Eng

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 161 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000172		02	01	84	Wednesday 4	0015	0036

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	16		Monongahela	St	02911	

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. Eng	TRUCK NO. Res.	TRUCK NO.	ON SCENE	STATION
Lt Doyle	M. Rea			Capt. Russo
R. Ponte	P. Roderick			D. Doyle
R. DiLeonardo				S. Horan
R. Paukin				J McNeill
D Singleton				

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

This report forwarded to headquarters on 2/1, 19 84 by Lt. Doyle

INCIDENT 000172

Res

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 162 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	214		02	01	84	Wednesday	0015	0059

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	16		Monongahela	St	02911	0018

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.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
	Same			✓
	161			
	as			
	#			

INCIDENT Rescue 214

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

This report forwarded to headquarters on Feb 1, 19 84 by W. Fay

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 163 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000216		02	01	84	WED 4	1417	1516

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1905		MSA			1417

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. B-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Lt. Phillips				Capt. D'Amico
D. Iannuzzo				Ff. Tinlin
				A. Medeiros
				R. Scandurato
				J. Silva
				A. Rossi

INCIDENT 000216

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

This report forwarded to headquarters on 2-1, 19 84 by Lt. Phillips
Lt.

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift 1 Co. No. 164 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000173		02	01	84	WED 4	1434	1435

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

E-1-2-4-3-L-1-2 **COMPILED SERVICE** Yellow 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. E-1	TRUCK NO. L-1	TRUCK NO. _____	ON SCENE	STATION
Capt D'Amico	Lt. DiGiulio			
A. Zaleski	A. Rossi			
K. Scandariato				

INCIDENT 123

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

This report forwarded to headquarters on 2-1, 19 84 by Capt D'Amico Eddy

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 165 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	174		02	01	84	Wednesday	1659	1724

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
Box 7128	2226		Mineral Spring	Av	02911	1701

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E 1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
D. Scott	J Cordeiro			L. Sanchez
R. Thurber	P Labbadia			
J. McNeill				

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

This report forwarded to headquarters on 2/, 19 84 by PWF D. Scott

INCIDENT

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 166 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	840219		02	01	84	Wed. 4	1943	2009

CORRECT ADDRESS	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	2000		SMITH	ST.		1945

Auto Alc. Wes. #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. Wes 1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
H. Thurber "				H. Ucci "
J. Pickard "				Scott "
				Ingbar "
				Di Martino "
				Carnacotti "

INCIDENT 840219

I have examined this report and give my approval to same. Feb 2

This report forwarded to headquarters on _____, 19 84 by H. Thurber

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 167 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	900223		02	01	84	WEEKDAY	2301	2315

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1967		MSA		02904	2303

WALK-IN

COMPILED SERVICE R-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. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
L. Sanchez				
R. DiMartino				

SAME AS CO #168

INCIDENT 000223

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. 168 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001776		02	01	84	WENSDAY 4	2301	2312

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	25		TOSCOLA	AV	0	2302

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
F. Ricci •				S. CAPACOTTA •
R. THURBER •				D. SCOTT •
J. CORDERIO •				B. PAULIN •
J. LARUE •				
E DIGIULIO JR. •			RES 1	L. SANCHEZ •
P LABBADIA •				R. DiMARTINO

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

This report forwarded to headquarters on _____, 19 ___ by J. Reed

INCIDENT 001776

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 169 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 9 2 2 4	1	0 2	0 1	8 4	WEDSDAY	4 2 3 2 4	0 0 0 2

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	39		SOUTH LINCOLN	AV	02911	2326

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
L Sanchez				F. Ricci
R DiMartino				R. Thurber
				S. Carnevale
				P Labbadia
				J Laurie
				F DiGiulio JR.
				J. Cordeiro
				D. Scott
				B Pauzin

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

This report forwarded to headquarters on 2/1/84, 19 ___ by Lou Grande

INCIDENT 224

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 170 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000226		02	02	84	THURSDAY	0743	0827

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	76		ALLEN AVE.		02911	0745

R1 + E2

COMPILED SERVICE MED-AID

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
D. GIAMMARCO				
P. PHILLIPS				

