NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 218 N. P. File # 555

Date: 6 (MONTH) 1 (DAY) 75 (YEAR)

Time alarm received 9:48 p M Number of miles traveled 2

Time back in service ____ M

Time back at station 9:53 p M

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

Location of alarm: (Street and Number) 44 JUSTICE 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 XX	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO	LT W. ROY	
E. PELLAND	LT P. RUGGIANO	
D. FORTIN	J. MOLTO	
A. CORSINI	R. RATHIER	
G. BULPITT SR	P. TREMENTOZZI	
N. PHELAND	C. HARRISON	
	T. RUSSO	
	T: PERNA	

VEHICLE	STATION	ON SCENE

REMARKS: CODE BLUE

Lt. Ernest Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 219 N. P. File # 558

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

Time alarm received 12:16 p M Number of miles traveled 1

Time back in service ____ M

Time back at station 12:23 p M

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)		

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	BLANKET				
	RESCUITAOR				

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 #
LT W. ROY		
N. PHELAND		
J. MOLLO		
D. BAZZLE		
J. NOTO (G)		
DI NOBLE (G)		

VEHICLE	STATION	ON SCENE
	CAPT C. SALISBURY	
	LT E. DI GIULIO	
	J. BOREK	
	B. CHARELLO (G)	

REMARKS: SEE RESCUE REPORT

Lt E. Di Giulio
SIGNED BY:

LT W. ROY
PERSON IN CHG.

Rea # 548
FIRE # 558
CO # 219

NO. PROVIDENCE FIRE DEPARTMENT
– SECONDARY RESCUE REPORTS –

DATE: 6/2/75 TIME: ARRIVED 12:16 pm RETURNED 12:23 pm

NAME: GEORGE MURPHY AGE: 64

ADDRESS: 19 VALLEY ST ALARM BY: F.A.

PROV. R.I.

LOCATION OF RESCUE GETTY SERVICE STATION, SMITHFIELD RD & MINERAL SP. AVE

EXAMINATION

SKULL * LACERATION ON SIDE OF CHEAK

EYES * PUPILS DIALIATED

EARS * OK

NOSE * OK

MOUTH * OK

CHEST * OK

ABDOMEN * OK

UPPER EXTREMITIES * OK

LOWER EXTREMITIES * OK

POSITION OF PATIENT WHEN FOUND: SITTING IN PICK UP TRUCK

WAS PATIENT CONSCIOUS? NO

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) PATIENT WAS UNSCIOUS

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)

PATIENT WAS PULLED FROM TRUCK APEARED TO BE IN DEEP SHOCK. PATIENT HAD WEAK PULSE. BREATHING WAS VERY SHALLOW. ADMINISTERED OXYGEN, PATIENT DID NOT RESPOND.

SIGNED: OFFICER IN CHARGE: LT. W. ROY

RESCUE CO. NO. ENG. 1

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 220 N. P. File # 563

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

Time alarm received 1:55 A M Number of miles traveled 1

Time back in service ____ M

Time back at station 1:59 A M

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

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

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

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

VEHICLE	STATION	ON SCENE
	D. FORTIN	
	J. LANE	
	P. TREMENTOZZI	
	J. BICARDI	

REMARKS: CODE BLUE

SIGNED BY:

LT W. ROY

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 221 N. P. File # 565

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

Time alarm received 8:43 A M

Time back in service 9:16 A M

Time back at station 9:20 A M

Number of miles traveled 1

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

Location of alarm: (Street and Number) 61 ALLEN AVE

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: MARY BURKE

Owner's address: _____

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

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	CAPT C. SALISBURY	
	R. PARENTEau	

VEHICLE	STATION	ON SCENE
	LT E. DI GIULIO	
	J. MOLLO	
	W. DRAPER SR	
	N. PHELAND	
	D. BAZZLE	

REMARKS: WOMEN LOCKED OUT OF BATH ROOM.

SIGNED BY: Lt E. Di Giulio

CAPT C. SALISBURY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 222 N. P. File # 566

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

Time alarm received 9:04 A M

Time back in service 9:21 A M

Time back at station 9:25 A M

Number of miles traveled 2

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

Location of alarm: (Street and Number) 2175 MINERAL SP. AVE

Cause of fire SHORT IN WIRES

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	
1-co2	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		
J. MOLLO		
W. DRAPER SR		

VEHICLE	STATION	ON SCENE
T. PERNA	N. PHELAND	
D. BAZZLE	CAPT C. SALISBURY	

REMARKS: SHORT IN CABLES GOING TO BATTERY, DAMAGE TO CABLE ONLY

OWNER EUGENE JARBEAU

825 J. PONTIAC AVE

CRANSTON, R.I. 02910

apt. 10103

66 VAN CHEV. GREEN REG. 20549 r.i.

NO FIRE INS.

E. Di Giulio

SIGNED BY:

LT E. DI GIULIO

PERSON IN CHG.

CODE SHEET

1.	Month in which fire occurred	6
2.	Community in which fire occurred	24
3.	Cause	1
4.	If Accidental, specific cause	3
5.	If Incendiary, suspected motive	
6.	If Suspicious, suspected motive	
7.	Suspicion directed toward	
8.	Type of structure	12
9.	Occupied by whom	
10.	Insurance	2
11.	Total Amount of Insurance	
12.	Estimated loss	$40.

