NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 162 N. P. File # 418

Date: 5/1/75 (MONTH / DAY / YEAR)

Time alarm received 1:15 A M Number of miles traveled 8

Time back in service ____ M

Time back at station 1:47 A M

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

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

Cause of fire SET

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	XX Code Yellow	☐ Water emergency
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	50'	Booster 1"		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 15

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. J. MURPHY		
LT. W. ROY		
E. PELLAND		

VEHICLE	STATION	ON SCENE

REMARKS: AREA ALONG ROAD, BRUSH AND RUBBISH NEAR ENTRANCE TO MURPHY'S JUNKYARD.

B. Ha Gruber
SIGNED BY:

CAPT. J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # XXX 163 N. P. File # 420

Date: 5/1/75
MONTH DAY YEAR

Time alarm received 11:49 A M Number of miles traveled 4

Time back in service ____ M

Time back at station 12:05 P M

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

Location of alarm: (Street and Number) 18 LYMAN AVE.

Cause of fire COOKING

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

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

VEHICLE	STATION	ON SCENE
	LT. E. DI GIULIO	
	J. BOREK	
	N. PHELAND	
	A. CORSINI	
	W. DRAPER SR.	

REMARKS: FOOD ON STOVE, SMOKE IN HOUSE.
NO EQUIPMENT USED.

CODE YELLOW FOR ENG.#6, & LADDER #1.

B Di Giulio

SIGNED BY:

E. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 164 N. P. File # 424

Date: 5/1/75 (MONTH / DAY / YEAR)

Time alarm received 5:51 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 6:04 P M

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO		
LT. W. ROY		
N. PHELAND		
J. BOREK		
T. PERNA		
D. BAZZLE		

VEHICLE	STATION	ON SCENE
C. HARRISON		
W. DRAPER SR.		

REMARKS: SMALL AREA IN WOODS AT END OF LOCUST AVE.

B. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 1651 N. P. File # 422

Date: 5/1/75
MONTH DAY YEAR

Time alarm received 9:06 P M Number of miles traveled 3

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) MORGAN & CROSS

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 10

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. W. ROY		
D. BAZZLE		
J. BOREK		
P. TRMENT)ZZI		
W. DRAPER JR.		

VEHICLE	STATION	ON SCENE
	CHIEF E. DI GIULIO	
	N. PHELAND	
	D. FORTIN	
	C. HARRISON	

REMARKS: SMALL AREA OF BRUSH.

SIGNED BY:

D. BAZZLE

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 166 N. P. File # 4281

Date: 5/2/75
MONTH DAY YEAR

Time alarm received 7:03 P M Number of miles traveled #2

Time back in service ____ M

Time back at station 7:12 P M

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

Location of alarm: (Street and Number) ATLANTIC BLVD.

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) #1, 6. Ladder(s) #1. Rescue(s) ____ Car: #8

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. W.ROY	LT. E. DI GIULIO	
E. PELLAND	R. RATHIER	
T. RUSSO	H. DARBY	
P. TREMENTOZZI	J. MOLLO	

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

REMARKS: CALL FOR CELLAR FIRE AT 72 ATLANTIC BLVD.
NO SUCH NO.

E Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 167 N. P. File # 430

Date: 5/2/75
MONTH DAY YEAR

Time alarm received 10:32 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 10:35 P M

Alarm received by: Box # 531 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) ROSEDALE 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	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 #
	CAPT. J. MURPHY	
	LT. W. ROY	
	LT. P. RUGGIANO	
	P. TREMENTOZZI	
VEHICLE	**STATION**	**ON SCENE**
	CHIEF E. DI GIULIO	
	D. FORTIN	
	J. BOREK	
	T. PERNA	
	R. RATHIER	
	D. HOUDE	
	C. HARRISON	

REMARKS: CODE BLUE FROM ENG.#6.

B. Di Giulio

SIGNED BY:

CAPT. J. MURPHY

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 168 N. P. File # 431

Date: 5/2/75
MONTH DAY YEAR

Time alarm received 10:35 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 10:37 P M

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

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

Cause of fire CODE BLUE

Description of building or occupancy: DUNKIN DONUTS

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #1.3.5. Ladder(s) #2. 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	CAPT. J. MURPHY	
D. FORTIN	LT. W. ROY	
T. PERNA	LT. P. RUGGIANO	
R. RATHIER	P. TRMENTOZZI	
C. HARRISON		

VEHICLE	STATION	ON SCENE
	J. BOREK	
	D. HOUDE	

REMARKS: CODE BLUE FROM RES.#2.

B. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 169 N. P. File # 433

Date: 5/3/75
MONTH DAY YEAR

Time alarm received 1:26 A M Number of miles traveled 0

Time back in service ____ M

Time back at station 1:30 A M

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

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

Cause of fire CODE BLUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☒ 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: #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	
LT. P. RUGGIANO	T. RUSSO	
T. PERNA	A. PETERSON	
R. RATHIER	D. BAZZLE	
VEHICLE	**STATION**	**ON SCENE**
CHIEF E. DE GIULIO		

REMARKS: CODE BLUE FROM ENG.#2.

P De Giulio

SIGNED BY:

LT. W. ROY

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 170 N. P. File # 434

Date: 5/3/75 (MONTH / DAY / YEAR)

Time alarm received 2:36 P M Number of miles traveled 8

Time back in service ____ M

Time back at station 2:50 P M

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

Location of alarm: (Street and Number) 75 OLYMPIA AVE.

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	150'	Booster 1"		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
2	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 10

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO		
LT. W. ROY		
N. PHELAND		
T. RUSSO		
D. BAZZLE		
W. DRAPER JR.		