INCIDENT 000226

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

This report forwarded to headquarters on FEB 2, 19 84 by Lt P. Phillips

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 171 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME – "IN SERVICE"
02400	900228		02	02	84	Thursday	1337	1431

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1400		SMITH	ST	02911	1339

E-2 – R-1

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Lt. Phillips				Capt. D. Amico
D. Giammarco				Lt. L. Tinlin
				A. Rocci
				K. Scandurato
				A. Yurkunya

INCIDENT 000228

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

This report forwarded to headquarters on 2-2, 1984 by Lt. Phillips
Chief

NORTH PROVIDENCE FIRE DEPARTMENT
SUPPLEMENTARY REPORT

902F

Fill In This Report In Your Own Words

Shift B Co. No. 172 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	00231		02	02	84	Thurs-Day	1151	1227

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
1838		Smith	ST		1152

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
Casalino "			Capt Ruggiero "	Chief Murphy
Burgess "			D. Ciccone "	K. Cardi "
P. Prohowvak				L. Barile "
				J. Cuomo "
				K. Ammon
				J. Grande
				K. Maynes
				R. Cullinan
				R. Poulin "

INCIDENT 00231

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

This report forwarded to headquarters on Feb. 2nd, 1984 by J. Ruggiero

NORTH PROVIDENCE FIRE DEPARTMENT
SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 173 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	132		02	03	84	Friday	0110	0141

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	22		Angell	Rd		0113

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. Carcone			R. Cullen	
J. Bryan				
				Same

INCIDENT 132

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

This report forwarded to headquarters on Feb. 3, 19 84 by [signature]

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1711 Station No. 1

☐ Revised Report

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

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

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

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 B Co. No. 175 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000234		02	03	84	FRIDAY	0711	0741

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG T TIME
	360		Smithfield	RD	02903	0714

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. RESCUE 1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
J. CAGNO				J. WHEELER
K. O'MARA				

INCIDENT 000234

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

This report forwarded to headquarters on Feb 3, 1984 by K O'Mara

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift 1 Co. No. 176 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	990235		02	03	84	FRIDAY	0827	0933

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	20		McGUIRE	RD	02911	0827

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. B-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
LT. PHILLIPS				CAPT. D'AMICO
D. GIAMMARCO				LT. DiGIULIO
				K. SCIANDARIATO
				A. ZANLENGA
				A. ROSSI
				J. SILVA

INCIDENT 990235

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

This report forwarded to headquarters on 2-3, 19 84 by Lt. Phillips
Capt

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 177 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000186		02	03	84	FRIDAY 6	1753	1815

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	58		FITCHUGH	ST	02904	1755

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. CICERONE				CAPT. MARWELL
D. DIDORO				K. ERICKSON
J. LAURIE				E. DIGULIO
D. DESTEFANO				R. LINCOLN
				J. McNEILL

INCIDENT 186

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

This report forwarded to headquarters on 2-3-, 1984 by CAPT. MARWELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "C" Co. No. 178 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000240		02	03	84	Friday 6	2022	2056

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1828		Mineral Spring Ave			2023

Resave Run & 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
K. Erickson *				Capt. Marwell *
R. Lincoln *				Lt. Cicerone *
S. Bauman				D. DiIorio *
				E. DiGiulio, Jr. *
				B. Hines *
				J. Laune *
				B. Paulin *

INCIDENT 240 recut

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

This report forwarded to headquarters on Feb 3, 1984 by R. Lincoln

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 179 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000242		02	03	84	FRIDAY	2322	0013

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1967		MINERAL SPRING	AVE	02904	2322

Rescue Run — Walk-In **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. MARWEG
R. LINCOLN				LT. CICERONE
S. BAUMAN				D. DIIORIO
				D. CICERONE
				E. DIGIULIO
				B. HINES
				J. LAURIE
				R. PAULIN
				J. McNEILL

INCIDENT RESCUE 242

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

This report forwarded to headquarters on Feb 3, 19 84 by A. Lincoln

Eng

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 180 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000188		02	04	84	Saturday 7	0835	0849

