NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift 1 Co. No. 1170 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	01344		08	01	94	WEDNESDAY 4	1020	1026

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	5		CRAGIE OAK ELMORE		02911	1023

E-1

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
CPT. D'AMICO				LT. E. DiGILIO
S.CAT.				F. SCANDARIATO
				J. LANE
				A. ZARLENGA
				J.S. IVAR

I have examined this report and give my approval to same.

This report forwarded to headquarters on 08-01, 19 94 by Capt D'Amico

INCIDENT 1344

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

rt
rds

Shift _____ Co. No. 1171 Station No. 1

☐ Revised Report

INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
1528		08	01	84	WED 4	1250	1256

RESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		Central	Rd	02911	

COMPILED SERVICE

EXTINGUISHERS — **(B) HOSE USED** — **(C) SALVAGE COVERS USED**

Type	No.	Size	Total Ft.	No.	Floor or Roof
FOAM		BOOSTER			
SODA ACID		1½ INCH			
PUMP TANKS		2½ INCH			
DRY CHEMICAL		3 INCH			
CARBON DIOXIDE		WORKING TIME OF PUMP			
CTC		.....Hrs. .....Min.			

R STREAM APPLIANCES — **(E) LADDER USED** — **(F) OTHER EQUIPMENT**

Type	No.	Type	Total Ft.	No.	Type
LADDER PIPE		AERIAL			
DELUGE GUN		BANGOR			
CELLAR PIPE		EXTENSION			
		WALL			
		ROOF			
		FOLDING			

ED AND TIME — **SUCTION HOSE USED**

B-1	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
Carinto				Capt D Amico
nya				Ff. A Fenlon
				J Silva
				J Lane
				D. Calanzaro

INCIDENT 1528

NORTH PROVIDENCE FIRE DEPARTMENT
SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1172 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1531		08	01	84	WED 4	1551	1632

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
Cardarellis Beach			DOUGLAS	AV	02911	1600

COMPILED SERVICE

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	(C) SALVAGE COVERS USED No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	................Hrs. ....Min.				

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	(F) OTHER EQUIPMENT No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME | SUCTION HOSE USED

TRUCK NO. B-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
K. Scandariato				Capt D'Amico
A. Zarlenga				Lt DiGiulio
				J. Lam
				D. Catanzaro

INCIDENT 1531

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-1, 1984 by ____________

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1123 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001347		08	02	84	THURSDAY	50000	0001

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		FRUIT HILL + SMITH		02911	

COMPILED SERVICE

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	(C) SALVAGE COVERS USED No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	(F) OTHER EQUIPMENT No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
CAPT. MARWELL	LT. CICERONE			R. LINCOLN
D. DiIORIO	K. ERICKSON			K. LANDRY
D. CICERONE	F. RICCI			
B. HINES	J. McNEILL			
M. RUSSO				

INCIDENT 1347

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-2, 19 84 by CAPT MARWELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1174 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	13 49		8	2	84	THURSDAY	00 19	00 20

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1096		MINERAL SPRING			

E 5, 4, L1 **COMPILED SERVICE** C/V E 5

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	No.	(C) SALVAGE COVERS USED Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	No.	(F) OTHER EQUIPMENT Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. L1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
K. ERICKSON				CAPT. MARKELL
LT. CICERONE				D. DIFORIO
J. MCNEIL				D. CICERONE
				B. HINES
				K. LANDRY
				B. LINCOLN
				F. RICCI
				M. ROSSO

INCIDENT

I have examined this report and give my approval to same.

This report forwarded to headquarters on _____, 19 ___ by Lt Cicerone

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1175 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1351		08	02	84	Thursday	10:08	10:12

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			79 Juan St Centuary Village			

Box 3216 E5, E4 E3 L1 COMPILED SERVICE YELL E-5

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. L-7	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
J. Lane				Capt. DiAnno
Lt. DiGiulio				L. Scandaglia
J. Hulan				S. Catanzaro
				A. Zarlenga
				J. Silva
				B. Mahoney

INCIDENT

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8/2, 1984 by Lt DiGiulio

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1176 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK		ALARM TIME	TIME — "IN SERVICE"
02400	1537		08	03	84	FRIDAY	6	0959	1047

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	8		GROVER	ST		1000

R-1

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
A. ZARLENGA				CPT. D'AMICO
K. SCANDARIATO				LT. DIGULIO
				S. CATANZARO
				M. RUSSO
				J. HORAN
				W. MORRISSEY

INCIDENT 1537

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8/3/, 1984 by K. Scandariato

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1177 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1538		08	03	84	FRIDAY 6	1152	1238

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	2072		SMITH	ST	02911	1154

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. B-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
K. SCANDARIATO				Capt D'AMICO
A. ZARLENGA				Lt. DiGiulio
				M. RUSSO
				S. CATANZARO
				J. HORAN
				W. MORRISSEY

INCIDENT 1538

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-3, 19 84 by _____

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1178 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001333		08	03	84	FRIDAY 6	1403	1413

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
41		ANGELL	AV	02911	

E-1-R-1

COMPILED SERVICE AUTO-ACC.

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	(C) SALVAGE COVERS USED No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	(F) OTHER EQUIPMENT No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Capt W Amico				Lt D Fiske
S. Catanzaro				M. Russo

INCIDENT 333

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-3, 1984 by Capt W Amico

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1179 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1540		08	03	84	FRIDAY	1403	1444

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	41		ANGELL	AV	02911	1403

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
K. SCANDARIATO				
A. ZARLENGA				

Scandariato 1178

INCIDENT 1540

A. ZARLENGA I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-3, 19 84 by _____

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 1180 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1356		08	03	84	Friday	6 2041	2054

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
380		Sunset	Av	02911	

Eng-1 Lock-out

COMPILED SERVICE

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	(C) SALVAGE COVERS USED No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	(F) OTHER EQUIPMENT No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION Capt K 33 FD19
T Russo				F Ricci
P Labbadia				D Scott
J McNeil				R DiMartino
S Capricotta				L Sanchez
				F Vescia
				K Cullinan

INCIDENT # 1356

I have examined this report and give my approval to same.

This report forwarded to headquarters on August 3rd, 1984 by T Russo

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 1181 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001546		08	03	84	FRIDAY 6	2235	2326

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	3001		SMITHFIELD	RD		2257

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
K. CULLINAN				CAPT. LABRADIA
L. SANCHEZ				D. SCOTT
				R. DIMARTINO
				P. LABRADIA
				T. VESCERA
				S. CAPRACOTTA
				S. O'NEILL

INCIDENT 1546

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-3-84, 19 ___ by PVT. R. DiMartino

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 1152 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001357		08	03	84	FRIDAY 6	2336	2344

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	391		GEORGE	ST	02911	2338

E-1

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			ASSIST RESCUE
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
S. CAPRACOTTA				CAPT. CARBADIA
P. CARBADIA				D. SCOTT
				R. DI MARTINO
				C. SANCHEZ
				F. VESCERA
				K. GILLIVAN
				J. McNEILL

INCIDENT 001357

I have examined this report and give my approval to same.

This report forwarded to headquarters on August 3, 1984 by S. Capracotta

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1189 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME – "IN SERVICE"
02400	001365	0000	04	04	84	Saturday	1 2146	2148

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		Smith & George	St	02911	

C/B E-1 Box 146

COMPILED SERVICE

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	(C) SALVAGE COVERS USED No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	(F) OTHER EQUIPMENT No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
Lt. Capaldi	Lt. Bazele			J. Gregson
K. Mayers	J. Cogno			D. Gregson Sr.
J. Wheeler	J. Carnegis			
D. DeStefano	M. Murphy			

INCIDENT 1305

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8/4, 19 84 by Lt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1188 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001363	00	08	04	84	Saturday	2111	2115

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	Woodhaven & Barbara Ann			Dr.	02911	

C/B E-1 Box 1515

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES			(E) LADDER USED			(F) OTHER EQUIPMENT
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
Lt. Capaldi	Lt. Bazzle			K. Mayers
J. Wheeler	J. Cagno			J. Gregson
D. DeStefano	J. Carnegis			D. Gregson Sr.
	M. Murphy			

INCIDENT 1363

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8/4, 1984 by Lt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1187 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001362	00	08	04	84	Saturday 7	2031	2035

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		Sherwood & Berwick	I-M	02911	

C/B E-1 Box 125

COMPILED SERVICE

(A) EXTINGUISHERS

No.	Type
	FOAM
	SODA ACID
	PUMP TANKS
	DRY CHEMICAL
	CARBON DIOXIDE
	CTC

(B) HOSE USED

No.	Size	Total Ft.
	BOOSTER	
	1½ INCH	
	2½ INCH	
	3 INCH	

WORKING TIME OF PUMP

.....Hrs. .....Min.

(C) SALVAGE COVERS USED

No.	Floor or Roof

(D) MASTER STREAM APPLIANCES

No.	Type
	LADDER PIPE
	DELUGE GUN
	CELLAR PIPE

(E) LADDER USED

No.	Type	Total Ft.
	AERIAL	
	BANGOR	
	EXTENSION	
	WALL	
	ROOF	
	FOLDING	

(F) OTHER EQUIPMENT

No.	Type

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
Lt. Capaldi	Lt. Bazzle			J. Gregson
K. Mayers	J. Cagno			D. Gregson Sr.
D. DeStefano	M. Murphy			J. Wheeler

INCIDENT 1362

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8/4, 1984 by Lt. Capaldi

RES. 1

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "B" Co. No. 1186 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	0,0,1,5,5,9	0,0	0,8	0,4	8,4	SATURDAY ,7	1,6,2,0	1,6,2,7

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			SMITH (DONOVAN CT.)	ST	0,2,9,1,1	1,6,2,2

R-1, E-1

COMPILED SERVICE

MED. AID

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO. E-1	TRUCK NO.	ON SCENE	STATION
D. GREGSON SR.	D. DESTEFANO			DEP. CHIEF DIGIULIO
J. CAGNO	K. MAYERS			LT. BAZZLE

INCIDENT 001550

I have examined this report and give my approval to same.

This report forwarded to headquarters on Aug. 4, 19 84 by Lt. Eric Bazzle

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Report Words

Shift "B" Co. No. 1185 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	0,0,1,3,6,0	0,0	0,8	0,4	8,4	SATURDAY	1,6,2,0	1,6,2,6

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		SMITH (DONOVAN CT.)	ST	02911	

E-1, R-1

COMPILED SERVICE

MED. AID

(A) EXTINGUISHERS

No.	Type
	FOAM
	SODA ACID
	PUMP TANKS
	DRY CHEMICAL
	CARBON DIOXIDE
	CTC

(B) HOSE USED

No.	Size	Total Ft.
	BOOSTER	
	1½ INCH	
	2½ INCH	
	3 INCH	

WORKING TIME OF PUMP

.....Hrs. .....Min.

(C) SALVAGE COVERS USED

No.	Floor or Roof

(D) MASTER STREAM APPLIANCES

No.	Type
	LADDER PIPE
	DELUGE GUN
	CELLAR PIPE

(E) LADDER USED

No.	Type	Total Ft.
	AERIAL	
	BANGOR	
	EXTENSION	
	WALL	
	ROOF	
	FOLDING	

(F) OTHER EQUIPMENT

No.	Type

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. R-1	TRUCK NO.	ON SCENE	STATION
D. DeStefano	D. Gregson Sr.			Dep. Chief DiGiulio
K. Mayers	J. Cagno			Lt. Bazzle

INCIDENT 001360

ed this report and give my approval to same.

arded to headquarters on Aug. 4, 19 84 by Lt. Eric Bazzle

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "B" Co. No. 1184 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1548		08	04	84	SATURDAY	1054	1104

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	415		Sunset	Av		1055

Transportation

COMPILED SERVICE

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	(C) SALVAGE COVERS USED No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	(F) OTHER EQUIPMENT No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
KCullinan				CCapaldi
Plabbodia				FVescina
				FRicci
				KOmana
				Capt Ruggiano
				KMayer
				D DeStefano
				JMcNeil

INCIDENT 1548

I have examined this report and give my approval to same.

This report forwarded to headquarters on 4th-Aug-, 1984 by Kevin McCullough

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report In Your Own Words

Shift "B" Co. No. 1183 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001358		08	04	84	SATURDAY	1030	1038

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1905		Mineral Spring	Ave.	02904	

Eng 1 L-1 Box 2221 **COMPILED SERVICE**

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	(C) SALVAGE COVERS USED No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	(F) OTHER EQUIPMENT No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
K MAYER	K Omara.			K Cullinane
G Caplette.	Capt Labbadia			
R DeStefano	F Viscia.			
P Labbadia.	F Ricci.			
	J McNeil.			

INCIDENT 1358

I have examined this report and give my approval to same.