VEHICLE	STATION	ON SCENE
	LT. P. RUGGIANO	
	T. PERNA	
	F. BURSIE	
	J. MOLLO	
	P. TREMENTOZZI	
	C. HARRISON	
	W. DRAPER SR.	

REMARKS: ENG.#2, DISPATCHED FOR THIS CALL. CALLED A SIGNAL 3.
ENG.#1 WAS SENT TO COVER THE FIRE.

BRUSH, SMALL AREA, CODE YE LLOW

B. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 171 N. P. File # 436

Date: 5/3/75
MONTH DAY YEAR

Time alarm received 3:12 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 3:17 P M

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

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

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 5

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO		
LT. P. RUGGIANO		
LT. W. ROY		
N. PHELAND		
T. RUSSO		
W. DRAPER JR.		
D. BAZZLE		
H. DARBY		

VEHICLE	STATION	ON SCENE
R. PAQUET	T. PERNA	
	J. MOLLO	
	P. TREMENTOZZI	
	C. HARRISON	
	W. DRAPER SR.	

REMARKS: SMALL AREA CORNER OF MORGAN & CROSS ST.

E. Di Giulio

SIGNED BY:

CHIEF E. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 172 N. P. File # 437

Date: 5/3/75 (MONTH / DAY / YEAR)

Time alarm received 5:17 P M Number of miles traveled 3

Time back in service ____ M

Time back at station 5:38 P M

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

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

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
R. PARENTEAU		
D. BAZZLE		
W. DRAPER JR.		
S. MARWELL (LYM.)		

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO	LT. W. ROY	
	D. FORTIN	
	N. PHELAND	
	T. RUSSO	
	T. PERNA	
	P. TREMENTOZZI	
	A. CORSINI	

REMARKS: SMALL AREA IN WOODS.

Billy Gunkus
SIGNED BY:

D. BAZZLE
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 173 N. P. File # 438

Date: 5/3/75
MONTH DAY YEAR

Time alarm received 9:26 P M Number of miles traveled 4

Time back in service ____ M

Time back at station 9:36 P M

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

Location of alarm: (Street and Number) 36 ATLANTIC BLVD.

Cause of fire SET

Description of building or occupancy: ____

Owner of building or occupancy: MARILYN GEORGANTIS

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

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	20'	Booster 1"		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 10

Defects on apparatus after alarm (if any): ____

Companies responding: #1

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. W. ROY		
D. BAZZLE		
S. MARWELL (LYM.)		

VEHICLE	STATION	ON SCENE
D. FORTIN	CHIEF E. DI GIULIO	
R. RATHIER	CAPT. J. MURPHY	
	T. RUSSO	
	W. DRAPER JR.	

REMARKS: TRASH SET ON FIRE, SCORCHED BOTTOM OF TELEPHONE POLE.
REPORTED TO POLICE DEPT.

B. W. Bazzle
SIGNED BY:

D. BAZZLE
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 174 N. P. File # 439

Date: 5/3/75 (MONTH / DAY / YEAR)

Time alarm received 9:29 P M Number of miles traveled 3

Time back in service ____ M

Time back at station 9:34 P M

Alarm received by: Box # 124 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) WATERMAN & ADAMS

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, 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	
S. MARWELL (CAM.)	T. RUSSO	
D. BAZZLE		
VEHICLE	**STATION**	**ON SCENE**
CHIEF E. DI GIULIO	W. DRAPER JR.	
D. FORTIN		
R. RATHIER		

REMARKS: CODE BLUE.

E. DiGiulio
SIGNED BY:

CHIEF E. DIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 175 N. P. File # 445

Date: 5/4/75
MONTH DAY YEAR

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

Time back in service ____ M

Time back at station 11:37 P M

Alarm received by: Box # 514 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) LYMAN & GREENVILLE

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) #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
	CAPT. J. MURPHY	
	LT. W. ROY	
	D. FORTIN	
	N. PHELAND	
	D. HOUDE	
	A. CORSINI	
	G. BULPITT	

REMARKS: CODE BLUE FROM ENG.#6.

LADDER #1 DID NOT LEAVE STATION.

Bill Murphy

SIGNED BY:

CAPT. J. MURPHY

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 176 N. P. File # 447

Date: 5/5/76
MONTH DAY YEAR

Time alarm received 2:31 A M Number of miles traveled 0

Time back in service ____ M

Time back at station 2:34 A M

Alarm received by: Box # 232 Phone ____ Other ____ (Describe)

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

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

Other companies responding: ____

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

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

VEHICLE	STATION	ON SCENE
	CAPT. J. MURPHY	
	N. PHELAND	
	J. MOLLO	

REMARKS: CODE YELLOW FROM ENG. #4.

ENG.#1 DID NOT LEAVE STATION.

B. D. Gunter

SIGNED BY:

CAPT. J. MURPHY

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 177 N. P. File # 448

Date: 5 (MONTH) 6 (DAY) 75 (YEAR)

Time alarm received 9:37 A M Number of miles traveled 1

Time back in service ____ M

Time back at station 9:45 A M

Alarm received by: Box # 4234 Phone ____ 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) 6,2,3 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	
	LT E. DI GIULIO	
	J. MOLLO	
VEHICLE	**STATION**	**ON SCENE**
	B. DI GIULIO	
	D. BAZZLE	
	W. DRAPER JR	

REMARKS: MEN WORKING ON SYSTEM, DIDN'T TELL FIRE ALARM.
YELLOW FROM ENG. 2

Lt. E. Di Giulio
SIGNED BY:

LT E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 178 N. P. File # 450

Date: 5 (MONTH) 6 (DAY) 75 (YEAR)

Time alarm received 5:09 P M Number of miles traveled 4

Time back in service ____ M

Time back at station 5:19 P M

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

Location of alarm: (Street and Number) ADAMS 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) 1 Ladder(s) ____ Rescue(s) ____ Car: ____

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO		
E. PELLAND		
D. FORTIN		
J. LANE		

VEHICLE	STATION	ON SCENE
	LT W. ROY	
	T. RUSSO	

REMARKS: YELLOW, BRUSH FIRE ON ISLAND IN RIVER. COULD NOY GET TO IT NOTIFIED JOHNSTON TO GET IT FROM THERE SIDE OF RIVER.

