NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 395 N. P. File # 989

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

Time alarm received 3:31 P M

Number of miles traveled 1

Time back in service ____ M

Time back at station 4:40 P M

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

Location of alarm: (Street and Number) 2240 MINERAL SPRING AVE.

Cause of fire AUTO ACCIDENT

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

CLASSIFICATION OF ALARM

- ☐ Fire in building
- ☐ Fire in dwelling
- ☐ Fire in brush or grass
- ☐ Fire in rubbish
- ☐ Fire in dump
- ☐ Fire in vehicle
- ☐ Miscellaneous fires (describe)

FIRE CODE

- ☐ Code Red
- ☐ Code Yellow
- ☐ Code Blue

ALARM WITH NO FIRE

- ☐ Rescue or emergency
- ☐ Water emergency
- ☐ Lockout
- ☐ Accidental alarms
- ☐ False alarm
- XX Miscellaneous alarm (describe)

AUTO ACCIDENT

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. B. DI GIULIO		
P. PHILLIPS		
J. MOLLO		
L. CALISI		
H. PARISI		
J. NOTARANTIONO		

VEHICLE	STATION	ON SCENE
CAPT. W. ROY	P. TREMENTOZZI	
R. HUGHES	J. LANE	
J. ZIROLI		
D. BAZZLE		
S. LIBUTTI		

REMARKS: NOT NEEDED.

SIGNED BY:

LT. B. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 396 N. P. File # 992

Date: 10/3/75
MONTH DAY YEAR

Time alarm received 9:06 A M Number of miles traveled 1

Time back in service ____ M

Time back at station 9:39 A M

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

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

Cause of fire GAS LEAK

Description of building or occupancy: ____

Owner of building or occupancy: ELIZABETH ~~XXXXX~~ PHILPPI

Owner's address: SAME

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

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT? B. DI GIULIO		
P. PHILLIPS		
N. PHELAND		
J. LANE		
D. BAZZLE		

VEHICLE	STATION	ON SCENE
C. ZAHN	J. MOLLO	
	L. CALISI	

REMARKS: SMALL FIRE UNDER HOT WATER TANK. SMELL OF LEAKING GAS. CALLED GAS CO., FIRE OUT ON ARRIVAL. SHUT MAIN LINE OFF. MANSI INS. CO.

Lt. Di Giulio

SIGNED BY:

LT. B. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 397 N. P. File # 993

Date: 10/3/75
MONTH DAY YEAR

Time alarm received 4:08 P M Number of miles traveled 6

Time back in service ____ M

Time back at station 4:34 P M

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

Location of alarm: (Street and Number) 11 CHANDLER ST.

Cause of fire BURNING PAINT

Description of building or occupancy: ____

Owner of building or occupancy: EDWIN MARA

Owner's address: SAME

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

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	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)	1	HANDLIGHT		Other Equipment
		1	AXE		

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 10

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. B. DI GIULIO	J. MOLLO	
P. PHILLPS	L. CALISI	
LT. H. DARBY	H. PARISI	
J. LANE	CAPT. E. ROY	
J. BOREK	LT. E. PELLAND	
VEHICLE	**STATION**	**ON SCENE**
R. HUGHES	J. NOTARANTIONO	
	R. PAQUET	
	M. MAGGIACOMO	
	CAPT. P. RUGGIANO	

REMARKS: PAINTER BURNING ON SIDE OF HOUSE. CAUGHT EVERGREENS BESIDES HOUSE. SCOURED SIDE OF HOUSE.

PAINTER: ANTHONY FIORE. HAS INS.

Lt B Di Giulio

SIGNED BY:

LT. B. DI GIULIO

PERSON IN CHG.

CODE SHEET

1.	Month in which fire occurred	10
2.	Community in which fire occurred	24
3.	Cause	1.
4.	If Accidental, specific cause	9. (PAINTER)
5.	If Incendiary, suspected motive	—
6.	If Suspicious, suspected motive	—
7.	Suspicion directed toward	—
8.	Type of structure	4.
9.	Occupied by whom	1.
10.	Insurance	Yes
11.	Total Amount of Insurance	?
12.	Estimated loss	$100.00

Name and Address of Owner EDWIN MARA
11 CHANDLER ST.

