NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1873 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002115		12	01	84	Saturday 7	0950	0109

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
2001		High Service	AV	02911	

E-1,2,4,3 L-1,2 C/Yellow

COMPILED SERVICE Box 7433

(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
Capt. Doyle	Lt. Ponte			P. Roderick
P. Labbadia	S. Horan			G. Allarie
D. Destefano	D. Singleton			
J. McNeill	D. Reed			
D. Sott	J. Horan			
P. Rocheleau				

INCIDENT 002115

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

This report forwarded to headquarters on 12/1, 1984 by Capt. Doyle

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1874 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	24621		12	01	84	Saturday	0125	0240

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		Pem. College			0433

R-1 (Prov.)

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	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
P. Roderick				Capt. Doyle
G. Athearie				Lt. Ponte
				S. Horan
				J. McNeill
				D. Singleton
				P. Rocheleau
				P. Habbadia
				D. DeStefano
				D. Reed
				D. Scott
				T. Horan

INCIDENT 24621

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

This report forwarded to headquarters on Dec 17th, 19 84 by Lt. Patrick Ponte

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 1875 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2423		12	01	84	SAT.	1324	1342

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		MINERAL SPRING	AV		1326

R1 + E4

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. R1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
CAPT. LABRADA			LT. RICCI	S. CAPRACOTTA
L. SANCHEZ				M. LABRADA
				P. LABRADA
				R. DIMARTINO
				F. VESCERA

INCIDENT R1423

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

This report forwarded to headquarters on December 1st, 19 84 by [signature]

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 1876 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002 1118	1	12	01	84	SATURDAY 2	1559	1637

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	3000		SMITHFIELD	RD		

BOX ALARM #2218
E-1, 4, 3, L1

COMPILED SERVICE CODE YELLOW E-4, L1

(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	LT. CAGNO			DEPUTY CHIEF
S. CAPRACOTTA	P. LABBADIA			CAPT. RUSSO
	M. LABBADIA			F. VESCERA
				R. DIMARTINO

INCIDENT 2118

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

This report forwarded to headquarters on 12-1, 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. 1877 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400			12	01	84	SUNDAY	1746	1829

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		SOUTH BROOKSIDE		02911	1747

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 -				CAPTAIN LABBADIA
K. CULLINAN				M. LABBADIA,
R. DIMARTINO				P. LABBADIA,
				S. CAPRACOTTA

INCIDENT 2425

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

This report forwarded to headquarters on 12-1, 19 84 by Capt Labbadia

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 1878 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	02119	1	12	01	84	SATURDAY ?	2026	2030

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		Woon. + Emanuel			

BOX ALARM

E-1, 2 L1 # 525 **COMPILED SERVICE** CODE BLUE E-2

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	(C) SALVAGE COVERS USED No.	Floor or Roof
	FOAM		BOOSTER			FJ18
	SODA ACID		1½ INCH			0808
	PUMP TANKS		2½ INCH			0808
	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	M. LABBADIA			K. CULLINAN
S. CAPRACOTTA	P. LABBADIA			F. VESCERA
				R. DIMARTINO
				D. DESTEFANO

INCIDENT 2119

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

This report forwarded to headquarters on 12-1, 1984 by PVT. R. DiMartino

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 1879 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002121		12	01	84	SATURDAY	2323	2335

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

BOX ALARM #155

E-1 L-1

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	25'
	1½ INCH	
	2½ INCH	
	3 INCH	

WORKING TIME OF PUMP
.....Hrs. 3 .....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
CAPT. LABBADIA	R. DIMARTINO			K. CULLINAN
S. CARRACOTTA	P. LABBADIA			F. VESCERA
M. LARRADIA				

INCIDENT 2121

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

This report forwarded to headquarters on 12-1, 1984 by PUT. R. DiMartino

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 1880 Station No. 2

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002428		12	02	84	Sunday	0514	0620

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	12		Heritage	CIR		0549

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. Labbadia
F. Vescera				M. Labbadia
				S. Caprocotta
				P. Labbadia
				K. Cullinan

INCIDENT 00 2428

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

This report forwarded to headquarters on Dec. 2, 19 84 by Frank R. Vescera

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1881 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[redacted]	00	12	02	84	Sunday	1055	1100

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	2074		Smith	St	02911	

C/Y E-3, L-1 Food on stove **COMPILED SERVICE** Box 1137 SSE-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. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
Capt. Capaldi	D. DeStefano			J. Gregson
K. Mayers	D. Scott			J. Wheeler
				Capt. Russo
				Chief DiGidio

INCIDENT

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

This report forwarded to headquarters on 12/2, 19 84 by Capt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1882 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002429	00	12	02	84	Sunday	1357	1422

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG TIME
610		Smithfield	Rd.	02904	1359

R-1 & E-4 Poss. code

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
J. Gregson				Capt. Capaldi
J. Wheeler				K. Mayers
				D. DeStefano
				D. Scott

INCIDENT 002429

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

This report forwarded to headquarters on 12/02, 19 84 by Capt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1883 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002125	00	12	02	84	Sunday	1705	1712

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	170		Waterman	Ave.	02911	

C/Y L-1 Food on stove

COMPILED SERVICE

Apt. #10

(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
Capt. Capaldi	Lt. Cagno			J. Gregson
K. Mayers	D. Scott			J. Wheeler
	D. DeStefano			

INCIDENT 002125

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

This report forwarded to headquarters on 12/02, 19 84 by Capt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1884 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	84/30		12	02	84	Sunday	2112P	2137

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	126		Waterman	Rd		2123

Med-Bld

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. Wheeler				Capt. Cargill
J. Simpson				Lt Cugno
				K. Mayers
				J. DeStefano
				D. Scott
				T Casalino

INCIDENT 84/30

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

This report forwarded to headquarters on Dec. 2nd, 19 84 by John Simpson

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1885 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002432		12	03	84	MONDAY 2	1115	1154

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
021		GREYSTONE	AV	02911	1155

(WORCESTER TEXTILE)

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'AMICO
W. CARDARELLI				LT. PHILLIPS
				L. CALISE
				J. SILVA
				D. BAZZLE
				S. CATANZARO

INCIDENT 002432

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

This report forwarded to headquarters on December 2, 1984 by Dennis Bazzle

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1886 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002127		12	03	84	MONDAY	1215	1310

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
1111		BROOKSIDE	AV	02911	

WATER HEATER OVERFLOWED — COMPILED SERVICE — CODE YELLOW

(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. P. PHILLIPS
D. BAZZLE				S. CATANZARO
				J. SILVA
				LT. CALISE

INCIDENT 002127

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

This report forwarded to headquarters on Dec. 3, 19 84 by Capt D'Amico PCP

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1887 Station No. ____ ☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002434		12	03	84	MONDAY	1423	1502

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
520		SMITHFIELD	RD	02904	1424

R-1 & E4

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'Amico
W. CARDARELLI				LT. Phillips
				J. SILVA
				D. BAZZLE

INCIDENT 002434

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

This report forwarded to headquarters on December 3, 1984 by Dennis Bazzle

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 11888 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002129		12	03	84	MONDAY	1539	1552

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1935		MINERAL SPRING	AV.	02911	

E. 1-3-3, L-1

COMPILED SERVICE CODE Yellow E-1 + L-1

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	(C) SALVAGE COVERS USED No.	Floor or Roof
	FOAM		BOOSTER	200'		
	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	40'		
	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. D'Amico	Lt. P. Phillips			K. Scandariato
D. Brazzle	J. Silva			W. Cardarelli

INCIDENT 002129

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

This report forwarded to headquarters on Dec. 3, 1984 by Capt. D'Amico

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1889 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2436		12	03	84	MONDAY	2155	1624

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
6		DOYLE	DR		1855

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. R-1	TRUCK NO. E-1 (SS)	TRUCK NO.	ON SCENE	STATION
K. SCANDARATO	CPT. D'AMICO			J. SILVA
W. CARDARELLI	D. BAZZLE			LT. PHILLIPS

INCIDENT 2436

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

This report forwarded to headquarters on 12/3/, 1984 by K. Scandarato

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1890 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2130		12	03	84	Monday	1601	1613

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	60		DOYLE	DR		1603

R-1 - 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. R-1	ON SCENE	STATION
CPT. D'AMICO		K. SCANDARATO		LT. PHILLIPS
D. BAZZLE		W. CARDARELLI		J. SILVA

INCIDENT

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

This report forwarded to headquarters on 12/3/, 19 84 by Capt Dumas

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "C" Co. No. 1891 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2132		12	04	84	Tues 3	5:17	5:25

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		Lexington	Al	02941	

N.P. Assembly of God.