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	2072		Smith	St	02911	0837

E-1, R-1 D.O.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. Eng	TRUCK NO. Res	TRUCK NO.	ON SCENE	STATION
Lt. Doyle"	R. Lincoln"			Capt. Russo"
D. Doyle"	J. McNeill"			Capt. Maxwell"
R. Ponte"	S. Bauman			Lt. Cicerone"
R. Paulin"				D. DiLorio"
				P. Roderick"
				D. Singleton"

INCIDENT 000188

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

This report forwarded to headquarters on 2/4, 19 84 by Lt. Doyle

Res

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 181 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 02 43		02	04	84	Saturday 7	9 8 3 5	0 8 5 4

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	2973		Smith St Apt 705		02911	0836

Rescue Rm & 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.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
		SAME AS # 180 CO.		

✓

INCIDENT rescue 243

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

This report forwarded to headquarters on Feb 4, 1984 by R. Lincoln

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 182 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	900189		02	04	84	Saturday 7	1122	1144

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	596		Woonasquatucket	AV	02911	1124

E-1 Gas spill

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.	TRUCK NO.	ON SCENE	STATION
Lt. Doyle				Capt. Russo
D. Doyle				S. Horan
R. Ponte				P. Roderick
J McNeill				R. Lincoln
D. Singleton				K. O'Mara

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

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

INCIDENT 900189

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 183 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	060191		02	04	84	SATURDAY	1329	1341

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	29		MC GUIRE	RD	02911	1339

MAPLE GARDENS I

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
R. PONTE				
D DOYLE				
I McNIEL				

INCIDENT 060191

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

Asst C-21

This report forwarded to headquarters on Feb 6, 19 84 by John Cuzzo

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 184 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000192		02	04	84	SATURDAY	1915	1921

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
1		GREYSTONE	AV	02911	1918

E-1 C/Y SMOKE SCARE

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. RUSSO				CHIEF MURPHY
D. DOYLE				LT. DOYLE
F. RICCI				S. HORAN
R. DILEONARDO				R. POWTE
				M. REA
				P. RODERICK
				J. MCNEILL
				D. DESTEFANO
				D. SINGLETON

INCIDENT 000192

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

This report forwarded to headquarters on 2/4, 19 84 by R. Dilenardo

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 185 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	247		02	05	84	SUNDAY	0031	0133

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	5		STEERE	AV		0034

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. B-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
M. REA				LT. DOYLE
J. McNEILL				R. DILEONARDO
				R. PAULIN
				S. HORAN
				R. PONTE
				D. DOYLE
				D. SINGLETON
				D. DESTEFANO

RESCUE INCIDENT 247

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

This report forwarded to headquarters on Feb 5, 1984 by M. Rea

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 186 Station No. 2

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000197		02	05	84	SUNDAY	1615	1621

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1905		M. S. A.		02904	1616

E-1, 4, 3 - L-1 L2 **COMPILED SERVICE** C/Y 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. E-1	TRUCK NO. L-1	TRUCK NO. _____	ON SCENE	STATION
F. Ricci	P LABBADIA			L. Sanchez
R THURBER	S. CAPACOTTA			R. DiMARTINO
K O'MAIR	J. McNEILL			
J. CORDEIRO	B. PAULIN			

INCIDENT 000197

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

This report forwarded to headquarters on 2/3, 19 84 by Frank Ricci

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 187 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001999		02	05	84	SUNDAY	1644	1658

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	111		TURCONE	ST	02904	1642

E-1-4 L1 C/X 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. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
F. RICCI	P. LABBADIA			R. DIMARTINO
R. THURBER	S. CAPRACOTTA			L. SANCHEZ
K. O'MARA	J. McNEILL			
J. CORDEIRO	R. PAULIN			

INCIDENT 001999

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

This report forwarded to headquarters on 2-5, 19 84 by Frank Ricci

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 188 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	9902952		02	06	84	MON	0241	0339

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			DOUGLAS MANOR APT#16			0245