Name and Address of Owner EUGENE JARBEAU
825 J. PONTIAC AVE. APT. 10103
CRANSTON, R.I. 02910

Name of Occupant

COMPLETE AND RETURN TO STATE DIVISION OF FIRE SAFETY

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 223 N. P. File # 568

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

Time alarm received 6:55 P M Number of miles traveled 1

Time back in service _____ M

Time back at station 7:08 P M

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

Location of alarm: (Street and Number) NO. PROV, HIGH

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 #
CHIEF E. DI GIULIO	T. PERNA	
LT W. ROY	P TREMENTOZZI	
E. PELLAND	G. BULPITT SR	
J. BOREK	J. PICCARDI	
T. RUSSO		
VEHICLE	**STATION**	**ON SCENE**
	D. FORTIN	

REMARKS: CODE BLUE ENG. 3

H. Ernest Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 224 N. P. File # 574

Date: 6 (MONTH) 8 (DAY) 75 (YEAR)

Time alarm received 7:28 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 7:32 P M

Alarm received by: Box # 243 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) ADMIRAL PLAZA SMITHFIELD RD

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 3.4.2 Ladder(s) 1 Rescue(s) ____ Car: ____

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	J. BOREK	
	D. FORTIN	
	C. HARRISON	
VEHICLE	**STATION**	**ON SCENE**
	CHIEF E. DI GIULIO	
	CAPT J. MURPHY	
	LT W. ROY	
	T. RUSSO	
	J. MOLLO	
	G. BULPITT SR	
	J. PICCARDI	

REMARKS: CODE BLUE ENG 3

SIGNED BY:

D. FORTIN

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 225 N. P. File # 575

Date: 6 (MONTH) 9 (DAY) 75 (YEAR)

Time alarm received 1:17 p M Number of miles traveled 3

Time back in service M

Time back at station 1:31 p M

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

Location of alarm: (Street and Number) STOP & SHOP SMITH ST

Cause of fire

Description of building or occupancy:

Owner of building or occupancy:

Owner's address:

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

	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) SS 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		
J. MOLLO		
B. DI GIULIO		
J. BOREK		

VEHICLE	STATION	ON SCENE
	LT E. DI GIULIO	
	LT W. ROY	
	T. PERNA	
	W. DRAPER SR	
	C. HARRISON	
	J. NOTO (G)	

REMARKS: ENG 2 DIDNNT GET OWT, SS ENG 1 CAR ACCIDENT

E. Di Giulio
SIGNED BY:

J. MOLLO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 226 N. P. File # 576

Date: 6/9/75
MONTH DAY YEAR

Time alarm received 9:19 P M Number of miles traveled 3

Time back in service ____ M

Time back at station 9:25 P M

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

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

Cause of fire CODE BLUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. J. MURPHY	LT. W. ROY	
E. PELLAND	J. MOLLO	
D. FORTIN		
T. RUSSO		
H. DARBY		
VEHICLE	**STATION**	**ON SCENE**
	CHIEF E. DI GIULIO	
	N. PHELAND	
	P. LYONS	
	R. HUGHES	

REMARKS: CODE BLUE FROM ENG.#2.

SIGNED BY:

CAPT. J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 227 N. P. File # ~~XZ~~ 579

Date: 6/10/75
MONTH DAY YEAR

Time alarm received 6:27 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 6:31 P M

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

Location of alarm: (Street and Number) 37 PELHAM PARKWAY

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)
☐ Miscellaneous fires (describe)		

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. W. ROY		
N. PHELAND		
T. PERNA		
W. DRAPER JR.		
G. BULPITT JR.		

VEHICLE	STATION	ON SCENE
	E. PELLAND	
	D. FORTIN	
	J. LANE	
	J. MOLLO	
	D. BAZZLE	
	C. HARRSION	
	G. BULPITT SR.	
	E. BAZZLE	
	J. PICCARDI	

REMARKS: CODE YELLOW FROM ENG.#2.

SIGNED BY:

LT. W. ROY

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 228 N. P. File # 580

Date: 6/19/75
MONTH DAY YEAR

Time alarm received 6:54 P M Number of miles traveled 3

Time back in service ____ M

Time back at station 6:59 P M

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

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

Cause of fire CODE BLUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	E. PELLAND	
	D. FORTIN	
	J. BOREK	
	J. LANE	
	D. BAZZLE	
	E. BAZZLE	
	J. PICCARDI	
VEHICLE	**STATION**	**ON SCENE**
	CHIEF E. DI GIULIO	
	CAPT. J. MURPHY	
	LT. W. ROY	
	N. PHELAND	
	T. PERNA	
	G. BULPITT SR.	
	G. BULPITT JR.	

REMARKS: CODE BLUE FROM ENG.#2.

REPORT OF GARAGE FIRE.

E. Di Giulio

SIGNED BY:

D. FORTIN

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 229 N. P. File # 581

Date: 6/10/75
MONTH DAY YEAR

Time alarm received 7:28 P M Number of miles traveled 4

Time back in service ____ M

Time back at station 7:32 P M

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

Location of alarm: (Street and Number) 18 HANSON 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)
☐ Miscellaneous fires (describe)		

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	E. PELLAND	
	D. FORTIN	
	J. LANE	
	W. DRAPER JR.	

VEHICLE	STATION	ON SCENE
	CHIEF E. DI GIULIO	
	CAPT. J. MURPHY	
	LT. W. ROY	
	LT. P. RUGGIANO	
	N. PHELAND	
	J. BOREK	
	T. PERNA	
	D. BAZZLE	
	H. DARBY JR.	
	E. BAZZLE	
	J. PICCARDI	

REMARKS: CODE YELLOW FOR ENG.#2, & RES. #2.

B. [illegible]
SIGNED BY:

D. FORTIN
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 230 N. P. File # 584

Date: 6/12/75
MONTH DAY YEAR

Time alarm received 5:45 P M Number of miles traveled 0

Time back in service ____ M

Time back at station 5:48 P M

Alarm received by: Box # 211 Phone ____ Other ____ (Describe)

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

Cause of fire CODE BLUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	LT. W. ROY	
	T. PERNA	
	D. BAZZLE	
	P. TREMENTOZZI	
	G. BULPITT SR.	
	G. BULPITT JR.	
VEHICLE	**STATION**	**ON SCENE**
W. DRAPER JR.	LT. P. RUGGIANO	
	E. PELLAND	
	J. PICCARDI	

REMARKS: CODE BLUE FROM CAR #1.