This report forwarded to headquarters on August 4th, 1984 by Lt Caplette

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1190 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001553		08	05	84	Sunday	0725	0755

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
6		Benjamin	DR		0729

COMPILED SERVICE

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	(C) SALVAGE COVERS USED No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	(F) OTHER EQUIPMENT No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. Res 1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
D. DiIorio				Lt. Bazzle
J. Wheeler				K. Mayers
				J. Cagno
				K. Landry
				D. DeStefano

INCIDENT 1551

I have examined this report and give my approval to same.

This report forwarded to headquarters on August 5, 1984 by J. Wheeler

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1191 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1554		08	05	84	SUNDAY 1	840	903

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
5		AUGUSTA	ST	02904	844

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
K. LANDRY				CAPT. MARWELL
D. DiIorio				D. DESTEFANO
				CAPT. POCARO (STA. 5)
				LT. CICERONE

INCIDENT 1554

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-5-, 1984 by CAPT. MARWELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1192 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	bp/1371		08	05	84	Sunday	1708	1711

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
2079		Mineral Spring	Ave.	02911	1709

COMPILED SERVICE

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	No.	(C) SALVAGE COVERS USED Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	No.	(F) OTHER EQUIPMENT Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Cpt. Marwell				Lt. Cicerone
D. Bazzle				J. McNeill
B. Hines				K. Landry
				D. DiIorio

INCIDENT 1371

I have examined this report and give my approval to same.

This report forwarded to headquarters on August 5, 1984 by Capt. Marwell

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1193 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001559		08	06	84	Monday	205	220

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1967		Mineral Spring Ave			206

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
D. Cicerone				Lt. Cicerone
K. Landry				D. DiDoria
				B. Hines
				F. Ricci

INCIDENT 001559

I have examined this report and give my approval to same.

This report forwarded to headquarters on August 6, 1984 by K. A. Landry

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1194 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001560		08	06	84	Monday	553	618

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
					557

COMPILED SERVICE

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	(C) SALVAGE COVERS USED No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	(F) OTHER EQUIPMENT No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
D. Cicerone				Lt. Cicerone
K. Landry				F. Ricci
				D. DiLorio
				B. Heines

INCIDENT 001560

I have examined this report and give my approval to same.

This report forwarded to headquarters on Aug 6, 19 84 by K. A. Landry

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1195 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	00156		08	06	84	Monday	624	649

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	2		Joyce Rd			629

COMPILED SERVICE

(A) EXTINGUISHERS			(B) HOSE USED			(C) SALVAGE COVERS USED
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM 1	1	BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES			(E) LADDER USED			(F) OTHER EQUIPMENT
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. N-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
D. Cicirone				D. Cicirone
K Landry				J. Ricci
				D. DeDorio
				B. Hines

INCIDENT 00156

I have examined this report and give my approval to same.

This report forwarded to headquarters on Aug 6, 19 84 by K. A. Landry

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift 1 Co. No. 1196 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001563		08	06	84	Monday 2	0943	1028

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	498		Kinsley Ave.			09.47

PROVIDENCE **COMPILED SERVICE** MED-AID

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Lt. Phillips				Capt. D'Amico
W-Roy				Lt. D-Giulio
				A. Faulenza
				K. Scandalito
				J. Silva

INCIDENT 001563

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-6, 1984 by Lt. Phillips

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1197 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	991568		08	06	64	Monday	1448	1549

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	362		Fruit Hill	Ave	02911	

B-1 - E-2

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. B-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Lt. Phillips				Capt D'Amico
W. Boy				Lt D. Giulio
				R. Scandiaratto
				A. Zarlenga

INCIDENT

I have examined this report and give my approval to same.

This report forwarded to headquarters on 6-6, 19 64 by Lt. Phillips
Capt

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1198 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001376	1	08	06	84	Monday	21:33	21:37

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			Woodhaven + Barbara Ann Dr		02911	21:36

E-1, 4 L-1 C/Blue **COMPILED SERVICE** Box 1515

(A) EXTINGUISHERS

No.	Type
	FOAM
	SODA ACID
	PUMP TANKS
	DRY CHEMICAL
	CARBON DIOXIDE
	CTC

(B) HOSE USED

No.	Size	Total Ft.
	BOOSTER	
	1½ INCH	
	2½ INCH	
	3 INCH	

WORKING TIME OF PUMP
.....Hrs. .....Min.

(C) SALVAGE COVERS USED

No.	Floor or Roof

(D) MASTER STREAM APPLIANCES

No.	Type
	LADDER PIPE
	DELUGE GUN
	CELLAR PIPE

(E) LADDER USED

No.	Type	Total Ft.
	AERIAL	
	BANGOR	
	EXTENSION	
	WALL	
	ROOF	
	FOLDING	

(F) OTHER EQUIPMENT

No.	Type

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. Eng	TRUCK NO. had	TRUCK NO. _____	ON SCENE	STATION
Lt. Doyle	F. Ricci			Capt. Russo
R. Ponte	S. Horan			M. Rea
J. McNeill	D. Destefano			P. Roderick
J. Horan	D. Singleton			
	P. Rocheleau			

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8/3, 1984 by Lt. Doyle

INCIDENT 001376

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1199 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	13778		08	06	84	Monday	2253	2307

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	42		Redfern	ST	02911	2255

Engine Report.

COMPILED SERVICE

(A) EXTINGUISHERS

No.	Type
	FOAM
	SODA ACID
	PUMP TANKS
	DRY CHEMICAL
	CARBON DIOXIDE
	CTC

(B) HOSE USED

No.	Size	Total Ft.
	BOOSTER	
	1½ INCH	
	2½ INCH	
	3 INCH	

WORKING TIME OF PUMP
.....Hrs. .....Min.

(C) SALVAGE COVERS USED

No.	Floor or Roof

(D) MASTER STREAM APPLIANCES

No.	Type
	LADDER PIPE
	DELUGE GUN
	CELLAR PIPE

(E) LADDER USED

No.	Type	Total Ft.
	AERIAL	
	BANGOR	
	EXTENSION	
	WALL	
	ROOF	
	FOLDING	

(F) OTHER EQUIPMENT

No.	Type

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. R-1	TRUCK NO. _____	ON SCENE	STATION
Lt. Doyle	P. Rodrick			Dep. DiBrizio
R. Ponte	M. Rea			Capt. Ruggiano
J. McNeil				Capt. Russo
J. Horan				F. Ricci
				D. Deatelano
				P. Rachiele
				D. Singleton
				S. Horan

INCIDENT 13778

I have examined this report and give my approval to same.

This report forwarded to headquarters on Aug. 6, 19 84 by Stephen M. Horan.

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1200 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1571		08	06	84	Monday	2253	2331

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
42		Redfern	ST	02911	2255

Rescue Report.

COMPILED SERVICE

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	(C) SALVAGE COVERS USED No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	(F) OTHER EQUIPMENT No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. R-1	TRUCK NO.	ON SCENE	STATION
Lt. Doyle	P. Roderick			Dep. Dibiuio
R. Ponte	M. Rea			Capt. Ruggiano
J. McNiell				Capt. Russo
J. Horan				F. Ricci
				D. Destefano
				P. Rocheleau
				D. Singleton
				S. Horan

INCIDENT 1571

I have examined this report and give my approval to same.

This report forwarded to headquarters on Aug 6, 1983 by [signature]

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1201 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	01379		08	07	84	TUESDAY	837	0855

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	415		SUNSET	AV	02911	

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Capt D'Amico				Lt Eli Simões
R. Scandaritto				A. Fontanez
J. Horan				D. Morrissey

INCIDENT 1379

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-7, 19 84 by Capt D'Amico
Chief

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1202 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001573		08	07	84	TUESDAY	0837	0946

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	415		SUNSET	AV	02904	0838

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. B-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Lt Phillips				
W Roof				
		Same		
		as		
		#		

INCIDENT 001573

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-7, 19 84 by Lt. Phillips
Ed 14

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1203 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001574		08	07	84	TUESDAY	1452	1512

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	28		LANGSBERRIES	ST	02911	1455

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Lt. Phillips				CHIEF D'AMICO
W. Roy				LT. DiGiulio
				K. SCANDARIATO
				A. ZARLENGA

INCIDENT 001574

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-7, 1984 by Lt Phillips

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 1204 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001576		08	07	84	TUESDAY 3	1850	1921

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	415		SUNSET TERRACE	AV	02911	1851

RESCUE 1

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO. E-1	TRUCK NO.	ON SCENE	STATION
K. CULLINAN	CAPT. LABBADIA			F. RICCI
L. SANCHEZ	S. CAPRACOTTA			D. SCOTT
				P. LABBADIA
				R. D. MARTINO
				F. VESCERA

INCIDENT 1576

I have examined this report and give my approval to same.

This report forwarded to headquarters on August 7, 19 84 by Lou Sanchez

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 1205 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1381		08	07	84	TUESDAY	1233	235

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		WELLESLEY + HOPE	ST	02911	2338

Box Alarm Code Blue

COMPILED SERVICE

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	(C) SALVAGE COVERS USED No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	(F) OTHER EQUIPMENT No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. ENG-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
CAPT LABBADIA	F RICCI			K CULLINAN
S CAPRACOTTA	D SCOTT			L SANCHEZ
F VECCENA	R DIMARTINO			
	J MCNEIL			

INCIDENT 1381

I have examined this report and give my approval to same.

This report forwarded to headquarters on AUGUST 7, 1984 by Ken M Cullen.

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 1206 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1577		08	08	84	Weds	1644	0421

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	151		Thomas	ST		0417

Assist Invalid

COMPILED SERVICE

(A) EXTINGUISHERS

No.	Type
	FOAM
	SODA ACID
	PUMP TANKS
	DRY CHEMICAL
	CARBON DIOXIDE
	CTC

(B) HOSE USED

No.	Size	Total Ft.
	BOOSTER	
	1½ INCH	
	2½ INCH	
	3 INCH	

WORKING TIME OF PUMP

.....Hrs. .....Min.

(C) SALVAGE COVERS USED

No.	Floor or Roof

(D) MASTER STREAM APPLIANCES

No.	Type
	LADDER PIPE
	DELUGE GUN
	CELLAR PIPE

(E) LADDER USED

No.	Type	Total Ft.
	AERIAL	
	BANGOR	
	EXTENSION	
	WALL	
	ROOF	
	FOLDING	

(F) OTHER EQUIPMENT

No.	Type

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
K Cullen Pr				R DiMantino
I Sanchez				Capt Labbadia
				D Scott
				F Vescina
				S Cannoto
				F Ricci
				E DiGulio

INCIDENT 1577

I have examined this report and give my approval to same.

This report forwarded to headquarters on August 7th, 19 84 by Ken Mullen Pr

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1207 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001578		08	08	84	WED 4	0817	0912

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		HARRIS	RD	02911	0823

SMITHFIELD R-1 **COMPILED SERVICE** MED-AID

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	(C) SALVAGE COVERS USED No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	(F) OTHER EQUIPMENT No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Lt. Phillips				Capt D'Amico
M. Roy				Lt. DiGiulio
				F. Scandariato
				A. Zarlenga
				J. Silva
				W. Morrisse-

INCIDENT

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-8, 19 84 by Lt. Phillips
Ext 4

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1208 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001385		08	08	84	WEDNESDAY	1051	1053

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	65		DORMAN	AV	02904	

COMPILED SERVICE

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	No.	(C) SALVAGE COVERS USED Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	No.	(F) OTHER EQUIPMENT Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. LAD 1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
LT. E. DIGIULIO				CAPT D'AMICO
A ZARLENGA				LT PHILLIPS
B. MORRISSEY				J SILVA
				W ROY
				K SCANDARIATO
				J HORAN

INCIDENT 001385

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-8, 1984 by [signature]

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1209 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001584		08	08	84	Wed	1908	1959

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
20		Craige	ST		1932

Mead-Rich

COMPILED SERVICE

(A) EXTINGUISHERS

No.	Type
	FOAM
	SODA ACID
	PUMP TANKS
	DRY CHEMICAL
	CARBON DIOXIDE
	CTC

(B) HOSE USED

No.	Size	Total Ft.
	BOOSTER	
	1½ INCH	
	2½ INCH	
	3 INCH	

WORKING TIME OF PUMP
.....Hrs. .....Min.

(C) SALVAGE COVERS USED

No.	Floor or Roof

(D) MASTER STREAM APPLIANCES

No.	Type
	LADDER PIPE
	DELUGE GUN
	CELLAR PIPE

(E) LADDER USED

No.	Type	Total Ft.
	AERIAL	
	BANGOR	
	EXTENSION	
	WALL	
	ROOF	
	FOLDING	

(F) OTHER EQUIPMENT

No.	Type

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. B-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
D. Creighton SR				LT. Crofield
J. Creighton				LT. Gazzle
				T. Cano
				D. DiStefano
				T. Wheeler
				K. Mayers

INCIDENT 1584

I have examined this report and give my approval to same.