Name of Occupant SAME

COMPLETE AND RETURN TO STATE DIVISION OF FIRE SAFETY

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 398 N. P. File # 994

Date: 10/3/75
MONTH DAY YEAR

Time alarm received 9:43 P M Number of miles traveled 3

Time back in service ____ M

Time back at station 9:48 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	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. H. DARBY	LT. E. PELLAND	
CAPT. P. RUGGIANO	J. MOLLO	
J. LANE	J. ZIROLI	
E. BAZZLE	D. LANE	
R. HUGHES	P. LYONS	
S. COPPA		
VEHICLE	**STATION**	**ON SCENE**
CHIEF J. MURPHY	W. DRAPER JR.	
	R. PAQUET	
	A. CORSINI	

REMARKS: CODE BLUE FROM ENG.#1.

Capt. B. McGuire
SIGNED BY:

CHIEF J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 399 N. P. File # 997

Date: 10/5/75 (MONTH / DAY / YEAR)

Time alarm received 8:19 P M Number of miles traveled 4

Time back in service ____ M

Time back at station 8:28 P M

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

Location of alarm: (Street and Number) 1876 SMITH ST.

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: PETER SCARDUZIO

Owner's address: 10 GROUEST ST, JOHNSTON, R.I.

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

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	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)	1	HANDLIGHT		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 #
B. DI GIULIO		
M. MAGGIACOMO		
M. MOONEY		
J. ZIROLI		
R. HUGHES		
S. COPPA		

VEHICLE	STATION	ON SCENE
CHIEF J. MURPHY	CHIEF E. DI GIULIO	
CAPT. W. ROY	D. BAZZLE	
J. MOLLO	E. SPAZIANO	
R. PARENTEAU	D. HOUDE	
	J. LANE	
	C. HARRISON	
	W. DRAPER JR.	
	R. PAQUET	
	R. RATHIER	
	G. BULPITT JR.	

REMARKS: CAR REG. R.I.PS101. PONTIAC

Lt B. H. Darby
SIGNED BY:

LT. H. DARBY
PERSON IN CHG.

CODE SHEET

1.	Month in which fire occurred	10
2.	Community in which fire occurred	24
3.	Cause	1.
4.	If Accidental, specific cause	11.
5.	If Incendiary, suspected motive	-
6.	If Suspicious, suspected motive	-
7.	Suspicion directed toward	-
8.	Type of structure	12.
9.	Occupied by whom	1.
10.	Insurance	?
11.	Total Amount of Insurance	-
12.	Estimated loss	$120.00

Name and Address of Owner PETER SCARDUZIO
10 GROVEST ST. JOHNSTON

Name of Occupant SAME

COMPLETE AND RETURN TO STATE DIVISION OF FIRE SAFETY

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 400 N. P. File # 999

Date: 10/6/75
MONTH DAY YEAR

Time alarm received 10:08 A M Number of miles traveled 6

Time back in service ____ M

Time back at station 10:15 A M

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

Location of alarm: (Street and Number) 603 WOONASQUTUCKET AVE.

Cause of fire AUTO ACCIDENT

Description of building or occupancy: ____

Owner of building or occupancy: ANTHONY ESPOSITO

Owner's address: 102 BORDAN AVE. JOHNSTON, R.I.

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. H. DARBY		
C. SALISBURY		
VEHICLE	**STATION**	**ON SCENE**
J. LANE	LT. B. DI GIULIO	
	CAPT. W. ROY	
	H. PARISI	
	J. MOLLO	
	L. CALISI	
	D. BAZZLE	
	C. ZAHN	

REMARKS: CHEV. 1970. R.I. REG.ME151.

Lt. B. Di Giulio
SIGNED BY:

LT. H. DARBY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 401 N. P. File # 1001

Date: 10/7/75 (MONTH / DAY / YEAR)

Time alarm received 2:47 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 2:50 P M

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

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

Cause of fire CODE BLUE

Description of building or occupancy: NURES HOME

Owner of building or occupancy: ☒ LADY OF FATIM HOSPITAL

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. B. DI GIULIO	J. MOLLO	
C. SALISBURY	H. PARISI	
R. HUGHES	E. SPAZIANO	
	S. MARWELL	
VEHICLE	**STATION**	**ON SCENE**
L. CALISI	LT. H. DARBY	
CAPT. W. ROY	W. DRAPER JR.	
	S. LIBUTTI	
	R. PARENTEAU	
	W. DRAPER SR.	