B. Wi Gulw

SIGNED BY:

LT. W. ROY

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 231 N. P. File # 586

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

Time alarm received 7:21 P M Number of miles traveled 6

Time back in service ____ M

Time back at station 8:00 P M

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

Location of alarm: (Street and Number) 465 WOONASQUTUCKET AVE.

Cause of fire ____

Description of building or occupancy: APT. HOUSE

Owner of building or occupancy: ERNEST SANTORO

Owner's address: ____

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

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	10'	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
				2	SMOKE EJECTORS
				50'	ELECTRIC CORDS
					DEODERIZER
				1	SHOVEL

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 10

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: S.S.#6.

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. J. MURPHY	LT. W. ROY	
E. PELLAND	LT. P. RUGGIANO	
D. FORTIN	R. SALISBURY	
P. TREMENTOZZI		
H. DARBY		
G. BULPITT SR.		
G. BULPITT JR.		
VEHICLE	**STATION**	**ON SCENE**
CHIEF E. DI GIULIO		
W. DRAPER JR.		
F. RITELLA		

REMARKS: CODE YELLOW, FIRE IN BACK OF GAS DRYER AND PARTION, SMOKE THRU OUT THE CELLAR, MINER DAMAGE TO WALL, BACK OF DRYER SCORTCHED.

OWNER: ERNEST SANTORO ESTIMATE OF DAMAGE: $100.00

E. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

CODE SHEET

1. Month in which fire occurred — 6
2. Community in which fire occurred — 24
3. Cause — 1
4. If Accidental, specific cause — 4
5. If Incendiary, suspected motive —
6. If Suspicious, suspected motive —
7. Suspicion directed toward —
8. Type of structure — 4 (APT. HOUSE)
9. Occupied by whom — 1
10. Insurance — 1
11. Total Amount of Insurance —
12. Estimated loss — $100

Name and Address of Owner ERNEST SANTORO
465 WOONASQUATUCKET AVE. N. PROV.

Name of Occupant SAME

COMPLETE AND RETURN TO STATE DIVISION OF FIRE SAFETY

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 232 N. P. File # 588

Date: 6/13/75
MONTH DAY YEAR

Time alarm received 12:45 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 12:50 P M

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

Location of alarm: (Street and Number) 24 ZIPPORAH ST.

Cause of fire CODE BLUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

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

REMARKS: CODE BLUE.

B. Di Giulio
SIGNED BY:

J. MOLLO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 233 N. P. File # 589

Date: 6/14/75 (MONTH / DAY / YEAR)

Time alarm received 12:38 A M Number of miles traveled 1

Time back in service ____ M

Time back at station 12:43 A M

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

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

Cause of fire CODE BLUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #1, 6, 3. Ladder(s) #1. Rescue(s) #1. Car: #78

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. W. ROY	LT. P. RUGGIANO	
J. LANE	J. MOLLO	
D. BAZZLE	G. BULPITT JR.	
R. RATHIER	J. RICCARDI	
VEHICLE	**STATION**	**ON SCENE**
CHIEF E. DI GIULIO	CAPT. J. MURPHY	
F. ROTELLA	D. FORTIN	

REMARKS: CODE BLUE FROM CAR #78.

R. Ch Giulio
SIGNED BY:

D. BAZZLE
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 234 N. P. File # 590

Date: 6/14/75 (MONTH / DAY / YEAR)

Time alarm received 2:52 A M Number of miles traveled 2

Time back in service ____ M

Time back at station 3:04 A M

Alarm received by: Box # 121 Phone ____ 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	

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: ____

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

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

ENGINE(S) #	LADDER(S) #	RESCUE #
T. PERNA	J. MOLLO	
D. BAZZLE		
R. RATHIER		
J. PICCARDI		
VEHICLE	**STATION**	**ON SCENE**
CAPT. J. MURPHY	C. HARRISON	
LT. W. ROY		
F. ROTELLA		

REMARKS: BOX 121 PULLED FOR AUTO ACCIDENT.

68 OLDS.	66 OLDS.
R.I. REG. BW7	R.I. REG. ZI40
COLOR GREEN	COLOR GOLD

RESCUE #1 TRANSPORTED TO HOSPITAL, ELIZABETH HEALY
68 SMITH AVE.
SMITHFIELD, R.I.

B. W. Gruber
SIGNED BY:

D. BAZZLE
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 235 N. P. File # 593

Date: 6/15/75
MONTH DAY YEAR

Time alarm received 12:44 A M Number of miles traveled 3

Time back in service ____ M

Time back at station 12:46 A M

Alarm received by: Box # 243 Phone ____ Other ____ (Describe)

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

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	LT. W. ROY	
	T. PERNA	
	D. BAZZLE	

VEHICLE	STATION	ON SCENE
	CHIEF E. DI GIULIO	
	CAPT. J. MURPHY	
	LT. P. RUGGIANO	
	D. FORTIN	
	J. BOREK	
	T. RUSSO	
	R. PARENTEAU	
	A. CORSINI	
	G. BULPITT SR.	
	J. PICCARDI	

REMARKS: CODE YELLOW FROM ENG.#4.
(SALVATION ARMY CONTAINER)

B. W. Roy
SIGNED BY:

LT. W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 236 N. P. File # 594

Date: 6/16/75
MONTH DAY YEAR

Time alarm received 1:19 A M Number of miles traveled 1

Time back in service ____ M

Time back at station 1:25 A M

Alarm received by: Box # 522 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) HUMBERT & RAYMOUND RD.

Cause of fire CODE BLUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #6.2. Ladder(s) #1. Rescue(s) ____ Car: #78

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	CAPT. J. MURPHY	
	LT. W. ROY	
	N. PHELAND	
	J. PICCARDI	

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO	LT. P. RUGGIANO	
	E. PELLAND	
	J. LANE	

REMARKS: CODE BLUE FROM ENG. #6.