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. R1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
R. DIMARTINO				F. RICCI
L-SANCHEZ				R. THURBUR
				P. LABBADIA
				R. PAULIN
				K. CULLINANE
				S. CAPRACOTTA
				J. CAGNO
				J CORDERO
				D. SCO
				K O'NEIL

INCIDENT 952

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

This report forwarded to headquarters on Feb. 6th, 1984 by Lou Fracchia

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

2992 902F

Fill In This Report
In Your Own Words

☐ Revised Report

Shift "A" Co. No. 189 Station No. 1

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	0016253		02	06	84	MON	0551	0626

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
201		McGUIRE	RD		0553

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
R. DIMARTINO				F. RICCI
L. SANCHEZ				R. THURBER
				P. LABRADIA
				R. PAULIN
				K. CULLINAN
				S. CAPRACOTTA
				J. CAGNO
				J. CORDEIRO
				D. SCOTT
				K. O'MARA

INCIDENT 0016253

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

This report forwarded to headquarters on Feb 6th, 19 84 by Lou Sanch

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 190 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	902665		02	07	84	Tuesday	3015	0216

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	29		M. Cross	Rd		0153

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. E-1	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 B Co. No. 190 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	092560		02	07	54	Thurs	0520	0522

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	151		Kyron	ST		0621

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. Cosolini				
J. Gregson			Smith	
			PS	
			# 180	

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 2 Co. No. 192 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	84 258		02	07	84	TUESDAY	1207	1238

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	100		SMITH FIELD	RD	02904	1210

E-4-R-1

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. B-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
A. Rossi				Lt. Phillips
A. Marlenga				Lt. DiGuilio
				D. Giammarco
				K. Scandariato

INCIDENT 84-258

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

This report forwarded to headquarters on 2-7, 19 84 by A. Rossi
E.D.G

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 193 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	900203		02	07	84	TUESDAY	1513	1516

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
Box 7444			URBAN AVE APTS			

CODE Yellow E-S

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. E. DiGiulio				LT. P. Phillips
K. Scandariato				D. Giammarco
J Poulin				A Rossi
				D Clark
				A Zarlenga
				T Silva

INCIDENT 000203

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

This report forwarded to headquarters on Feb. 7, 19 84 by Lt. E. DiGiulio

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 194 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 2004		02	07	84	TUESDAY	1609	1615

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		1905 M.S.A.		02904	1610

1, 4, 3, L-1-2

COMPILED SERVICE Box Alarm 2221

(A) EXTINGUISHERS

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

(B) HOSE USED

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

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

(C) SALVAGE COVERS USED

No.	Floor or Roof

(D) MASTER STREAM APPLIANCES

No.	Type
	LADDER PIPE
	DELUGE GUN
	CELLAR PIPE

(E) LADDER USED

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

(F) OTHER EQUIPMENT

No.	Type

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
LT P. Phillips	LT. E. DiGiulio			D. Clark
D. Ciammaco	K. Scandiato			F. Rossi
J. Casno				

INCIDENT 00 2004

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

This report forwarded to headquarters on RRD-2, 19 84 by LT P. Phillips
A. Rossi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 195 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000259	1	02	07	84	TUESDAY	1712	1720

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	195		MINERAL SPRING	AVE	02904	1712

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
LT. CICERONE				CAPT. MARWELL
E. DiGIULIO				D. DiTORIO
				LT. HUNT
				J. CAGNO
				J. LAURIE
				K. ERICKSON
				R. PAULIN

INCIDENT 259

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

This report forwarded to headquarters on 2-7-, 1984 by CAPT. MARWELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 196 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	268		09	08	84	WEDNESDAY	2134	2232

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1905		M.S.A.	AV		2140

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
J. McNeill •				CAPT RUSSO •
M. ReA •				LT. DOYLE •
				R. PONTE •
				D. DOYLE •
				R. DiLEONARDO •
				D. SINGLETON •
				F. RICCI •
				R. PAULIN •

