CODE SHEET

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

Name and Address of Owner _____

_____

Name of Occupant CHAIN DISCOUNT (BERNARD SCHUSTER)

COMPLETE AND RETURN TO STATE DIVISION OF FIRE SAFETY

CODE SHEET

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

Name and Address of Owner JAMES BERNARDO
2 ZORAR ST.

Name of Occupant SAME

COMPLETE AND RETURN TO STATE DIVISION OF FIRE SAFETY

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 359 N. P. File # 895

Date: 9/2/75
MONTH DAY YEAR

Time alarm received 1:43 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 1:50 P M

Alarm received by: Box # 2218 Phone ____ Other ____ (Describe)

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

Cause of fire CODE BLUE

Description of building or occupancy: ____

Owner of building or occupancy: VILLA VERSAILLES APTS.

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
	LT. H. PARSI	
	J. MOLLO	
	P. PHILLIPS	
	CAPT. W. RØY	
	R. HUGHES	
	N. PHELAND	
	M. MAGGIACOMO	
VEHICLE	**STATION**	**ON SCENE**
	CHIEF J. MURPHY	
	LT. B. DI GIULIO	
	D. BAZZLE	
	G. BULPITT SR.	
	T. PERNA	
	W. DRAPER SR.	
	P. TREMENTOZZI	

REMARKS: CODE BLUE FROM ENG.#3.

Lt B. Di Giulio
SIGNED BY:

CAPT. W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 360 N. P. File # 896

Date: 9/3/75
MONTH DAY YEAR

Time alarm received 7:20 AM Number of miles traveled 2

Time back in service ____ M

Time back at station 7:28 AM

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

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

Cause of fire CODE BLUE

Description of building or occupancy: ____

Owner of building or occupancy: HOPKINS HEALTH CENTER

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		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. W.ROY	D. BAZZLE	
LT. B. DI GIULIO	E. SPAZIANO	
A. CORSINI	N. PHELAND	
M. MAGGIACOMO	G. BULPITT SR.	
R. PARENTEAU	J. PIZCARDI	
J. LANE	J. MOLLO	
VEHICLE	**STATION**	**ON SCENE**
CHIEF CHARELLO	CHIEF J. MURPHY	
CHIEF DI GIULIO		
P. TREMENTOZZI		

REMARKS: SYSTEM TROUBLE,"2nd FLOOD NORTH.
INTERIOR PULL STATION PULLED.

Lt B. Di Giulio
SIGNED BY:

CHIEFS
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 361 N. P. File # 898

Date: 9/3/75
MONTH DAY YEAR

Time alarm received 11:10 A M Number of miles traveled 2

Time back in service M

Time back at station 11:20 A M

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

Location of alarm: (Street and Number) 688 WOONASQUATUCKET AVE

Cause of fire BOMB SCARE

Description of building or occupancy: ST. PATRIKS HIGH SCHOOL

Owner of building or occupancy:

Owner's address:

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

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: #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. B. DI GIULIO		
P. PHILLIPS		
CAPT. W. ROY		
M. MAGGIACOMO		

VEHICLE	STATION	ON SCENE
	J. MOLLO	P. LYONS
	H. PARISI	
	E. SPAZIANO	
	R. HUGHES	
	CAPT. P. RUGGIANO	
	J. BOREK	

REMARKS: BOMB SCARE, CODE BLUE.

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 # 362 N. P. File # 902

Date: 9/4/75
MONTH DAY YEAR

Time alarm received 4:27 P M Number of miles traveled 2

Time back in service M

Time back at station 4:33 P M

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

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

Cause of fire SHORT ELECT.

Description of building or occupancy:

Owner of building or occupancy: JOHN BERUBE

Owner's address: 11 SOUTH LARCHMONT ST. NO. PROV. 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		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	asbestos gloves

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. PHELAND		
P. PHILLIPS		
A. CORSINI		
R. HUGHES		

VEHICLE	STATION	ON SCENE
CAPT. W. RROY	CHIEF CHARELLO	
W. DRAPER JR.	LT. H. PARISI	
R. PAQUET	R. PARENTEAU	
J. PICCARDI	J. MOLLO	
T. RUSSO	L. CALISI	
	G. BULIPTT SR.	
	J. NOTARANTANIO	
	M. MAGGIACOMO	
	J. LANE	

REMARKS: 67 CHEV. RI REG.CD992. COLOR BLUE
SHORT IN ELECTRIAL SYSTEM.