This report forwarded to headquarters on August 8th, 19 84 by John Creighton

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift 1 Co. No. 1200 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001387	1	07	09	84	Thursday	1039	1107

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	2008		Smith	ST	02911	

WIRES DOWN

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Capt D'Amico	—			Lt Phillips
R. Scandurato				Lt DiGiulio
J. Horan				A. Jaglenka
				B. Morrissey
				J. Silva

INCIDENT 1387

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-9, 19 84 by Capt D'Amico Chief

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1211 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001589		08	10	84	FRIDAY	1120	1128

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		DOUGLAS & MSA		02911	1123

R-1 - E-4 COMPILED SERVICE AUTO-ACC

(A) EXTINGUISHERS

No.	Type
	FOAM
	SODA ACID
	PUMP TANKS
	DRY CHEMICAL
	CARBON DIOXIDE
	CTC

(B) HOSE USED

No.	Size	Total Ft.
	BOOSTER	
	1½ INCH	
	2½ INCH	
	3 INCH	

WORKING TIME OF PUMP
.....Hrs. .....Min.

(C) SALVAGE COVERS USED

No.	Floor or Roof

(D) MASTER STREAM APPLIANCES

No.	Type
	LADDER PIPE
	DELUGE GUN
	CELLAR PIPE

(E) LADDER USED

No.	Type	Total Ft.
	AERIAL	
	BANGOR	
	EXTENSION	
	WALL	
	ROOF	
	FOLDING	

(F) OTHER EQUIPMENT

No.	Type

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Lt. Phillips				CAPT D'AMICO
W. Roy				LT. DI GIULIO
				K. SCANDARIATO
				A. DARLENGA
				J. HORAN
				B. MURRISSEY
				J. SILVA

INCIDENT

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-10, 19 84 by Lt. Phillips

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report In Your Own Words

Shift P Co. No. 1212 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001393		08	10	84	FRIDAY 6	1459	1506

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			MORGAN	AV	RQ11	

GREYSTONE School **COMPILED SERVICE** DUMPSTER

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			CODE BLUE
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	................Hrs. ....Min.				

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E 1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Capt D'Amico				Lt Phillips
Kt Scandariato				Lt Di Aurelio
				A. Yarlinski
				W. Roy
				J. Silva

INCIDENT 1393

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-10, 1984 by Capt D'Amico

Chief

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift _____ Co. No. 1213 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1595		08	10	84	FRI	2044	2141

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		Douglas Ave			2046

COMPILED SERVICE

(A) EXTINGUISHERS

No.	Type
	FOAM
	SODA ACID
	PUMP TANKS
	DRY CHEMICAL
	CARBON DIOXIDE
	CTC

(B) HOSE USED

No.	Size	Total Ft.
	BOOSTER	
	1½ INCH	
	2½ INCH	
	3 INCH	

WORKING TIME OF PUMP
.....Hrs. .....Min.

(C) SALVAGE COVERS USED

No.	Floor or Roof

(D) MASTER STREAM APPLIANCES

No.	Type
	LADDER PIPE
	DELUGE GUN
	CELLAR PIPE

(E) LADDER USED

No.	Type	Total Ft.
	AERIAL	
	BANGOR	
	EXTENSION	
	WALL	
	ROOF	
	FOLDING	

(F) OTHER EQUIPMENT

No.	Type

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
D. Destefano				Capt. Russo
J. McNeill				LT. Doyle
P. Rochefeau				S. Horan
				R. Ponte.
				M. Rea.
				D. Singleton
				Chief. Murphy
				LT. Digirio

INCIDENT

I have examined this report and give my approval to same.

This report forwarded to headquarters on _____, 19 ____ by _____

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A 11 Co. No. 1214 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1596		8	11	84	SATURDAY	0800	0820

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	5		MERIGOLD	CR		0807

RES #1

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. RES 1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
F. VESCERA				CAP. FAIN LADDER
L. SANCHEZ				R. ECI
				SCOTT
				MCNEIL
				HORAN
				D. STEFINO

INCIDENT

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-11, 19 84 by Capt Fallon

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 1215 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1395		08	11	84	SATURDAY	1121	

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			Stanley & Cherry			1130

E-1-4+L1 **COMPILED SERVICE** Code Yellow Eng 1

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
S. Capraccotta	D. Scott			F. Uoscera
Capt. Labbadia	F. Ricci			L. Sanchez
R. DiMartino	J. Gagno			[redacted]
K. O'Marra				

INCIDENT 1395

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-11, 19 84 by Capt Pollard

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 1216 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001798		08	1	84	SATURDAY	1555	1625

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	2870		SMITH	ST	02911	1557

R-1

COMPILED SERVICE CENTREDALE MANOR

(A) EXTINGUISHERS

No.	Type
	FOAM
	SODA ACID
	PUMP TANKS
	DRY CHEMICAL
	CARBON DIOXIDE
	CTC

(B) HOSE USED

No.	Size	Total Ft.
	BOOSTER	
	1½ INCH	
	2½ INCH	
	3 INCH	

WORKING TIME OF PUMP
.....Hrs. .....Min.

(C) SALVAGE COVERS USED

No.	Floor or Roof

(D) MASTER STREAM APPLIANCES

No.	Type
	LADDER PIPE
	DELUGE GUN
	CELLAR PIPE

(E) LADDER USED

No.	Type	Total Ft.
	AERIAL	
	BANGOR	
	EXTENSION	
	WALL	
	ROOF	
	FOLDING	

(F) OTHER EQUIPMENT

No.	Type

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Capt. LaBBadia				F Ricci
R. DiMartino				S Cappuccitti
				D Scott
				J McNeill
				Lt. Doyle
				K Cullinan

INCIDENT 1798

I have examined this report and give my approval to same.

This report forwarded to headquarters on _____, 19 ___ by F Ricci

ENG

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 1217 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1396		08	11	84	SATURDAY	16 15	16 22

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	2870		SMITH	ST	02911	

SS E-1

COMPILED SERVICE ASSIST RESCUE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME | SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. R-1	TRUCK NO.	ON SCENE	STATION
F. RICCI	CAPT LABBADIA			D. SCOTT
LT. DOYLE	R. DIMARTINO			K COLLINAN
S CAPRACOTTA				J McNEIL

INCIDENT 001396

I have examined this report and give my approval to same.

This report forwarded to headquarters on _____, 19 ___ by F Ricci

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 1218 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001397		08	11	84	SATURDAY 7	2010	2019

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	990		MORGAN	AV	02911	2012

Eng 1-4-L-1 **COMPILED SERVICE** Code Fellow Eng 1

(A) EXTINGUISHERS

No.	Type
	FOAM
	SODA ACID
	PUMP TANKS
	DRY CHEMICAL
	CARBON DIOXIDE
	CTC

(B) HOSE USED

No.	Size	Total Ft.
	BOOSTER	
	1½ INCH	
	2½ INCH	
	3 INCH	

WORKING TIME OF PUMP
.....Hrs. .....Min.

(C) SALVAGE COVERS USED

No.	Floor or Roof

(D) MASTER STREAM APPLIANCES

No.	Type
	LADDER PIPE
	DELUGE GUN
	CELLAR PIPE

(E) LADDER USED

No.	Type	Total Ft.
	AERIAL	
	BANGOR	
	EXTENSION	
	WALL	
	ROOF	
	FOLDING	

(F) OTHER EQUIPMENT

No.	Type

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. Eng 1	TRUCK NO. Lad 1	TRUCK NO.	ON SCENE	STATION
S. CARNACOTTA	D. SCOPP.		CHIEF MURPHY	F. VESCERA.
CAPT. LABBOM	F. RICCI.		DEP CHIEF DiGIULIO	K. CULLINAN.
R. D. MARTINO.	J. McNEILL.			

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-11, 19 84 by Capt Labbom

INCIDENT 001397

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report In Your Own Words

Shift "A" Co. No. 1219 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400			08	11	84	Saturday 6	2023	2114

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		Worcester Tex Tile		02911	2025

COMPILED SERVICE

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	No.	(C) SALVAGE COVERS USED Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	No.	(F) OTHER EQUIPMENT Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
F. Vescera				Capt. Labbadia
K. Cullinan				F. Ricci
				D. Scott
				S. Capracotta
				R. Dimartino

INCIDENT 1578

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-11, 19 84 by Ken McCullinan

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 1220 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1600		08	12	84	SUNDAY	0634	0701

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		SMITHFIELD	RD	02911	0636

ENG 4 + RES 1

COMPILED SERVICE

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	(C) SALVAGE COVERS USED No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	(F) OTHER EQUIPMENT No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-51	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
F. VEJSEDA				CAPT LABBADIA
L. SAWCHUCK				F. RICCI
				P. LABBADIA
				SCOTT
				CAPRACOTTA
				D. MARTINO
				CULLIMAN
				MCNEILL

INCIDENT 1600

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-12, 19 84 by Capt Labbadia

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1221 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME – "IN SERVICE"
02400	0 0 1 6 0 4		0 8	1 0	8 4	Sunday	2 0 0 1	2 0 1 3

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	2 0		Chestnut	St		1 0 0 0

Med - Acl

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. B-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
J. Wheeler				L. Baffoni
J. Grayson				T. Cayno
				T. Casolino
				K. Mayers
				D. Distefano
				M. Murphy

INCIDENT 1604

I have examined this report and give my approval to same.

This report forwarded to headquarters on August 12th, 19 84 by John Grayson

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1202 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001605	1	08	12	84	Sunday	2049	0118

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	2		Smithfield	Rd		2057

Med-Mid

COMPILED SERVICE

(A) EXTINGUISHERS

No.	Type
	FOAM
	SODA ACID
	PUMP TANKS
	DRY CHEMICAL
	CARBON DIOXIDE
	CTC

(B) HOSE USED

No.	Size	Total Ft.
	BOOSTER	
	1½ INCH	
	2½ INCH	
	3 INCH	

WORKING TIME OF PUMP

.....Hrs. .....Min.

(C) SALVAGE COVERS USED

No.	Floor or Roof

(D) MASTER STREAM APPLIANCES

No.	Type
	LADDER PIPE
	DELUGE GUN
	CELLAR PIPE

(E) LADDER USED

No.	Type	Total Ft.
	AERIAL	
	BANGOR	
	EXTENSION	
	WALL	
	ROOF	
	FOLDING	

(F) OTHER EQUIPMENT

No.	Type

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. B-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
J. Wheeler				LT. Barrile
J. Hodgson				T. Casino
				T. Casolino
				K. Mayers
				D. DeStefano

INCIDENT 001605

I have examined this report and give my approval to same.

This report forwarded to headquarters on August 12th, 19 84 by John Hodgson

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1223 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	0,0,1,4,0,3	0,0	0,8	1,2	8,4	SUNDAY 1	2,1,2,7	2,1,3,0

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			SMITH + FENWAY		0,2,9,1,1	2,1,2,9

E-1, 2, 4 L-1 **COMPILED SERVICE** Box #139 CODE: B/NE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME | SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
LT. BAZZLE	D. DESTEFANO			J. GREGSON
J. CAGNO	K. MAYERS			J. WHEELER
J. CASALINO	J. [redacted]			

INCIDENT 001403

I have examined this report and give my approval to same.

This report forwarded to headquarters on AUG. 12, 19 84 by Lt. Eric Bazzle

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1224 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	0,0,1,4,0,4	0,0	0,8	1,2	8,4	SUNDAY	2,1,3,9	2,1,4,1

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1525		SMITH	ST	02911	

E-2,1,4 L-1

COMPILED SERVICE

CODE: BLUE

(A) EXTINGUISHERS

No.	Type
	FOAM
	SODA ACID
	PUMP TANKS
	DRY CHEMICAL
	CARBON DIOXIDE
	CTC

(B) HOSE USED

No.	Size	Total Ft.
	BOOSTER	
	1½ INCH	
	2½ INCH	
	3 INCH	

WORKING TIME OF PUMP

.....Hrs. .....Min.

(C) SALVAGE COVERS USED

No.	Floor or Roof

(D) MASTER STREAM APPLIANCES

No.	Type
	LADDER PIPE
	DELUGE GUN
	CELLAR PIPE

(E) LADDER USED

No.	Type	Total Ft.
	AERIAL	
	BANGOR	
	EXTENSION	
	WALL	
	ROOF	
	FOLDING	

(F) OTHER EQUIPMENT

No.	Type

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
Lt. Bazzle	D. DeStefano			J. Gregson
J. Cagno	K. Mayers			J. Wheeler
J. Casalino				

INCIDENT 001404

I have examined this report and give my approval to same.

This report forwarded to headquarters on Aug. 12, 1984 by Lt. Eric Bazzle

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift 8 Co. No. 1225 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001607	00	08	13	84	MONDAY	2041	0450

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	242		WATERMAN (APT. #2)	AV	02911	0421

R-1 **COMPILED SERVICE** MED. AID

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
J. GREGSON				LT. BAZZK
J. WHEELER				J. CAGNO
				K. MAYERS
				J. CASALINO
				D. DESTEFANO

INCIDENT 001607

I have examined this report and give my approval to same.