RESCUE INCIDENT 268

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

This report forwarded to headquarters on Feb 8, 19 84 by M. Rea

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 197 Station No. 1

☐ Revised Report

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

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

E-2, L-1 C/Yellow **COMPILED SERVICE** Chimney Fire

(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			
1	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	45 ft.		
	DELUGE GUN		BANGOR			
	CELLAR PIPE	1	EXTENSION	24 ft		
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. Eng	TRUCK NO. Lad	TRUCK NO.	ON SCENE	STATION
Lt. Doyle •	S. Horan •		G. Grande •	Capt. Russo •
R. Ponte •	D. Doyle •			M. Rea •
F. Ricci •	R. Dilleonardo •			J. McNeill •
R. Paulin •	P. Roderick •			
D. Singleton •				

INCIDENT 000210

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

This report forwarded to headquarters on 2/8, 19 84 by Lt. Doyle

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 198 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000212		02	09	84	Thursday 5	0334	0345

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	301		Steere	AV	02911	0338

Eng 1-2, Lad-1 C/Yellow **COMPILED SERVICE**

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. Eng	TRUCK NO. Lad	TRUCK NO.	ON SCENE	STATION
Lt Doyle	S Horan			M. Rea
R. Ponte	D Doyle			J. McNeill
F. Ricci	R Dileonardo			
R. Paulin	P. Roderick			
D. Singleton				

INCIDENT 000212

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

This report forwarded to headquarters on 2/9, 19 84 by Lt. Doyle

NORTH PROVIDENCE FIRE DEPARTMENT
SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 199 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000273		02	09	84	Thursday	1055	1131

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			MSA & Smithfield	RD	02911	1056

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Lt. Phillips				Capt D'Amico
A Zarlenga				[illegible]
				K Leandarito
				D. Iannuario
				J Silva

INCIDENT 000273

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

This report forwarded to headquarters on 2-9, 1984 by Lt. Phillips

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report In Your Own Words

Shift "A" Co. No. 200 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002218		02	09	84	THURSDAY	2259	2315

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	2001		HIGH SERVICE	AV	02911	2301

E-1, 4, 3, 2 L-1, 2 **COMPILED SERVICE** CODE YELLOW E-1

(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
F. RICCI •	D. SCOTT •			L. SANCHEZ •
S. CAPRACOTTA •	J. CORDEIRO •			R. DIMARTINO •
R. THURRER •	P. LARRADIA •			
K. CULLINAN •	R. PAULIN •			
E. DIGIULIO •	J. LAURIE •			

INCIDENT 002218

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

This report forwarded to headquarters on 2-9, 19 84 by F. Ricci

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 201 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	221		02	10	84	FRIDAY 6	9:19	9:33

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

E-1 — B-1

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Capt D'Amico				Lt. DiGiulio
D. Giammarco				K Scandiuzzato
A. Rossi				J Silva

INCIDENT 221

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

This report forwarded to headquarters on 2-10, 19 84 by Capt D'Amico

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P 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	900277		02	10	84	FRIDAY	6	0819	0911

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	72		JACKSON LA	DR	02911	0821

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. A-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
LT. Phillips				
A. JARLENGA				
		Same as #201		

INCIDENT 900277

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

This report forwarded to headquarters on 2-10, 1984 by Lt. Ch. Hills
EMT

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 203 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000225	00	02	10	84	FRIDAY 6	1647	1653

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1905		MINERAL SPRING	AV	02904	1649

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. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
LT. CAPALDI •				LT. BAZZLE •
D. DESTEFANO •				K. MAYERS •
J. MCNEILL •				

INCIDENT 225

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

This report forwarded to headquarters on FEB. 10, 19 84 by Lt. Eric Bazzle

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 204 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	00226	00	02	10	84	Friday	1717	1731

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	29		Howard	Av	02911	

Lock-out

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Lt. Capaldi				Lt. Bazzle
J. Grande				J. Cagno
D. DeStefano				K. O'Mara
				K. Mayers
				J. McNeil

INCIDENT 226

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

This report forwarded to headquarters on 2-10-84, 19 84 by Lt. Capaldi

Sec

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 205 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000230	00	02	10	84	Friday	1938	1945