Lt. E. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 179 N. P. File # 451

Date: 5 (MONTH) 6 (DAY) 75 (YEAR)

Time alarm received 5:35 P M Number of miles traveled 3

Time back in service ____ M

Time back at station 5:46 P M

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

Location of alarm: (Street and Number) LOCUST AT STELLA

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	200'	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: 10

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO		
LT P. RUGGIANO		
E. PELLAND		
D.FORTIN		
J. LANE		
VEHICLE	**STATION**	**ON SCENE**
N. PHELAND	R. PARENTEAU	

REMARKS: SMALL AREA OF BRUSH.

E. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 180 N. P. File # 455

Date: 5/8/75
MONTH DAY YEAR

Time alarm received 3:55 P M

Time back in service 3:58 P M

Time back at station 4:02 P M

Number of miles traveled 1

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

Location of alarm: (Street and Number) 2093 MINERAL SPRING AVE.

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: SCOTT EATON

Owner's address: SAME

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

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. E. DI GIULIO		
LT. W.ROY		
J. BOREK		
B. DI GIULIO		
J. MOLLO		

VEHICLE	STATION	ON SCENE
N. PHELAND	CAPT. C. SALISBURY	
	P. TREMENTOZZI	

REMARKS: CALL FOR SMOKE INVESTAGATION, WAS AN INSIDE GAS INCINERATOR IN HOUSE. NO FIRE.

SIGNED BY:

LT. W. ROY

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 181 N. P. File # 457

Date: 5/8/75 (MONTH / DAY / YEAR)

Time alarm received 10:30 PM Number of miles traveled 4

Time back in service ____ M

Time back at station 10:41 PM

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

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

Cause of fire SET

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☒ 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	25'	Booster 1"		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
1	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 10

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. W. ROY		
D. FORTIN		
J. BOREK		
P. TREMENTOZZI		

VEHICLE	STATION	ON SCENE
LT. P. RUGGIANO	CHIEF E. DI GIULIO	
	T. PERNA	
	C. HARRSION	
	G. BULPITT	
	G. BULPITT JR.	
	A. PETERSON	

REMARKS: SMALL AREA OF BRUSH ON ROAD.

Bob Gaulin
SIGNED BY:

LT. W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 182 N. P. File # 465

Date: 5/9/75
MONTH DAY YEAR

Time alarm received 10:58 PM Number of miles traveled 1

Time back in service ____ M

Time back at station 11:06 PM

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

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

Cause of fire SET

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☒ 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	20'	Booster 1"		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
2	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 5

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT? W. ROY		
LT. P. RUGGIANO		
CAPT. J. MURPHY		
J. MOLLO		

VEHICLE	STATION	ON SCENE
E. PELLAND	T. PERNA	
R. RATHIER	C. HARRSION	

REMARKS: SMALL AREA OF BRUSH ON SIDE OF ROAD.

B. M. Gruber

SIGNED BY:

CAPT. J. MURPHY

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 183 N. P. File # 472

Date: 5/11/75
MONTH DAY YEAR

Time alarm received 4:33 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 4:50 P M

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

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

Cause of fire ____

Description of building or occupancy: HOPKINS HEALTH CENTER

Owner of building or occupancy: SAME

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		X ☐ Miscellaneous alarm (describe) Investigation
☐ Miscellaneous fires (describe)		

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO	CAPT. J. MURPHY	
T. PERNA	LT. W. ROY	
P. TRMENTOZZI	C. HARRSION	
	A. CORSINI	

VEHICLE	STATION	ON SCENE
G. BULPITT SR.	D. FORTIN	
G. BULPITT JR.	N. PHELAND	
F. ROTELLA	D. HOUDE	
W. DRAPER SR.	W. DRAPER JR.	
	A. PETERSON	

REMARKS: CALL FOR SMOKE IN HEATING DUCTS, NO SMOKE OR FIRE VISIBLE, CHECKED DUCTS AND RETURNED IN SERVICE.
MAIN DRIVEWAY WAS BLOCKED TO FIRE APPARATUS, PARKING ON BOTH SIDES. MESSAGE LEFT FOR MANAGER TO SEE FIRE CHIEF MON. A.M. IN REGARD TO PARKING PROBLEMS. DIST. CHIEF RECOMMENDS NO PARKING SIGNS TO BE INSTALLED IN DRIVEWAYS, AT LEAST ON ONE SIDE.

E Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 184 N. P. File # 473

Date: 5/11/75 (MONTH / DAY / YEAR)

Time alarm received 6:24 P M Number of miles traveled 11

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) SMITHFIELD RD.

Cause of fire ____

Description of building or occupancy: PETER RANDALL STATE PARK

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 25

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO		
LT. W. ROY		
D. FORTIN		
T. RUSSO		
R. RATHIER		
C. HARRSION		

VEHICLE	STATION	ON SCENE
	D. HOUDE	
	H. DARBY	
	G. BULPITT SR.	
	W. DRAPER SR.	