E. Di Giulio
SIGNED BY:

CAPT. J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 337 N. P. File # 595

Date: 6/16/75
MONTH DAY YEAR

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

Time back in service ____ M

Time back at station 1:30 A M

Alarm received by: Box # 134 Phone ____ Other ____ (Describe)

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

Cause of fire CODE BLUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #1. 3. 4. Ladder(s) #2. 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		
E. PELLAND		
J. LANE		
VEHICLE	**STATION**	**ON SCENE**
CHIEF E. DI GIULIO	CAPT. J. MURPHY	
	LT. W. ROY	
	N. PHELAND	
	J. PICCARDI	

REMARKS: CODE BLUE FROM ENG.#1.

SIGNED BY:

LT. P. RUGGIANO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 238 N. P. File # 596

Date: 6/16/75
MONTH DAY YEAR

Time alarm received 1:29 A M Number of miles traveled 1

Time back in service ____ M

Time back at station 1:31 A M

Alarm received by: Box # 211 Phone ____ Other ____ (Describe)

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

Cause of fire CODE BLUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #3, 4. Ladder(s) #1. Rescue(s) ____ Car: #78

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	CAPT. J. MURPHY	
	LT. W.ROY	
	N. PHELAND	
	J. PICCARDI	

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO	LT. P. RUGGIANO	
	E. PELLAND	
	D. FORTIN	
	J. LANE	

REMARKS: CODE BLUE FROM ENG. #3.

SIGNED BY:

CAPT. J. MURPHY

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 239 N. P. File # 597

Date: 6/16/75
MONTH DAY YEAR

Time alarm received 2:41 A M Number of miles traveled

Time back in service M

Time back at station 2:50 A M

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

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

Cause of fire CODE BLUE

Description of building or occupancy: VILLA VERSAILLES APT.

Owner of building or occupancy:

Owner's address:

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

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

APPARATUS REPORT

Working time of pump: Hours: minutes:

Defects on apparatus after alarm (if any):

Companies responding:

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

Other companies responding:

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	LT. W. ROY	
	E. PELLAND	
	D. FORTIN	
	N. PHELAND	
	J. LANE	
VEHICLE	**STATION**	**ON SCENE**
	CAPT. J. MURPHY	
	J. MOLLO	
	J. PICCARDI	

REMARKS: CODE BLUE FROM ENG.#3.

B. H. Gulla

SIGNED BY:

lt. w. roy

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 240 N. P. File # 598

Date: 6/16/75 (MONTH / DAY / YEAR)

Time alarm received 10:56 A M Number of miles traveled 3

Time back in service 10:58 A M

Time back at station 10:00 A M

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

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

Cause of fire _____

Description of building or occupancy: IVANHOE APTS.

Owner of building or occupancy: _____

Owner's address: _____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☒ 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) 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) #5. #3. Ladder(s) #2. Rescue(s) #3. Car: _____

Other companies responding: S.S.#1.

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

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

VEHICLE	STATION	ON SCENE
F. ROTELLA	B. DI GIULIO	
	J. MOLLO	

REMARKS: SPECIAL SIGNAL ENG.#1, ENG. #4, OUT OF SERVICE.
ENG. #1, OUT ON INSPECTION. RECEVED CALL BY RADIO.

B. Di Giulio
SIGNED BY:

LT. E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 241 N. P. File # 599

Date: 6/17/75 (MONTH / DAY / YEAR)

Time alarm received 11:28 P M Number of miles traveled 0

Time back in service ____ M

Time back at station 11:30 P M

Alarm received by: Box # 522 Phone ____ Other ____ (Describe)

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

Cause of fire CODE BLUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #6, 2. Ladder(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
	CHIEF E. DI GIULIO	
	CAPT. J. MURPHY	
	LT. W. ROY	
	D. FORTIN	
	N. PHELAND	
	T. PERNA	
	R. PARENTEAU	G. BULPITT SR.
	R. RATHIER	G. BULPITT JR.
	P. TREMENTOZZI	P. LYONS
	A. CORSINI	J. PICCARDI

REMARKS: CODE BLUE FROM ENG. #6.

SIGNED BY:

CHIEF E. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 242 N. P. File # 601

Date: 6/18/75
MONTH DAY YEAR

Time alarm received 10:30 A M Number of miles traveled 1

Time back in service 10:45 A M

Time back at station 10:48 A M

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

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

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
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
3	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
					PORTABLE RADIO

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

STATION

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

VEHICLE	STATION	ON SCENE
J. PICCARADI	W. DRAPER	

REMARKS: SMALL PATCH OF GRASS IN FIELD.

E Di Giulio
SIGNED BY:

LT. E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 243 N. P. File # 602

Date: 6/18/75
MONTH DAY YEAR

Time alarm received 12:40 PM Number of miles traveled 1

Time back in service ____ M

Time back at station 12:56 P M

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

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

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
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
					PORTABLE RADIO

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		
LT. W. ROY		
P. TREMENTOZZI		

VEHICLE	STATION	ON SCENE
	J. BOREK	
	N. PHELAND	
	B. DI GIULIO	
	J. MOLLO	
	A. CORSINI	

REMARKS: S MALL GRASS FIRE IN FIELD.

E. Di Giulio
SIGNED BY:

LT. W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 244 N. P. File # 603

Date: 6/18/75
MONTH DAY YEAR

Time alarm received 1:46 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 1:50 P M

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

Location of alarm: (Street and Number) 600 SMITHFIELD RD.

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

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

REMARKS: CALL FOR HOUSE FIRE, CODE BLUE.