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	66		Urban	Av	02904	1942

C/Y E-4 & L-2 **COMPILED SERVICE** Urban Ave. Apts. Box 7448

(A) EXTINGUISHERS

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

(B) HOSE USED

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

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

(C) SALVAGE COVERS USED

No.	Floor or Roof

(D) MASTER STREAM APPLIANCES

No.	Type
	LADDER PIPE
	DELUGE GUN
	CELLAR PIPE

(E) LADDER USED

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

(F) OTHER EQUIPMENT

No.	Type

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
Lt. Capaldi	Lt. Bazzle			K Omara
J. Grande	K. Mayers			J Casalino
J. Cagno	J. McNeil			P. Rochelea

INCIDENT 000230

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

This report forwarded to headquarters on 2-10-, 1984 by Lt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 206 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000231	0000	02	10	84	Friday	2236	2257

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	2272		Smith St	St	02911	

Assisted Police

COMPILED SERVICE

(A) EXTINGUISHERS

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

(B) HOSE USED

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

WORKING TIME OF PUMP

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

(C) SALVAGE COVERS USED

No.	Floor or Roof

(D) MASTER STREAM APPLIANCES

No.	Type
	LADDER PIPE
	DELUGE GUN
	CELLAR PIPE

(E) LADDER USED

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

(F) OTHER EQUIPMENT

No.	Type
1	Rope 1/2" 25'

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Lt. Copaldi				Lt. Bazzle
T. Grande				K. Mayers
J. Cappo				B. Paglin
D. DeStefano				T. McNeil
				K. Omang
				J. Casalino
				P. Rocheleau

INCIDENT 231

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

This report forwarded to headquarters on 2-10, 19 84 by Lt. Copaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 207 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000296		02	11	84	SAT	0126	153

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		Mineral Spring & Douglas			0128

R 1

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R 1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
J. CASALINO				
K O'MARA				
J MCNEIL			SAME	
			45	

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

This report forwarded to headquarters on Joseph Casalino, 19 84 by 2/11/84

INCIDENT

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 208 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000287		02	11	84	SATURDAY	0347	0413

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	606		Smithfield	RI	02904	0349

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. Rescue 1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
K. O'Mara				
J. Casalino				
J. McNiel				

INCIDENT 000287

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

This report forwarded to headquarters on FEB 11, 19 84 by K. O'Mara

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 208 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2195		02	11	84	SATURDAY	2018	2142

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
1		PROSPECT	ST	02908	2021

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
B. HINES				D. DIORIO
D. DESTEFANO				E. DIGIULIO
				J. LAURIE
				F. RICCI
				J. CALNO
				J. MCNEILL

INCIDENT

297

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

This report forwarded to headquarters on 2-11-, 1984 by CAPT. MARWELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 210 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2916						2148	2205

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			POINT ST & EDDY ST.		PROV.	2148

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
W. HINES				
K. ERICKSON				
D. DE STEFANO				

SEE REPORT OF 2nd ✓

INCIDENT 2916

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

This report forwarded to headquarters on 2-11, 19 84 by K. Erickson

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 21 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	900236		02	12	84	SUNDAY	1034	0403

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	268		FRUIT Hill	AVE	02911	

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
CAPT. MARWELL	J. LAURIE			K. ERICKSON
F. RICCI	D. DIORIO			B. HINES
R. PAULIN				
J. McNEILL				

INCIDENT 236

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

This report forwarded to headquarters on 2-14-, 19 84 by CAPT. MARWELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 212 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000242		02	12	84	Sunday	2157	2206

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		DiGiulio	Dr.	02911	2290

E-1 C/Blue

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. Eng	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Lt. Doyle			E. DiGiulio	Capt. Russo
R. Ponte				S. Horan
M. Reg				D. Doyle
R. Dileonardo				P. Roderick
R. Paukin				J. McNeil
				D. Singleton
				R. Lincoln

INCIDENT 000242

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

This report forwarded to headquarters on 2/12, 19 84 by Lt. Doyle

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 213 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000246	00	02	14	84	TUESDAY 3	1746	1804

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1701		WATERMAN	AV	02911	

E-1 DETAIL

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		1	SCREWDRIVER
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Lt. Bazzle •				Lt. Capaldi •
J. Cagno •				J. Casalino •
D. DeStefano •				P. Labbadia •
[redacted]				K. Mayers •
				R. Pavlin •

INCIDENT 000246

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

This report forwarded to headquarters on Feb. 14, 19 84 by Lt. Eric Bazzle

ENG.