REMARKS: 1/4/ ACRE BRUSH, OFF UPPER ROAD.

TO BE REPORTED TO DEPT. OF NATURAL RESCOURCES FOR REIMBUSEMENT.

E. Di Giulio

SIGNED BY:

CHIEF E. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 185 N. P. File # 477

Date: 5/12/75 (MONTH / DAY / YEAR)

Time alarm received 6:57 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 7:03 P M

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

Location of alarm: (Street and Number) 1879 MINERAL SPRING 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
☐ Fire in vehicle		XX ☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		OIL SPILL

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 #
E. PELLAND		
J. BOREK		
D. BAZZLE		
P. TREMENTOZZI		
S. MARWELL (LYM.)		

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

REMARKS: PETROLEAUM SPILL ALONG MINERAL SPRING AVE.EAST BOUND LANE FROM 1879 MINERAL SPRING AVE. EAST TO DOUGLAS AVE. STATE D.P.W. NOTIFIED.

B. W. Pelland

SIGNED BY:

E. PELLAND

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 481 187 N. P. File # 481

Date: 5/14/75
MONTH DAY YEAR

Time alarm received 9:45 A M Number of miles traveled 2

Time back in service ____ M

Time back at station 10:03 A M

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

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

Cause of fire ____

Description of building or occupancy: HOPKINS HEALTH CENTER

Owner of building or occupancy: ____

Owner's address: ____

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

	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	HYDRANT WRENCH

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: #1.

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. P. RUGGIANO		
B. DI GIULIO		
J. MOLLO		

VEHICLE	STATION	ON SCENE
W. DRAPER SR.	LT. E. DI GIULIO	
	J. BOREK	
	P.TREMENTOZZI	
	A. CORSINI	

REMARKS: SPICAL SIGNAL TO ASSIT CAR #1.
TESTING HYDRANTS.

B. Di Giulio
SIGNED BY:

CAPT. J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 188 N. P. File # 485

Date: 5/15/75 (MONTH / DAY / YEAR)

Time alarm received 3:58 P M Number of miles traveled 5

Time back in service 4:16 P M

Time back at station 4:22 P M

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

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

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: 10

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO		
LT. W. ROY		
N. PHELAND		
B. DI GIULIO		
J. MOLLO		
D. BAZZLE		

VEHICLE	STATION	ON SCENE
	CAPT. C. SALISBURY	
	LT. E. DI GIULIO	
	J. BOREK	
	P. TREMENTOZZI	

REMARKS: 1/4 ACRE WOODLAND BURNING.

E Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 189 N. P. File # 488

Date: 5/15/75
MONTH DAY YEAR

Time alarm received 9:36 P M Number of miles traveled 5

Time back in service ____ M

Time back at station 9:51 P M

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

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

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) MATTRESS		

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 10

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO		
LT. W. ROY		
N. PHELAND		
R. RATHIER		
C. HARRISON		
G. BULPITT SR.		
G. BULPITT JR.		

VEHICLE	STATION	ON SCENE
	CAPT. J. MURPHY	
	W. DRAPER JR.	
	P. LYONS (	

REMARKS: MATRESS ON FIRE ON SIDE OF ROAD OVER LINE IN SMITHFIELD.

B Di Giulio

SIGNED BY:

LT. W. ROY

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 190 N. P. File # 489

Date: 5/15/75
MONTH DAY YEAR

Time alarm received 11:04 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 11:09 P M

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

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

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) #2, 1. 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		
N. PHELAND		
D. BAZZLE		
R. RATHIER		
G. BULPITT SR.		
G. BULPITT JR.		
T. PERNA		

VEHICLE	STATION	ON SCENE
	CAPT. J. MURPHY	
	LT. P. RUGGIANO	
	D. FORTIN	
	S. MARWELL	

REMARKS: CODE BLUE FROM ENG. #2.

B. W. Roy
SIGNED BY:

LT. W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 191 N. P. File # 491

Date: 5/16/75
MONTH DAY YEAR

Time alarm received 4:40 P M Number of miles traveled 3

Time back in service ____ M

Time back at station 4:45 P M

Alarm received by: Box # 124 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) WATERMAN & ADAMS

Cause of fire CODE BLUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO	LT. P. RUGGIANO	
LT. W. ROY	T. PERNA	
E. PELLAND	J. MOLLO	
	G. BULPITT JR.	
VEHICLE	**STATION**	**ON SCENE**
A. PETERSON	D. FORTIN	

REMARKS: CODE BLUE.

B. W. Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 192 N. P. File # 492

Date: 5/16/75
MONTH DAY YEAR

Time alarm received 8:41 P M Number of miles traveled 3

Time back in service ____ M

Time back at station 8:44 P M

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

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

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 #
	LT. W. ROY	
	D. FORTIN	
	T. RUSSO	
	J. MOLLO	

VEHICLE	STATION	ON SCENE
	CHIEF DI GIULIO	
	LT. E. DI GIULIO	
	LT. P. RUGGIANO	
	E. PELLAND	
	N. PHELAND	
	W. DRAPER JR.	
	H. DARBY	
	R. PAQUET	
	G. BULPITT SE.	

REMARKS: CODE BLUE.

B. Di Giulio

SIGNED BY:

LT. W. ROY

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 193 N. P. File # 493

Date: 5/16/75 (MONTH / DAY / YEAR)

Time alarm received 10:17 P M Number of miles traveled 3

Time back in service ____ M

Time back at station 10:22 P M

Alarm received by: Box # 526 Phone ____ Other ____ (Describe)

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

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	
	D. FORTIN	
	T. RUSSO	
	J. MOLLO	

VEHICLE	STATION	ON SCENE
	CHIEF E. DI GIULIO	
	CAPT. J. MURPHY	
	T. PERNA	
	A. CORSINI	
	G. BULPITT SR.	
	G. BULPITT JR.	