543221

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 Ciccrone				Lt. Ciccrone
J. McNeill				O. Bazzle
				K. Erikson
				B. Hines
				D. DiIorio

INCIDENT 2132

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

This report forwarded to headquarters on DEC - 4, 19 84 by J. McNeill

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1892 Station No. ONE

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002445		12	04	84	TUESDAY	1421	1505

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	01		SMITHFIELD	RD	02904	1425

ENG 4 & RES 1 **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. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
LT. PHILLIPS				CAPT. D'AMICO
W. CARDARELLI				J. SILVA
				A. CACCIA
				L. CALISE
				D. BAZZLE

INCIDENT 002445

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

This report forwarded to headquarters on December 4, 1984 by Dennis Bazzle

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1893 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002446		12	04	84	TUESDAY	1525	1602

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	24		EDDY	ST	02911	1529

R-1

COMPILED SERVICE TRANSPORTATION

(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
LT. PHILLIPS				CPT. D'AMICO
W. CARDARELLI				A. CACCIA
				J. SILVA
				D. BAZZLE

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

This report forwarded to headquarters on 12/4/, 1984 by Lt. Phillips

INCIDENT 002446

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1894 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002447	1	12	04	84	Tuesday 3	1948	2034

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
1026	1	Charles	St.	02904	2052

F-5, R-3 SS R-4 - Jaws

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-4	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Capt Doyle				Lt. Ponte
P. Labbadia				T. Hunt
Lt. Cagno				P. Roderick
D. DeStefano				J. McNeill
				E. DiGiulio
				P. Rocheleau
				G. Akharie

INCIDENT 002447

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

This report forwarded to headquarters on 12/4, 1984 by Capt. Doyle

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1895 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002137		12	05	84	Wednesday	0017	0033

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	242		Waterman	Av	02911	0021

E-1 C/V

COMPILED SERVICE

BRUSH

(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. Doyle				Lt. Ponte.
T. Hunt				F. D. Giulio JR.
P. Labbadia				S. Horan
D. DeStefano				D. Reede
D. Scott				D. Allaire
				P. Roderick
				P. Rocheleau
				J. McNeil

INCIDENT 002137

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

This report forwarded to headquarters on 12-5, 19 84 by Capt. Doyle

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1896 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2139		12	05	84	WED 4	0533	0551

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

BRUSH.

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.	TRUCK NO.	ON SCENE	STATION
Capt D'Amico				Lt. P. Phillips
D. Bazzle				J. Silva
				B. Cardarelli
				K. Scandariato

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

This report forwarded to headquarters on 12/05, 19 84 by Capt D'Amico

INCIDENT 2139

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1897 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002452		12	05	84	WEDNESDAY	1451	1458

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1'TIME
			MINERAL SPRING AVE AT SUNSET A.V		02904	1752

AUTO ACC.

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				LT. P. PHILLIPS
W. CARMARELLI				J. SILVA
				LT. L. CALISE

INCIDENT 002452

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

This report forwarded to headquarters on 12-5-, 19 84 by

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1898 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002140		12	05	84	WEDNESDAY	1451	1457

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		MINERAL SPRING AVE AT SUNSET	AVE		

AUTO ACC. **COMPILED SERVICE** ASSIST RESCUE

(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. P. PHILLIPS
D. BAZZLE				J. SILVA
				LT. L. CALISE

INCIDENT 002140

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

This report forwarded to headquarters on Dec. 5, 19 84 by Lt. Peter Phillips FOR Capt J. D'Amico

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1899 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002141		12	05	84	WEDNESDAY	1615	1626

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1984		M. S. Pl.	AV	02911	

E1, E4, E3 L40 1 **COMPILED SERVICE** YELL E-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. E4	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
Capt. D'Amico	Lt. P. Phillips			K. Schwarting
D. Bazzle	J. Silva			W. Campbell

INCIDENT 002141

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

This report forwarded to headquarters on 12 - 5 -, 19 84 by Capt. J. D'Amico (BC)

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No 1900 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2143		12	06	84	THURSDAY	2338	2346

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

MAPLE GARDENS II

COMPILED SERVICE BLOG-F. C/V 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. ENG 1	TRUCK NO. LAD 1	TRUCK NO.	ON SCENE	STATION
P. LABBADIA	S. CAPPRACOTTA			R. DiMARTINO.
CAPT LABBADIA	M. LABBADIA			L. SANCHEZ.
F. VESCERA.				K. CULLINAN

INCIDENT 2143

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

This report forwarded to headquarters on 12-6, 19 84 by Captain Talbot

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 1909 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002455		12	06	84	THURSDAY	0106	0111

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		Smith + Goerge			0108

R1 + E1

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. R1	TRUCK NO. E1	TRUCK NO.	ON SCENE	STATION
K CULLINAN	CAPT LABBADIA			M. LABBADIA
L SANCHEZ	R LABBADIA			S. CAPRACOTTA
R. DIMARTINO	T VESCERA			

INCIDENT 00455

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

This report forwarded to headquarters on December 6, 1984 by [signature]

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 1902 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2145		12	06	84	Thursday	1006	1014

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

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 Co. No. 1903 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	24156		12	06	84	Thursday	1111	1114

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

K-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. K-1	TRUCK NO.	TRUCK NO. E 1	ON SCENE	STATION
K. Cullinan		Capt Labbadia		M. Labbadia
L. Sanchez		F. Labbadia		B. Capriccha
K. D. Martino		F. Vessia		

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 P Co. No. 1904 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME – "IN SERVICE"
02400	002146		12	06	84	THURSDAY 5	1031	1033

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			MARIEVILLE School MINERAL SPRING	AV	02911	

Box 6341

COMPILED SERVICE E-5, 4, 3 & L-1, 2 c/y 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-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Lt. P. Phillips				D. Bazzle
J. Silva				Capt. B. Amico
				B. Cardarelli
				R. Scandaviato

INCIDENT 002146

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

This report forwarded to headquarters on 12/06, 19 84 by Lt. P. Phillips
BC.

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1905 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2455		12	06	84	THURSDAY	1716	2000

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		MOUNT PLEASANT PROVIDENCE	A.V.		8/1/21

MUTUAL AID TO PROVIDENCE

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'AMICO
W. CARDARELLI				LT. PHILLIPS
				D. BAZZLE
				J SILVA
				LT. L. CALISE

INCIDENT 2455

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

This report forwarded to headquarters on Dec. 6, 19 84 by

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1906 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400			12	06	84	THURSDAY	1423	1431

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			McQuade Rd			1423

E1, E3, L1-2

COMPILED SERVICE

C/ E1

(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. L1	TRUCK NO.	ON SCENE	STATION
D. Bazzle	J. Silva			K. Scannella
Gt. D'Amico	L. Phillips			W. Carnarelli

INCIDENT 2148

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

This report forwarded to headquarters on 12-6, 19 84 by

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1907 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	004463		12	06	84	Thursday	5:48	9:57

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

No PROV High School 1850

Meal-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 Whalen				Capt Capotelli
J Ferguson				LT. Cayno
J				D. DeStefano
				R Thurber
				D Scott

INCIDENT 004463

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

This report forwarded to headquarters on Dec 6th, 19 84 by John Ferguson

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1908 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK		ALARM TIME	TIME — "IN SERVICE"
02400	002151	00	12	07	84	Friday	6	0654	0707

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	25		McGuire	Rd	02911	—

C/YE-1 L-2 ss. **COMPILED SERVICE** Box 1135

(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. Capaldi				
D. Scott				

INCIDENT 002151

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

This report forwarded to headquarters on 12/07, 19 84 by Capt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1909 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002466		12	07	84	FRIDAY	0915	0937

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	511		SUNSET	AVE	02911	0918

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
K. SCANDARIATO				LT. PHILLIPS
W. CARDARELLI				J. SILVA

INCIDENT 2466

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

This report forwarded to headquarters on 12-7-, 1984 by K. SCANDARIATO

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1910 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2152		12	07	84	FRIDAY	0915	0937

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	51		SUNSET	AV	02911	0918

COMPILED SERVICE ~~ASSIST~~ Rescue

(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. PHILLIPS
D. BAZZLE				J. SILVA

INCIDENT 2152

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

This report forwarded to headquarters on Dec. 7, 19 84 by Capt. D'Amico PED

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 911 Station No. ONE

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2470		12	7	84	FRIDAY	1443	1512

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
26		LOOKOUT	AV	02911	1445

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. SCANDRIATO				CAPT D'AMICO
W. CARDARELLI				LT. PHILLIPS
				D. BAZZLE
				J. SILVA
				L. CALISE

INCIDENT 02470

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

This report forwarded to headquarters on December 7, 1984 by Dennis Boyle

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1912 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME – "IN SERVICE"
02400	002473	1	12	07	84	FRIDAY 6	1642	1700

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	22		Angell	Ave.	02911	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
CAPT. MARCH			K. CICERONE	K. LANDRY
D. DiIORIO				R. LINCOLN
				S. BAUMAN

INCIDENT 2473

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

This report forwarded to headquarters on 12-7-, 84 by CAPT. MARCH

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1913 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002157	1	12	07	84	FRIDAY 6	1904	1909

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1828		Highway Lounge		02911	1906