This report forwarded to headquarters on AUG. 13, 19 84 by Lt. Eric Bazzle

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1226 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001406		08	13	84	MONDAY 2	1337	1341

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	24		HOWARD	AVE.	02911	

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. R-1	TRUCK NO.	ON SCENE	STATION
CAPT. MARWELL	K. LANDRY			LT. CICERONE
D. DiIORIO	K. ERICKSON			D. CICERONE
B. HINES	P. RODERICK			

INCIDENT 1406

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-13-, 1984 by CAPT. MARWELL

RES

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1227 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001610		08	13	84	MONDAY	1337	1358

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	24		HOWARD	AVE.	02911	1339

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO. G-1	TRUCK NO.	ON SCENE	STATION
K. Erickson	Cpt. Maxwell			LT. Cicerone
P. Roderick	D. DiDonio			D. Cicerone
K. Landry	B. Hines	A S		
		1226		

INCIDENT 001610

I have examined this report and give my approval to same.

This report forwarded to headquarters on August 13, 19 84 by K.A. Landry

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1228 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001611		08	13	84	Monday	1430	1435

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	19		Fisher St.			1431

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
K. Erickson				Cpt. Maxwell
P. Roderick				R. Cicirone
K. Landry				D. DiDario
				D. Cicirone
				B. Hines

INCIDENT 001611

I have examined this report and give my approval to same.

This report forwarded to headquarters on August 13, 19 84 by K. A. Landry

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1229 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	00 1407		08	13	84	Monday	2 15 17	15 19

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	090		50 WATERMAN		02911	

Box 145

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
D. DiDoria	Lt. Cicerone			P. Roderick
Capt. Maxwell	F. Ricci			K. Landry
B. Hines				K. Erickson
D. Cicerone				

INCIDENT 1407

I have examined this report and give my approval to same.

This report forwarded to headquarters on August 13, 19 84 by CAPT MAXWELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1230 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001408		08	13	84	MONDAY 2	1619	1638

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	2		GREYSTONE	AVE.	02911	

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. R-1	TRUCK NO.	ON SCENE	STATION
CAPT. MARWELL	K. ERICKSON			LT. CICERONE
D. DIIORIO	K. LANDRY			F. RICCI
D. CICERONE	P. RODERICK			
B. HINES				

INCIDENT 1408

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-13-, 19 84 by CAPT. MARWELL

RES

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1231 Station No. 1 1 9 1 6 5 6

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME IN SERVICE
02400	001612		08	13	84	MONDAY	2 1619	1638

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG. 1 TIME
	2111		GREYSTONE	AVE.	02911	1621

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO. E-1	TRUCK NO.	ON SCENE	STATION
SAME		AS		
CO	H	1230		

INCIDENT 001612

I have examined this report and give my approval to same.

This report forwarded to headquarters on August 13, 19 84 by K. A. Landry

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1232 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	901410		08	13	84	MONDAY	2026	2028

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		Smith + George		02911	2027

BOX 146 C/B

COMPILED SERVICE

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	(C) SALVAGE COVERS USED No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	(F) OTHER EQUIPMENT No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
Capt. MARWELL	Lt. CICERONE			F. RICCI
D. DiIORIO	D. CICERONE			R. DiCARLO
B. HINES				K. ERICKSON
F. VESCERA				K. LANDRY

INCIDENT 001410

I have examined this report and give my approval to same.

This report forwarded to headquarters on Aug 13, 19 84 by Capt. Marwell

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1233 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	16115		08	16	84	Tuesday 3	0655	0736

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	914		71 Charles St.	St	02904	0701

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
F. Vescera				J. Ricci
K. Erickson				D. Cicerone

INCIDENT

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-16, 1984 by K. Erickson

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1234 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001412		08	14	84	TUESDAY 3	0749	0758

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	83		BROWN	[illegible]	02911	

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	................Hrs. ....Min.				

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Capt D'Amico				Lt DiGiulio
A. Zarlenga				K. Scandariato
				D. Boy[illegible]

INCIDENT 1412

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-14, 19 84 by Capt D'Amico
Grp 1

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1235 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME "IN SERVICE"
02400	1617		08	14	84	TUESDAY	1718	1720

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
77		HILLSIDE	DR	02911	1120

COMPILED SERVICE

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	(C) SALVAGE COVERS USED No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	(F) OTHER EQUIPMENT No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
K. Scandariato				Capt D Angelo
A. Fontenya				F+Ll Sullivan
				Ff Roy
				D. Boyle
				J Silva
				J. Doran
				B. Mowsey

INCIDENT 1617

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-14, 1984 by _____

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1236 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1619		08	14	84	TUESDAY	1412	1502

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
15		ALFRED	DR	02911	1422

E 2 - B - 1

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. B-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
K. Scandariato				Capt D'Amico
A. Zaleski				Lt Di Sirio
				M. Ray
				D. Boisvert
				J. Silva

INCIDENT 1619

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-14, 19 84 by

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1237 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME "IN SERVICE"
02400	1621		08	14	84	TUESDAY 3	1524	1601

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	214		HIGH SER	AV	02911	1525

E-4-R-1

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
T. Scandariato				Capt D'Amico
A. Barlenga				FF Di Lucchio
				FF Kay
				D. Bayzle

INCIDENT 1621

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-14, 19 84 by

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1238 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001416		08	14	84	Tuesday 3	1726	1746

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	200		High Service	AV	02911	

Box 7433

COMPILED SERVICE

Code Yellow E-1

(A) EXTINGUISHERS

No.	Type
	FOAM
	SODA ACID
	PUMP TANKS
	DRY CHEMICAL
	CARBON DIOXIDE
	CTC

(B) HOSE USED

No.	Size	Total Ft.
	BOOSTER	
	1½ INCH	
	2½ INCH	
	3 INCH	

WORKING TIME OF PUMP

.....Hrs. .....Min.

(C) SALVAGE COVERS USED

No.	Floor or Roof

(D) MASTER STREAM APPLIANCES

No.	Type
	LADDER PIPE
	DELUGE GUN
	CELLAR PIPE

(E) LADDER USED

No.	Type	Total Ft.
	AERIAL	
	BANGOR	
	EXTENSION	
	WALL	
	ROOF	
	FOLDING	

(F) OTHER EQUIPMENT

No.	Type

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
P. Labbadia	P. Roderick		Lt Doyle	
D. DeStefano	R. Ponte			
J. McNeill				

INCIDENT 001416

I have examined this report and give my approval to same.

This report forwarded to headquarters on _____, 19 ____ by _____

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1239 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001419		08	15	84	Wednesday	1606	1615

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	244		Lexington	AV	02904	1610

E-4,3,5 L-2,1 C/Yellow **COMPILED SERVICE** Box 2313

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	(C) SALVAGE COVERS USED No.	Floor or Roof
	FOAM	4	BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	(F) OTHER EQUIPMENT No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. Lad	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
P. Roderick				Lt Doyle
F. Ricci				S. Horan
D. Singleton				P. Labbadia
J. McNeill				M. Rea
J. Horan				D. Destefano
				P. Rocheleau
				R. Ponte

INCIDENT 00

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8/15, 19 84 by Lt. Doyle

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 1240 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1421		08	15	84	WED'S	1712	1721

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	118		WATERMAN	AV	02911	1714

MEDAID

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. R-1	TRUCK NO.	ON SCENE	STATION
FRICCI	J SANCHEZ			K CULLINAN
CAPT LABBADIA	SAN GIOVANNI			P LABBADIA
F VIGUERA				D SCOTT
CARNACOTTA				

INCIDENT 1421

I have examined this report and give my approval to same.

This report forwarded to headquarters on _____, 19 ____ by _____

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 1241 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1624		08	15	84	WED	1712	1721

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	118		WATERMAN	AV	02911	1714

COMPILED SERVICE

(A) EXTINGUISHERS			(B) HOSE USED			(C) SALVAGE COVERS USED
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES			(E) LADDER USED			(F) OTHER EQUIPMENT
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
FRICCI				
LABBADIA				
FVESCERA				
CAPRACOTTA				
		SAME		
		AS		
		1240		

INCIDENT 1421

I have examined this report and give my approval to same.

This report forwarded to headquarters on _____, 19 ____ by _____

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 1242 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1625		08	15	84	WEDNESDAY 4	1813	1850

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		SMITHFIELD	RD	2911	1815

RES 1

COMPILED SERVICE HOPKINS HEALTH CENTER

(A) EXTINGUISHERS

No.	Type
	FOAM
	SODA ACID
	PUMP TANKS
	DRY CHEMICAL
	CARBON DIOXIDE
	CTC

(B) HOSE USED

No.	Size	Total Ft.
	BOOSTER	
	1½ INCH	
	2½ INCH	
	3 INCH	

WORKING TIME OF PUMP
.....Hrs. .....Min.

(C) SALVAGE COVERS USED

No.	Floor or Roof

(D) MASTER STREAM APPLIANCES

No.	Type
	LADDER PIPE
	DELUGE GUN
	CELLAR PIPE

(E) LADDER USED

No.	Type	Total Ft.
	AERIAL	
	BANGOR	
	EXTENSION	
	WALL	
	ROOF	
	FOLDING	

(F) OTHER EQUIPMENT

No.	Type

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
J. SANGIOVANNI				CAPT. LABBADIA.
L. SANCHEZ.				R. CICCI,
				SCOTT,
				LABBADIA.
				CARACCIOLA.
				DIMARINO.
				VECCHIA.
				CULLINANE
				MCNEILL.

INCIDENT 1625

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-15, 19 84 by Capt Labbadia

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 1243 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1626		08	15	84	WEDNESDAY	2049	2123

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	29		McGUIRE	RD	02911	2050

RES 1

COMPILED SERVICE

Apt #

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	(C) SALVAGE COVERS USED No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	(F) OTHER EQUIPMENT No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. RES 1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
J. SANGIOVANNI				
L. SANCHEZ				
	SAME	AS		
	#			
	CO 1242			

INCIDENT 1626

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-15, 19 84 by Capt. McLeod

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A" Co. No. 1244 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	901424		08	16	84	WEDNESDAY	0019	0021

CORRECT ADDRESS:	NO.	DIR	NAME	TYPE	ZIP CODE	SIG 1 TIME
		Box	Central and Highland			

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. C-1	TRUCK NO.	ON SCENE	STATION
F. Ricci	K. Cullinan			L. Sanchez
Capt. Labbadia	P. Labbadia			A. DiMartino
S. Capracotta	D. Scott			T. Sangiovanni
F. Vescera	J. McNiel			
	B. Lincoln			

INCIDENT 901424

I have examined this report and give my approval to same.

This report forwarded to headquarters on August 16., 19 84 by Frank P. Vescera

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 1245 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001426		08	16	84	WEDNESDAY	0022	0024

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		Atlantic and Swan			

COMPILED SERVICE

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	(C) SALVAGE COVERS USED No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	(F) OTHER EQUIPMENT No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. C-1	TRUCK NO.	ON SCENE	STATION
F Ricci	K Cullinan			L. Sanchez
Capt. Labbadia	P. Labbadia			R. DiMartino
S. Capracotta	D. Scott			J. Sangiovanni
F. Vescera	T. McNiel			
	B. Lincoln			

INCIDENT 001426

I have examined this report and give my approval to same.

This report forwarded to headquarters on Aug WEDNESDAY, 19 84 by Frank P. Vescera

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 1246 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1427		08	16	84	Thursday	0042	0049

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		URBAN Apt	Av	02911	

Box # 7444

COMPILED SERVICE

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	(C) SALVAGE COVERS USED No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	(F) OTHER EQUIPMENT No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. L-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
P. Labbadia				Capt Labbadia
K Cullinan				F. Ricci
D. Scott				S. Capracotta
J. Mc Neill				F. Vescera
R. Lincoln				L. Sanchez
				J. Sanqiouzonni

INCIDENT 1427

I have examined this report and give my approval to same.

This report forwarded to headquarters on 08/16 1984 by Capt P. Labbadia

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1247 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1430		08	16	84	THURSDAY	1208	1212

CORRECT ADDRESS: NO. DIR. NAME TYPE ZIP CODE SIG 1 TIME 1211

E-2 1 4 L 1 **COMPILED SERVICE** 0 1 E-2

(A) EXTINGUISHERS

No.	Type
	FOAM
	SODA ACID
	PUMP TANKS
	DRY CHEMICAL
	CARBON DIOXIDE
	CTC

(B) HOSE USED

No.	Size	Total Ft.
	BOOSTER	
	1½ INCH	
	2½ INCH	
	3 INCH	

WORKING TIME OF PUMP
.....Hrs. .....Min.