SIGNED BY:

LT. E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 245 N. P. File # 604

Date: 6/18/75 (MONTH / DAY / YEAR)

Time alarm received 3:20 PM Number of miles traveled 2

Time back in service 3:32 PM

Time back at station 3:35 PM

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

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

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	
1	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
					PORTABLE RADIO

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. J. MURPHY		
CAPT. C. SALISBURY		
LT. E. DI GIULIO		
J. BOREK		
D. BAZZLE		

VEHICLE	STATION	ON SCENE
	LT. W. ROY	
	B. DI GIULIO	
	J. MOLLO	
	R. HUGHES	
	S. MARWELL	
	W. DRAPER	

REMARKS: SMALL PATCH GRASS.

E. Di Giulio

SIGNED BY:

CAPT. J. MURPHY

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 246 N. P. File # 608

Date: 6/19/75
MONTH DAY YEAR

Time alarm received 5:55 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 5:59 P M

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

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

Cause of fire CODE BLUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	STATION	
	E. BAZZLE	
	J. PICCARDI	
	G. BULPITT JR.	

VEHICLE	STATION	ON SCENE
	CHIEF E. DI GIULIO	
	LT. P. RUGGIANO	
	E. PELLAND	
	D, FORTIN	
	N. PHELAND	
	J. BOREK	
	T. PERNA	
	D. BAZZLE	
	P. TREMENTOZZI	
	C. HARRSION	

G. BULPITT SR.

REMARKS: CODE BLUE FROM ENG.#2.
LADDER DID NOT LEAVE STATION,

B. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 247 N. P. File # 611

Date: 6/20/75
MONTH DAY YEAR

Time alarm received 4:02 A M Number of miles traveled 1

Time back in service 4:28 A M

Time back at station 4:30 A M

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

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

Cause of fire SPRINKLER SYSTEM

Description of building or occupancy: HOPKINS HEALTH CENTER

Owner of building or occupancy: _____

Owner's address: _____

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

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) #1, 3, 4. Ladder(s) #1, 2. Rescue(s) #1, 2. Car: #78

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
E. PELLAND	LT. W. ROY	
N. PHELAND	T. PERNA	
J. LANE	J. MOLLO	
	J. PICCARADI	
VEHICLE	**STATION**	**ON SCENE**
CHIEF E. DI GIULIO	CAPT? J. MURPHY	
	F. ROTELLA	

REMARKS: CODE YELLOW, SPRINKLER SYSTEM TROUBLE.
CHECKED ALL ROOMS IN CORRIDOR. SUPT. F.A. NOTIFIED.

B. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 248 N. P. File # 616

Date: 6/21/75
MONTH DAY YEAR

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

Time back in service ____ M

Time back at station 1:03 A M

Alarm received by: Box # 133 Phone ____ Other ____ (Describe)

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

Cause of fire CODE BLUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

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

VEHICLE	STATION	ON SCENE
	CAPT. J. MURPHY	
	LT. W. ROY	
	T. PERNA	
	G. BULPITT SR.	
	G. BULPITT JR.	
	P. LYONS	
	J. PICCARDI	

REMARKS: CODE BLUE.

SIGNED BY:

D. BAZZLE

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 249 N. P. File # 617

Date: 6/21/75 (MONTH / DAY / YEAR)

Time alarm received 2:08 A M Number of miles traveled 4

Time back in service ____ M

Time back at station 2:12 A M

Alarm received by: Box # 522 Phone ____ Other ____ (Describe)

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

Cause of fire CODE BLUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	E. PELLAND	
	N. PHELAND	
	J. LANE	
	D. BAZZLE	
	R. RATHIER	
VEHICLE	**STATION**	**ON SCENE**
	CAPT. J. MURPHY	
	J. PICCARDI	

REMARKS: CODE BLUE.

B. De Grulio
SIGNED BY:

D. BAZZLE
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 250 N. P. File # 619

Date: 6/22/75
MONTH DAY YEAR

Time alarm received 12:37 A M Number of miles traveled 3

Time back in service ____ M

Time back at station 12:40 A M

Alarm received by: Box # 424 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) WELESLEY & HOPE

Cause of fire CODE BLUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	~~E. PELLAND~~	
	~~J. LANE~~	
	~~D. BAZZLE~~	
	~~R. RATHIER~~	
VEHICLE	**STATION**	**ON SCENE**
	CHIEF E. DI GIULIO	
	CAPT. J. MURPHY	
	N. PHELA ND	
	T. RUSSO	
	C. HARRSION	
	J. PICCARDI	

REMARKS: CODE BLUE.

B Bls Gmelin
SIGNED BY:

D. BAZZLE
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 251 N. P. File # 620

Date: 6/22/75
MONTH DAY YEAR

Time alarm received 10:03 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 10:06 P M

Alarm received by: Box # 241 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) DOUGLAS & FITZHUGH

Cause of fire CODE BLUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #3.4. Ladder(s) #1. Rescue(s) ____ Car: ____

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	LT. W. ROY	
	J. MOLLO	
	R. RATHIER	
	A. CORSINI	

VEHICLE	STATION	ON SCENE
	CAPT. J. MURPHY	
	LT. P. RUGGIANO	
	J. BOREK	
	T. PERNA	
	F. ROTELLA	

REMARKS: CODE BLUE.

B. A. Grubs
SIGNED BY

LT. W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 252 N. P. File # 624

Date: 6/23/75 (MONTH / DAY / YEAR)

Time alarm received 8:54 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 9:18 P M

Alarm received by: Box # 213 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) 11 SEAMANS 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	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose	2	Under 35 Feet 14'
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
				2	SMOKE EJECTORS
					CORDS
				1	HANDLIGHT

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 15

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

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

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	~~E. PELLAND~~	
	~~D. FORTIN~~	
	~~R. RATHIER~~	
	~~W. DRAPER JR.~~	

VEHICLE	STATION	ON SCENE
J.PICCARDI	CAPT. J. MURPHY	
	LT. W. ROY	
	N. PHELAND	
	T. PERNA	
	P. TREMENTOZZI	
	C. HARRSION	
	H. DARBY	
	G. BULPITT	
	F. ROTELLA	

REMARKS: 1969 VW, R.I. REG. 542. OWNER: LOUIS AURELIO

HOUSE OWNED BY ALBERT AURELIO

HEAT DAMAGE ON OUTSIDE OF HOUSE, SMOKE INSIDE.