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. E-1	TRUCK NO. R-1	TRUCK NO.	ON SCENE	STATION
Capt. Marwell	K. Landry		D. Cicerone	Lt. Cicerone
D. Bazzle	R. Lincoln			D. DiIorio
K. Erickson	S. Bauman			
J McNeil				

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

This report forwarded to headquarters on November 7, 1984 by D DiIorio

INCIDENT NO. 002157

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1914 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK		ALARM TIME	TIME — "IN SERVICE"
02400	002474	1	12	07	84	FRIDAY	6	1904	1942

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1828		SMITH	ST.	02911	1906

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 #1913

INCIDENT 002474

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

This report forwarded to headquarters on Dec. 7, 1984 by K. A. Landry

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1915 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002476		12	07	84	FRIDAY	2135	2210

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
2093		Mineral Spring Ave			2137

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
B. Lincoln				Capt. Maxwell
K. Landry				Lt. Ciccone
E. Sayles				D. DiDonio
				D Ciccone
				R. Erickson
				B Hines
				Chief DiGuilio

INCIDENT 002476

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

This report forwarded to headquarters on Dec. 7, 1984 by K. A Landry

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1916 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002159		12	07	54	Friday	2323	2327

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
1522		Smith ST.		02911	2326

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
D. BAZZLE	D. Cicerone			R. Landry
Cpt. Marwell	D. DiDorio			R. Lincoln
D. Gregson	B. Hines			S. Bauman
K. Ericksen				E. Sayles
J. McNeill				

INCIDENT 12/59

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

This report forwarded to headquarters on Dec. 7, 1954 by K. A. Landry

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1917 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002160		12	08	84	SATURDAY	1417	0208

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		Smith St. Johnston Town Line		02911	

E-1 - R-1 +SS. R-2 Auto Acc.

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
Capt. Marwell	K. Landry		S. Horan	R. Hines
D. Bazzle	R. Lincoln			D. DiIorio
D. Cicerone	S. Visus			
K. Erickson				
D. Gregson				
J. Mc Niel				

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

This report forwarded to headquarters on ~~November~~ December 8, 1984 by D. DiIorio

INCIDENT 002160

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1918 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	00.2478		12	08	84	SATURDAY	1447	2444

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		Smith St. Johnston Town Line		02911	1449

E-1-R-1 +S.S. R-2 Auto Acc.

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.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
	SAME	AS	# 1917	

INCIDENT 00-2478

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

This report forwarded to headquarters on December 8, 1984 by D. DiPaola

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1919 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002163		12	08	84	SATURDAY	912	917

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			TANGLEWOOD APT		02904	

E4-3-1-L1-2 C1y-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. ENG	TRUCK NO. LAD	TRUCK NO.	ON SCENE	STATION
CAPT MARWELL	LT. R PONTE			CAPT RUSSO
D. BAZZLE	D. SINGLETON			D DESTEFANO
K. CICERONE	E DIGIULO			PRODERICK
D CICERONE	D. DIDIRIO			B Hines Esq.

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

This report forwarded to headquarters on DECEMBER - 8, 19 84 by LT. R. Ponte

INCIDENT 002163

ENG

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1920 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002163		12	08	84	SATURDAY	1201	1220

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	170		Workman	AV	02911	

R-1 E-1

COMPILED SERVICE

D.FF. Breath

(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
Lt. Ponte	P. Roderick			E. D. Giulio JR.
Capt. Russo	G. ALLARIE			D. DeStefano
J. McNeil				D. Singleton
				D. Scott
				D. Reade

INCIDENT 002163

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

This report forwarded to headquarters on DECEMBER 8, 19 84 by LT. R Ponte

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1921 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2482		12	08	84	SATURDAY	1201	1252

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	170		Waterman	AC	02911	1204

R-1 E-1

COMPILED SERVICE

D. FF. Breath

(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 #1970			

INCIDENT

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

This report forwarded to headquarters on Dec 8, 19 84 by Pt. Patrick Rodenhurst

ENG

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1922 Station No. I

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002166		12	08	84	SATURDAY	1547	1603

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1851		SMITH	ST	02911	1549

E-1 - R-1 - C5

COMPILED SERVICE AUTO

(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. ENG	TRUCK NO. RES	TRUCK NO.	ON SCENE	STATION
CAPT DOYLE	P RODERICK		Capt. Ruggiano	LT. R PONTE
SHORAN	G KILLIRE		Lt Cagno	CAPT RUSSO
D. SCOTT				D. DESTEFANO
J. MC NEILL				E DIGIULIO JR
				DREED

INCIDENT 002166

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

D 12/02

This report forwarded to headquarters on 12/8, 1984 by Capt. Doyle

NORTH PROVIDENCE FIRE DEPARTMENT RES

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1923 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2483		12	08	84	SATURDAY	1547	1629

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1851		SMITH	ST	02911	1549

E-1-R-1-C5

COMPILED SERVICE ~~AUTO~~ Diff Boarding

(A) EXTINGUISHERS

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

(B) HOSE USED

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

(F) OTHER EQUIPMENT

Type

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. RES	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
RODERICK				
GALLARIE				

SAME AS CO #1922

INCIDENT

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

This report forwarded to headquarters on Dec. 8, 19 84 by Pat Patrick Kinkead

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1924 Station No. I

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2484		12	08	84	SATURDAY	1745	1813

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	201		SPRINGVILLER Maguire	RD	02911	1745

RES - 1 [redacted]S

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	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
D Allison				ET Ponte
P. Roderick				Capt Doyle
				D DESTEFANO
				D REED
				D Singleton
				E. DiGiulio
				J. McNiell
				S. Horan

INCIDENT

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

This report forwarded to headquarters on December 8, 19 84 by Lt. R Ponte

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1925 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002167		12	08	84	SATURDAY 6	1448	1455

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	201		McGuire SPRINGVILLER	RD	02911	1449

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. Ponte				E. D'Agostino
S. Horan				D. Ryan
D. Singleton				Capt. Russo
J. McNeill				D. Degidlano
				Capt. Doyle
				R. RODERICK
				& ALLERIE
				JOHN KELLY

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

This report forwarded to headquarters on DECEMBER 8, 1984 by LT. R. Ponte

INCIDENT 002167

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1926 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002164		12	08	84	SATURDAY	1832	1842

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	20		REYNOLDS	AV	02911	1833

ENG-1 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. ENG-1	TRUCK NO. RES-1	TRUCK NO.	ON SCENE	STATION
LT. PONTE	P. RODERICK			CAPT. DOYLE
S. HORAN	G-ALLIRIE			E. DIGIULIO
J. MCNEIL				D. DESTEFANO
D. SINGLETON				D. REED
				CAPT. RUSSO

INCIDENT 002164

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

This report forwarded to headquarters on SAT. DEC. 8, 1984 by David Singleton

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1987 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2485		12	08	84	Saturday 7	1823	1845

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
30		Reynolds	AV		1833

Rescue 1

COMPILED SERVICE Refuse Transportation

(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. 8-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
D. Allaire				
P. Rapoza				

Struck as
1986

INCIDENT 2485

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

This report forwarded to headquarters on Dec 8, 19 84 by Lt. Patrick Rodrigues

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 1928 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2170		12	09	84	SUNDAY	1351	1404

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	20		LOCUST	AV	02911	

ENG 1 + 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. ENG 1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
S. CAPRACOTTA				Lt. Ricci
Captain LABBADIA				K. Cullinan
				P. LABBADIA.
				F. VESCERA

INCIDENT 2170

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

This report forwarded to headquarters on 12-9, 19 84 by Captain LaBbadia

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 1929 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002489		12	09	84	SUNDAY	13 51	14 26

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	20		LOCUST	AV	02911	13.52

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
R. DiMARTINO				LT. RICCI
L. SANCHEZ				K. CULLIVAN
				P. LABBADIA
				F. VESCERA

INCIDENT 2489

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

This report forwarded to headquarters on 12-9, 19 84 by Captain LaMadeleine

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 1930 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002493		12	09	84	SUNDAY	1949	1959

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
1967		MINERAL SPRING	AVE	02911	

R-1 WALK-IN REFUSED AID

COMPILED SERVICE

(A) EXTINGUISHERS No.	Type	No.	(B) HOSE USED 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	No.	(E) LADDER USED 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. CULLINAN				CAPT. CABBADIA
F. VESCERA				S. CAPRACOTTA
				P. CABBADIA
				R.D. MARTINO

INCIDENT 002493

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

This report forwarded to headquarters on December 8, 19 84 by S. Capracotta

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 1931 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001223		12	09	84	SUNDAY	2336	2349

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	2021		SMITH (BROOK Village) APT # 1001	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. R-1	TRUCK NO.	ON SCENE	STATION
CAPT. LARRADIA	K. CULLINAN			P. LARRADIA
S. CAPRACOTTA	F. VESCERA			R. DIMARTINO

INCIDENT 2123

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

This report forwarded to headquarters on 12-9, 1984 by R. DiMartino

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 1932 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2494		12	9	84	Sunday	2336	0014