REMARKS: FIRE DRILL AT NURES QUARTERS. DID NOT NOTIFY FIRE ALARM.

Lt. B. Di Giulio
SIGNED BY:

LT. B. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 402 N. P. File # 1009

Date: 10/10/75
MONTH DAY YEAR

Time alarm received 7:21 PM Number of miles traveled 2

Time back in service ____ M

Time back at station 7:32 PM

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

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

Cause of fire SET

Description of building or occupancy: ____

Owner of building or occupancy: WALTER ROTH

Owner's address: SAME

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. E. PELLAND		
T. RUSSO		
S. COPPA		
M. RUSSO		
R. HUGHES		
J. ZIROLI		
VEHICLE	**STATION**	**ON SCENE**
	CAPT. W. ROY	
	J. BOREK	
	R. RATHER	
	G. BULPITT	
	R. PAQUET	
	W. DRAPER JR.	

REMARKS: FIRE SET IN GUTTER AND ROOF IN REAR OF HOUSE BY UNKNOWN PERSON. OUT ON ARRIVAL. NO DAMAGE.
POLICE NOTIFIED AND WERE ON SCIENE.

Lt B DiGiacinto
SIGNED BY:

LT. E. PELLAND
PERSON IN CHG.

CODE SHEET

1.	Month in which fire occurred	10
2.	Community in which fire occurred	24
3.	Cause	3
4.	If Accidental, specific cause	-
5.	If Incendiary, suspected motive	6
6.	If Suspicious, suspected motive	6
7.	Suspicion directed toward	2.-SON
8.	Type of structure	4
9.	Occupied by whom	9
10.	Insurance	Yes
11.	Total Amount of Insurance	?
12.	Estimated loss	0

Name and Address of Owner WALTER ROTH
10 PINE ST.

Name of Occupant SAME

COMPLETE AND RETURN TO STATE DIVISION OF FIRE SAFETY

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 403 N. P. File # 1011

Date: 10/10/75
MONTH DAY YEAR

Time alarm received 11:02 PM Number of miles traveled 2

Time back in service ____ M

Time back at station 11:10 PM

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

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

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

	EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose		SALVAGE COVERS
	Brooms		Other (Describe)		Number Used
	Other (Describe)	2	HANDLIGHTS		Other Equipment
		1	500w FLOOD		

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF J. MURPHY		
LT. E. PELLAND		
J. BOREK		
R. RATHIER		
S. COPPA		
M. RUSSO		
G. BULPITT JR.		
R. HUGHES		
CAPT. W. ROY		
VEHICLE	**STATION**	**ON SCENE**
CAPT. P. RUGGIANO	P. LYONS	
	T. PERNA	
	N. PHELAND	
	P. TREMENTOZZI	
	A. CORSINI	

REMARKS: CAR STRUCK POLE #68, ON ~~XXXXX~~ FRONT OF 601 FRUIT HILL AVE.

REGISTERED TO:

JAMES G, FOX — R.I. REG.JF 394

55 WALTER AVE. — 1966 CHEV.

NO. PROV. R.I.

Lt B Wi Gulia
SIGNED BY:

CHIEF J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 404 N. P. File # 1014

Date: 10/11/75
MONTH DAY YEAR

Time alarm received 10:48 P M Number of miles traveled

Time back in service M

Time back at station 10:51 P M

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

Location of alarm: (Street and Number) CENTREDALE BY PASS

Cause of fire AUTO ACCIDENT

Description of building or occupancy:

Owner of building or occupancy:

Owner's address:

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

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

APPARATUS REPORT

Working time of pump: Hours: minutes: 20

Defects on apparatus after alarm (if any):

Companies responding:

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

Other companies responding:

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. P. RUGGIANO		
T. PERNA		
E. BAZZLE		
R. HUGHES		
D. LANE		
G. KENNAWAY		
G. BULPITT JR.		

VEHICLE	STATION	ON SCENE
D. BAZZLE	J. LANE	
P. TREMENTOZZI	J. ZIROLI	
	A. CORSINI	
	S. COPPA	
	C. HARRISON	

REMARKS: WASH DOWN DAS AND OIL.