(C) SALVAGE COVERS USED

No.	Floor or Roof

(D) MASTER STREAM APPLIANCES

No.	Type
	LADDER PIPE
	DELUGE GUN
	CELLAR PIPE

(E) LADDER USED

No.	Type	Total Ft.
	AERIAL	
	BANGOR	
	EXTENSION	
	WALL	
	ROOF	
	FOLDING	

(F) OTHER EQUIPMENT

No.	Type

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E. 1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
W. ROY	D. BRACK			K. SCANDARATO
CPT D'AMICO	LT. E DiGuilio			A. ZAPPALORDA
B. MORRISSEY	J. HORAN			J. SILVA
				L. CALISE

INCIDENT 1430

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-16, 1984 by

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift 1 Co. No. 1249 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1631		8	16	84	THURSDAY	1339	1436

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	61		MOY	ST		1349

TRANSPORTATION

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R 1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
K. Scandurato				Capt D'Amico
A. Jackson				Lt Le Sueur
				W. Roy
				J. Lane
				D. Boyle
				J. Silva

INCIDENT 1631

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-16, 19 84 by _____

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1248 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1630		08	16	84	Thursday	1306	1339

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	369		Fruit Hill	Ave	02911	1309

STA 2

COMPILED SERVICE

(A) EXTINGUISHERS			(B) HOSE USED			(C) SALVAGE COVERS USED
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES			(E) LADDER USED			(F) OTHER EQUIPMENT
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
K. Scandariato				Capt D'Agnico
A. Jardenza				FF di Iulio
				A. Key
				J. Lane
				D. Boyle
				J. Horan
				B. Morrissey
				J. Silva

INCIDENT 1630

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-16, 19 84 by

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1250 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	84-1632	00	08	16	84	Thursday	17:09	17:09

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1/TIME
29		McGuire	Rd	02904	17:10

M.A.

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME — SUCTION HOSE USED

TRUCK NO. A-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
J. Gregson				Lt. Capaldi
D. Gregson Sr.				Lt. Bazzle
				J. Cagno
				D. DeStefano

INCIDENT

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8/16, 1984 by Lt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1251 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001432	00	08	16	84	Thursday	2127	2132

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		Woodhaven & Barbra ann	Dr.	02911	2131

C/B E-1 Box 1515

COMPILED SERVICE

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	No.	(C) SALVAGE COVERS USED Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	No.	(F) OTHER EQUIPMENT Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
Lt. Capaldi	Lt. Bazzle			D. Gregson Sr.
K. Mayers	J. Cagno			J. Gregson
J. Wheeler	J. Casalino			
D. DeStefano				

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8/16, 19 84 by Lt. Capaldi

INCIDENT 1432

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1252 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001633	00	08	17	84	Friday	6 0015	0024

CORRECT ADDRESS: NO. Sta. 3 DIR. NAME Douglas TYPE Av ZIP CODE 02904 SIG 1 TIME 0018

M.A.

COMPILED SERVICE

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	No.	(C) SALVAGE COVERS USED Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	No.	(F) OTHER EQUIPMENT Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
J. Gregson				Lt. Copaldi
J. Casalino				Lt. Bazzle
				J. Wheeler
				D. DeStefano
				K. Mayers

INCIDENT 1633

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8/17, 19 84 by Lt. Copaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1253 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK		ALARM TIME	TIME — "IN SERVICE"
02400	001433	00	08	17	84	Friday	6	0304	0309

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	10		Tanglewood	In	02904	

C/YE-4

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
Lt. Capaldi	Lt. Bazzle			J. Gregson
K. Mayers	J. Wheeler			J. Casalino
D. DeStefano				

INCIDENT 1433

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8/17, 19 84 by Lt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1254 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1634		08	17	84	FRIDAY	9:25	9:57

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
					9:33

TRANSPORTATION **COMPILED SERVICE**

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	No.	(C) SALVAGE COVERS USED Floor or Roof
	FOAM		BOOSTER			
	1634 SODA/ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	No.	(F) OTHER EQUIPMENT Type
	LADDER PIPE		AERIAL	-		
	DELUGE GUN		BANGOR			
	CELLAR PIPE 3		EXTENSION	18		3
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
K. SCANDIATO				Capt D'Amico
A. ZARLENGA				Ltd Fuller
				J Silva
				D. Boyle
				J Adam
				R. Morrison

INCIDENT 1634

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-17, 1984 by _____

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1255 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001435		08	17	84	FRIDAY 6	1003	1014

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
42		REDFERN	ST	02911	

E-1-R-1

COMPILED SERVICE

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	(C) SALVAGE COVERS USED No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	(F) OTHER EQUIPMENT No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Capt D'Amico				Lt Di Giulio
D. Boyle				J. Silva
W. Morrissey				J. Horan

INCIDENT 1435

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-17, 1984 by Capt D'Amico
Chief

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1254 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1635		08	17	84	FRIDAY	1003	1035

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
42		BEDFERN	ST	02911	1006

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE 1635		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

1003 1006 1018 1035

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
K. Scandariato				
A. Tarbenga				
		Same as 1255		

INCIDENT 1635

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-17, 19 84 by _____

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report In Your Own Words

Shift 1 Co. No. 257 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME "IN SERVICE"
02400	1636		08	17	84	FRIDAY 6	1035	1153

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
						1050

TRANSPORTATION

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
1035	1050		FOLDING	44		4-3

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
K Scandariato				Capt D Amico
A. Jarlenzo				Ltd Hanley
				J Silva
				J.D. Boyle
				J Hoban
				M. Morrissey

INCIDENT 1636

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-17, 19 84 by _____

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1258 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	84-6338		08	17	84	FRIDAY	1216	1225

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	77		HILLSIDE	DR	02911	

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-2	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
A. ROSSI				CAPT D'AMICO
J. LANE				LT. DIGIULIO
				W. ROY
				D. BAZZETT
				J. SILVA
				J. HORGAN
				W. MORRISSEY

INCIDENT 84-6338

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-17, 19 84 by A. ROSSI
CHIEF

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1259 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1637	1	8	17	84	FRIDAY	1153	1222

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
					1258

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC 1637		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
				1222

INCIDENT 1637

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-17-, 19 84 by

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1260 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001641		08	17	84	FRIDAY 6	1643	1648

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1967		MINERAL SPRING	AVE.	02904	1644

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
K. CANDRY				CAPT. MARWELL
P. RODERICK				D. DiIORIO
S. BAUMAN				F. RICCI

INCIDENT 001641

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-17-, 1984 by CAPT. MARWELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1261 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001642		08	17	84	FRIDAY 6	1806	1832

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	40		ALTON	ST.	02908	1810

PROV.

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
K. LANDRY				LT. CICERONE
CAPT. MARWELL				D. DIORIO
S. BAUMAN				D. BAZZLE
				K. ERICKSON

INCIDENT 1642

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-17-, 19 84 by CAPT. MARWELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1262 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK		ALARM TIME	TIME — "IN SERVICE"
02400	00/1437		08	17	84	FRIDAY	6	1837	1839

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
1965		MINERAL SPRING	AV	02904	1837

ASSIST Rescue

COMPILED SERVICE

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	(C) SALVAGE COVERS USED No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	(F) OTHER EQUIPMENT No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. R-1	TRUCK NO.	ON SCENE	STATION
D. DIFORIO	CAPT. MARWell			D BIAZZIE
L.T. CISCRONE	I.C. LANDRY			B. HINES
I.S. ERICKSON	S. BAUMAN			

INCIDENT 1437

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-17-, 1984 by CAPT. MARWell

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1263 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001644		08	17	84	FRIDAY 6	1837	1851

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1963		MINERAL SPRING AVE.		02904	1839

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION

SAME AS CO. #1 1262

INCIDENT 001644

I have examined this report and give my approval to same.

This report forwarded to headquarters on August 17, 1984 by K. A. Landry

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1264 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001438		08	17	84	FRIDAY 6	2116	2120

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			WOODHAVEN + BARBARA ANN		02911	2119

Box 1515

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
CAPT MARWELL	D. BAZZIE			K. ERICKSON
D. DIFIORIO	D. CICERONE			B. HINES
K. LANDRY				S. BAUMAN

INCIDENT 1438

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-17-, 1984 by CAPT. MARWELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1265 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	00144		08	18	84	SATURDAY	0626	0636

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	10		TANGLE WOOD	DR	02904	

E-4-3-1 L-1-2 **COMPILED SERVICE** C/Y E-4

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
K. CICEROVE	D. BAZZLE			K. ERICKSON
D. DiIORIO	D. CICERONE			B. HINES
K. LANDRY				F. RICCI

INCIDENT 00144

I have examined this report and give my approval to same.

This report forwarded to headquarters on August 18, 1984 by D. Bazzle

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1266 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001650		08	18	84	saturday 7	1050	1150

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	10		Tanglewood	LN	02904	

Transportation

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
P. Roderick				Capt. Russo
R. Ponte				S Horan
				D. Destefano
				D. DiIorio
				D Cicerone
				Dep Chief DiGiulio

INCIDENT 001650

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8/18, 19 84 by P. Roderick

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1267 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001450		08	18	84	Saturday	2133	2134

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			Smith & Fenchiff	St	02911	2134

E-1,2,4 L-1 C/Blue **COMPILED SERVICE** Box 121

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	(C) SALVAGE COVERS USED No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	(F) OTHER EQUIPMENT No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. Eng	TRUCK NO. Lad	TRUCK NO.	ON SCENE	STATION
Lt. Doyle	D. Destefano			M. Rea
R. Ponte	Capt. Russo			P. Rocheleau
J. McNeill				

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8/18, 19 84 by Lt. Doyle

INCIDENT 001450

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1268 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001451		08	18	84	Saturday 7	2144	2147

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		Wenscott & Meadow View Ln		02904	

E-4,3 L-1 C/Blue **COMPILED SERVICE** Box 245

(A) EXTINGUISHERS

No.	Type
	FOAM
	SODA ACID
	PUMP TANKS
	DRY CHEMICAL
	CARBON DIOXIDE
	CTC

(B) HOSE USED

No.	Size	Total Ft.
	BOOSTER	
	1½ INCH	
	2½ INCH	
	3 INCH	

WORKING TIME OF PUMP
.....Hrs. .....Min.

(C) SALVAGE COVERS USED

No.	Floor or Roof

(D) MASTER STREAM APPLIANCES

No.	Type
	LADDER PIPE
	DELUGE GUN
	CELLAR PIPE

(E) LADDER USED

No.	Type	Total Ft.
	AERIAL	
	BANGOR	
	EXTENSION	
	WALL	
	ROOF	
	FOLDING	

(F) OTHER EQUIPMENT

No.	Type

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. Lad	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
D. DeStefano				Capt. Russo
R. Ponte				Lt. Doyle
				J. McNeill
				M. Rea
				P. Rocheleau

INCIDENT 001451

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8/18, 19 84 by Lt. Doyle

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1269 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	00145 3		08	18	84	Saturday 7	22 42	22 45

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		Smith + George	St	02911	22 45

Box Alarm

COMPILED SERVICE

Code Blue

(A) EXTINGUISHERS

No.	Type
	FOAM
	SODA ACID
	PUMP TANKS
	DRY CHEMICAL
	CARBON DIOXIDE
	CTC

(B) HOSE USED

No.	Size	Total Ft.
	BOOSTER	
	1½ INCH	
	2½ INCH	
	3 INCH	

WORKING TIME OF PUMP

.....Hrs. .....Min.

(C) SALVAGE COVERS USED

No.	Floor or Roof

(D) MASTER STREAM APPLIANCES

No.	Type
	LADDER PIPE
	DELUGE GUN
	CELLAR PIPE

(E) LADDER USED

No.	Type	Total Ft.
	AERIAL	
	BANGOR	
	EXTENSION	
	WALL	
	ROOF	
	FOLDING	

(F) OTHER EQUIPMENT

No.	Type

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
Lt. Doyle	Capt. Russo			M. Rea
R. Ponte	D. DeStefano			P. Rochelean
J. McNeill				

INCIDENT 00/453

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8/18, 19 84 by PVT. D. DeStefano

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1270 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001454		08	18	84	Saturday	7 22 49	23 24

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			Smith + East	AV	02911	22 50

Auto Accident

COMPILED SERVICE

(A) EXTINGUISHERS

No.	Type
	FOAM
	SODA ACID
	PUMP TANKS
	DRY CHEMICAL
	CARBON DIOXIDE
	CTC

(B) HOSE USED

No.	Size	Total Ft.
	BOOSTER	50ft
	1½ INCH	
	2½ INCH	
	3 INCH	

WORKING TIME OF PUMP
.....Hrs. ....10.....Min.