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	2072		Smith ST APT 1001		02911	2338

Medaid 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. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
K Collins				
F Vescera				

Same as 1931

INCIDENT 2494

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

This report forwarded to headquarters on 12-9-, 19 84 by Lt Kevin Collins

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 1933 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2405		12	10	84	MONDAY	0207	0243

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
18		FENWAY			0210

R1

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. R1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
K Callahan				CAPT. LABBADIA
L-Sanchez				S. CAPRACOTTA
				P. LABBADIA
				F. LESCERA
				R. DIMARTINO

INCIDENT 2405

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

This report forwarded to headquarters on December 10th, 1984 by [signature]

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1934 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002497		12	10	84	MONDAY	0944	1000

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	30		HIGHLAND	AV	02911	0946

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. P. PHILLIPS
W. CARDARELLI				J. SILVA
				LT. CALISE

INCIDENT 2497

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

This report forwarded to headquarters on Dec. 10, 19 84 by K. Scandariato

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1935 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002176		12	10	84	MONDAY	0944	0956

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	39		HIGHLAND	AV		0946

COMPILED SERVICE ASSIST Rescue

(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. P. PHILLIPS
D. BAZZLE				J. SILVA
				LT. L. CALISE

INCIDENT 002176

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

This report forwarded to headquarters on Dec 10, 19 84 by Capt J. D'Amico

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1936 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	21 78		12	10	84	MONDAY	2 15 59	16 04

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
1350		MIN SPR	AV		

E5, E4, E3 LAD 1 & 2 **COMPILED SERVICE** YELL - E5

(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
LT. PHILLIPS				CPT. D'AMICO
J. SILVA				LT. CALISE
				W. CARDARELLI
				D. BAZZLE
				K. SCANDARIATO

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

This report forwarded to headquarters on 12/10/, 1984 by Lt. Phillips

INCIDENT

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1937 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	02503		10	10	84	Monday	1954	2028

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		ND - Prov. High School			1956

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 Grayson Sr				
J Grayson				

INCIDENT 02503

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

This report forwarded to headquarters on December 10th, 1984 by John Grayson

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1938 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	602180		12	10	89	MONDAY	21:20	21:39

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
201		McGUIRE Apt 113	RD	02911	21:31

ASSIST 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
LT. CAGNO				D. SCOTT
B. THURBER				J WHEELER
D. DESTEFANO				K O'MARA

INCIDENT 602180

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

This report forwarded to headquarters on DEC 10, 19 89 by J J Cagno

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1939 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	900504		12	10	84	Monday	2130	2205

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	20		McCourt	Rd		2130

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
D Brayton	SR			John W Reed
J Snedyer				D. Scott
				R. O'Mara

INCIDENT 900504

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

This report forwarded to headquarters on December 10th, 19 84 by John Snedyer

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1940 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2508		12	12	84	TUESDAY	1135	1213

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
20		McGUIRE	RD	02904	1136

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				LT. PHILLIPS
D. GIAMMARCO				W. CARDARELLI
				D. BAZZLE
				S. CATANZARO
				J. SILVA
				LT. CALISE

INCIDENT 2508

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

This report forwarded to headquarters on 12 11, 1984 by KJS

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1941 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2510		12	11	84	TUESDAY 3	1952	2035

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
				02911	19:56

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. ERICKSON				CAPT. MARWELL
R. DECARIO				CAPT. RUGGIANO
				K. CICERONE
				D. DIIORIO
				D. CICERONE
				B. HINES

INCIDENT 2510

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

This report forwarded to headquarters on 12-11, 19 84 by Rocco DeCarlo

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1942 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002513	1	12	11	84	TUESDAY 3	2309	2345

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		Police Dept.		02911	2312

R-1 - R-3 ~~R-2~~ 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
K. ERICKSON			CAR - 5	Capt. MARWELL
K. LANDRY				D. CICERONE
				D. DIJORIO
				D. GREGSON
				W. HINES
				K. CICERONE

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

This report forwarded to headquarters on NOVEMBER 11, 19 84 by D. DiIorio

INCIDENT 002513

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1943 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002414		12	12	84	Wednesday	4:06	4:41

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	67		Woodlawn			411

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 Rpt # 1942

INCIDENT 002414

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

This report forwarded to headquarters on Dec. 12, 1984 by K.A. Landry

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1944 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2184		12	12	84	WEDSDAY	705	716

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	2072		SMITH ST.			708

E-1 R-2

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. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
D. DiFORIO				
D. CICERONE				

INCIDENT 002184

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

This report forwarded to headquarters on DEC 17, 19 84 by D C

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1946 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	902185		12	12	84	WEDNESDAY	0926	0940

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	36		GAINER	AV	02911	

COMPILED SERVICE ASSISTED Rescue

(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.	TRUCK NO.	ON SCENE	STATION
LT. P. PHILLIPS				
D. BAZZLE				

INCIDENT 902185

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

This report forwarded to headquarters on Dec. 12, 19 84 by Lt. P. Phillips

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1945 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME "IN SERVICE"
02400	2515		12	12	84	WEDNESDAY	0926	1008

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	36		GAINER	AV	02911	928

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
K. SCANDARIATO				
D. GIAMMARCO				

INCIDENT 2515

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

This report forwarded to headquarters on Dec. 12, 19 84 by K. Scandariato

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1946 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002186	00	12	12	84	WED	1223	1230

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	2064		Smith	St	02911	

Medical Aid/assist PH **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. R-1	ON SCENE	STATION
Lt. P. Phillips		K. Scandariato		J. Silva
D. Bazzle		D. Giammarco		A. Candarelli
				L. Labbe

INCIDENT 002186

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

This report forwarded to headquarters on 12/12, 19 84 by Lt P. Phillips

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1947 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002517	00	12	12	84	WED 4	1223	1250

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	2064		Smith	ST	02911	1225

Medical 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.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
		AS		
		Squad #1946		

INCIDENT 2517

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

This report forwarded to headquarters on 12/12/, 19 84 by

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1948 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2515		12	12	81	WED	12 58	1 3 41

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	150		High Service	AV	02	1259

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. N-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
D. Gammarano				LT. Phillips
K. Scandurato				D Bazzle
				J. Silva
				W. Carnarell

INCIDENT 2515

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

This report forwarded to headquarters on 12 12, 19 84 by

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1949 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002188		12	12	84	WED 4	1502	1521

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	207		Smith (Brook Village)	ST	02911	1504

Assist Rescue.

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. P. Phillips	K. Scandaritto			Lt. L. Calise
D. Buzzell	D. Giammarco			J. Silva
				W. Landolfi

INCIDENT 002188

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

This report forwarded to headquarters on 12/14, 1984 by Lt P. Phillips

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1950 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002521		12	12	84	wed 4	1502	1545

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE		ZIP CODE	SIG 1 TIME
	2072		Smith (BROOK Village)	ST		02911	1504

Medical 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
D. Giannini				
R. Schiavariato				

Same AS #1949

INCIDENT 2521

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

This report forwarded to headquarters on 12/12, 1984 by [signature]

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1951 Station No. I

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	82522		12	12	84	SATURDAY	1815	1910

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	143		SMITHFIELD	RD	02904	1817

E-3-R-1

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. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
D RODERICK				LTR Route
D REED				PLAISDADIA
J. MCNEILL				P DESTEFANO
				D SINGLETON
				E. DIEFULIO
				P. ROUCHUAL

INCIDENT

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

This report forwarded to headquarters on Dec 12, 19 84 by Pfc Patrick Roderick

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1952 Station No. I

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	02191		12	12	84	SATURDAY	2015	2018

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			STELLA TELEMOR	A.L [redacted]	02911	

BOX 128 C/B

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. ENG	TRUCK NO. LADD	TRUCK NO.	ON SCENE	STATION
LT. R PONTE	E. DIGIULIO SR			CHIEF MURPHY
P LABBADIA	D SINGLETON			P RODERICK
D DESTEFANO	D. REED			GAILLERA
J MANIELL				P. ROUCHUAL

INCIDENT 002191

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

This report forwarded to headquarters on 12-12-, 19 84 by LT. R Ponte

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1953 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002193		12	13	84	THURSDAY	1006	1016

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1826		MINERAL SPRING AVE		02904	

COMPILED SERVICE SMOKE SCARE

(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. P. PHILLIPS				LT. L. CALISE
D. BAZZLE				J. SILVA
				W. CARDARELLI
				K. SCANDARIATO

INCIDENT 002193

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

This report forwarded to headquarters on Dec. 13, 1984 by Lt. P. Phillips

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1954 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME "IN SERVICE"
02400	2526		12	13	84	THURSDAY	1524	1557

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		DOUGLAS AVE.		02904	1522

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				LT. P. PHILLIPS
W. CARDARELLI				LT. CALISE
				J. SILVA
				D. BAZZLE

INCIDENT 2526

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

This report forwarded to headquarters on Dec. 13, 19 84 by K. Scandariato

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift 1, All Co. No. 1955 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2258		12	13	84	~~SAT~~ THURSDAY	1900	1914

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1916		Smith	ST	02911	1902

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
F. VESCERA.			A Rickson	CAPTAIN LABBADIA
L. SANCHEZ.				Lt. Ricci.
				P. LABRADIA.
				S. CAPRACOTTA.
				R. D. MARTINO.