REMARKS: CODE BLUE.

B. de Giulio
SIGNED BY:

LT. W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 194 N. P. File # 494

Date: 5/16/75 (MONTH / DAY / YEAR)

Time alarm received 10:27 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 10.30 P M

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

Location of alarm: (Street and Number) WASHAKI & 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) #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	
CAPT. J. MURPHY	D. FORTIN	
T. PERNA	T. RUSSO	
A. CORSINI	J. MOLLO	
G. BULPITT SR.		
G. BULPITT JR.		

VEHICLE	STATION	ON SCENE

REMARKS: CODE BLUE FROM ENG.#2.

B Di Giulio

SIGNED BY:

CHIEF E. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 195 N. P. File # 495

Date: 5/16/75 (MONTH / DAY / YEAR)

Time alarm received 10:40 P M

Time back in service ____ M

Time back at station 10:45 P M

Number of miles traveled 2

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

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

Cause of fire CODE BLUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. J. MURPHY	LT. W. ROY	
T. PERNA	D. FORTIN	
G. BULPITT SR.	T. RUSSO	
G. BULPITT JR.	J. MOLLO	

VEHICLE	STATION	ON SCENE
LT. P. RUGGIANO	CHIEF E. DI GIULIO	
H. DARBY	A. CORSINI	

REMARKS: CODE BLUE FROM ENG.#2.
ONLEY DISTRICT ENGINES TO BE DISPATCHED ON BOXES UNTILL FURTHER NOTICE.
BY AGREEMENT OF F.H., LYM. SENT., & FIRE ALARM,

NORMAL OPERATIONS RESUMED AT MIDNIGHT

B Chief Giulio
SIGNED BY:

CAPT. J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 196 N. P. File # 497

Date: 5/17/75
MONTH DAY YEAR

Time alarm received 10:04 A M Number of miles traveled 3

Time back in service ____ M

Time back at station 10:09 A M

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

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

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	XX ☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
XX ☐ Miscellaneous fires (describe) 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) #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 #
	LT. P. RUGGIANO	
	D. BAZZLE	
	H. DARBY	
VEHICLE	**STATION**	**ON SCENE**
	CHIEF E. DI GIULIO	
	D. FORTIN	
	T. RUSSO	
	R. PAQUET	
	G. BULPITT SR.	
	G. BULPITT JR.	

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

B. Di Giulio
SIGNED BY:

D. BAZZLE
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 197 N. P. File # 498

Date: 5/17/75 (MONTH / DAY / YEAR)

Time alarm received 10:54 A M Number of miles traveled 6

Time back in service ____ M

Time back at station 12:04 P M

Alarm received by: Box # 5211 Phone ____ Other ____ (Describe)

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

Cause of fire LACQUER ROOM

Description of building or occupancy: PEMIC INC.

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: XX 10

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

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

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO	LT. W. ROY	
T. RUSSO	LT. P. RUGGIANO	
H. DARBY	T. PERNA	
W. DRAPER SR.	D. BAZZLE	

VEHICLE	STATION	ON SCENE
N. PHELAND		
R. SALISBURY		
R. PAQUET		
G. BULPITT SR.		
G. BULPITT JR.		
F. ROTELLA		

REMARKS: CODE RED, LACQUER ROOM
SPRINKLERS SYSTEM CONTROLLED FIRE, SMOKE & WATER DAMAGE TO 1st. FLOOR.

E Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 198 N. P. File # 504

Date: 5/19/75
MONTH DAY YEAR

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

Time back in service ____ M

Time back at station 10:15 P M

Alarm received by: Box # 514 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) LYMAN & GREENVILLE

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 #
	E. PELLAND	
	D. FORTIN	
	J. MOLLO	
	R. RATHIER	
	P. TREMENTOZZI	

VEHICLE	STATION	ON SCENE
	CHIEF E. DI GIULIO	
	LT. W. ROY	
	CAPT. J. MURPHY	
	D. BAZZLE	
	C. HARRSION	
	G. BULPITT	

REMARKS: CODE BLUE FROM ENG.2.

B th Giulio
SIGNED BY:

E. PELLAND
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 199 N. P. File # 505

Date: 5/19/75
MONTH DAY YEAR

Time alarm received 10:16 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 10:18 P M

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

Location of alarm: (Street and Number) McARTHUR & GAINOR

Cause of fire CODE BLUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. J. MURPHY	J. MOLLO	
E. PELLAND	R. RATHIER	
D. FORTIN	P. TRMENTOZZI	
D. BAZZLE	C. HARRSION	
G. BULPITT SR.		
G. BULPITT JR.		

VEHICLE	STATION	ON SCENE
	CHIEF E. DI GIULIO	
	LT. W. ROY	
	N. PHELAND	

REMARKS: CODE BLUE FROM ENG.#2.

B Di Giulio
SIGNED BY:

CAPT. J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 200 N. P. File # 507

Date: 5/19/75 (MONTH / DAY / YEAR)

Time alarm received 10:39 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 10:42 P M

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

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

Cause of fire CODE BLUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. EJ. MURPHY	D. FORTIN	
E. PELLAND	J. MOLLO	
D. BAZZLE	C. HARRSION	
R. RATHIER	G. BULPITT JR.	
P. TREMENTOZZI		
G. BULPITT SR.		