(C) SALVAGE COVERS USED

No.	Floor or Roof

(D) MASTER STREAM APPLIANCES

No.	Type
	LADDER PIPE
	DELUGE GUN
	CELLAR PIPE

(E) LADDER USED

No.	Type	Total Ft.
	AERIAL	
	BANGOR	
	EXTENSION	
	WALL	
	ROOF	
	FOLDING	

(F) OTHER EQUIPMENT

No.	Type

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. R-1	TRUCK NO.	ON SCENE	STATION
Lt. Doyle	M. Rea		S. Horan	Capt. Russo
R. Ponte	P. Rocheleau			D. DeStefano
J. McNeill				

INCIDENT 001454

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8/18, 19 84 by DVT. D. DeStefano

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

RESCUE Shift D Co. No. 1271 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	16453		08	18	84	Saturday 7	2249	[redacted] 2346

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		Smith + East	AV		2250

Auto Accident

COMPILED SERVICE

(A) EXTINGUISHERS

No.	Type
	FOAM
	SODA ACID
	PUMP TANKS
	DRY CHEMICAL
	CARBON DIOXIDE
	CTC

(B) HOSE USED

No.	Size	Total Ft.
	BOOSTER	
	1½ INCH	
	2½ INCH	
	3 INCH	

WORKING TIME OF PUMP
.....Hrs. .....Min.

(C) SALVAGE COVERS USED

No.	Floor or Roof

(D) MASTER STREAM APPLIANCES

No.	Type
	LADDER PIPE
	DELUGE GUN
	CELLAR PIPE

(E) LADDER USED

No.	Type	Total Ft.
	AERIAL	
	BANGOR	
	EXTENSION	
	WALL	
	ROOF	
	FOLDING	

(F) OTHER EQUIPMENT

No.	Type

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
	SAME AS			
	CO #1270			

RESCUE INCIDENT 16453

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8/18, 19 84 by PVT. D. DeStefano

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 1272 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1655		08	19	84	SUNDAY	1233	1238

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		SMITH	ST	02911	1235

RES #1

COMPILED SERVICE

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	(C) SALVAGE COVERS USED No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	(F) OTHER EQUIPMENT No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. RES 1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
R. DiMARTINO				CAPT. RABBAGLIA
L. SANCHEZ				CHIEF MURPHY
				DEP CHIEF D. GULI
				CAPT. RUGGIANO
				RICCI.
				VESCERA.
				CAPRACOTTA.

INCIDENT 1655

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-19, 1984 by Capt. Talbot

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 1273 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001 4518	1	08	19	84	SUNDAY 1	1339	1342

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		TANGLEWOOD	LN		

E. 4.3.1 L-1 L-2 **COMPILED SERVICE** BOX # 2225 C/A E-4

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
CAPT LABRANA	F. RICCI			L. SANCHEZ
S. CAPRACOTTA	F. VESCERA			R. DIMARTINO

INCIDENT 14 SP

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-19, 19 84 by PVT. R. DiMartino

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 1274 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	00/656		08	19	84	Sunday	1632	1714

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		Mineral Spring	Av	02911	1628

Res 1 N.P.F.R. **COMPILED SERVICE**

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. Res 1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
R. DiMartino				Capt Lagbadia
F. Vescera				Ricci
				Capracotta

INCIDENT 00/656

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-19, 1984 by Capt Lagbadia

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 1275 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME – "IN SERVICE"
02400	1460		08	19	84	SUNDAY	1209	2112

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		WENSCOTT + Meeting St			2111

Box Alarm

COMPILED SERVICE C/13

(A) EXTINGUISHERS

No.	Type
	FOAM
	SODA ACID
	PUMP TANKS
	DRY CHEMICAL
	CARBON DIOXIDE
	CTC

(B) HOSE USED

No.	Size	Total Ft.
	BOOSTER	
	1½ INCH	
	2½ INCH	
	3 INCH	

WORKING TIME OF PUMP

.....Hrs. .....Min.

(C) SALVAGE COVERS USED

No.	Floor or Roof

(D) MASTER STREAM APPLIANCES

No.	Type
	LADDER PIPE
	DELUGE GUN
	CELLAR PIPE

(E) LADDER USED

No.	Type	Total Ft.
	AERIAL	
	BANGOR	
	EXTENSION	
	WALL	
	ROOF	
	FOLDING	

(F) OTHER EQUIPMENT

No.	Type

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. L-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
F Ricci				Capt. LaBBADIA
F Vescera				R. DiMartino
P LaBBADIA				E. Collinan
				S Capparotta

I have examined this report and give my approval to same.

This report forwarded to headquarters on _____, 19 ___ by F Ricci

INCIDENT

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 1276 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001462		08	19	84	SUNDAY	2340	2350

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	131		POLLEY	AV		

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Capt. Labbadia				F. Ricci
S. Cappracotta				F. Vescera
P. Labbadia				

INCIDENT 001462

I have examined this report and give my approval to same.

This report forwarded to headquarters on Aug 19, 84, 1984 by Frank P. Vescera

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 1277 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001463		08	20	84	MONDAY	0000	0020

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	2		Gravestone	ST		

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Capt. Labbadia				F. Ricci
S. Capraccotta				F. Vescera
P. Labbadia				L. Sanchez

INCIDENT 001463

I have examined this report and give my approval to same.

This report forwarded to headquarters on Aug. 20, 1984 by Frank P. Vescera

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 1278 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1658		08	19	84	Sunday	22:40	0021

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
13		Alley	Dr.	02911	23:44

Med Aid

COMPILED SERVICE

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	(C) SALVAGE COVERS USED No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	(F) OTHER EQUIPMENT No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
DiMartino				
KCullen				
		SAMS		
		A5		
		#1276		

INCIDENT 1658

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-19-, 1984 by Ken McCullen

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 1279 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1464		08	20	84	MONDAY	251	315

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	9		GREYSTONE	AV	02911	

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Capt Labbadia				F. Ricci
S. Capraccotta				R. D. Martino
P. Labbadia				L. Sanchez
				F. Vescera
				K. Gullinan

INCIDENT

I have examined this report and give my approval to same.

This report forwarded to headquarters on 08/20, 1984 by Capt Labbadia

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 1280 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001659		08	20	84	MONDAY	0449	0511

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	170		Waterman	AV		0452

R-1

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
K. CULLINAN				CAPT. LABBADIA
L. SANCHEZ				F. RICCI
				P LABBADIA
				F VESCERA
				R. DiMARTINO
				S. CAPRACOTTA

INCIDENT 1659

I have examined this report and give my approval to same.

This report forwarded to headquarters on August 20, 19 84 by [signature]

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 1281 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001465		08	20	84	MONDAY	732	737

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	100		Smithfield	RD		

COMPILED SERVICE

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	(C) SALVAGE COVERS USED No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	(F) OTHER EQUIPMENT No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
Capt Labbadia	P. Labbadia			
F. Ricci	F. Vescera			

I have examined this report and give my approval to same.

This report forwarded to headquarters on Aug 20., 19 84 by Frank P. Vescera

INCIDENT 001465

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift 1 Co. No. 1282 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001467		08	20	84	Monday	1200	1208

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	55		WALTER	ST	02911	

Lock-out

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Lt. DiGiulio				W. Roy
D. Bazzle				D. Chiarello
				D. Giammarco
				K Scandariato
				J. Silva

INCIDENT 1467

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-20, 19 84 by Lt. DiGiulio

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1283 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK		ALARM TIME	TIME — "IN SERVICE"
02400	001472	00	08	20	84	Monday	2	2155	2230

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	2		Greystone	Av	02911	2159

Assisted P.D.

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Lt. Capaldi				Chief DiGiulio
J. Wheeler				Capt. Ruggiano
D. DeStefano				Lt. Battle
J. Cagno				K. Mayors
				J. Grayson
				J. Casolino

INCIDENT 1472

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8/20, 19 84 by Lt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift _____ Co. No. 1284 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	841663	1	08	21	84	Tuesday	1301	1305

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	44		Cushing	ST		1330

Med-Aid

COMPILED SERVICE

(A) EXTINGUISHERS

No.	Type
	FOAM
	SODA ACID
	PUMP TANKS
	DRY CHEMICAL
	CARBON DIOXIDE
	CTC

(B) HOSE USED

No.	Size	Total Ft.
	BOOSTER	
	1½ INCH	
	2½ INCH	
	3 INCH	

WORKING TIME OF PUMP

.....Hrs. .....Min.

(C) SALVAGE COVERS USED

No.	Floor or Roof

(D) MASTER STREAM APPLIANCES

No.	Type
	LADDER PIPE
	DELUGE GUN
	CELLAR PIPE

(E) LADDER USED

No.	Type	Total Ft.
	AERIAL	
	BANGOR	
	EXTENSION	
	WALL	
	ROOF	
	FOLDING	

(F) OTHER EQUIPMENT

No.	Type

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
J. Grayson				E. Capaldi
J. Casali				LT. Barao
				F. Cayno
				T. Wheeler
				K. Mapes
				D. DiStefano

INCIDENT 841663

I have examined this report and give my approval to same.

This report forwarded to headquarters on August 21st, 1984 by J. Grayson

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift 1 Co. No. 1285 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1670		08	21	84	TUESDAY 3	1538	1608

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		MSA		02911	1541

No. Prov Elm. Room

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
T. SCANDARATO				Lt. DiGrado
D. GIAMMARCO				W. Roy
				D. Bazzle
				D. Charette

INCIDENT 1670

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-21, 19XX by _____

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1286 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001476		08	21	84	TUESDAY	1302	1309

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
1515		WOONASQUATUCKET AVE		02911	

ASSIST POLICE

COMPILED SERVICE

(A) EXTINGUISHERS

No.	Type
	FOAM
	SODA ACID
	PUMP TANKS
	DRY CHEMICAL
	CARBON DIOXIDE
	CTC

(B) HOSE USED

No.	Size	Total Ft.
	BOOSTER	
	1½ INCH	
	2½ INCH	
	3 INCH	

WORKING TIME OF PUMP
.....Hrs. .....Min.

(C) SALVAGE COVERS USED

No.	Floor or Roof

(D) MASTER STREAM APPLIANCES

No.	Type
	LADDER PIPE
	DELUGE GUN
	CELLAR PIPE

(E) LADDER USED

No.	Type	Total Ft.
	AERIAL	
	BANGOR	
	EXTENSION	
	WALL	
	ROOF	
	FOLDING	

(F) OTHER EQUIPMENT

No.	Type

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. L-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
F. Ricci				D. DiIorio
B. Hines				K. Landry
J. McNeill				D. DeStefano
				R. Lincoln

INCIDENT 001476

I have examined this report and give my approval to same.

This report forwarded to headquarters on Aug 21, 1984 by D. DiPaolo

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "C" Co. No. 1287 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001672		08	21	84	Tuesday	2249	2314

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			M.S.A. & Smithfield Rd.		02904	2250

Resave Run & E-4

COMPILED SERVICE

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	(C) SALVAGE COVERS USED No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	(F) OTHER EQUIPMENT No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
R. Lincoln			Capt. Ruggiano	Capt. Marwell
K. Landry			K. Erickson	Lt. Cicerone
				D. DiIonio
				D. Cicerone
				B. Hines
				J. McNeill
				D. Bazzle
				F. Ricci

INCIDENT rescue 1672

I have examined this report and give my approval to same.

This report forwarded to headquarters on Aug. 21, 19 84 by R. Lincoln

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1288 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001673		08	22	84	Wednesday	0215	0252

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	96		East Ave.			0229

COMPILED SERVICE

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	(C) SALVAGE COVERS USED No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	(F) OTHER EQUIPMENT No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
K. Landry				Cpt. Markwell
R. Lincoln				Lt. Cicerone
				D. DiDorio
				D. Cicerone
				K. Erickson
				B. Hines
				F. Ricci
				T. McNeill
				D. Bazzle

INCIDENT 001673

I have examined this report and give my approval to same.

This report forwarded to headquarters on August 22, 19 84 by K. A. Landry

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1289 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1679		08	22	84	WED	1426	1507

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		DOUGLAS	AV	02904	1428

CARDARELLI BEACH **COMPILED SERVICE** SS E-4/BOAT

(A) EXTINGUISHERS			(B) HOSE USED			(C) SALVAGE COVERS USED
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES			(E) LADDER USED			(F) OTHER EQUIPMENT
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME | SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
K. SCANDARIATO				Lt. Di Giulio
D. GIAMMARCO				W. Roy
				D. Bazile
				D. Charello
				J. Silva
				L. Calise

INCIDENT 1679

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-22, 19 84 by _____

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1290 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001480	1	08	22	84	Wednesday 4	2012	2035

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	5601		Fruit Hill	AV	02911	

E-2, 1 L-1 C/Yellow

COMPILED SERVICE

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	(C) SALVAGE COVERS USED No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	(F) OTHER EQUIPMENT No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. Eng	TRUCK NO. Lad	TRUCK NO.	ON SCENE	STATION
Lt. Doyle	Capt. Russo			M. Rea
P. Labbadia	R. Ponte			P. Roderick
J. Horan	D. Singleton			F. Ricci
P. Rocheleau	D. Destefano			

INCIDENT 001480

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8/22, 1984 by Lt. Doyle

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1291 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001482	1	08	23	84	Thursday	0417	0427

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	2071		Smith	St.	02911	

E-1,2,4 L-1,2 C/yellow **COMPILED SERVICE** Box 1137

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	(C) SALVAGE COVERS USED No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	(F) OTHER EQUIPMENT No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. Eng	TRUCK NO. Lad	TRUCK NO.	ON SCENE	STATION
Lt. Doyle	Capt. Russo			M. Rea
P. Labbadia	R. Ponte			P. Roderick
F. Ricci	D. Singleton			
P. Rocheleau	D. Destefano			
J. Horan				

INCIDENT 001482

I have examined this report and give my approval to same.