INCIDENT 2258

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

This report forwarded to headquarters on 12-13, 1984 by Capt Labbadia

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 1956 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	529		12	14	84	Friday	517	0604

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	26		Marigold	Cr		0524

R1

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
C SANCHEZ				LT. RICCI
				P LABBADIA
				SCARPATTA
				R DIMAIO

INCIDENT 2529

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

This report forwarded to headquarters on December 14, 1984 by [signature]

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1957 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002530		12	14	84	FRIDAY	0901	0937

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
					0904

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				LT. PHILLIPS
W. CARDARELLI				LT. CALISE
				J. SILVA
				D. BAZZLE
				M. RUSSO

INCIDENT 2530

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

This report forwarded to headquarters on Dec 14, 19 84 by R. Scandariato

PSP

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1958 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002196		12	14	84	FRIDAY	0910	0935

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

COMPILED SERVICE Assist Res. #2

(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. P. PHILLIPS				LT. L. CALISE
M. RUSSO				J. SILVA
				D. BAZZLE

INCIDENT 002196

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

This report forwarded to headquarters on Dec 14, 19 84 by Lt. P. Phillips

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift 9 Co. No. 1958 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2199		12	14	84	FRIDAY	1520	1525

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		MOA & CHARLES		02904	1525

COMPILED SERVICE Code Yellow Eng. 5

(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
D. Bazzle	M. Russo			K. Scavoarianto
LT. Phillips	J. Silva			N. Cardarelli

INCIDENT 2199

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

This report forwarded to headquarters on 12-14, 1984 by K. J.

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1959 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002538		12	14	84	FRIDAY	1529	1546

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1189		DOUGLAS	AV	02904	1532

R-1 + E.4

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
K. SCANDARIATO				LT. CALISE
W. CARDARELLI				

INCIDENT 2538

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

This report forwarded to headquarters on Dec 14, 19 84 by K. Scandariato

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1960 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	005541		12	14	84	Friday	0059	0111

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
250		Smithfield	BA		0102

Med - Rsd

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. Wheeler				Capt Capodal
J. Gray 3rd				LT Chiano
				K. Mayers
				D. DeStefano
				R. Thurber
				D. Scott

INCIDENT 005541

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

This report forwarded to headquarters on December 24th, 19 84 by John Gray

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1961 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002540		12	15	84	Saturday	0721	0253

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1000		M.S.A			0227

S.S. & R-3

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. Wheeler				
J. Gregson				

INCIDENT 002540

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

This report forwarded to headquarters on Dec. 15th, 1984 by John Gregson

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1962 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002207	00	12	15	84	Saturday 7	0530	0543

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	72		Jacksonia	Dr.	02911	0533

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. E-1	TRUCK NO. R-1	TRUCK NO.	ON SCENE	STATION
Capt. Capaldi	J. Gregson			Lt. Cagno
K. Mayers	J. Wheeler			D. DeStefano
B. Thurber				
D. Scott				

INCIDENT 002207

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

This report forwarded to headquarters on 12/15, 19 84 by Capt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1963 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK		ALARM TIME	TIME — "IN SERVICE"
02400	842513	00	12	15	84	Saturday	7	0530	0608

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	72		Jacksonia	DR	02911	0533

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.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION

See Report

#1962

INCIDENT

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

This report forwarded to headquarters on 12/15, 1984 by Capt. Copaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "C" Co. No. 1964 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	0,0,2,5,4,5		1,2	1,5	8,4	Saturday 7	1,1,3,6	1,2,0,5

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	2		Greystone Ave		02911	1139

Rescue Run

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. Cicerone			E. Bazzle	Dep Chief Digiulio
R. Lincoln			J. Grande	Capt. Ruggiano
				D. Bazzle
				Lt. F. Ricci
				D. DiIorio
				J. McNeil
				K. Landry

INCIDENT # 2545

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

This report forwarded to headquarters on Dec 15, 19 84 by R. Lynch

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1965 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2649		12	16	84	Sunday	0910	0945

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1862		Smith	St		0911

Rescue Call

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. McNeill				Capt. Doyle
P. Roderick				Lt. Ponte
D. Reed				D. Singleton
				D. DeStefano
				Capt Marrue
				LT Ricci
				D Battle
				D Cicerone

INCIDENT 85 49

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

This report forwarded to headquarters on Dec 16, 19 84 by Lt Patrick Rolland

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1966 Station No. I ☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002551		12	16	84	SUNDAY	1303	1355

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	623		SMITHFIELD	RD	02904	

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	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
D. DESTEFANO				CAPT DOYLE
J. MCNEILL				LT. R ROUTE
				P. RODERICK
				PLABBADIH
				T. HUNT
				D. REED
				P. ROCHELEAU
				D. Singleton

INCIDENT 2551

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

This report forwarded to headquarters on 12:16, 19 84 by J. McNeill.

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1967 Station No. ONE

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002556		12	17	84	MONDAY	2/1/57	1231

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		INTERVALE	AV	02911	1154

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. SCANDRIATO				LT. PHILLIPS
W. CARDARELLI				B. ROY
				L. CALISE
				D. BAZZLE
				D. CHARELLO

INCIDENT 002556

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

This report forwarded to headquarters on December 17, 1984 by Dennis Bazzl

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 1968 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002213		12	17	84	MONDAY	2120	2127

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	415		SUNSET APT. #1	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. R-1	TRUCK NO. E-1	TRUCK NO.	ON SCENE	STATION
L. SANCHEZ	CAPT. LABBADIA			LT. RICCI
K. CULLINAN	S. CAPRACOTTA			P. LABBADIA
	F. VESCERA			R. DIMARTINO

INCIDENT 2213

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

This report forwarded to headquarters on 12-17, 19 84 by R. DiMartino

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 1968 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2559		12	17	84	MON	2106	2149

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	416		SUNSET	AL		2107

Rec 1 + Eng 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.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
	SA/CO#			
		1968		

INCIDENT 2559

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

This report forwarded to headquarters on December 17, 19 84 by

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 1970 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2560		12	17	84	MONDAY	2344	2353

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
567		SANDHEIGLD 1-38	RD		2347

RL

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. R1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
K CULLINAN				CAPT. CABBADIA
C SANCHEZ				LT. RICCI
				S. CAPPACOTTA
				P. CABBADIA
				F VESCERA
				R DIMARTINO

INCIDENT

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

This report forwarded to headquarters on December 17th, 1984 by [signature]

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1971 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002222	00	12	18	84	Tuesday 3	2322	2341

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	2		Greystone	Av	02911	2325

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
Capt. Capaldi				Lt. Cagno
J. Wheeler				K. Mayers
D. DeStefano				B. Ingber
P. LaBlanc				D. Scott
				E. DiGiulio
				J. Gregson

INCIDENT 2222

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

This report forwarded to headquarters on 12/18, 19 84 by Capt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1972 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002223		12	19	84	WEDNESDAY	1325	1339

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	221		WATERMAN	AV	02911	1338

E-1 + R-1 **COMPILED SERVICE** Assisted Rescue

(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.	TRUCK NO.	ON SCENE	STATION
LT. P. PHILLIPS				W. ROY
D. CHARELLO				D. BAZZLE
				LT. L. CALISE

INCIDENT 002223

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

This report forwarded to headquarters on Dec. 19, 1984 by Lt. P. Phillips

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1973 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2572		12	19	84	WEDNESDAY	1325	1401

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	221		WATERMAN	AV.	02911	1328

R-1 + E-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.	TRUCK NO.	ON SCENE	STATION
K. SCANDARIATO				W. ROY
W. CARDARELLI				D. BAZZLE
				LT. L. CALISE

INCIDENT 2572

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

This report forwarded to headquarters on Dec 19, 19 84 by K. Scandariato
(CAP)

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1974 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002224		12	19	84	WEDNESDAY 4	1646	1655

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
191		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. R-1	TRUCK NO. E-1	TRUCK NO.	ON SCENE	STATION
K. CICERONE	CAPT. MARWELL		CAPT. RUGGIANO	
D. DiIORIO	D. BAZZIE			

INCIDENT 2224

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

This report forwarded to headquarters on 12-19-, 1984 by CAPT. MARWELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1975 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2574		12	19	84	WEDNESDAY 4	16 46	17 13

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1910		SMITH	ST.	02911	16 49

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. E-1	TRUCK NO.	ON SCENE	STATION
SAME AS CO #				
		1974		

INCIDENT

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

This report forwarded to headquarters on 12-19, 19 84 by K Cleeron

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1976 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	992225		12	19	84	WEDNESDAY	2252	2305