B. DeAngelo
SIGNED BY:

LT. W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 253 N. P. File # 626

Date: 6/23/75
MONTH DAY YEAR

Time alarm received 9:30 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 9:31 P M

Alarm received by: Box # 241 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) DOUGLAS & FITZHUGH

Cause of fire CODE BLUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #3.4. Ladder(s) #1. Rescue(s) ____ Car: ____

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	CAPT. J. MURPHY	
	T. PERNA	
	R. RATHIER	
	W. DRAPER JR.	
	P. TREMENTOZZI	
	G. BULPITT SR.	

VEHICLE	STATION	ON SCENE
	LT. W. ROY	
	E. PELLAND	
	D. FORTIN	
	N. PHELAND	
	J. BOREK	
	T. RUSSO	
	C. HARRSION	
	H. BARBY	
	J. PICCARDI	
	F. ROTELLA	

REMARKS: CODE BLUE FROM ENG. #3.

SIGNED BY:

CAPT. J. MURPHY

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 254 N. P. File # 628

Date: 6/24/75 (MONTH / DAY / YEAR)

Time alarm received 9:05 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 9:15 P M

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

Location of alarm: (Street and Number) 28 BICENTENNIAL WAY

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: WILLIAM MONEZ

Owner's address: SAME

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

	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		
E. PELLAND		
D. FORTIN		
D. BAZZLE		
R. RATHIER		
E. BAZZLE		

VEHICLE	STATION	ON SCENE
	CAPT. J. MURPHY	
	C. HARRSION	
	G. BULPITT	

REMARKS: CALLED FOR SMOKE INVESTAGATION.
PEAT MOSS SMOLDERING IN BETWEEN SHRUBS.

B W Gaudio
SIGNED BY:

LT. W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 255 N. P. File # 629

Date: 6/24/75
MONTH DAY YEAR

Time alarm received 10:15 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 10:17 P M

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

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

Cause of fire CODE BLUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	LT. W. ROY	
	E. PELLAND	
	D. FORTIN	
	D. BAZZLE	
	E. BAZZLE	
VEHICLE	**STATION**	**ON SCENE**
	CAPT. J. MURPHY	
	G. BULPITT SR.	
	[illegible]	
	C. HARRSION	

REMARKS: CODE BLUE FROM ENG.#2.

B. W. Gruhlo
SIGNED BY:

LT. W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDA LE Company Alarm # 256 N. P. File # 631

Date: 6/25/75
MONTH DAY YEAR

Time alarm received 12:24 P M Number of miles traveled

Time back in service M

Time back at station 12:27 P M

Alarm received by: Box # 442 Phone Other (Describe)

Location of alarm: (Street and Number) WASHAKE & TOWANDA

Cause of fire CODE BLUE

Description of building or occupancy:

Owner of building or occupancy:

Owner's address:

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

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

APPARATUS REPORT

Working time of pump: Hours: minutes:

Defects on apparatus after alarm (if any):

Companies responding:

Engines(s) #2, 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. J. MURPHY		
LT. W? ROY		
J. LANE		
P. TREMENTOZZI		
S. MARWELL		

VEHICLE	STATION	ON SCENE
	LT. P. RUGGIANO	
	D. FORTIN	
	A. CORSINI	
	G. BULPITT SR.	
	G. BULPITT JR.	

REMARKS: CODE BLUE FROM ENG.#2.

L. DeGrutho

SIGNED BY:

CAPT. J. MURPHY

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 257 N. P. File # 633

Date: 6/25/75
MONTH DAY YEAR

Time alarm received 10:56 PM Number of miles traveled 0

Time back in service ____ M

Time back at station 10:58 PM

Alarm received by: Box # 4232 Phone ____ Other ____ (Describe)

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

Cause of fire CODE BLUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

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

VEHICLE	STATION	ON SCENE
	D. FORTIN	
	N. PHELAND	
	D. BAZZLE	
	P. TREMENTOZZI	
	C. HARRSION	
	F. LYONS	
	L. MARTINO	
	S. MARWELL (LYM.)	

REMARKS: CODE BLUE

NO DRIVER FOR LADDER #1.

SIGNED BY:

D. FORTIN

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 258 N. P. File # 636

Date: 6/26/75
MONTH DAY YEAR

Time alarm received 6:58 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 7:08 P M

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

Location of alarm: (Street and Number) 591 WOONASQUATUCKET 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) # 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 #
E. PELLAND		
J. LANE		
T. PERNA		
G. BULPITT SR.		

VEHICLE	STATION	ON SCENE
G. BULPITT JR.	CAPT. J. MURPHY	
	D. FORTIN	
	J. BOREK	
	D. BAZZLE	
	W. DRAPER JR.	

REMARKS: 1973 TRIUMPH, COLOR WHITE, R.I. REG.CW359
OPERATED BY.
JUDITH A. DRAGON
83 FARNAM PK.
SMITHFIELD,R.I.
STRUCK POLE #147. TRANSPORTED BY RESCUE#1.

B. W. Giulio
SIGNED BY:

E. PELLAND
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 259 N. P. File # 638

Date: 6/26/75
MONTH DAY YEAR

Time alarm received 9:53 P M Number of miles traveled 3

Time back in service ____ M

Time back at station 9:56 P M

Alarm received by: Box # 241 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) DOUGLAS & FITZHUGH

Cause of fire CODE BLUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #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 #
	CHIEF E. DI GIULIO	
	N. PHELAND	
	J. LANE	
	D. BAZZLE	
	F. ROTELLA	
VEHICLE	**STATION**	**ON SCENE**
	CAPT. J. MURPHY	
	D. FORTIN	
	J. BOREK	
	C. HARRSION	
	R. PAQUET	
	G. BULPITT SR.	
	J. PICCARDI	

REMARKS: CODE BLUE FROM ENG.#3.