This report forwarded to headquarters on 9/23, 19 84 by Lt. Doyle

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift 2 Co. No. 1292 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1681		08	23	84	Thursday	1106	1157

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1140		Douglas	Av	02911	1108

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
K. Scandariato				Ft. DiSaulio
D. Giammarco				W. Roy
				D. Boyle
				D. Chamberlain
				J. Caliri

INCIDENT 1681

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-23, 19 84 by _____

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift 1 Co. No. 1293 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1682		08	23	84	Thursday S	1229	1236

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1560		Douglas	Ave	02904	1231

R-1 - E - 4

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
R. Scandariato				
D. Giammarco				

INCIDENT 1682

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-23, 1984 by

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1294 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1683		08	23	84	Thursday	1315	1327

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	52		Woodlawn	Ave	02911	1516

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
K. Scandurato				H. DiFiore
D. Giammarco				W. Roy
				D. Boyle
				D. Chabillo
				J. Caliri

INCIDENT 1683

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-23, 19 84 by

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1295 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME – "IN SERVICE"
02400	1685		08	23	84	Thursday	1359	1408

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			M S A	A	02911	1400

NorProv Em. COMPILED SERVICE TRANSPORTATION

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	................Hrs. ....Min.				

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME | SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
A. SCANDARIATO				LT. DiGiulio
D. GIAMMARCO				W. ROY
				D. BAZZLE
				D. CHIARELLO
				L. CALISE

INCIDENT 1685

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-23, 1984 by ______

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P"[illegible]" Co. No. 1296 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1689		08	24	84	FRIDAY	1153	1207

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1967		MAIN		02911	1153

WALK-IN

COMPILED SERVICE

(A) EXTINGUISHERS			(B) HOSE USED			(C) SALVAGE COVERS USED
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES			(E) LADDER USED			(F) OTHER EQUIPMENT
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
K. SCANDARIATO				LT. DiGiulio
D. GIAMMARCO				W. Roi
				D. BAZZLE
				D. CIARELLO
				J. SILVA
				L. CALISE

INCIDENT 1689

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-24, 1984 by _____

NORTH PROVIDENCE FIRE DEPARTMENT
SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift ______ Co. No. 1297 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001692		08	24	84	Friday 6	2228	00 58

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	11		Loori	DR		2228

Med. Aid

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	................Hrs. ....Min.				

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME | SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
J. Gregson				LT. Cappelli
J. Rikeeler				LT. Bazzle
				J. Carmo
				K. Maynes
				J. Gradino
				D. Stefano

INCIDENT 1692

I have examined this report and give my approval to same.

This report forwarded to headquarters on August 24th, 1984 by John Gregson

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1298 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001693	0	08	24	84	Friday	2305	0015

CORRECT ADDRESS: NO. Whipple DIR. NAME of Ridge TYPE Rd ZIP CODE SIG 1 TIME

Auto Accident

COMPILED SERVICE Town of Smithfield.

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
J. Whitford				Lt Bazzle
J. Cosentino				R DeStefano
Lt Esposito				J Cosentino
				K Mayer

INCIDENT 001693

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8/27, 19 84 by J. Cosentino

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1299 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1696		08	25	84	SATURDAY	0905	1003

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1967		MINERAL SPRING	AVE.	02904	0905

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
K. ERICKSON				CAPT. MARWELL
D. DiIORIO				D. BAZZLE
				K. LANDRY
				D. GREGSON
				D. DESTEFANO
				P. LABBADIA
				K. MAYERS

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8/25, 1984 by

INCIDENT 1696

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1300 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001698	1	08	25	84	SATURDAY	1023	1057

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
33		WRIGHT	ST.	02911	1025

COMPILED SERVICE

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	No.	(C) SALVAGE COVERS USED Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	No.	(F) OTHER EQUIPMENT Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
K. LANDRY				CAPT. MARWELL
K. ERICKSON				D. DiTORIO
				D. BAZZIE
				D. GRECSON
				P. LABBADIA
				K. MAYERS
				D. CICERONE

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-25-84 by _____

INCIDENT 1698

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1301 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001498		08	25	87	SATURDAY 7	1028	1038

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	33		WRIGHT	ST	02911	1039

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
CAPT. MARWELL				LT. CICERONE
D. DIORIO				D. BAZZLE
D. GRECSON				P. LABBADIA
				K. MAYERS
				D. CICERONE

INCIDENT 1498

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-25-, 19 87 by CAPT. MARWELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1302 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	841502	1	08	25	84	SATURDAY 7	1501	1511

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	31		BYRON	ST	02911	1503

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. R-1	TRUCK NO.	ON SCENE	STATION
CAPT. MARWELL	K. ERICKSON		CAPT. RUGGIANO	DEP CH. DiGIVO
D. DiIORIO	K. LANDRY		D. CICERONE	CAPT. RUSSO
D. GREGSON				D. BAZZLE

INCIDENT

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-25-, 1984 by CAPT. MARWELL

RES.

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1303 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001699	1	08	25	99	SATURDAY	1501	1522

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
31		BYRON	ST	02914	1503

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO. E-1	TRUCK NO.	ON SCENE	STATION
SAME	AS			
CO. #	1302			

INCIDENT 001699

I have examined this report and give my approval to same.

This report forwarded to headquarters on August 25, 19 99 by K. A. Landry

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1304 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001703		08	26	84	Sunday	2:06	2:42

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1695		Douglas Ave			2:16

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
R. Lincoln				Lt. Cicirone
K. Landry				D. DiIorio
S. Bauman				D. Cicirone
				K. Erickson
				T. Iaccocca
				D. Bazzle

INCIDENT 001703

I have examined this report and give my approval to same.

This report forwarded to headquarters on August 26, 19 84 by K. A. Landry

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1305 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1705		08	26	84	SUNDAY	1121	1212

CORRECT ADDRESS: NO. 2074 DIR. NAME SMITH ST TYPE ZIP CODE SIG 1 TIME 1123

RESCUE RUN

COMPILED SERVICE

(A) EXTINGUISHERS

No.	Type
	FOAM
	SODA ACID
	PUMP TANKS
	DRY CHEMICAL
	CARBON DIOXIDE
	CTC

(B) HOSE USED

No.	Size	Total Ft.
	BOOSTER	
	1½ INCH	
	2½ INCH	
	3 INCH	

WORKING TIME OF PUMP
.....Hrs. .....Min.

(C) SALVAGE COVERS USED

No.	Floor or Roof

(D) MASTER STREAM APPLIANCES

No.	Type
	LADDER PIPE
	DELUGE GUN
	CELLAR PIPE

(E) LADDER USED

No.	Type	Total Ft.
	AERIAL	
	BANGOR	
	EXTENSION	
	WALL	
	ROOF	
	FOLDING	

(F) OTHER EQUIPMENT

No.	Type

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION

SAME AS 1306

NOT

RESCUE INCIDENT 1705

I have examined this report and give my approval to same.

This report forwarded to headquarters on August 26, 1984 by M. Rea

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1306 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001504	0	08	26	84	Sunday	1124	1147

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	21		Greystone Ave		02911	

E-1,4,2,3 L-1 C/Yellow **COMPILED SERVICE**

(A) EXTINGUISHERS

No.	Type
	FOAM
	SODA ACID
	PUMP TANKS
	DRY CHEMICAL
	CARBON DIOXIDE
	CTC

(B) HOSE USED

No.	Size	Total Ft.
	BOOSTER	50 ft
	1½ INCH	
	2½ INCH	
	3 INCH	

WORKING TIME OF PUMP
.....Hrs. .....5.....Min.

(C) SALVAGE COVERS USED

No.	Floor or Roof

(D) MASTER STREAM APPLIANCES

No.	Type
	LADDER PIPE
	DELUGE GUN
	CELLAR PIPE

(E) LADDER USED

No.	Type	Total Ft.
	AERIAL	
	BANGOR	
1	EXTENSION	14 ft
	WALL	
	ROOF	
	FOLDING	

(F) OTHER EQUIPMENT

No.	Type
1	pipe poke

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
Lt. Doyle	Capt. Russo		Car-2	M. Rea
R. Ponte	P. Labbadia		Capt. Marwehh	R. Lincoln
D. Cicerone	D. Singleton			J. Horan
J. Saccoccia	D. DeStefano			

I have examined this report and give my approval to same.

This report forwarded to headquarters on August 26, 1984 by Lt. Doyle

INCIDENT 001504

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1307 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001507		08	27	84	Monday	2045	0500

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
17		McGuire	Rd	02911	

R-1 - E-1

COMPILED SERVICE

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	No.	(C) SALVAGE COVERS USED Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	No.	(F) OTHER EQUIPMENT Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. Eng	TRUCK NO. Res	TRUCK NO.	ON SCENE	STATION
Lt. Doyle	M. Rea			F. Ricci
R. Ponte	P. Roderick			P. Habbadia
D. Singleton				D. Destefano

INCIDENT 001507

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8/27, 1984 by Lt Doyle

Res

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1308 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1707		08	27	84	Monday	2054	0531

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	17		Mc Guire	Rd	02911	0456

E-1, R-1

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
	AS			
	SAME			
	CO # 1307			

RESCUE INCIDENT 1701

I have examined this report and give my approval to same.

This report forwarded to headquarters on Aug 27, 1984 by M. Re

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1309 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001509		08	27	84	MONDAY	2127	2131

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		LEXINGTON	AV		

BOX 8813 E4, E3, E5, LAD1

COMPILED SERVICE

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	(C) SALVAGE COVERS USED No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	(F) OTHER EQUIPMENT No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. L-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
D. BAZZLE				CPT. D'AMICO
W. CARDARELLI				D. CHARELLO
				K. SCALDARIATO
				D. GIAMMARCO
				LT. L. CALISE

INCIDENT 001509

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8/27/, 1984 by W. Cardarelli

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1310 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME "IN SERVICE"
02400	1712		08	27	84	MONDAY 2	1444	1530

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	220		WOONASQUATUCKET	AV		1447

R-1, E-2 Medical Aid **COMPILED SERVICE**

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	(C) SALVAGE COVERS USED No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	(F) OTHER EQUIPMENT No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
D. GIAMMARCO				Capt. J. D'AMICO
K. SCANDARIATO				W - CARDARELLI
				D. CHARETTE
				J. SILVA

INCIDENT 1712

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8/27, 1984 by

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1311 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1214		08	27	84	MONDAY	1544	1624

CORRECT ADDRESS	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	415		SUNSET	AV		1541

R-1

COMPILED SERVICE

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	No.	(C) SALVAGE COVERS USED Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	No.	(F) OTHER EQUIPMENT Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
D. GIAMMARCO				CAPT. D'AMICO
K. SCANDARIATO				W. CARDARELLI
				D. CHARELLO
				J. SILVA

INCIDENT 1214

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8/27/, 1984 by K. Scandariato

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 1312 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1715		08	27	84	MONDAY	1819	1834

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1509		Mineral Spring Ave Apt 11-3			1822

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
K. CULLINAN				CAPT. LABBADIA
L. SANCHEZ				F. RICCI
				S. CAPRACOTTA
				P. LABBADIA
				R. DIMARTINO

INCIDENT 1715

I have examined this report and give my approval to same.

This report forwarded to headquarters on August 27th, 1984 by Lou Sanchez

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1313 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001512		08	28	84	TUESDAY 3	1119	1129

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	100		MORGAN (GREYSTONE School)	AV		

BRUSH.

COMPILED SERVICE

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	No.	(C) SALVAGE COVERS USED Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	No.	(F) OTHER EQUIPMENT Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Capt J. D'Amico				W. Cardarelli
D. Chiarello				D. Bozzyle
P. LABBADIA				D. Buonnarco
				K. Scandurato

INCIDENT 001512

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8/28/1984 by Capt DAmico

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1314 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001703	00	08	28	84	TUESDAY 3	1635	1706

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		MINERAL SPRING (NP ENG. RM.)	AV	02904	1637

R-1

COMPILED SERVICE TRANSPORTATION

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	(C) SALVAGE COVERS USED No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	(F) OTHER EQUIPMENT No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
LT. CAPALDI				LT. BAZZLE
J. GREGSON				D. GIAMMARCO
				J. CAGNO
				D. DESTEFANO

INCIDENT 001703

I have examined this report and give my approval to same.