Lt B. Di Giulio
SIGNED BY:

LT. B. DI GIULIO
PERSON IN CHG.

CODE SHEET

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

Name and Address of Owner: John Berube

11 South Larchmont N. Prov.

Name of Occupant: SAME

COMPLETE AND RETURN TO STATE DIVISION OF FIRE SAFETY

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTRE DALE Company Alarm # 363 N. P. File # 906

Date: 9/6/75
MONTH DAY YEAR

Time alarm received 10:50 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 11:05 P M

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

Location of alarm: (Street and Number) 146 WATERMAN AVE.

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. W. ROY		
B. DI GIULIO		
A. CORSINI		
M. MAGGIACOMO		
E. SPAZIANO		

VEHICLE	STATION	ON SCENE
	D. HOUDE	
	M. MOONEY	
	P. LYONS	
	T. PERNA	
	R. HUGHES	
	R. RATHIER	

REMARKS: DETAIL TO SWEEP AND WASH GLASS IN STREET.
O.K. WITH DEP. CHIEF.

Lt. Di Giulio
SIGNED BY:

CAPT. W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 364 N. P. File # 907

Date: 9/6/75
MONTH DAY YEAR

Time alarm received 11:06 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 11:11 P M

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

Location of alarm: (Street and Number) 1 WARREN 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	☒ 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: 12

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. W. ROY	LT. E. PELLAND	
B. DI GIULIO	D. HOUDE	
A. CORSINI	M. MOONEY	
M. MAGGIACOMO	P. LYONS	
E. SPAZIANO	T. PERNA	
	R. HUGHES	
	R. RATHIER	
VEHICLE	**STATION**	**ON SCENE**
CHIEF J. MURPHY	D. FORTIN	
	R. PAQUET	
	J. PICCARDI	

REMARKS: CODE BLUE FROM ENG.#6.

Capt. B. DiGiulio
SIGNED BY:

CHIEF J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 365 N. P. File # 912

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

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

Time back in service ____ M

Time back at station 1:21 P M

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

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

Cause of fire ACCIDENTAL

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
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☒ XX Code Blue	☐ Lockout
☐ Fire in rubbish		☒ XX Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

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. PHILLIPS	H. PARISI	
D. BAZZLE	L. CALISE	
P. TRMENTOZZI		
M. MAGGIACOMO		
VEHICLE	**STATION**	**ON SCENE**
CAPT. W. ROY	W. DRAPER JR.	
G. KENNAWAY	W. DRAPER SR.	
	R. HUGHES	

REMARKS: ACCIDENTAL ALARM.
PATIENT PULLED PULL STATION.

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 # 366 N. P. File # 913

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

Time alarm received 7:52 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 7:55 P M

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

Location of alarm: (Street and Number) VICTOR & 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, 1. 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 #
LT. H. DARBY	CAPT. W. ROY	
D. BAZZLE	W. DRAPER JR.	
~~P. LYONS~~	R. PAQUET	
F. CHARTIER	P. TREMENTOZZI	
J. LANE	M. MAGGIACOMO	
R, HUGHES	M. MOONEY	

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO	CAPT. P. RUGGIANO	
CHIEF K. CHILLI	N. PHELAND	
	G. BULPITT SR.	
	C. HARRISON	

REMARKS: CODE BLUE FROM ENG.#6.

Lt. B. Di Giulio
SIGNED BY:

CHIEF J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 367 N. P. File # 914

Date: 9/9/75
MONTH DAY YEAR

Time alarm received 8:49 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 8:53 P M

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

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

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 EMX Rescue(s) ____ Car: ____

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF J. MURPHY	W. DRAPER JR.	
LT. H. DARBY	R. PAQUET	
D. BAZZLE	P. TREMENTOZZI	
P. LYONS	CAPT. P. RUGGIAO	
F. CHARTIER		
R. HUGHES		
M. MAGGIACOMO		
VEHICLE	**STATION**	**ON SCENE**
	CHIEF E. DI GIULIO	
	N. PHELAND	
	G. BULPITT SR.	
	J. PICCARDI	

REMARKS: CODE. BLUE FROM ENG.#1.

Lt B. Di Giulio
SIGNED BY:

CHIEF J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 368 N. P. File # 917

Date: 9/10/75
MONTH DAY YEAR

Time alarm received 8:18 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 8:21 P M

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

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

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: #2, 21.