R. Di Giulio

SIGNED BY:

D. BAZZLE

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 260 N. P. File # 641

Date: 6/27/75
MONTH DAY YEAR

Time alarm received 8:09 P M Number of miles traveled 4

Time back in service ____ M

Time back at station 8:16 P M

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

Location of alarm: (Street and Number) 92 LYMAN AVE.

Cause of fire GREASE

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
☒ 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) 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 #
LT. W. ROY		
D. FORTIN		
N. PHELAND		
T. RUSSO		
H. DARBY		

VEHICLE	STATION	ON SCENE
	LT. P. RUGGIANO	
	E. PELLAND	
	J. BOREK	
	J. MOLLO	
	G. BULPITT SR.	

REMARKS: GREASE FIRE ON STOVE. OUT ON ARRIVAL.
NO DAMAGE.

SIGNED BY:

LT. W. ROY

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company 6/27/75 Company Alarm # 261 N. P. File # RES. 643

Date: _____
MONTH DAY YEAR

Time alarm received _____ M Number of miles traveled _____

Time back in service _____ M

Time back at station _____ M

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

Location of alarm: (Street and Number) SEE DETAIALS ON RESCUE REPORT.

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) _____ 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. P. RUGGIANO
		J. BOREK
		D. FORTIN
VEHICLE	**STATION**	**ON SCENE**
	LT. W. ROY	
	T. RUSSO	
	J. MOLLO	
	H. DARBY	

REMARKS: SEE RESCUE REPORT FILE #643

P. W. Ruggiano

SIGNED BY:

LT. P. RUGGIANO

PERSON IN CHG.

RES. FILE-- 643

CO. FILE-- 261

NO. PROVIDENCE FIRE DEPARTMENT
– SECONDARY RESCUE REPORTS –

DATE: 6/27/75 TIME: ARRIVED 7:31 P.M. RETURNED 8:04 P.M.

NAME: CHERYL EMBRIE AGE: 16

ADDRESS: 610 MT. PLEASANT AVE. PROV., R.I. ALARM BY:
(CHILDRENS CENTER)

LOCATION OF RESCUE HOMEWOOD AVE.

EXAMINATION

SKULL *

EYES *

EARS *

NOSE *

MOUTH * BURNING SENSATON

CHEST * PAINS

ABDOMEN * PAINS

UPPER EXTREMITIES *

LOWER EXTREMITIES *

POSITION OF PATIENT WHEN FOUND: SITTING ON GRASS, POLICE STANDING BY

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) YES

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

IF PATIENT WAS NOT TRANSPORTED EXPLAIN:

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

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

PATIENT DRANK ½ PINT OF LIGUID, POSSIBLE CLEANING FLUID.
SUBSTANCE NOT KNOWN, REQUESTED POLICE TO GO TO CHILDRENS CENTER AND PICK UP CONTAINER AND BRING TO R.W.G.H.
CONTAINER BROUGHT TO HOSP. BY N.P.P.D. CAR #174.

SIGNED: B. Mc Giulio OFFICER IN CHARGE: LT. P. RUGGIANO

RESCUE CO. NO. Res #1 - Cent. Station

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

RES.-- 644

Company CENTREDALE Company Alarm # 262 N. P. File # FIRE-- 642

Date: 6/27/75 (MONTH / DAY / YEAR)

Time alarm received 11:07 PM Number of miles traveled _____

Time back in service _____ M

Time back at station 11:16 PM

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

Location of alarm: (Street and Number) MINERAL SPRING AVE. (FRONT OF BROOKSIDE CLUB)

Cause of fire ACCIDENT

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) #1. Ladder(s) _____ Rescue(s) S.S. #1. 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		
J. BOREK		
T. PERNA		
J. MOLLO		
J. PICCIARDI		

VEHICLE	STATION	ON SCENE
D. FORTIN	CAPT. J. MURPHY	
J. LANE	N. PHELAND	
D. BAZZLE	L. MARTINO	
R. RATHIER		
C. HARRSION		

REMARKS: PERSON STRUCK BY AUTO WHILE RIDING BICYCLE.
REPORTED BY PERSON WALKING IN STATION,
SEE RESCUE REPORT #644.

B. Di Giulio
SIGNED BY:

LT. P. RUGGIANO
PERSON IN CHG.

RES. FILE--644

CO. FILE-- 261

NO. PROVIDENCE FIRE DEPARTMENT
– SECONDARY RESCUE REPORTS –

DATE: 6/27/75 TIME: ARRIVED 11:07 P.M. RETURNED 11:16 P.M.

NAME: ROBERT REYNOLDS AGE: 21

ADDRESS: 2175 MINERAL SPRING AVE. ALARM BY: WALK IN

NO. PROV. R.I.

LOCATION OF RESCUE FRONT OF BROOKSIDE CLUB (MINERAL SPRING AVE.)