This report forwarded to headquarters on AUG. 28, 1984 by Lt. Eric Bazzle

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1315 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	0,0,1,5,1,3	0,0	0,8	2,8	8,4	TUESDAY 3	1,6,4,1	1,6,5,2

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		MORGAN (GREYSTONE School)	A.V	0,2,9,1,1	1,6,4,4

E-1

COMPILED SERVICE

CODE: YELLOW BRUSH

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	(C) SALVAGE COVERS USED No.	Floor or Roof
	FOAM	1	BOOSTER	50'		
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....5.....Min.				

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	(F) OTHER EQUIPMENT No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
LT. BAZZLE				LT. CAPALDI
D. GIAMMARCO				J. GREGSON

INCIDENT

I have examined this report and give my approval to same.

This report forwarded to headquarters on AUG. 28, 1984 by Lt. Eric Bazzle

NORTH PROVIDENCE FIRE DEPARTMENT
SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1316 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001725		08	28	84	Tuesday	2337	2350

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
300		Smithfield	Rd.		2335

Med-Aid

COMPILED SERVICE

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	(C) SALVAGE COVERS USED No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	................Hrs. ....Min.				

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	(F) OTHER EQUIPMENT No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-2	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
J. Gregson				LT. Caprio(?)
J. Carabino				LT. Bozzle(?)
				F. Wheeler
				K. Mayers
				D. DeStefano

INCIDENT 1725

I have examined this report and give my approval to same.

This report forwarded to headquarters on August 08th, 19 84 by John Gregson

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1317 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001516	00	08	29	84	Wednesday 4	0013	0032

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	2		Thomas ✓	St.	02911	

C/YE-1 Box 6144

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
Lt. Capaldi	Lt. Bazzle			J. Gregson
K. Mayers	J. Wheeler			J. Casalino
D. DeStefano				

INCIDENT 1516

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8/29, 19 84 by Lt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1319 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001517		08	29	84	WEDNESDAY 4	1008	1016

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
1201		Smith	ST	02911	

COMPILED SERVICE

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	(C) SALVAGE COVERS USED No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	(F) OTHER EQUIPMENT No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
LT. B. CHARELLO				W. CARDARELLI
D. CHARELLO				D. BAZZLE

INCIDENT 001517

I have examined this report and give my approval to same.

This report forwarded to headquarters on August 29, 1984 by D. BAZZLE

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1318 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME "IN SERVICE"
02400	1727		08	29	84	WED 4	1005	1050

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
16		South LARCHMONT	AV		1005

Medical Aid S.S.E-4 **COMPILED SERVICE**

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	(C) SALVAGE COVERS USED No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	(F) OTHER EQUIPMENT No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
D. Giammarco				FF B. Chiarello
K. Scandariato				FF J. Calise
				B. Candarelli
				D. Bazzle
				D. Chiarello

INCIDENT 1727

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8/29, 19 84 by _____

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1319 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001519	00	08	29	84	WEDNESDAY	1206	1228

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		Greystone School		02904	1208

E-1 yellow Brush **COMPILED SERVICE** C/V E-1

(A) EXTINGUISHERS

No.	Type
	FOAM
	SODA ACID
	PUMP TANKS
	DRY CHEMICAL
	CARBON DIOXIDE
	CTC

(B) HOSE USED

No.	Size	Total Ft.
	BOOSTER	
	1½ INCH	
	2½ INCH	
	3 INCH	

WORKING TIME OF PUMP
.....Hrs. .....Min.

(C) SALVAGE COVERS USED

No.	Floor or Roof

(D) MASTER STREAM APPLIANCES

No.	Type
	LADDER PIPE
	DELUGE GUN
	CELLAR PIPE

(E) LADDER USED

No.	Type	Total Ft.
	AERIAL	
	BANGOR	
	EXTENSION	
	WALL	
	ROOF	
	FOLDING	

(F) OTHER EQUIPMENT

No.	Type

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. [redacted] E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Lt. B. Charello				B. Carnarelli
D. Charello				K. Schnarrioto
				D. Giammarco
				J. Silva
				D. Bazzo

INCIDENT 001519

I have examined this report and give my approval to same.

This report forwarded to headquarters on August 29, 1984 by Lt. B. Charello

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "C" Co. No. 1320 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1732		08	29	80	Wed. 4	1930	1944

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	35		MC ARTHUR	DR	02911	1932

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
D. CICERONE				Capt. Russo
R. DE CARLO				Lt. Cesaroni
				W. Hrica
				D. Bayle
				D. Di Fonzo
				K. Erickson
				[illegible]
				D. Gregson

INCIDENT 1732

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-29, 19 80 by Ricco DeCarlo

RES

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1321 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001733		08	29	84	WENSDAY	2333	2345

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1111		WATERMAN	AV	02911	2335

E-1, R-1

COMPILED SERVICE MED-AID

(A) EXTINGUISHERS

No.	Type
	FOAM
	SODA ACID
	PUMP TANKS
	DRY CHEMICAL
	CARBON DIOXIDE
	CTC

(B) HOSE USED

No.	Size	Total Ft.
	BOOSTER	
	1½ INCH	
	2½ INCH	
	3 INCH	

WORKING TIME OF PUMP
.....Hrs. .....Min.

(C) SALVAGE COVERS USED

No.	Floor or Roof

(D) MASTER STREAM APPLIANCES

No.	Type
	LADDER PIPE
	DELUGE GUN
	CELLAR PIPE

(E) LADDER USED

No.	Type	Total Ft.
	AERIAL	
	BANGOR	
	EXTENSION	
	WALL	
	ROOF	
	FOLDING	

(F) OTHER EQUIPMENT

No.	Type

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO. E-1	TRUCK NO.	ON SCENE	STATION
D. GRICKSON	F. RICCI			LT. CICERONE
K. LANDRY	D. DITORIO			D. BALLIE
	D. CICERONE			K. ERICKSON
	B. HINES			

I have examined this report and give my approval to same.

This report forwarded to headquarters on August 29, 1984 by K. A. Landry

INCIDENT 001733

ENG

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1322 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	00/520		08	29	84	WENSDAY	2333	2345

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
111		WATERMAN	AV	02911	2335

E-1, R-1

COMPILED SERVICE

MED-AID

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	No.	(C) SALVAGE COVERS USED Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	No.	(F) OTHER EQUIPMENT Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION

Same as #1321

INCIDENT 00/520

I have examined this report and give my approval to same.

This report forwarded to headquarters on August 29, 1984 by K. A. Landry

RES

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1323 Station No. 11

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001521		08	30	84	THURSDAY 5	0238	0318

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	411		BARBARA ANN	RD	02911	0235

E-1 E-4, R-11 **COMPILED SERVICE** BY 1/2 - AFD-1

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM	1	BOOSTER	25'		
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	..........Hrs. 3 ....Min.				

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. E-4	TRUCK NO.	ON SCENE	STATION
DT G[illegible]	F Ricci			Lt. Erickson
Dk DiTORIO	B D'Bazzle			K. [illegible]
D. Cicerone	D Cicerone			Dk. [illegible]
B Hines	B. Hines			

INCIDENT 001521

I have examined this report and give my approval to same.

This report forwarded to headquarters on ____________, 19 ____ by F. Ricci

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1324 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001522		08	30	84	THURSDAY 5	0753	0805

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		63 MORGAN	AV	02911	

E-1 - BRUSH

COMPILED SERVICE

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	(C) SALVAGE COVERS USED No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	(F) OTHER EQUIPMENT No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
CPT. D'AMICO				J. SILVA
D. BAZZLE				K. SCANDURATO
CAPT. MARWELL				D. GIAMMARCO

INCIDENT 001522

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8/30/, 1984 by Capt. D'Amico

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1325 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001526		08	30	84	Thursday 5	2006	2210

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			Woodhaven + BarbaraAnn	Dr	02911	

E-1,4 L-1 C/Blue

COMPILED SERVICE Box 1515

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	(C) SALVAGE COVERS USED No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	(F) OTHER EQUIPMENT No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. Eng	TRUCK NO. Lad	TRUCK NO.	ON SCENE	STATION
Lt. Doyle	R. Ponte			M. Rea
F. Ricci	Capt. Russo			K. Erickson
D. Destefano	D. Singleton			
	J. Horan			

INCIDENT 001526

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8/30, 19 84 by Lt. Doyle

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "D" Co. No. 1326 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1527		8	31	84	Friday	0741	0746

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	100	E 4/3	Smithfield	RD	02917	

Box 7212 code yellow **COMPILED SERVICE** (Holden Court)

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. L-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
J. Horn				K. Scandarinto
P. Labbadia				D. Charello

INCIDENT 1527

I have examined this report and give my approval to same.

This report forwarded to headquarters on August 31, 1984 by P. Labbadia

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1327 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1529		08	31	84	FRIDAY	1148	1159

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	100		MORGAN	AV		1150

BRUSH FIRE

COMPILED SERVICE

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	(C) SALVAGE COVERS USED No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	(F) OTHER EQUIPMENT No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Capt D'Amico				H. Cabral
D. Charello				J. Silva
				B. Cardarelli
				A. Caccia
				K. Scandariato
				D. Bazzle

INCIDENT

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8/31, 19 84 by _____

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1328 Station No. ____ ☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK		ALARM TIME	TIME — "IN SERVICE"
02400	1531		08	31	84	FRIDAY	6	1423	1428

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	37		BORAH	ST		

E5, E4, E-1, L-2

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. L-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
J. SILVA ([redacted])				CPT. D'Amico
A. CACCIA ([redacted])				W. CARBARELLI
				K. SCANDARIATO
				D. BAZZLE

INCIDENT

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8/31/84, 19 ___ by A. Caccia (QC)

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1329 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	17476		08	31	84	FRIDAY 6	1444	1508

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
100	EAST	AV			1446

R-1

COMPILED SERVICE

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	No.	(C) SALVAGE COVERS USED Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	No.	(F) OTHER EQUIPMENT Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
K. SCANDARIATO				CPT. D'AMICO
W. CARDARELLI				J. SILVA
				A. CACCIA
				D. BAZZLE

INCIDENT 17476

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8/31/, 1984 by K. Scandariato (Capt)

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 1330 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	15377	3	8	31	84	FRIDAY	1858	1911

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		Greystone School		02911	

Brush Code Yellow

COMPILED SERVICE

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	No.	(C) SALVAGE COVERS USED Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES No.	Type	(E) LADDER USED No.	Type	Total Ft.	No.	(F) OTHER EQUIPMENT Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Capt Labbadia				L. Sanchez
P. Labbadia				Lt. Ricci
R. DiMartino				S. Capraccotta
D. DesFeno				F Vesera
				Capt Russo
				K. Omara

INCIDENT 15377

I have examined this report and give my approval to same.

This report forwarded to headquarters on _____, 19__ by _____

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 1331 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001747		08	31	84	FRIDAY	1945	2202

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	43		BARRETT	AV	02911	1947

RES #1

COMPILED SERVICE

(A) EXTINGUISHERS

No.	Type
	FOAM
	SODA ACID
	PUMP TANKS
	DRY CHEMICAL
	CARBON DIOXIDE
	CTC

(B) HOSE USED

No.	Size	Total Ft.
	BOOSTER	
	1½ INCH	
	2½ INCH	
	3 INCH	

WORKING TIME OF PUMP

.....Hrs. .....Min.

(C) SALVAGE COVERS USED

No.	Floor or Roof

(D) MASTER STREAM APPLIANCES

No.	Type
	LADDER PIPE
	DELUGE GUN
	CELLAR PIPE

(E) LADDER USED

No.	Type	Total Ft.
	AERIAL	
	BANGOR	
	EXTENSION	
	WALL	
	ROOF	
	FOLDING	

(F) OTHER EQUIPMENT

No.	Type

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. RES1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Sullivan			Dep Chief DiGiulio	
Sanchez			Capt LaBbadia	
			Capt Russo	
			Lt. Ricci	
			LaBbadia	
			Carraco Pla	
			D. Martino	
			Vescera	
			D. Stefino	

INCIDENT 1747

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-31, 1984 by [signature]

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 1332 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	535		08	31	84	FRIDAY	623 79	0003

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1905		Mineral Spring	AV	02911	

Box 2221 Codyellow E-1 **COMPILED SERVICE**

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF PUMP			
	CTC		.....Hrs. .....Min.			

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
P LABBADIA	S CAPRACOTTA			K Cullinan
CAPT LABBADIA	Lt F RICCI			L SANCHEZ
R DIMARTINO	F VASCENA			

I have examined this report and give my approval to same.

This report forwarded to headquarters on 8-31, 19 84 by K. Cullinan

INCIDENT 535