REGISTERED TO:

DONALD BAIN

1907 SMITH ST.

NO. PROV.R.I.

Capt. R. Ruggiano

SIGNED BY:

CAPT. R. RUGGIANO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 405 N. P. File # 1015

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

Time alarm received 8:33 P M Number of miles traveled 3

Time back in service _____ M

Time back at station 8:33 P M

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

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

Cause of fire CODE BLUE

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☒ 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 #
CAPT. R. RUGGIANO	J. MOLLO	
T. PERNA	J. LANE	
D. LANE	J. ZIROLI	
E. BAZZLE	R. RATHIER	
R. HUGHES		
G. KENNAWAY		
S. COPPA		
G. BULPITT		
VEHICLE	**STATION**	**ON SCENE**
	CHIEF E. DI GIULIO	
	W. DRAPER JR.	
	N. PHELAND	

REMARKS: CODE BLUE FROM ENG.,#6.

Lt. B. Di Giulio
SIGNED BY:

CAPT. P. RUGGIANO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 406 N. P. File # 1017

Date: 10/13/75
MONTH DAY YEAR

Time alarm received 1:28 A M Number of miles traveled 4

Time back in service M

Time back at station 2:43 A M

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

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

Cause of fire SET

Description of building or occupancy:

Owner of building or occupancy:

Owner's address:

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

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

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: #2.

Other companies responding:

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. P. RUGGIANO		
J. LANE		
J. MOLLO		
E. BAZZLE		
D. LANE		
R. HUGHES		
S. COPPA		
G. BULPITT JR.		
R. RATHIER		
VEHICLE	**STATION**	**ON SCENE**
CHIEF E. DI GIULIO	T. PERNA	
CAPT. W. ROY	G. KENNAWAY	
	J. ZIROLI	
	D. BAZZLE	
	J. PICCARDI	

REMARKS: SMALL CLUB HOUSE UNDER CONSTRUCTION.
TOTALLY DESTROYED.

Lt. B. Di Giulio
SIGNED BY:

CAPT. P. RUGGIANO.
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 407 N. P. File # 1028

Date: 10/16/75
MONTH DAY YEAR

Time alarm received 4:34 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 4:44 P M

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

Location of alarm: (Street and Number) REAR 75 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	☒ Code Yellow	☐ Water emergency
☒ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

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

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. B. DI GIULIO		
N. PHLAND		
P. TREMENTOZZI		
C. SALISBURY		
R. HUGHES		
J. LANE		

VEHICLE	STATION	ON SCENE
	R. PARENTEAU	
	W. DRAPER JR.	
	R. PAQUET	
	J. PICCARDI	
	L. CALISI	
	J. MOLLO	
	E. SPAZIANO	

REMARKS: SMALL AREA OF GRASS.

Lt B. di Giulio
SIGNED BY:

LT. B. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 408 N. P. File # 1030

Date: 10/16/75
MONTH DAY YEAR

Time alarm received 8:03 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 8:06 P M

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

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

Cause of fire AUTO ACCIDENT

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. H. DARBY		
N. PHELAND		
F. CHARTIER		
W. DRAPER JR.		

VEHICLE	STATION	ON SCENE
CHIEF J. MURPHY	CHIEF E. DI GIULIO	
CAPT. P. RUGGIANO	R. PARENTEAU	
J. PICCARDI	R. PAQUET	
G. BULPITT SR.	P. TREMENTOZZI	
T. PERNA	D. FORTIN	
J. ZIROLI	S. COPPA	
	G. BULPITT JR.	

REMARKS: NO ACCIDENT, CAR STALLED.
CODE BLUE.

Lt. B. Di Giulio
SIGNED BY:

CHIEF J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 409 N. P. File # 1038

Date: 10/20/75
MONTH DAY YEAR

Time alarm received 10;25 PM Number of miles traveled 1

Time back in service ____ M

Time back at station 10;28 PM

Alarm received by: Box # 354 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) OXFORD & LYDIA

Cause of fire CODE BLUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #3.4. Ladder(s) #1. Rescue(s) ____ Car: #1.2.

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	CAPT. W. ROY	
	A. CORSINI	
	E. SPAZIANO	
	G. BULPITT JR.	
	S. COPPA	

VEHICLE	STATION	ON SCENE
	B. DI GIULIO	
	D. FORTIN	
	D. HOUDE	
	M. MAGGIANOMO	
	M. MOONEY	
	R. RATHIER	
	R. PAQUET	
	CHIEF J. MURPHY	

REMARKS: CODE BLUE FROM ENG.#3.