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. P. RUGGIANO	J. MOLLO	
T. PERNA	R. RATHIER	
J. LANE		
E. BAZZLE		
R. HUGHES		
J. ZIROLI		
R. PAQUET		
P. LYONS		
A. CORSINI		
VEHICLE	**STATION**	**ON SCENE**
CHIEF E. DI GIULIO	W. DRAPER JR.	
CHIEF J. MURPHY	N. PHELAND	
LT. H. DARBY	G. BULPITT SR.	
	M. MOONEY	
	T. RUSSO	
	J. PICCARDI	

REMARKS: CODE BLUE FROM ENG.#2.

Lt. B. Di Giulio
SIGNED BY:

CAPT. P. RUGGIANO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 369 N. P. File # 920

Date: 9/11/75
MONTH DAY YEAR

Time alarm received 4:22 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 4:28 P M

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

Location of alarm: (Street and Number) 22 JUSTICE ST.

Cause of fire CODE BLUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #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 #
LT. B. DI GIULIO	J. MOLLO	
P. PHILLIPS	H. PARISI	
M. MAGGIACOMO	L. CALISE	
R. HUGHES	J. BOREK	
	J. PICCARDI	
VEHICLE	**STATION**	**ON SCENE**
T. PERNA	CAPT. W. ROY	
	R. PAQUET	
	P. TREMENTOZZI	
	G. BULIPTT JR.	
	G. BULPITT SR.	
	N. PHELAND	

REMARKS: CODE BLUE FROM ENG. #1.

NO SUCH NUMBER.

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 # 370 N. P. File # 923

Date: 9/12/75
MONTH DAY YEAR

Time alarm received 3:54 A M Number of miles traveled 1

Time back in service ____ M

Time back at station 4:14 A M

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

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

Cause of fire CODE BLUE

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
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☒ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
D. BAZZLE	B. DI GIULIO	
D. HOUDE	A. CORSINI	
M. MAGGIACOMO	E. SPAZIANO	
M. MOONEY	X	

VEHICLE	STATION	ON SCENE
CAPT. W. ROY	CHIEF J. MURPHY	
	D. FORTIN	
	J. MOLLO	
	R. PAQUET	
	J. PICCARDI	

REMARKS: PATIENT PULLED PULL STATION.

SIGNED BY:

CAPT. W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 371 N. P. File # 924

Date: 9/12/75
MONTH DAY YEAR

Time alarm received 11:27 A M Number of miles traveled 3

Time back in service ____ M

Time back at station 11:43 A M

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

Location of alarm: (Street and Number) 2 ZORAR ST?

Cause of fire LINT IN GAS DRYER

Description of building or occupancy: ____

Owner of building or occupancy: BERNARDO JAMES

Owner's address: SAME

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

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. B. DI GIULIO	J. MOLLO	
P. PHILLIPS	H. PARISI	
R. HUGHES	L. CALISI	
M. MAGGIACOMO		
VEHICLE	**STATION**	**ON SCENE**
	N. PHELAND	
	J. PICCARDI	
	W. DRAPER JR.	

REMARKS: LINT BOTTOM OF GAS DRYER.
NO DAMAGE. HAS INS.

Lt B DiGiulio
SIGNED BY:

LT. B. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 372 N. P. File # 928

Date: 9/13/75
MONTH DAY YEAR

Time alarm received 12:18 P M Number of miles traveled 6

Time back in service ____ M

Time back at station 12:40 P M

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

Location of alarm: (Street and Number) METRO- ATLANTIC YARD

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #1. 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 #
CAPT. P. RUGGIANO	J. ZIROLI	
T. PERNA	LT. E. PELLAND	
J. MOLLO	P. LYONS	
E. BAZZLE	D. BAZZLE	
R. HUGHES		
LT. H. DARBY		

VEHICLE	STATION	ON SCENE
CHIEF J. MURPHY	J. LANE	
	N. PHELAND	
	J. BOREK	

REMARKS: CALLED BY RADIO TO MAKE SMOKE INVESTIGATION.
BURIED ONE BARREL THAT WAS SMOKING.

Capt. P. DiGiulio
SIGNED BY:

CAPT. P. RUGGIANO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CANTREDALE Company Alarm # 373 N. P. File # 931

Date: 9/14/75
MONTH DAY YEAR

Time alarm received 2:09 A M Number of miles traveled 2

Time back in service ____ M

Time back at station 2:14 A M

Alarm received by: Box # 129 Phone ____ Other ____ (Describe)

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

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, 5. 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 #
CAPT. P. RUGGIANO	J. MOLLO	
T. PERNA	R. PAQUET	
J. LANE	N. PHELAND	
E. BAZZEE		
R. HUGHES		
J. ZIROLI		
M. MAGGIACOMO		

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

REMARKS: CODE BLUE FROM ENG.#1.