VEHICLE	STATION	ON SCENE
	CHEIF E. DI GIULIO	
	LT. W. ROY	
	N. PHELAND	
	T. PENNA	

REMARKS: CODE BLUE FROM ENG.#2.

B Di Giulio
SIGNED BY:

CAPT. J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 201 N. P. File # 508

Date: 5/20/75
MONTH DAY YEAR

Time alarm received 4:00 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 4:06 P M

Alarm received by: Box # 7422 Phone ____ Other ____ (Describe)

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

Cause of fire ____

Description of building or occupancy: LADY OF FATIMA NURSES HOME

Owner of building or occupancy: ____

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☒ 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) #1,2. 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. E. DI GIULIO	
CAPT. C. SALISBURY	B. DI GIULIO	
D. BAZZLE	P. TREMENTOZZI	

VEHICLE	STATION	ON SCENE
	LT. W. ROY	
	E. PELLAND	
	R. PAQUET	

REMARKS: TROUBLE ALARM, IN FIRE ALARM SYATEM.
ENG.#2, STANDING BY.

B. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 202 N. P. File # 511

Date: 5/21/75
MONTH DAY YEAR

Time alarm received 2:48 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 2:58 P M

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

Location of alarm: (Street and Number) 601 FRUIT HILL AVE.

Cause of fire LIGHTING

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. 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	LT. W. ROY	
LT. E. DI GIULIO	B. DI GIULIO	
J. BOREK		
W. DRAPER JR.		
VEHICLE	**STATION**	**ON SCENE**
P. TREMENTOZZI	LT. P. RUGGIANO	
W. DRAPER SR.	D. BAZZLE	
	A. CORSINI	

REMARKS: CODE YELLOW FOR ENG. #2. LIGHTING STRUCK GARAGE.

B Di Giulio
SIGNED BY:

LT. E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 203 N. P. File # 51 4

Date: 5/21/75
MONTH DAY YEAR

Time alarm received 6:41 P M Number of miles traveled 1

Time back in service M

Time back at station 6:49 P M

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

Location of alarm: (Street and Number) 2069 SMITH ST.

Cause of fire MOTORCYCLE ACCIDENT

Description of building or occupancy:

Owner of building or occupancy: GERALD DENISON

Owner's address: 79 SUNSET AVE. NO. PROV. R.I.

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

APPARATUS REPORT

Working time of pump: Hours: minutes:

Defects on apparatus after alarm (if any):

Companies responding:

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

Other companies responding:

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

ENGINE(S) #	LADDER(S) #	RESCUE #
N. PHELAND		
J. BOREK		
T. RUSSO		
W. DRAPER JR.		

VEHICLE	STATION	ON SCENE
CAPT. J. MURPHY	CAPT. C. SALISBURY	
LT. P. RUGGIANO	T. PERNA	
R. PAQUET	W. DRAPER SR.	
F. ROTELLA		

REMARKS: MOTORCYCLE ACCIDENT, NO CAR INVOLVED.
VICTIM LOST CONTROLL OF MOTORCYCLE.
R.I. REG. #40642

B M Gruber
SIGNED BY:

CAPT. J. MURPHY
PERSON IN CHG.

RES. FILE---501

NO. PROVIDENCE FIRE DEPARTMENT

CO. FILE-- 203

– SECONDARY RESCUE REPORTS –

DATE: 5/21/75 TIME: ARRIVED 6:41 P.M. RETURNED 6:49 P.M.

NAME: GERALD DENISON AGE: 39

ADDRESS: 79 SUNSET AVE. ALARM BY:

NORTH PROVEDENCE, R.I.

LOCATION OF RESCUE 2069 SMTHH ST.

EXAMINATION

SKULL * ABRASSION OCCIPITAL LOBE

EYES * LACERATION OVER RIGHT EYE

EARS *

NOSE *

MOUTH *

CHEST *

ABDOMEN *

UPPER EXTREMITIES * LACERATION OF UPPER NECK

LOWER EXTREMITIES * LACERATION RIGHT KNEE

POSITION OF PATIENT WHEN FOUND: LYING

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) NO. REFUSED TRANSPORTATION.

POLICE ADVISED HIM TO GO PATIENT DECIDED TO GO TO HOSPITAL.

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

IF PATIENT WAS NOT TRANSPORTED EXPLAIN:

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

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

3--4x4 GAUZE PADS

1-- ROLL OF GAUZE

1-- BLANKET

SIGNED: Beth Gerlow OFFICER IN CHARGE: CAPT. J. MURPHY

RESCUE CO. NO. ENG.#1.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 204 N. P. File # 516

Date: 5/22/75 (MONTH / DAY / YEAR)

Time alarm received 12:44 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 1:06 P M

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

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

Cause of fire CODE BLUE

Description of building or occupancy: GREYSTON SCHOOL

Owner of building or occupancy: TOWN OF NORTH PROVIDENCE

Owner's address: 2008 SMITH ST.

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. C. SALISBURY	LT. W. ROY	
LT. E. DI GIULIO	B. DI GIULIO	
N. PHELAND		
J. BOREK		
R. SALISBURY		

VEHICLE	STATION	ON SCENE
W. DRAPER SR.		

REMARKS: CODE BLUE. KID PULLED PULL STATION AND RAN OUT REAR DOOR.