T. Bulli Giulio
SIGNED BY:

CAPT. W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 410 N. P. File # 1040

Date: 10/21/75
MONTH DAY YEAR

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

Time back in service _____ M

Time back at station 8:56 P M

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

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

Cause of fire CODE BLUE

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

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

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. H. DARBY	LT. E. PELLAND	
R. PARENTEAU	R. PAQUET	
N. PHELAND	P. TREMENTOZZI	
R. HUGHES	W. DRAPER JR.	
D. BAZZLE	P. LYONS	
CAPT. W. ROY	R. RATHIER	
VEHICLE	**STATION**	**ON SCENE**
F. CHARTIER	G. BULPITT JR.	
	M. MOONEY	
	S. COPPA	
	C. HARRISON	

REMARKS: CODE FROM ENG.#1•

Lt. Bob Darby

SIGNED BY:

LT. H. DARBY

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 411 N. P. File # 1041

Date: 10/22/75
MONTH DAY YEAR

Time alarm received 2:39 A M Number of miles traveled 2

Time back in service ____ M

Time back at station 2:45 A M

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

Location of alarm: (Street and Number) 16 LYMAN AVE.

Cause of fire CODE BLUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 36.2. Ladder(s) #1. Rescue(s) ____ Car: #21.

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	LT. H. DARBY	
	R. PARENTEAU	
	P. TREMENTOZZI	
	D. BAZZLE	

VEHICLE	STATION	ON SCENE
CHIEF J. MURPHY	W. DRAPER JR.	
	N. ~~PHELAND~~	
	G. BULPITT JR.	
	R. PAQUET	
	F. CHARTIER	
	CAPT. W. ROY	

REMARKS: CODE BLUE FROM ENG.#6.

Lt. L. Di Giulio
SIGNED BY:

LT. H. DARBY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 412 N. P. File # 1023

Date: 10/23/75
MONTH DAY YEAR

Time alarm received 2:55 PM Number of miles traveled 1

Time back in service ____ M

Time back at station 3:03 PM

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

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

Cause of fire AUTO ACCIDENT

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ 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) #3. Car: ____

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. B. DI GIULIO		
C. SALISBURY		
J. LANE		
R. HUGHES		
P. LYONS		

VEHICLE	STATION	ON SCENE
G. BULPITT JR.	J. MOLLO	
	L. CALISE	
	H. PARISI	

REMARKS: AUTO ACCIDENT, 2 CARS, 1 TRUCK.
NOT NEEDED, NO INJURIES.

R.I. REG.
JY 961. T 167. 35815.

Lt. B. di Giulio
SIGNED BY:

LT. B. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 413 N. P. File # 1045

Date: 10/23/75
MONTH DAY YEAR

Time alarm received 4:08 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 4:11 P 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	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 #
LT. B. DI GIULIO	~~CAPT. W. ROY~~	
C. SALISBURY	J. MOLLO	
W. DRAPER JR.	H. PARISI	
J. LANE	~~P. TREMENTOZZI~~	
R. HUGHES		
G. BULPITT JR.		
VEHICLE	**STATION**	**ON SCENE**
D. BAZZLE	LT. E. PELLAND	
	N. PHELAND	
	R. PAQUET	
	M. MAGGIACOMO	
	D. FORTIN	

REMARKS: CODE BLUE FROM ENG. #2.

Lt B. Di Giulio
SIGNED BY:

LT. B. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 414 N. P. File # 1048

Date: 10/23/75
MONTH DAY YEAR

Time alarm received 8:35 PM Number of miles traveled 11

Time back in service ____ M

Time back at station 8:43 PM

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

Location of alarm: (Street and Number) 2 OAKLEIGH AVE.

Cause of fire WASHDOWN

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)		WASHDOWN

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 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. E. PELLAND		
D. HOUDE		
E. SPAZIANO		
G. BULPITT JR.		
R. RATHIER		

VEHICLE	STATION	ON SCENE
	CHIEF E. DI GIULIO	
	CHIEF J. MURPHY	
	D. FORTIN	
	M. MAGGIACOMO	
	W. DRAPER JR.	
	J. PICCARDI	
	B. DI GIULIO	
	N. PHELAND	
	R. PAQUET	
	C. HARRISON	
	S. COPPA	

REMARKS: R.I. REG.#LP240, LEAKING GASOLINE IN STREET.
WASHED DOWN SAME.