SIGNED BY:

CAPT. P. RUGGIANO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 374 N. P. File # 933

Date: 9/14/75
MONTH DAY YEAR

Time alarm received 9:05 P M Number of miles traveled 4

Time back in service ____ M

Time back at station 9:10 PM

Alarm received by: Box # 512 Phone ____ Other ____ (Describe)

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

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. 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 #
T. PERNA	J. MOLLO	
J. LANE	M. MAGGIACOMO	
R. HUGHES		
J. ZIROLI		
P. LYONS		
S. COPPA		
VEHICLE	**STATION**	**ON SCENE**
CHIEF J. MURPHY	C. HARRISON	
CAPT. P. RUGGIANO	R. RATHIER	
W. DRAPER JR.	R. PAQUET	

REMARKS: CODE BLUE FROM ENG.#6.

Lt. B-Di Giulio
SIGNED BY:

CHIEF J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 375 N. P. File # 937

Date: 9/15/75
MONTH DAY YEAR

Time alarm received 11:13 A M Number of miles traveled 3

Time back in service ____ M

Time back at station 11:23 A M

Alarm received by: Box # 6541 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) ____

Cause of fire BOMB SCARE

Description of building or occupancy: LYMANSVILLE SCHOOL

Owner of building or occupancy: ____

Owner's address: ____

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

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. B. DI GIULIO	P. PHILLIPS	
H. PARISI	L. CALISI	
D.BAZZLE		
S. MARWELL		

VEHICLE	STATION	ON SCENE
	P. TREMENTOZZI	

REMARKS: BOMB SCARE, BOX PULLED.

Lt B Di Giulio
SIGNED BY:

LT. B. GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 376 N. P. File # RES. 920

Date: 9/15/75
MONTH DAY YEAR

Time alarm received 8:01 P M Number of miles traveled _____

Time back in service _____ M

Time back at station 8:07 P M

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

Location of alarm: (Street and Number) _____

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

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

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

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) #5 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
		P? TREMENTOZZI
		CAPT. P. RUGGIANO
		J. LANE

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO	CHIEF J. MURPHY	
	LT. H. DARBY	
	W. DRAPER JR.	
	R. PAQUET	
	P. LYONS	
	F. CHARTIER	
	R. HUGHES	
	J. BOREK	
	R. RATHIER	S. COPPA
	T. PERNA	T. RUSSO

REMARKS: RESCUE #1, BEING COVERED BY STATION #1, PERSONAL.
INFO. ON RES. REPORT.

Lt. R. Di Giulio
SIGNED BY:

CAPT. RP. RUGGIANO
PERSON IN CHG.

RES, FILE--920

CO. FILE--376

NO. PROVIDENCE FIRE DEPARTMENT

– SECONDARY RESCUE REPORTS –

DATE: 9/15/75 TIME: ARRIVED 8:01 P.M. RETURNED 8:07 P.M.

NAME: CIREXA ROMANO AGE: 61

ADDRESS: 33 MANHATTON ST. ALARM BY: POLICE

PROVIDENCE, R.I. 02904

LOCATION OF RESCUE CHARLES & OBED ST.

EXAMINATION

SKULL *

EYES *

EARS *

NOSE *

MOUTH *

CHEST *

ABDOMEN *

UPPER EXTREMITIES * LACERATION RIGHT HAND. PAIN LEFT ARM AND SHOULDER

LOWER EXTREMITIES *

POSITION OF PATIENT WHEN FOUND: SITTING IN CAR

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) YES

PATIENT TRANSPORTED TO: MIRIAM HOSPITAL BY RESCUE #1.