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

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.	TRUCK NO.	ON SCENE	STATION
CAPT. MARWELL				K. CICERONE
D. DIORIO				D. BARRIE
B. HINES				D. CICERONE
				K. ERICKSON
				D. GREGSON
				K. LANDRY

INCIDENT 992225

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

This report forwarded to headquarters on 12-19-, 1984 by CAPT. MARWELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1977 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN-SERVICE"
02400	25 79		12	20	84	THURSDAY	15-09	15 38

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
					1570

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. SCHMIDT, ATO				P. PHILLIPS
WEARWELL				D. CIARELLO
				D. DIAZ
				W. KOLY

INCIDENT 25-79

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

This report forwarded to headquarters on 12-20, 19 84 by K

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1978 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2582		12	21	84	Friday 6	0357	0413

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	415		Sunset	AV		0358

Rescue Call

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. Reed				Capt Doyle
P. Rodgerick				Lt. Ponte
				Lt. Ricci
				S. Hoxon
				T. Hunt
				D. Singleton
				D. DeStefano
				P. Labbadia
				P. Rochleau

INCIDENT

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

This report forwarded to headquarters on Dec 21, 1984 by Lt. Patrick Roderick

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1979 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	25 84		12	21	84	FRIDAY	828	913

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	2072		SMITH	ST.	02911	830

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
K. SCANDARIATO				LT. P. PHILLIPS
W. CARDARELLI				W. ROY
				D. BAZZLE
				D. CHARELLO

INCIDENT 25 84

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

This report forwarded to headquarters on Dec. 21, 19 84 by K. Scandariato

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1980 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	25-86		12	21	84	FRIDAY	938	1021

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
					936

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 Schneider Jr.				Lt. Pitts
W. Carmichael				D. Sacco
				W Roy
				D Chiarello

INCIDENT 25-86

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

This report forwarded to headquarters on 12-21, 19 84 by K

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1981 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2588		12	21	84	FRIDAY	1134	1136

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		DOUGLAS & M. SA.			

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
W. GARDARELLI			LT. P. PHILLIPS	
K. SCALABRIATH			W. ROY	
			D. BAZZLE	
			D. CHARELLO	

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

This report forwarded to headquarters on 12-21, 1984 by K. J.

INCIDENT 2588

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 1982 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2590		12	21	84	FRIDAY 6	1936	2017

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	20		McQUIRE	RD	02911	1936

R-1 MEDICAL 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
K. CULLINAN				CAPT. CABBADIA
E. SANCHEZ				LT. RICCI
				S. CAPRACOTTA
				P. CABBADIA
				F. VESCERA
				R. D. MARTIN
				CAPT. DOYLE
				LT. CAGNO
				D. BAZZLE
				D. DISTEFANO

INCIDENT 2590

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

This report forwarded to headquarters on December 21, 19 84 by [signature]

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 1983 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	0259 1		12	21	84	FRIDAY	2021	2106

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		1200 NORTH PROV. HIGH		02911	2024

R-1 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			~~ART~~
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
			CAR-5	
		SAME		
		AS	# 1982	

INCIDENT 0259 1

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

This report forwarded to headquarters on December 21, 19 84 by [signature]

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 1984 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2592		12	21	84	FRIDAY 6	2225	2254

CORRECT ADDRESS: NO. DIR. NAME Smithfield TYPE RD ZIP CODE 02911 SIG 1 TIME 2227

RES #1 ENG #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. RES	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
R. DiMARTINO				CAPTAIN LABBADIA
L. SANCHEZ.				Lt. RICCI.
K. CULLINAN.				D. BAZZLE.
				P. LABBADIA.
				S. CAPOTOSTO.
				F. VESCERA.

INCIDENT 2592

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

This report forwarded to headquarters on December, 19 84 by Captain LaBbadia

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 1985 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2595		12		84	SATURDAY 7	1 10	0 1 32

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	610		Douglas & Goldsmith	RD		113

RES-1 ~~ENG-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. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
R. DiMartino				Capt Labbadia
L. Sanchez				Lt Ricci
K. Cullinan				P. Labbadia
				S. Caprotta
				F. Vescera

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

This report forwarded to headquarters on December 22, 19 84 by Lt Labbadia

INCIDENT 2595

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1986 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002232	00	12	22	84	Saturday	1112	1116

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	4		Warren	Av	02911	—

C/V E-2 /Accidental/ **COMPILED SERVICE** Fernic Box 5211

(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. Capaldi	D. Scott			L. Sanchez
K. Mayers	D. DeStefano			J. Gregson
B. Thuber				
P. LaBbadia				

INCIDENT 002232

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

This report forwarded to headquarters on 12/22, 1984 by Capt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1988 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002548		12	22	84	SATURDAY	1500	1528

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	31		Zippered	ST		1503

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
R. Thurber				Capt. Capaldi
J Greyson				Lt. Capaldi
				D. DeStefano
				K. Mayers
				D. Scott
				R. Lombardi
				E. Dymin

INCIDENT 002548

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

This report forwarded to headquarters on December 22nd, 1984 by John Greyson

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1958 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	22366		12	22	84	SATURDAY 7	1714	1724

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	4		FOURTH MARY MOTHER OF MANKIND CHURCH	ST	02904	

POSSIBLE HEART

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 CAPALDI				Lt. Cagno
K. MAYERS				D DeStefano
P. LAFRANCIA				C DiGuilio
D SCOTT				

INCIDENT

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

This report forwarded to headquarters on 12/22, 19 84 by PVT. D. DeStefano

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1959 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	26009		12	22	84	SATURDAY	1714	1803

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			FOURTH MARY MOTHER OF MANKIND CH.	ST	02904	1716

(HEART) 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
B THURBER				
J GORGON				

SAME AS 1988

INCIDENT

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

This report forwarded to headquarters on 12/22, 19 84 by R. Thurber

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1990 Station No. [redacted] 1 ☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002239	00	12	23	84	SUNDAY	0136	0252

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	2[redacted]		MORGAN	AV	02911	—

E-1, 4, L-1

COMPILED SERVICE

Code Red

(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	150'		
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....30.....Min.				

(D) MASTER STREAM APPLIANCES			(E) LADDER USED			(F) OTHER EQUIPMENT
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL		4	Air packs (4.5's)
	DELUGE GUN		BANGOR		1	Pike pole
	CELLAR PIPE		EXTENSION		2	Axe
			WALL		1	Smoke ejector + Cord
			ROOF		1	Salvage cover
			FOLDING		1	C-D Light

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
CAPT. CAPALDI	LT. CHUNG		C-2	K. THURBER
K. MAYERS	D. WESTERLUND		C-5	J. WHEELER
D. SCOTT			C-4 & 3	

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

This report forwarded to headquarters on 12/23, 1984 by Capt. Capaldi

INCIDENT 002239

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1991 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 26 03		12	23	84	SUNDAY	1037	1102

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		CENT. MANOR		02911	1039

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. E-1	TRUCK NO.	ON SCENE	STATION
K. LANDRY	D. DI IORIO			CAR-2
D. CICERONE	K. CICERONE			CAPT. RUSSO
				D. BAZZLE
				D. GREGSON
				D. DESTEFANO

INCIDENT 00 26 03

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

This report forwarded to headquarters on DEC. 23, 1984 by K. A. Landry

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1992 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	0,0,2,4,0	1	1,2	2,3	8,4	SUNDAY	1,0,4,3	1,0,5,4

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		CENT. MANOR		02911	

ASSIST 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. R-1	TRUCK NO.	ON SCENE	STATION
		SAME	AS	
		#1991		

INCIDENT 002240

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

This report forwarded to headquarters on DEC. 23, 1984 by D. DiLuca

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1993 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002605		12	23	84	SUNDAY	1634	1711

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		SMITH FIELD	RD	02904	1638

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. RUGGIANO	CAPT. MARWELL
D. CICERONE				D. DiIORIO
				K. CICERONE
				D. BARRIE
				J. McNEILL
				R. DiMARTINO

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

This report forwarded to headquarters on 12-23-, 1984 by K. A. Landry

INCIDENT 002605

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1994 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2611		12	24	84	Monday 2	1707	1718

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	6		Plymouth	RD		1710

R1+E4

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. Pigulio				Capt Doyle
P. Rocco				Lt. Ponte
				S. Horgan
				P. Swinton
				J. McNeil

INCIDENT 2611

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

This report forwarded to headquarters on Dec 24, 19 84 by Pvt. Patrick Rocco

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1995 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002245		12	24	84	Monday	1849	1850

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			M.S.A. & Locust	AV	02911	

E-1,4,2 L-1 C/Blue **COMPILED SERVICE** Box 131

(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. Eng	TRUCK NO. Lad	TRUCK NO.	ON SCENE	STATION
Capt. Doyle	Lt. Ponte			P. Roderick
S. Horan	E. DiGiulio			J. McNeill
D. Singleton				D. Reed