Lt. E. Di Giulio
SIGNED BY:

LT. E. PELLAND
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 415 N. P. File # 1054

Date: OCTOBER 25, 1975
MONTH DAY YEAR

Time alarm received 4:21 P M Number of miles traveled 1

Time back in service 4:51 P M

Time back at station M

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

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

Cause of fire UNKNOWN

Description of building or occupancy: APARTMENT HOUSE

Owner of building or occupancy: W. KING

Owner's address:

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

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

APPARATUS REPORT

Working time of pump: Hours: minutes:

Defects on apparatus after alarm (if any):

Companies responding: ENGINE 1

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

Other companies responding:

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. H. DARBY		
J. BOREK		
F. CHATIER		
J. ZIROLI		
G. BULPITT JR.		

VEHICLE	STATION	ON SCENE
	D.C. DiGUILIO	
	LT. PELLAND	
	CAPT. ROY	
	W. DRAPER	
	N. PHELAND	
	G. BULPITT	
	R. PAQUET	
	R. HUGES	
	M. MAGGIACOMO	
	R. RATHIER	
	J. LANE	

REMARKS: WATER FROM DRAIN FLOODING INTO APT. 107

D. BAZZLE
SIGNED BY:

LT. DARBY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 416 N. P. File # 1056

Date: OCTOBER 25 1975
MONTH DAY YEAR

Time alarm received 6:19 P M Number of miles traveled 1

Time back in service 6:27 P M

Time back at station ____ M

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

Location of alarm: (Street and Number) 1864 MINERAL SPRING AVE.

Cause of fire SHORT

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) TELEPHONE POLE		

	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: ENGINE 1

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. PELLAND		
J. BOREK		
N. PHELAND		
J. ZIROLI		
D. LANE		
G. BULPITT JR.		

VEHICLE	STATION	ON SCENE
	W. DRAPER JR.	
	G. BULPITT	
	R. PAQUET	
	F. CHATIER	
	J. LANE	
	M. MAGGIACOMO	

REMARKS: MOTORIST REPORTED WIRES BURNING BETWEEN POLES 99,100, 101 ON MINERAL SPRING AVE. NOTHING ON ARRIVAL OF ENG 1 UTILITIES NOTIFIEED.

D. Barble
SIGNED BY:

LT. PELLAND
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 417 N. P. File # 1058

Date: OCTOBER (MONTH) 26 (DAY) 1975 (YEAR)

Time alarm received 2:51 P M

Time back in service 3:05 P M

Time back at station ____ M

Number of miles traveled E 2 L 1

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

Location of alarm: (Street and Number) 31 BICENTENIAL WAY

Cause of fire UNKNOWN

Description of building or occupancy: ____

Owner of building or occupancy: J. ISABELLA

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) SMOKE IN HOUSE
☐ Miscellaneous fires (describe) ____		NO FIRE

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: CENTREDALE, LYMANSVILLE

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. ROY	J. MOLLO	
J. BOREK	N. PHELAND	
J. ZIROLI	P.LYONS	
G. BULPITT JR.		

VEHICLE	STATION	ON SCENE
D.C. DIGUILIO	W.DRAPER JR.	
	R. RATHIER	
	S. COPPA	
	R.HUGES	

REMARKS: CLOUDY AREA IN 3 BEDROOMS SMELLED LIKE A COOKING ODOR.