IF PATIENT WAS NOT TRANSPORTED EXPLAIN:

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

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

PATIENT WAS TREATED BY ENG.#5. CREW.
4"x4" DRESSING-- RIGHT HAND
TRANGLER BANDGE FOR LEFT ARM SLING
NECK COLLAR

SIGNED: Lt. B Di Giulio OFFICER IN CHARGE: CAPT. P. RUGGIANO

RESCUE CO. NO. Res #1

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 377 N. P. File # 941

Date: 9/17/75
MONTH DAY YEAR

Time alarm received 11:29 P M Number of miles traveled 0

Time back in service ____ M

Time back at station 11:35 P M

Alarm received by: Box # 122 Phone ____ Other ____ (Describe)

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

Cause of fire XXXXX

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		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, 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 #
LT. E. PELLAND		
J. BOREK		
R. RATHIER		
S. COPPA		
G. BULPITT JR.		
D. BAZZLE		
VEHICLE	**STATION**	**ON SCENE**
CHIEF E. DI GIULIO	CAPT. W. ROY	
CHIEF J. MURPHY	T. RUSSO	
N. PHELAND	M. RUSSO	
	J. PICCARDI	
	W. DRAPER JR.	
	C, HARRISON	

REMARKS: CARBUERATOR FIRE. OUT ON ARRIVAL.
1965 GMC PICKUP TRUCK OWNED BY; ROBERT DESMARAIS
92 GROVE ST
MASS. REG. AA65-385 FALL RIVER, MASS.
INS. CO. GENERAL ACCIDENT
EST. DAMAGE. $25.00

Lt. E. Di Giulio
SIGNED BY:

LT. E. PELLAND
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 378 N. P. File # 942

Date: 9/18/75
MONTH DAY YEAR

Time alarm received 1:57 P M Number of miles traveled 4

Time back in service ____ M

Time back at station 2:05 P M

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

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

Cause of fire BOMB SCARE

Description of building or occupancy: LYMANSVILLE 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		XX ☒ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		BOMB SCARE

	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: #1.

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

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

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. B. DI GIULIO		
L. CALISI		
CAPT. W. ROY		
N. PHELAND		
VEHICLE	**STATION**	**ON SCENE**
H. PARISI	P. PHILIPS	
	A. CAGGIA	
	C. SALISBURY	
	J. PICCARDI	
	W. DRAPER JR.	

REMARKS: CODE BLUE.

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 # 379 N. P. File # 943

Date: 9/18/75 (MONTH / DAY / YEAR)

Time alarm received 5:07 P M Number of miles traveled 4

Time back in service ____ M

Time back at station 5:20 P M

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

Location of alarm: (Street and Number) MINERAL SPRING AVE. FRONT OF ALMAC'S

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	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) #1 • Car: ____

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
W. DRAPER JR.		
N. PHELAND		
J. ZIROLI		
J. LANE		
M. MAGGIACOMO		
D. BAZZLE		

VEHICLE	STATION	ON SCENE
CAPT. W. ROY	R. PARENTEAU	
LT. H. DARBY	R. PAQUET	
G. BULPITT SR.	M. RUSSO	
T. RUSSO	R. RATHIER	
J. BOREK		

REMARKS: AUTO ACCIDENT

CAR#1.	CAR #2
BOB CROFT	~~ERNEST~~ COCROFT
REG. IUSAI	BALSTON ST. N.P.
73 CORVET RED	REG. GIL-C
	BLUE MAVERICK

5 PEOPLE TRANSPORTED BY RESCUE#1,,FOR OBSERVATION.

Lt B. Di Giulio
SIGNED BY:

N. PHELAND
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 380 N. P. File # 946

Date: 9/18/75
MONTH DAY YEAR

Time alarm received 8:09 P M Number of miles traveled 3

Time back in service ____ M

Time back at station 8:13 P M

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

Location of alarm: (Street and Number) VICTOR & 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	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, 1. 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 #
LT. H. DARBY	W. DRAPER JR.	
R. PARENTEAU	R. PAQUET	
N. PHELAND	J. ZIROLI	
F. CHARTIER		
VEHICLE	**STATION**	**ON SCENE**
CHIEF E. DI GIULIO	CAPT. P. RUGGIANO	
CHIEF J. MURPHY	CAPT. W. ROY	
	G. BULPITT SR.	
	G. BULPITT JR.	
	A. ~~KRRXMX~~ CORSINI	
	R. ~~RATHIER~~	
	D. ~~BAZZLE~~	

REMARKS: CODE BLUE FROM ENG.#6.