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 214 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	0,0,0,2,4,7	0,0	0,2	1,4	8,4	TUESDAY 3	1,8,0,6	1,8,1,9

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE		ZIP CODE	SIG 1 TIME
	17		HOBSON	AV		02911	

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. E-1	TRUCK NO. R-1	TRUCK NO.	ON SCENE	STATION
LT. BAZZLE	J. GREGSON			LT. CAPALDI
J. CAGNO	J. CASALINO			K. MAYERS
D. DESTEFANO	P. LABBADIA			R. PAULIN

INCIDENT 000247

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

This report forwarded to headquarters on FEB. 14, 19 84 by Lt. Eric Bazzle

RES.

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 215 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	0,0,0,3,0,9	0,0	0,2	1,4	8,4	TUESDAY 3	1,8,0,6	1,8,2,4

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	17		HOBSON	AV	02911	1,8,0,8

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. E-1	TRUCK NO.	ON SCENE	STATION
J. GREGSON "	LT. BAZZLE "			LT. CAPALDI "
J. CASALINO "	J. CAGNO "			K. MAYERS "
P. LABBADIA "	D. DESTEFANO "			R. PAULIN "

INCIDENT

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

This report forwarded to headquarters on FEB. 14, 19 84 by Lt. Eric Bazzle

RES.

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 216 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	003111	00	02	14	84	TUESDAY 3	1900	1906

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	9		STELLA	DR	02911	1902

R-1

COMPILED SERVICE

MED. AID

(A) EXTINGUISHERS

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

(B) HOSE USED

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

WORKING TIME OF PUMP

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

(C) SALVAGE COVERS USED

No.	Floor or Roof

(D) MASTER STREAM APPLIANCES

No.	Type
	LADDER PIPE
	DELUGE GUN
	CELLAR PIPE

(E) LADDER USED

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

(F) OTHER EQUIPMENT

No.	Type

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
J. GREGSON				LT. CAPALDI
J. CASALINO				LT. BAZZLE
				J. CAGNO
				K. MAYERS
				R. PAULIN

INCIDENT 003111

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

This report forwarded to headquarters on FEB. 14, 19 84 by Lt. Eric Bazzle

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 217 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[illegible]899		02	15	84	WED	0950	1005

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	2074		SMITH	ST	02911	

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.	TRUCK NO.	ON SCENE	STATION
CAPT D'AMICO				Ff. D. Giulio
A. ROSSI				D. GIAMMANCO
A. ZARLENGA				J. SILVA

INCIDENT 247

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

This report forwarded to headquarters on 2-15, 19 84 by Capt D'Amico Edwd

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 218 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000313		02	15	84	WED	0950	1040

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	2024		SMITH	ST	02911	0951

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Lt. Phillips				
K. SCANDARIATO				
		Same as 217		✓

INCIDENT 000313

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

This report forwarded to headquarters on 2-15-84, 19 by Lt. Phillips
EHP

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift 1 Co. No 219 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000315		02	15	84	WED 4	1502	1538

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			MINERVA/SP + DOUGLAS			1504

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. B-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
LT. PHILLIPS				CAPT D'AMICO
K. SCANDARIATO				LT. DI GIULIO
				D. GIAMMARCO
				A. ROSSI
				A. ZARLENGA
				CH. MURPHY

INCIDENT

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

This report forwarded to headquarters on 2-15, 19 84 by LT. Phillips
Chief

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 220 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	008250		02	15	84	WEDNESDAY	1820	1822

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			MINERAL SPRING & BROWN			1821

E-1, 2-4, 2-1 **COMPILED SERVICE** BOX 129 CODE BLUE

(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. 2-1	TRUCK NO.	ON SCENE	STATION
CAPT. MARWELL	2T. CLEARY		LT. Doyle	D CICERONE
D DIORIO	K. ERICKSON			E. DiJulio
R. PAULIN	P. LABBADIA			
B. HINES	J ZAURIE			

