHARGE: LT W. ROY

RESCUE CO. NO. Cent

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 26 N. P. File # 61

Date: 1 (MONTH) 30 (DAY) 75 (YEAR)

Time alarm received 5:32 P M Number of miles traveled 1

Time back in service _____ M

Time back at station 5:53 P M

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

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

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		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	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 #
LT W. ROY		
LT P. RUGGIANO		
P. TREMENTOZZI		
D. BAZZLE		
F. BURSIE		
N. PHELAND		

VEHICLE	STATION	ON SCENE
	CHIEF E. DI GIULIO	
	E. PELLAND	
	W. DRAPER	

REMARKS: BRUSH. IN OPEN FIELD

Lt Ernesto Di Giulio
SIGNED BY:

LT W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 27 N. P. File # 63

Date: 1 (MONTH) 31 (DAY) 75 (YEAR)

Time alarm received 2:52 P M

Time back in service ____ M

Time back at station 3:22 P M

Number of miles traveled 3

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

Location of alarm: (Street and Number) 55 JACKSONIA DR

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
2	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 W. ROY		
~~N. PHELAND~~		
~~D. BAZZLE~~		
~~B. DI GIULIO~~		

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

REMARKS: BRUSH FIRE, IN WOODS ALSO AT MURPHY JUNK YARD

Lt. Emil Di Giulio
SIGNED BY:

LT W. ROY
PERSON IN CHG.