E Di Giulio
SIGNED BY:

LT. E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 205 N. P. File # 525

Date: 5/24/75
MONTH DAY YEAR

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

Time back in service ____ M

Time back at station 10:16 P M

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

Location of alarm: (Street and Number) 68 CHANDLER

Cause of fire CODE BLUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO		
LT. P. RUGGIANO		
LT. W. ROY		
E. PELLAND		
T. PERNA		
D. BAZZLE		
A. CORSINI		
F. ROTELLA		

VEHICLE	STATION	ON SCENE
	J. MOLLO	

REMARKS: CODE BLUE, NO SUCH NUMBER.

E. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 206 N. P. File # 526

Date: 5/25/75 (MONTH / DAY / YEAR)

Time alarm received 12:18 A M Number of miles traveled 3

Time back in service ____ M

Time back at station 12:28 A M

Alarm received by: Box # 6233 Phone ____ Other ____ (Describe)

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

Cause of fire CODE BLUE

Description of building or occupancy: ST. MARY'S HOME

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	LT.W. ROY	
	E. PELLAND	
	T. PERNA	
	R. RATHIER	

VEHICLE	STATION	ON SCENE
	LT. P. RUGGIANO	
	D. FORTIN	
	N. PHELAND	
	F. BURSIE	

REMARKS: CODE BLUE FROM ENG.#2.

B Lt Gulio
SIGNED BY:

LT. W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 207 N. P. File # 528

Date: 5/25/75
MONTH DAY YEAR

Time alarm received 3:15 A M Number of miles traveled 2

Time back in service ____ M

Time back at station 3:22 A M

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

Location of alarm: (Street and Number) WOONASQUATUCKET & 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	☒ 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: ____

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
E. PELLAND	CAPT. J. MURPHY	
N. PHELAND	LT. P. RUGGIANO	
T. PERNA	J. MOLLO	
R. RATHIER		
VEHICLE	**STATION**	**ON SCENE**
	P. TREMENTOZZI	

REMARKS: CODE BLUE FROM ENG.#1.

B [illegible]
SIGNED BY:

CAPT. J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 208 N. P. File # 529

Date: 5/25/75
MONTH DAY YEAR

Time alarm received 10:43 A M Number of miles traveled 3

Time back in service ____ M

Time back at station 10:50 A M

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

Location of alarm: (Street and Number) BICENTENNIAL & ASH

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	50'	Booster 1"		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
				1	PIKE POLE

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 5

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO		
LT. W. ROY		
N. PHELAND		
D. BAZZLE		
H. DARBY		
R. PAQUET		

VEHICLE	STATION	ON SCENE
G. BULPITT SR.	T. RUSSO	
G. BULPITT JR.	R. RATHIER	
	P. TREMENTOZZI	
	C. HARRSION	

REMARKS: SMALL PILE OF LEAVES AND RUBBISH DUMPED IN VACANT LOT.

B di Giulio

SIGNED BY:

CHIEF E. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 209 N. P. File # 530

Date: 5/25/75 (MONTH / DAY / YEAR)

Time alarm received 11:40 A M Number of miles traveled 1

Time back in service ____ M

Time back at station 12:08 P M

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

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

Cause of fire LOCKOUT

Description of building or occupancy: SPRING VILLA APTS. (APT.124)

Owner of building or occupancy: DI MEO

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)		LOCKOUT

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	SCREWDRIVERS
				1	HAMMER

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 #
	D. FORTIN	
	R. RATHIER	
	T. RUSSO	
	T. PERNA	
	H. DARBY	
	C. HARRSION	

VEHICLE	STATION	ON SCENE
P. TREMENTOZZI	CHIEF E. DI GIULIO	

REMARKS: WENT IN THROUGH WINDOW REAR OF BLDG., 1st. FLOOR.
OPENED FRONT DOOR. LOCKING MECHENISON JAMMED.
POLICE WERE PRESENT AT RESQUEST OF DIST. CHIEF.

B. H. Darby
SIGNED BY:

H. DARBY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 210 N. P. File # 531

Date: 5/25/75 (MONTH / DAY / YEAR)

Time alarm received 1:34 P M Number of miles traveled 16

Time back in service ____ M

Time back at station 2:36 P M

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

Location of alarm: (Street and Number) JOSLIN & DI GIULIO

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	200'	Booster 1"		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
1	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
				1	PIKE POLE

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 30

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO		
J. BOREK		
P. TREMENTOZZI		
C. HARRSION		

VEHICLE	STATION	ON SCENE
D. FORTIN		
R. RATHIER		
H. DARBY		

REMARKS: ½ ACRE OF WOODLAND.

B Chief Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 211 N. P. File # 532

Date: 5/25/75 (MONTH / DAY / YEAR)

Time alarm received 4.28 P M Number of miles traveled 4

Time back in service _____ M

Time back at station 4:48 P M

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

Location of alarm: (Street and Number) 4 GREENVILLE 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) 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
				1	SMOKE EJECTOR
				2	HOUSE CORDS
					DEODORIZER

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	
	D. FORTIN	
	N. PHELAND	
	R. RATHIER	
	P. TREMENTOZZI	
	G. BULPITT SR.	
VEHICLE	**STATION**	**ON SCENE**
W. DRAPER SR.	CHIEF E. DI GIULIO	
	T. PERNA	
	J. BOREK	
	T. RUSSO	
	J. MOLLO	
	C. HARRSION	
	A. CORSINI	

REMARKS: CODE YELLOW FOR ENG.#6. #ADDER #1.
BROILER ON GAS STOVE LLARED UP. SMOKE ON 2nd. FLOOR.