Lt. H. Darby B. Wm Giulio

SIGNED BY:

LT. H. DARBY

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 381 N. P. File # 947

Date: 9/18/75
MONTH DAY YEAR

Time alarm received 8:26 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 8:28 P M

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

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

Cause of fire CODE BLUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

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

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF J. MURPHY	LT. H. DARBY	
N. PHELAND	W. DRAPER JR.	
E. CHARTIER	G. BULPITT SR.	
R. PARENTEAU	R. PAQUET	
A. CORSINI	J. ZIROLI	
G. BULPITT JR.		
VEHICLE	**STATION**	**ON SCENE**
CHIEF E. DI GIULIO	R. RATHIER	
CAPT. P. RUGGIANO		
CAPT. W. ROY		
D. BAZZLE		

REMARKS: CODE BLUE FROM ENG.#2.

Lt B. W. Jubis
SIGNED BY:

CHIEF J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 382 N. P. File # 948

Date: 9/18/75
MONTH DAY YEAR

Time alarm received 9:39 PM Number of miles traveled

Time back in service M

Time back at station 9:52 PM

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

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

Cause of fire AUTO ACCIDENT

Description of building or occupancy:

Owner of building or occupancy:

Owner's address:

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		XX ☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		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	
3	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
				1	ROPE
				3	HANDLIGHTS
				1	BOLT CUTTERS

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		
R. PARENTEAU		
N. PHELAND		
D. BAZZLE		
G. BULPITT SR.		
F. CHARTIER		

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO	CAPT. P. RUGGIANO	
R. PAQUET	CAPT. W. ROY	
J. MOLLO	W. DRAPER JR.	
T. PERRA	P. LYONS	
J. LANE	R. RATHI ER	
A. CORSINI		
M. MAGGIACOMO		
J. BOREK		

REMARKS:

CHEV. PICKUP 1975	CADILAC 1972
R.I. REG.35967 COMM.	R.I. REG. PW339
DAVID DELUTA	PHYLIS S. COSTA NZO
74 BURNS ST.	40 JACKSONIA DR.
PROV. R.I.	N. PROV. R.I.

Lt R. Di Giulio
SIGNED BY:

LT. H. DARBY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 383 N. P. File # 951

Date: 9/19/75
MONTH DAY YEAR

Time alarm received 8:58 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 9:02 P M

Alarm received by: Box # 415 Phone ____ Other ____ (Describe)

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

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, 3, 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 #
	CHIEF J. MURPHY	
	J. MOLLO	
	E. BAZZLE	
	J. ZIROLI	
	R. HUGHES	
	S. COPPA	

VEHICLE	STATION	ON SCENE
~~CHIEF E. DI GIULIO~~	CAPT. P. RUGGIANO	
	T. PERNA	
	J. LANE	
	C. HARRISON	
	T. RUSSO	
	A. CORSINI	

REMARKS: CODE BLUE FROM ENG. #2.

Lt B. DiGiulio
SIGNED BY:

CHIEF J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 384 N. P. File # 952

Date: 9/20/75 (MONTH / DAY / YEAR)

Time alarm received 10:23 AM Number of miles traveled 4

Time back in service ____ M

Time back at station 10:39 AM

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

Location of alarm: (Street and Number) GREYSTONE SCHOOL PARKING LOT

Cause of fire GASOLINE LEAK

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

	EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	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: 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. E. PELLAND		
T. RUSSO		
M. RUSSO		
J. ZIROLI		
P. LYONS		
R. HUGHES		

VEHICLE	STATION	ON SCENE
LT. H. DARBY	CHIEF K. CHILLI	
S. COPPA	J. BOREK	
C. HARRISON	J. PICCARDI	
	G. BULPITT JR.	
	T. PERNA	

REMARKS: R.I. REG.#BT596, 1970 FORD MUSTANG, COLOR GREEN REGISTERED TO JOYCE DI VINCENZO, 1971 MINERAL SPRING AVE. NO. PROVIDENCE, R.I. INS. CO. TIVERTON INS. EST.DAMAGE $150.00 TO $200.00 GASOLINE LINE BROKEN, IGNITED UNDERHOOD ENGINE COMPARTMENT COMPLETEY BURNED.

E. B. Di Gulio

SIGNED BY:

LT. E. PELLAND

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 385 N. P. File # 954

Date: 9/21/75
MONTH DAY YEAR

Time alarm received 3:08 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 3:12 P M

Alarm received by: Box # 6143 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) 41 ANGELL AVE.

Cause of fire CODE BLUE

Description of building or occupancy: CENTREDALE SCHOOL

Owner of building or occupancy: TOWN OF NORTH PROVIDENCE

Owner's address: 2008 SMITH ST.