EXAMINATION

SKULL *

EYES *

EARS *

NOSE *

MOUTH *

CHEST *

ABDOMEN *

UPPER EXTREMITIES * COMPLAIN OF PAIN IN RIGHT KNEE

LOWER EXTREMITIES *

POSITION OF PATIENT WHEN FOUND: LYING ON STREET

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) NO

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

IF PATIENT WAS NOT TRANSPORTED EXPLAIN:

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

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

2 PADDED SPILINTS EMOBILIZED KNEE IN POSSITION FOUND.

SIGNED: Robert Gaudreau OFFICER IN CHARGE: LT. P. RUGGIANO

RESCUE CO. NO. ENG. 31.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 263 XXXX A N. P. File # 643

Date: 6/28/75 (MONTH DAY YEAR)

Time alarm received 11:14 A M Number of miles traveled 25

Time back in service 12:33 P M

Time back at station 1:30 P M

Alarm received by: Box # 154 Phone ____ Other ____ (Describe)

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

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ALEXANDER J. SAURIOL

Owner's address: SAME

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	200'	Booster 1"		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam	50'	2½ Inch Hose	2/14'	Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)	1	Number Used
	Other (Describe)		SUMP PUMP		Other Equipment
		2	HANDLIGHTS	2	SMOKE EJECTORS
			DEODERIZER		ELECTRIC CORDS
			RESCUSITATOR	4	SCOTT PACKS
				1	PIKE POLES

APPARATUS REPORT

Working time of pump: Hours: 1 minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
E. PELLAND	LT. P. RUGGIANO	
J. LANE	J. BOREK	
D. BAZZLE	T. PERNA	
H. DARBY	G. BULPITT SR.	
	G. BULPTT JR.	
	J. PICCARDI	

VEHICLE	STATION	ON SCENE
LT. W. ROY		
D. FORTIN		
R. PARENTEAU		
J. MOLLO		
R. RATHIER		
W. DRAPER JR.		
L. MARTINO		
M. MOONEY		
F. ROTELLA		

REMARKS: FIRE STARTED IN CELLAR IN LAUNDRY ROOM, TRAVELLED UP LAUNDRY SHOUT TO CLOSET IN BATHROOM. DAMAGE TO LAUNDRY ROOM, BATHROOM, FAMILY ROOM. SMOKE DAMAGE THROUGH OUT HOUSE; WATER DAMAGE IN FAMILY ROOM IN CELLAR FROM BROKEN WATER PIPE,

LEFT ONE SALAVGE COVER. IN CELLAR.

HOUSE INS. BY GENERAL ACCIDENT INS. CO.

Estimated damage (by owner) $5,000 - Probable cause, electric cable shorted (EAD)
Investigated by Dist Chief DiGiulio & Lt. Roy

Bdr Giulio
SIGNED BY:

LT. W. ROY
PERSON IN CHG.

CODE SHEET

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

Name and Address of Owner ALEXANDER J. SAVIOL
19 CHANDLER ST. No. Prov.

Name of Occupant SAME

COMPLETE AND RETURN TO STATE DIVISION OF FIRE SAFETY

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 264 N. P. File # 647

Date: 6/28/75
MONTH DAY YEAR

Time alarm received 10:24 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 10:27 P M

Alarm received by: Box # 241 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) DOUGLAS & FITZHUGH

Cause of fire CODE BLUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	LT. W. ROY	
	T. PERNA	
	D. BAZZLE	
	A. CORSINI	

VEHICLE	STATION	ON SCENE
	CHIEF E. DI GIULIO	
	CAPT. J. MURPHY	
	N. PHELAND	
	C. HARRSION	
	G. BULPITT SR.	
	J. PICCARDI	
	L. MARTINO	

REMARKS: CODE BLUE FROM ENG.#3.

SIGNED BY:

LT. W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 265 N. P. File # 648

Date: 6/29/75
MONTH DAY YEAR

Time alarm received 12:11 A M Number of miles traveled 2

Time back in service ____ M

Time back at station 12:18 A M

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

Location of alarm: (Street and Number) 24 ZIPPORAH ST.

Cause of fire CODE BLUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #1, 6. Ladder(s) #1. Rescue(s) ____ Car: #78

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
~~LT. W. ROY~~	CAPT. J. MURPHY	
~~T. PERNA~~	LT. P. RUGGIANO	
~~D. BAZZLE~~	N. PHELAND	
~~R. HUGHES~~	J. BOREK	
	G. BULPITT SR.	
VEHICLE	**STATION**	**ON SCENE**
CHIEF E. DI GIULIO	E. PELLAND	
	J. MOLLO	

REMARKS: CODE BLUE FROM ENG.#1;

E. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 266 N. P. File # 653

Date: 6/30/75 (MONTH / DAY / YEAR)

Time alarm received 9:01 P M Number of miles traveled 3

Time back in service ____ M

Time back at station 9:06 P M

Alarm received by: Box # 432 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) HAWKINS BLVD. & SAMPSON

Cause of fire CODE BLUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #6, 2. 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	
	T. RUSSO	
	D. BAZZLE	
	W. DRAPER JR.	
	D. HOUDE	

VEHICLE	STATION	STATION ON SCENE
	CAPT. J. MURPHY	M. RUSSO
	LT. P. RUGGIANO	M. MOONY
	D. FORTIN	G. BULPITT SR.
	J. LANE	B. DI GIULIO
	H. DARBY	R. PARENTEAU
	R. PAQUET	J. MOLLO
	R. HUGHES	P. TREMENTOZZI
	L. MARTINO	N. PHELAND
	E. PELLAND	J. PICCARDI
	P. LYONS	A. CORSINI
	M. MARGIACOMO	J. BOREK
	J. ZIROIL	W. DRAPER SR.

REMARKS:

CODE BLUE FROM ENG. #2.

B. de Guglio

SIGNED BY:

LT. W. ROY

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 267 N. P. File # 654

Date: 6/30/75
MONTH DAY YEAR

Time alarm received 11:12 PM Number of miles traveled 2

Time back in service ____ M

Time back at station 11:18 PM

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

Location of alarm: (Street and Number) 2222 MINERAL SPRING AVE.

Cause of fire LOCKOUT

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

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 #
	LT. W. ROY	
	R PAREANTEaU	
	D. BAZZLE	
	G. BULPITT SR.	

VEHICLE	STATION	ON SCENE
	CAPT. J. MURPHY	
	E. PELLAND	
	J. LANE	

REMARKS: WOMEN LOCKOUT OF HOUSE. FOUND KEYS.

SIGNED BY:

LT. W. ROY

PERSON IN CHG.