INCIDENT 002245

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

This report forwarded to headquarters on 12/24, 1984 by Capt. Doyle

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1996 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2615		12	24	84	Monday	2030	2043

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
5		DiFilippo	CT		2035

SS - 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. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
J. McNeil				
P. Rodgers				

Sent as 1995

INCIDENT 2615

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

This report forwarded to headquarters on Dec 24, 19 84 by Lt. Patrick Roberts

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1997 Station No. I

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002248		12	24	84	MONDAY	2217	2218

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
26		WENDI	DR	02911	

E-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		2	SPANNERS
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
		14FT	ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
LT. ROUTE				S. VORAN
P. LABBADIA				P RODERICK
D. SINGLETON				D REED
				D. DESTEFANO
				E. DiFulio
				P. ROCHELAU

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

This report forwarded to headquarters on 12-24, 19 84 by LT. R Ponte

INCIDENT 002248

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1998 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	820616		12	24	84	Monday	2321	2328

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
0		High Service	AV		2322

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. R1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
P. Roderick				Capt Doyle
J. McNeill				Lt. Foote
P. Rocheleau				Storaw
				P. Labbadia
				D. DeStefano
				D. Singleton
				D. Reed
				E. DiGiulio

INCIDENT 820616

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

This report forwarded to headquarters on 12/24/84, 19 84 by P. Rocheleau

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. [redacted] 1999 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2618		12	25	84	Tuesday 3	0030	0122

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	9		Pine	St	02904	0033

R-1 SSE-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. Res	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
J. McNeill				Capt. Doyle
D. Destefano				Lt. Ponte
				S. Horan
				P. Roderick
				D. Singleton
				E. DiGiulio
				P. Habbadia
				P. Rocheleau
				D. Reed

INCIDENT 2618

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

This report forwarded to headquarters on 12/25, 1984 by _____

Eng

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. ~~200~~ 2000 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002252		12	25	84	Tuesday	0040	0050

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	9		Pine	St	02904	0042

SS E-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. Eng	TRUCK NO. Res	TRUCK NO.	ON SCENE	STATION
Capt. Doyle	T. McNeill			P. Roderick
S. Horan	D. Destefano			Lt. Ponte
P Habbadia				E. DiGiulio
D. Singleton				D. Reed
P Rocheleau				

INCIDENT 002252

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

This report forwarded to headquarters on 12/25, 1984 by Capt Doyle

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. ~~1900~~ 2001 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2620		12	25	84	Tuesday	0250	0324

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
5		Central	AV		0253

Res. 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. R-1	TRUCK NO. E-1	TRUCK NO.	ON SCENE	STATION
P. Rodrick	Capt. Doyle			Lt. Ponte
J. Mallet	S. Hogan			D. Ricci
	P. Labbadia			E. DiBiasio
	V. Singleton			D. Ricci
	P. Rochefaud			
	D. Destefano			

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

This report forwarded to headquarters on Dec 25, 19 84 by Pat. Patrick Roberts

INCIDENT 2620

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. ~~1827~~ 2002 Station No. _____

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2254	1	12	25	02	TUESDAY	2:50	3:03

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
5		Central	AV	02904	2:53

ENG. 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. R-1	TRUCK NO. E-1	TRUCK NO. _____	ON SCENE	STATION

Same as Report, 1927

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

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

INCIDENT 002254

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report In Your Own Words

Shift "A" Co. No. 2003 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2621		12	25	84	TUESDAY 3	1225	1300

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	41 51		SUNSET TERRACE SUNSET AVE		02911	1226

R-1 SS-E1

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. E-1	TRUCK NO.	ON SCENE	STATION
CAPT. LABBADIA	LT. RICCI			P. LABBADIA
L. SANCHEZ	S. CAPRACOTTA			

INCIDENT 2621

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

This report forwarded to headquarters on ~~NOVEMBER~~ December, 19 84 by

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 2004 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002256		12	25	84	TUESDAY 3	1228	

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	461		SUNSET TERRECE	AV		1240

R-1 SS-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
		SAME AS		
		# 2003		

INCIDENT 002256

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

This report forwarded to headquarters on December 25, 19 84 by Lt S. Capuano

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 2006 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	22558		12	25	84	TUESDAY	1853	1907

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	415		SUNSET		02911	1853

Eng #1 + Res #2 **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. Eng 1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
S. Cappaccola				L.F. Ricci
Captain Labbadia				P. Labbadia
F. Viscera				R. D. Martino
				L. Sanchez
				K. Cullinan

INCIDENT 22558

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

This report forwarded to headquarters on 12-25, 19 84 by Capt Labbadia

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 2005 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2623		12	25	84	TUESDAY	1823	1902

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		PUREWAY	ST	02911	1826

RES #1 1-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. RES #1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
L. SANCHER.				CAPT. LABBADIA
K. CULLINAN.				LT. RICCI.
				P. LABBADIA.
				S. CAPPALUPPA
				R. DI MARINO
				F. VESCERA

INCIDENT 2623

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

This report forwarded to headquarters on 12-25, 19 84 by [signature]

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 2007 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2625		12	25	84	TUESDAY	2127	2240

CORRECT ADDRESS: NO. 610 DIR. NAME SMITHFIELD TYPE RD ZIP CODE 02911 SIG 1 TIME 2228

RES #1 & ENG #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. RES 1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
L. SANCHEZ.				CAPTAIN LABBADIA
K. CULLINANE.				LT. RICCI
				P. LABBADIA.
				S. CAPRACOTTA
				F. VESCERA.
				R. D. MARTINO

INCIDENT

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

This report forwarded to headquarters on 12-25, 19 84 by Capt Labbadia

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 2008 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002261		12	26	84	WEDNESDAY	0925	0944

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
BX 7123	610		SMITHFIELD RD.		02904	

E431, L12

COMPILED SERVICE

C/X 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
D. Bazzle	D. Charello			K. Scandariato
Lt. P. Phillips	W. Roy			D. Giammarco

INCIDENT 002261

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

This report forwarded to headquarters on 12-26, 19 84 by Lt. P. Phillips

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. _____ Station No. _____

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2262		12	26	84	WEDNESDAY	1109	1112

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
BOX 141	50	OFF	WATERMAN	AV	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. _____	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
D. BAZZLE	W. ROY			K SCANDARIATO
LT. PHILLIPS	D. CHARELLO			D. GIAMMARCO

INCIDENT 2262

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

This report forwarded to headquarters on Dec. 26, 19 84 by _____

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 2010 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002264		12	26	84	WEDNESDAY	1449	1459

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
13		[redacted] MORGAN	AV.	02911	

COMPILED SERVICE GASOLINE SPILL WASHDOWN

(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. .....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. P. PHILLIPS				W. ROY
D. BAZZLE				D. CHARELLO
				K. SCANDARIATO
				D. GIAMMARCO

INCIDENT 002264

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

This report forwarded to headquarters on Dec 26, 19 84 by Lt. P. Phillips

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 2011 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002637		12	26	84	Wednesday	1640	1507

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
1967		Mineral Spring	Rd		1641

Med - Rd

COMPILED SERVICE Police Dept.

(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. Walker				Capt. Randall
J. Grayson				Lt. Cardi
				D. St. Stefano
				D. Scott

INCIDENT 002637

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

This report forwarded to headquarters on December 26th, 19 84 by John Grayson

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 2012 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 2265	00	12	26	84	Wednesday	1923	1952

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	610		Smithfield	Rd	02904	1924

C/B E-1 Box 7123

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. Capaldi	Lt. Cagno			J. Gregson
J. Wheeler	D. Scott			K. Moyers
D. DeStefano				D. Gregson SR.

INCIDENT 002265

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

This report forwarded to headquarters on 12/26, 19 84 by Capt. Capaldi

Sec.

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 2013 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002266	00	12	26	84	Wednesday 4	1934	1939

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

C/Y E-4 Box 2225

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
Lt. Cagno				Capt. Capaldi
D. Scott				F. Wheeler
				K. Mayers
				J. Gregson
				D. Gregson Jr.
				D. DeStefano

INCIDENT 002266

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

This report forwarded to headquarters on 12/26, 19 84 by Capt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 2014 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2632		12	27	84	THURSDAY	1332	1412

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1905		TOWNSEND	AV.	02904	1333

C/V E-4 Box 2225

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
W. ROY				CPT. D'AMICO
K. SCANDARIATO				D. BAZZLE
				D. CHARELLO
				LT. PHILLIPS

INCIDENT 2632

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

This report forwarded to headquarters on 12/27/, 1984 by K. Scandariato (QC)

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 2015 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2634		12	27	84	THURSDAY 5	1435	1536

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	111		ALLEN AV.			1441

E2, R1

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				CPT. D'AMICO
W. ROY				D. BAZZLE
				D. CHARELLO
				LT. PHILLIPS

INCIDENT 26 34

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

This report forwarded to headquarters on 12/27/, 1984 by K. Scandariato Ca

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 2016 Station No. ONE

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	00		12	27	81	THURSDAY 5		

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
1889		Smith	ST	[illegible]	

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
P. RODERKA				D. [illegible]
Capt. MARINELL				D. [illegible]

INCIDENT ____

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

This report forwarded to headquarters on Dec [illegible] 22, 19 81 by Dennis [illegible]

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 2017 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2636		12	27	84	THURSDAY	1713	1757

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		R.W. TO 1905 M.S.A.		02904	1721

TRANS.