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #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. E. PELLAND		
J. BOREK		
R. RATHIER		
G. BULPITT JR.		
R. HUGHES		
J. ZIROLI		

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO	T. RUSSO	
	S. COPPA	
	M. RUSSO	
	J. PICCARDI	
	W. DRAPER JR.	
	R. PAQUET	
	C. HARRISON	
	CAPT. W. ROY	

REMARKS: FIRE ALARM NOTIFIED THAT HOLE IN LOCK ON BOX FILLED WITH PUTTY, UNABLE TO GET KEY IN TO WIND BOX.

E. B. DiGiulio

SIGNED BY:

CHIEF E. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 386 N. P. File # 955

Date: 9/21/75
MONTH DAY YEAR

Time alarm received 5:19 P M Number of miles traveled 3

Time back in service ____ M

Time back at station 5:59 P M

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

Location of alarm: (Street and Number) 346 FRUIT HILL AVE.

Cause of fire ~~COOKING OIL~~

Description of building or occupancy: ____

Owner of building or occupancy: LAWRENCE ZAMBARANO

Owner's address: SAME

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☒ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☒ Miscellaneous fires (describe) 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
				2	SMOKE EJECTORS
					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) #1. Car: #2.21.

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	
	G. BULPITT JR.	

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO	J. BOREK	
CHIEF J. MURPHY	J. PICCARDI	
	R. RATHIER	
	R. PAQUET	
	R. HUGHES	

REMARKS: OVEN FIRE IN BASEMENT.
SMOKE THROUGHOUT BASEMENT.

Lt. B. DiGiulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 387 N. P. File # 960

Date: 9/22/75
MONTH DAY YEAR

Time alarm received 10:23 P M Number of miles traveled 4

Time back in service ____ M

Time back at station 10:45 P M

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

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

Cause of fire UNKNOWN

Description of building or occupancy: DUMPSTER

Owner of building or occupancy: SALVATION ARMY

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) DUMPSTER		

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

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: #21.

Other companies responding: ____

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

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. W. ROY		
D. BAZZLE		
M. MAGGIACOMO		
M. MOONEY		
R. RATHIER		
R. HUGHES		

VEHICLE	STATION	ON SCENE
CHIEF J. MURPHY	CHIEF E. DI GIULIO	
	B. DI GIULIO	
	D. HOUDE	
	A. CORSINI	
	E. SPAZIANO	
	G. BULPITT SR.	
	J. LANE	
	T. RUSSO	

REMARKS: SALVATION ARMY DUMPSTER BURNING.

Lt B. Di Giulio
SIGNED BY:

CAPT. W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 388 N. P. File # 963

Date: 9/23/75
MONTH DAY YEAR

Time alarm received 9:52 A M Number of miles traveled 2

Time back in service ____ M

Time back at station 10:21 A M

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

Location of alarm: (Street and Number) 317 SMITHFIELD RD.

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☒ 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	14'	Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)	2	SMOKE EJECTORS		Other Equipment
			ELEC. CORDS		

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #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 #
	J. MOLLO	
	P. PHILLIPS	
	H. PARISI	
	L. CALISI	
	D. BAZZLE	
	W. DRAPER JR.	

VEHICLE	STATION	ON SCENE
W. DRAPER SR.	LT. B. DI GIULIO	
	P. TREMENTOZZI	

REMARKS: SMOKE IN HOUSE. CODE YELLOW FOR ENG.#3, AND LADDER #1.

Capt Bldi Giulio
SIGNED BY:

H. PARISI
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 389 N. P. File # 966

Date: 9/23/75 (MONTH / DAY / YEAR)

Time alarm received 6:09 PM Number of miles traveled 1

Time back in service ____ M

Time back at station 6:12 PM

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

Location of alarm: (Street and Number) 226 CENTRAL AVE.

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #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		
W. DRAPER JR.		
P. LYONS		
F. CHARTIER		
D. BAZZLE		
R. RATHIER		

VEHICLE	STATION	ON SCENE
	CHIEF E. DI GIULIO	
	CAPT. W.ROY	
	R. PARENTEAU	
	N. PHELAND	
	G. BULPITT SR.	
	R. PAQUET	
	P. TREMENTOZZI	
	M. MAGGIACOMO	
	G. BULPITT JR.	
	T. RUSSO	

REMARKS: OUT ON ARRIVAL.