B Di Giulio
SIGNED BY:

D. FORTIN
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 212 N. P. File # 539

Date: 5/28/75 (MONTH / DAY / YEAR)

Time alarm received 9:13 P M Number of miles traveled 2

Time back in service 9:16 P M

Time back at station 9:22 P M

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

Location of alarm: (Street and Number) CHANDLER & CAROL ANNE

Cause of fire CODE BLUE

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. J. MURPHY	LT. W. ROY	
E. PELLAND	LT. P. RUGGIANO	
N. PHELAND	D. BAZZLE	
J. BOREK	W. DRAPER JR.	
T. RUSSO	R. PAQUET	
J. MOLLO	E. BAZZLE	
H. DARBY	G. BULPITT JR.	
G. BULPITT SR.		

VEHICLE	STATION	ON SCENE
	C HIEF E. DI GIULIO	
	B. DI GIULIO	
	A. CORSINI	
	M. RUSSO	
	W. DRAPER SR.	

REMARKS: CODE BLUE FROM ENG.#1.

SIGNED BY:

CAPT. J. MURPHY

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

RES. FILE 533

Company CENTREDALE Company Alarm # 213 N. P. File # _____

Date: 5/29/75
MONTH DAY YEAR

Time alarm received 5:15 P M Number of miles traveled 0

Time back in service _____ M

Time back at station 5:22 P M

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

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

Cause of fire FRIST AID

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

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	
	LT. P. RUGGIANO	

REMARKS:

B M Giulio

SIGNED BY:

CHIEF E. DI GIULIO

PERSON IN CHG.

RES. FILE--- 533

NO. PROVIDENCE FIRE DEPARTMENT

CO. FILE---213

– SECONDARY RESCUE REPORTS –

DATE: 5/29/75 TIME: ARRIVED 5:15 P.M. RETURNED 5:22 P.M.

NAME: RONALD GREENE AGE: 14

ADDRESS: 577 FRUIT HILL AVE. ALARM BY: WALK IN

NO. PROV. R.I.

LOCATION OF RESCUE 1967 MINERAL SPRING AVE.

CENTREDALE FIRE STATION

EXAMINATION

SKULL *

EYES *

EARS *

NOSE *

MOUTH *

CHEST *

ABDOMEN *

UPPER EXTREMITIES *

LOWER EXTREMITIES * LACERATION INDEX FINGER, LEFT HAND

POSITION OF PATIENT WHEN FOUND:

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN)

PATIENT TRANSPORTED TO:

IF PATIENT WAS NOT TRANSPORTED EXPLAIN: PATIENT WOULD HAVE HIS MOTHER DRIVE HIM TO ROGER WILLIAMS HOSPITAL.

* 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 CARRING GLASS IN LEFT HAND AND HIT THE GLASS AGAINST DOOR IN THE HOUSE OF MOY

LACERATION WAS CLEAND, BUTTERFLY WAS APPIELD AND KLING GAUZE BANADGE APPLIED AROUND INJURED FINGER.

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

RESCUE CO. NO. STATION

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 214 N. P. File # 544

Date: 5/29/75
MONTH DAY YEAR

Time alarm received 9:06 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 9:08 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 #
	LT. W. ROY	
	J. MOLLO	
	D. BAZZLE	
VEHICLE	**STATION**	**ON SCENE**
	CHIEF E. DI GIULIO	
	CAPT. J. MURPHY	
	E. PELLAND	
	D. FORTIN	
	N. PHELAND	
	G. BULPITT SR.	
	F. ROTELLA	

REMARKS: CODE BLUE FROM ENG. #6.

B. di Giulio
SIGNED BY:

LT. W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 215 N. P. File # 545

Date: 5/29/75
MONTH DAY YEAR

Time alarm received 11:40 P M Number of miles traveled 0

Time back in service ____ M

Time back at station 11:43 P M

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

Location of alarm: (Street and Number) MAC ARTHUR & GAINER

Cause of fire CODE BLUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #2, 1. Ladder(s) #1. Rescue(s) ____ Car: #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	
	E. PELLAND	
	D. FORTIN	
	N. PHELAND	
	T. PERNA	
	G. BULPITT SR.	
	G. BULPITT JR.	

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO		

REMARKS: CODE BLUE FROM ENG.#2.

TRUCKS DID LEAVE STATION.

B. Murphy Gulbo

SIGNED BY:

CAPT. J. MURPHY

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 216 N. P. File # 546

Date: 5/30/75
MONTH DAY YEAR

Time alarm received 7:20 A M Number of miles traveled 1 1

Time back in service 7:28 A M

Time back at station 7:31 A M

Alarm received by: Box # 444 Phone _____ Other _____ (Describe)

Location of alarm: (Street and Number) FRUIT HILL FIRE STATION

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

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT? C. SALISBURY	B. DI GIULIO	
LT. E. DI GIULIO	N. MORIN	
J.MOLLO		

VEHICLE	STATION	ON SCENE
	CAPT. J. MURPHY	
	N. PHELAND	
	D. BAZZLE	
	W. DRAPER SR.	

REMARKS: CODE YELLOW FOR ENG.#2. CAR FIRE

SIGNED BY:

CAPT. C. SALISBURY

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 217 N. P. File # 547

Date: 5 (MONTH) 30 (DAY) 75 (YEAR)

Time alarm received 10:48 PM Number of miles traveled 3

Time back in service ____ M

Time back at station 10:53 P M

Alarm received by: Box # 5212 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) CURTMAN CO.

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT W. ROY	CAPT J. MURPHY	
LT P. RUGGIANO	D. FORTIN	
E. PELLAND	N. PHELAND	
R. RATHIER	P. TREMENTOZZI	
	C. HARRISON	
	A. CORSINI	

VEHICLE	STATION	ON SCENE

REMARKS: CODE BLUE

SIGNED BY:

LT W. ROY

PERSON IN CHG.