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
K. LANDRY				K. CICERONE
				D. DIDIO
				D. BAZZ
				D. GREGSON
				? RODERICK

INCIDENT

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

This report forwarded to headquarters on 12/27, 19 84 by [signature]

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 2018 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	00,26,39		12	28	84	FRIDAY	23,30	00,20

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		Lincoln/N.Prov. Line Rt. 146 Northbound			2336

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. Erickson				Cpt. Maxwell
R. Landry				R. Cicerone
E. Sayles				D. Dilorio
				D. Bazzle
				D. Grigson

INCIDENT 00,26,39

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

This report forwarded to headquarters on Dec. 28, 1984 by R.A. Landry

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift F Co. No. 2019 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	26472		12	28	84	FRIDAY	1246	1309

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
35		SALEM	ST	02904	1252

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				CAPT. D'AMICO
W. ROY				D. BRAZIE
				LT. PHILLIPS
				D. CHARETTE

INCIDENT 1492

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

This report forwarded to headquarters on 12-28, 19 84 by

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 2020 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2274		12	28	94	FRIDAY 6	1258	1309

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

E-1 – R-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. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
CAP. D'Amico				Lt Phillips
D. Buzzi				D. Chace 1/6

INCIDENT

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

This report forwarded to headquarters on 12-28, 19 94 by Capt D'Amico

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 2028 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400			12	28	84	FRIDAY		

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
29		McGUIR MAPLE GARDENS II		02961	

E-1 DETAIL

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. R PONTE				PLADDARIS
S. HORAN				J. HORAN
D. REED				P RODERICK
D. SINGLETON				E DIGULIO
				P DESTEFANO
				P. ROUCHUAL

INCIDENT

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

This report forwarded to headquarters on 12-28, 1984 by LT. R Ponte

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 2022 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002654		12	29	84	SATURDAY 7	10 59	11 36

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		ROSNER	AV	02911	1106

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. RES 1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
R. DiMartino				CAPT LABBADIA.
L. SANCHEZ.				LT. RICCI.
				LT. PONTE.
				P. LABBADIA.
				S. CAPRACOTTA.
				F. VESCERA.
				D. SINGLETON
				D. DISTEFINO.
				J. MCNEIL
				P. ROCHEAU

INCIDENT 2654

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

This report forwarded to headquarters on 12-29, 19 84 by Capt Labbadia

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 202 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2655		12	29	84	SATURDAY	1314	1348

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
1565		DOUGLAS	AV		1317

R1

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. R1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
		S/A 2022		

INCIDENT 2655

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

This report forwarded to headquarters on December 29, 19 84 by [signature]

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 2024 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2656		12	29	84	SATURDAY	1357	1413

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		No Prov ER		02911	1358

R1

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
CAPT. CABBAGLIA				Chief DiGuilio
L. SANCHEZ				CAPT RUGGIANO
				Lt. RICCI
				S. CAPRACOTTA
				F. VESCERA
				G. McDonald

INCIDENT 2656

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

This report forwarded to headquarters on December 29, 19 84 by _____

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 2025 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2458		12	24	84	SAT.	1722	1807

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1029		DOUGLAS	AV		1725

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 DIMARTINO				CAPT. CARBADIA
L SANCHEZ				LT. RICCI
				S. CAPRACOTTA
				P CARBADIA
				F VESCERA
				K CULLINAN

INCIDENT 2458

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

This report forwarded to headquarters on December 20, 1984 by [signature]

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 2026 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002279		12	29	84	SATURDAY	1758	1812

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1905		MINERAL SPRING	AV	02911	

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

INCIDENT 002279

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

This report forwarded to headquarters on DECEMBER 29, 19 84 by S. Capracotta

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 2027 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2660		12	30	84	SUN	0449	0522

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

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
	S/F	2026		

INCIDENT 2660

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

This report forwarded to headquarters on 12/30, 1984 by

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No 1028 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2661		12	30	84	SUNDAY	0610	0653

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	30		CHESTNUT			0614

RI

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

INCIDENT 2661

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

This report forwarded to headquarters on December 30, 1984 by

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 2029 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	006662	00	12	30	84	Sunday	1084	0919

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	8		Justice	St.	02911	0846

~~Transportation~~ 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				Capt. Capaldi
D. Gregson Sr.				Lt. Cogno
				K. Mayers
				D. Scott
				D. DeStefano

INCIDENT 006662

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

This report forwarded to headquarters on 12/30, 19 84 by Capt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 2030 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002663	00	12	30	84	Sunday	1007	1037

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG TIME
83		Angell	Av	02911	1203

Transportation

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

See Report # 2029

INCIDENT

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

This report forwarded to headquarters on 12/30, 1984 by Capt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 2031 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002265		12	30	84	Sunday	1134	1202

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		St Joes Hospital			12/6/6

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
J Greyson 562 T. Greyson			See Report 2024	

INCIDENT 002265

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

This report forwarded to headquarters on Dec 30th, 1984 by John Greyson

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 2032 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2662	1	12	30	84	Sunday	1807	1826

CORRECT ADDRESS: NO. 2207 DIR. NAME Smith TYPE St ZIP CODE SIG 1 TIME 1810

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. Wheeler				Capt Capalbo
J. Greyson				Lt. Capalbo
				K. Mayers
				J. Scott
				O. DeStefano
				J. Greyson Sr
				R. Thurber

INCIDENT 2662

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

This report forwarded to headquarters on December 30th, 19 84 by John Greyson

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 2033 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002281	00	12	30	84	Sunday	1830	1838

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
2		Greystone	Av	02911	

Bomb scare

COMPILED SERVICE Worcester Textile Co.

(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. Capaldi				Lt. Cagno
K. Mayers				D. Gregson Sr.
D. Scott				D. DeStefano
				J. Gregson
				J. Wheeler
				B. Thurber

INCIDENT 002281

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

This report forwarded to headquarters on 12/30, 19 84 by Capt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 2034 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002667		12	30	84	Sunday	1909	1955

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	2224		Smith	ST		1921

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. Wheeler				Capt Capwald
J Pearson				Lt. Cain
				K Mayers
				D. DeStefano
				R Thurber
				D. Scott

INCIDENT 2667

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

This report forwarded to headquarters on 12/30, 1984 by J. Wheeler

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift 4 Co. No. 2035 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2284		12	31	84	MONDAY	1013	1025

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1776		BICENTENNIAL	WY	02904	

E1-R1

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. R-1	ON SCENE	STATION
D. CHARELLO		D. GIAMMARCO		W. ROY
CPT. D'AMICO		K. SCANDARIATO		D. BAZZLE

INCIDENT

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

This report forwarded to headquarters on 12/3/84, 19___ by Cpt. D'Amico

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift 1 Co. No. 2036 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2671		12	31	84	MONDAY	2 1013	1054

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1276		BICENTENNIAL	WY		1215

E, RI

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 # 2036

INCIDENT 2671

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

This report forwarded to headquarters on 12-31, 19 84 by K. J.

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 2037 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2285		12	31	84	MONDAY	2130	1311

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
1128		MIN. SQR.	AV		

E5, E4, LAD 1 **COMPILED SERVICE** YELL E5

(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
D. BAZZLE				CPT D'AMICO
W. ROY				LT. CALISE
				K. SCANDARIATO
				D. GIAMMARCO

INCIDENT

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

This report forwarded to headquarters on 12/31/84, 1984 by W. Roy

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 2038 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002287		12	31	84	MONDAY	2212	2227

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	29		GLADSTONE (SMITHFIELD)	ST.		2215

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				D. BAZZLE
D. DIORIO				K. ERICKSON
D. GREGSON				J. MCNEILL
B. HINES				K. LANDRY
				R. LINCOLN

INCIDENT 2287

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

This report forwarded to headquarters on 12-31-, 19 84 by CAPT. MARWELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 2039 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002674		12	31	84	MONDAY	2223	2252

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
29		MC GUIRE	RD	02904	2224

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				CAPT. MARWEY
K. ERICKSON				D. DIIORIO
				D. BAZZLE
				D. GREGSON
				B. HINES
				J. MCNEILL
				R. LINCOLN

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

This report forwarded to headquarters on Dec. 31, 1984 by K. A. Landry

INCIDENT 002674

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 2070 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002288		12	31	84	MONDAY	2243	2247

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		WATERMAN + ADAMS		02911	2246

Box 124

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			SAME	
D. DiIORIO				
D. GREESON			AS	
B. HINES				
			CO. #	2038

INCIDENT 2282

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

This report forwarded to headquarters on 12-31-, 19 84 by CAPT. MARWELL