H. B. Darby

SIGNED BY:

LT. H. DARBY

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDA LE Company Alarm # 390 N. P. File # 967

Date: 9/24/75
MONTH DAY YEAR

Time alarm received 8:35 A M Number of miles traveled 1

Time back in service M

Time back at station 8:41 A M

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

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

Cause of fire ~~CODE BLUE~~

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
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☒ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

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

APPARATUS REPORT

Working time of pump: Hours: minutes:

Defects on apparatus after alarm (if any):

Companies responding:

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

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. PHILLIPS	H. PARISI	
J. LANE	W. DRAPER SR.	
D. BAZZLE		
VEHICLE	**STATION**	**ON SCENE**
L. CALISI	P. TREMENTOZZI	
	T. PERNA	

REMARKS: PATIENT PULLED INSIDE PULL BOX.

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 # 391 N. P. File # 970

Date: 9/25/75
MONTH DAY YEAR

Time alarm received 2:36 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 3:05 P M

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

Location of alarm: (Street and Number) 2053 SMITH ST.

Cause of fire ____

Description of building or occupancy: CHAIN DISCOUNT

Owner of building or occupancy: BERNABD SCHUSTER

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)		SMOKE INVESITIGATION

	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. B. DI GIULIO		
P. PHILLIPS		
J. BOREK		

VEHICLE	STATION	ON SCENE
S. MARWELL	H. PARISI	
J. PICCARDI	J. MOLLO	
	C, SALISBURY	
	A. CACCIA	
	L. CALISI	
	B. KELLEY	
	R. HUGHES	
	W. DRAPER SR.	

REMARKS: REPAIR MAN FROM MOHAWK OIL CLEANING BOILER. OIL WAS LEAKING IN FIRE BOX. HEAVY SMOKE COMING FROM CHIMMENY. CHEKED CHIMMENY FROM ROOF. CHEKED OUT O,K.

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 # 392 N. P. File # 976

Date: 9/27/75 (MONTH / DAY / YEAR)

Time alarm received 5:39 P M Number of miles traveled 7

Time back in service ____ M

Time back at station 5:42 P M

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

Location of alarm: (Street and Number) 18 CRAIGE ST.

Cause of fire CODE BLUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

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

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

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: #1.

Engines(s) #1, 6. 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 #
LT. H. DARBY	W. DRAPER JR.	
J. LANE	P. TREMENTOZZI	
N. PHELAND	D. BAZZLE	
R. HUGHES	G. BULPITT JR.	
VEHICLE	**STATION**	**ON SCENE**
CHIEF E. DI GIULIO	CAPT. P. RUGGIANO	
CHIEF J. MURPHY	CAPT. W. ROY	
	A. CORISSI	
	F. CHARTIER	
	M. MAGGIACOMO	
	T. PERNA	

REMARKS: CODE BLUE

Lt. H. Di Giulio

SIGNED BY:

LT. H. DARBY

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 393 N. P. File # 981

Date: 9/28/75
MONTH DAY YEAR

Time alarm received 9:48 P M Number of miles traveled 1

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) 23 SOUTH LOCUST 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	☒ 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, 5. 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 #
LT. H. DARBY	LT. PELLAND	
N. PHELAND	R. PARENTEAU	
P. LYONS	P. TREMENTOZZI	
F. CHARTIER	J. MOLLO	
J. LANE	A. CORSINI	
R, HUGHES		
VEHICLE	**STATION**	**ON SCENE**
CHIEF E. DI GIULIO	W. DRAPER JR.	
CHIEF J. MURPHY	G. BULPITT JR.	
CAPT. W. ROY	R. PAQUET	

REMARKS: CODE BLUE

Lt H Darby SIGNED BY:

LT. H. DARBY

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 394 N. P. File # 983

Date: 9/29/75
MONTH DAY YEAR

Time alarm received 6:50 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 6:55 P M

Alarm received by: Box # 144 Phone ____ Other ____ (Describe)

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

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, 2, 3. 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 #
CAPT. P. RUGGIANO	CAPT. W. ROY	
J. LANE	J. MOLLO	
R. HUGHES	A. CORSINI	
D. LANE	J. BOREK	
E. BAZZLE	R. RATHIER	
J. ZIROLI		
W. DRAPER JR.		
G. BULPITT JR.		

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO	R. PAQUET	
CHIEF J. MURPHY	S. COPPA	
T. PERNA	N. PHELAND	
	F. CHARTIER	

REMARKS: CODE BLUE.

C.A. Di Giulio

SIGNED BY:

CAPT. F. RUGGIANO

PERSON IN CHG.