D. Bazzle

SIGNED BY:

CAPT. ROY

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 418 N. P. File # 1061

Date: OCTOBER (MONTH) 26 (DAY) 1975 (YEAR)

Time alarm received 7:50 P M

Time back in service 8:32 P M

Time back at station ____ M

Number of miles traveled 2

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

Location of alarm: (Street and Number) 555 WOONASQUATUCKET AVE

Cause of fire UNKNOWN

Description of building or occupancy: ____

Owner of building or occupancy: OWNER, JOE ANGELL

Owner's address: 87 STELLA DR

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) FUMES IN HOUSE
☐ Miscellaneous fires (describe)		NO FIRE

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: CENTREDALE

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. DARBY		
J. BOREK		
J. ZIROLI		
F. CHATIER		
P. LYONS		
R. HUGHES		

VEHICLE	STATION	ON SCENE
DEPUTY C, DIGUILOD	W. DRAPER JR.	
DIST. C, MURPHY	G. BULPITT JR.	
D. BAZZLE	R. PAQUET	
	N. PHELAND	
	J. MOLLO	
	R. RATHIER	
	S. COPPA	
	M. MAGGIACOMO	
	M. RUSSO	

REMARKS: GASOLINE FUMES THROUGHOUT ALL THREE FLOORS. REMOVED FROM BASEMENT TWO GASOLINE MOWERS, 1/2 GAL OF GASOLINE AIRED OUT HOUSE FOR ABOUT 30 MINUTES.

D. Bazzle

SIGNED BY:

CHIEF MURPHY.

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 419 N. P. File # 1062

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

Time alarm received 10:47 P M Number of miles traveled E2 L2

Time back in service 10:50 P M

Time back at station _____ M

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

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

Cause of fire _____

Description of building or occupancy: LOW INCOME HOUSING

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: CENTREDADLE, GENEVA, MARIVILLE

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

Other companies responding: _____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF MURPHY	LT. DARBY	
D. BAZZLE	N. PHELAND	
F. CHATIER	G. BULPITT JR.	
R. HUGHEWS	R. RATHIER	
P. LYONS		
J. ZIROLI		
VEHICLE	**STATION**	**ON SCENE**
DEP. E. DiGUILIO	W. DRAPER JR.	
	R. PAQUET	
	C. HARRISON	

REMARKS: CODE BLUE ENG 3

Dennis Bazzle
SIGNED BY:

CHIEF MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 420 N. P. File # 1063

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

Time alarm received 10:29 a M Number of miles traveled 1

Time back in service 1046 A M

Time back at station ____ M

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

Location of alarm: (Street and Number) SHERRI DR.

Cause of fire UNKNOWN

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 ft.	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: 15

Defects on apparatus after alarm (if any): ____

Companies responding: CENTREDALE

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. RUGGIANO	J. MOLLO	
J. LANE	J. ZIROLI	
D. LANE	LT. DARBY	
R. HUGHES	D. BAZSLE	
E. BAZZLE	S. COPPA	
	P. TREMENTOZZI	
VEHICLE	**STATION**	**ON SCENE**
CAPT ROY	M. MAGGIACOMO	
W. DRAPER SR	G. KENNAWAY	
	G. BULPITT JR.	
	G. BULPITT SR.	

REMARKS: ENG 1 RESPONDED BY RADIO FOR RUBBISH FIRE ON SHERRI DR
ENG 1 & LAD 1 WERE OUT CHECKING HYDS.

D. Bazzle
SIGNED BY:

CAPT RUGGIANO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 421 N. P. File # 1064

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

Time alarm received 11:33A M Number of miles traveled 2

Time back in service 11:46A M

Time back at station _____ M

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

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

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		XX 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: CENTREDALE

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. RUGGIANO	LT. DARBY	
J. LANE	J. ZIROLI	
E. BAZZLE	J. MOLLO	
R. HUGHES	P. TREMENTOZZI	
D. LANE	D. BAZZLE	
S. COPPA		
VEHICLE	**STATION**	**ON SCENE**
DEP. E. D1 GUILIO	G. KENNAWAY	
CHIEF MURPHY	M. MAGGIACOMO	
	G. BULPITT JR.	
	G.BULPITT SR.	

REMARKS: CODE BLUE FROM ENG 1

D. Bazzle
SIGNED BY:

CHIEF MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 422 N. P. File # 1070

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

Time alarm received 1:31 PM Number of miles traveled 1

Time back in service 1:49P M

Time back at station ____ M

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

Location of alarm: (Street and Number) CRAIGE STREET

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) OPEN BURNING		

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 5

Defects on apparatus after alarm (if any): ____

Companies responding: CENTREDALE

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. WILLIAM ROY		
C. JOHN MOLLO		
H. PARISI		
C. SALISBURY		

VEHICLE	STATION	ON SCENE
	L. CALISE	
	P. TREMENTOZZI	

REMARKS: CODE YELLOW ENGINE 1

SIGNED BY:

CAPT. ROY

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 423 N. P. File # 1071

Date: OCOBER 28 75
MONTH DAY YEAR

Time alarm received 6:18 PM Number of miles traveled 2

Time back in service 6:20 PM

Time back at station ____ M

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

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

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: CENTREDALE AND LYMANSVILLE

Engines(s) 1 and 6 Ladder(s) 1 Rescue(s) ____ Car: 2, 21

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
~~EXPTXXROY~~	M. MAGGACIOMO	
D. BAZZLE	J. ZIROLI	
M. MOONEY	E. BAZZLE	
E. SPAZIANO	H. DARBY	
R. RATHEIR		

VEHICLE	STATION	ON SCENE
DEPT. CHIEF DIGIULIO	D. HOUDE	
DIST. CHIEF MURPHY	T. RUSSO	
CAPT. ROY	W. DRAPER JR.	
D. FORTIN	R. HUGHES	
	LT. PELLAND	
	C. HARRISON	

REMARKS:

SIGNED BY:

CHIEF MURPHY

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 424 N. P. File # 1080

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

Time alarm received 7:19 P M Number of miles traveled 3

Time back in service 7:51 P M

Time back at station M

Alarm received by: Box # 6213 Phone Other (Describe)

Location of alarm: (Street and Number) STEPHEN ONLEY SCHOOL

Cause of fire

Description of building or occupancy: ELEMENTRY SCHOOL

Owner of building or occupancy: TOWN OF NORTH PROVIDENCE

Owner's address:

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
[X] Fire in building	[ ] Code Red	[ ] Rescue or emergency
[ ] Fire in dwelling	[X] 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
					2 SMOKE EJECTORS
					2 FLOOD LIGHTS
					3 SQUEGESS

APPARATUS REPORT

Working time of pump: Hours: minutes:

Defects on apparatus after alarm (if any):

Companies responding: GENEVA, MARIEVILLE, CENTREDALE FRUIT HILL

Engines(s) 3-4-1 Ladder(s) 1-2 Rescue(s) 3-2 Car: 1-2-21-23

Other companies responding:

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. H. DARBY	W. DRAPER JR.	
R. PARENTEAU	R. PAQUET	
N. PHELAND	L. TORO	
F. CHARTIER		
J. ZIROLI		
S. COPPA		
VEHICLE	**STATION**	**ON SCENE**
DEPT. CHIEF DIGILIO	CAPT. RUGGIANO	
DIST. CHIEF MURPHY	J. LANE	
G. BULPITT SR.	J. BOREK	
J. MOLLO	M. RUSSO	
M. MAGGIACOMO		
T. RUSSO		
G. BULPITT JR.		
F. ROTELLA		

REMARKS: FIRE IN CORNER OF LAVATORY SMALL SECTION INVOLVED

SIGNED BY:

CHIEFS PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 425 N. P. File # 1082

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

Time alarm received 8:10 PM Number of miles traveled 2

Time back in service 8:13 PM

Time back at station ____ M

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

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

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: CENTREDALE AND ~~XXXXXXXXXX~~ LYMANSVILLE

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

Other companies responding: ____

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

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

VEHICLE	STATION	ON SCENE
DEP. CHIEF DIGIULDO	D. BAZZLE	
DIST. CHIEF MURPHY	J. ZIROLI	
LT. H. DARBY	D. LANE	
	R. PAQUET	
	S. COPPA	
	G. BULPITT JR.	

REMARKS: CODE BLUE FROM CAR 21

SIGNED BY:

CHIEF MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 426 N. P. File # 1084

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

Time alarm received 10:30PM Number of miles traveled 1

Time back in service 10:36PM

Time back at station ____M

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

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

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: CENTREDALE

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. RUGGIANO		
J. LANE		
E. BAZZLE		
R. HUGHES		
J. ZIROLI		
E. SPAZIANO		
J. BOREK		
P. LYONS		

VEHICLE	STATION	ON SCENE
	CHIEF MURPHY	
	D. LANE	
	J. MOLLO	
	D. BAZZLE	
	R. RATHEIR	
	S. COPPA	
	T. RUSSO	

REMARKS: CODE BLUE FROM ENGINE1

SIGNED BY:

CAPT. RUGGIANO
PERSON IN CHG.