INCIDENT 008250

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

This report forwarded to headquarters on FEBRUARY 15, 1984 by _____

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 22 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000251	1	02	15	84	WEDNESDAY 4	2008	2012

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

BOX 1515

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
Capt. Maxwell	Lt. Cicerone			Chief Murphy
D. Di Iorio	D. Cicerone			R. Di Carlo
W. Hines	R. Labbadia			K. Erickson
B. PAVLIN	J. Lanni			Capt. Russo

INCIDENT 000251

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

This report forwarded to headquarters on 2/15, 19 84 by Capt. Maxwell.

DETAIL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 222 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400			02	15	84	WED 4	2032	

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
250		SMITHFIELD RD			2045

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 DETAIL SUCTION HOSE USED

TRUCK NO.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
W. HINES				CHIEF DI GIULIO
K. ERICKSON				CHIEF MURPHY
R. DI CARLO				CAPT. MARNELL
				CAPT. RUSSO
				LT. CICERONE
				LT. RAZZLE
				LT. HUNT.
				LT. CAPALDI
				F. RICCI
				P. LAOBADIA
				J. LAVRIE
				D. RICERONE
				D. DI IORIO

INCIDENT

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

This report forwarded to headquarters on 2-15, 19 84 by K Dra

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift XD Co. No. 223 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	254		02	16	84	THURS	1805	1809

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		M.S.A. & BROW	AV		1806

CODE BLUE **COMPILED SERVICE** Box 129

(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
R. PONTE •	J. CAGNO •		Lt. Doyle •	M. REA ✓
D. SINGLETON	D. DESTEFANO			P. RODERICK
				D. DOYLE •
				R. PAULIN •

INCIDENT 4-52

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

This report forwarded to headquarters on 2/16, 19 84 by Lt. Doyle

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift 4 Co. No. 224 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK		ALARM TIME	TIME — "IN SERVICE"
02400	000320		02	17	84	FRIDAY	6	1345	1423

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	20		McGuire	RD		1347

R-1

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
LT. PHILLIPS				CPT. DIAMICO
K. SCANDARIATO				LT. DIGUILIO
				D. GIAMMARCO
				J. SILVA
				A. ZARLENGA
				A. ROSSI
				D. Clark

INCIDENT 000320

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

This report forwarded to headquarters on 2/17/, 1984 by Lt Phillips

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 225 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	840256		02	17	84	FRIDAY	1913	1924

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	2245		MINERAL SPRING	AV	02911	1915

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
Capt LABRADIA	L. SANCHEZ			D. Scott "
R. THURBER	R. D. MARTIN			P. LABRADIA "
K. O'MARA	K. LUDDY			CHIEF MURPHY "
J. CADERIZO				R. Paulin "
				S. Caplacotta "

INCIDENT 840256

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

This report forwarded to headquarters on 2-17-, 1984 by Capt LaBradia

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 226 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	900321		02	17	84	FRIDAY	1913	1940

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	2215		Mineral Spring	AV		1945

Rec'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.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
	SAME AS			
Co # 225				

INCIDENT 900321

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

This report forwarded to headquarters on 2-17, 19 84 by Capt. [illegible]

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 227 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000257		02	17	84	FRIDAY 6	2020	2108

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
2001		HIGH SERVICE	AV		2022

1, 3, 4, 2 L-2, 2 **COMPILED SERVICE** CODE YELLOW E-1

(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. LARBADIA	D. SCOTT			CHIEF MURPHY
R THURBER	P. LARBADIA			CAPT. RUSSO
K O'MARA	R. PAULIN			L. SANCHEZ
J. CORDEIRO	S. CAPRACOTTA			R. DIMARTINO
K. CULLINAN				K. LANDRY
				M. PATULLO

INCIDENT 000257

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

This report forwarded to headquarters on 2-17, 19 84 by Asst Dir instructor

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 228 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000258		02	18	84	SATURDAY	1117	2154

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1401		WATERMAN	AVE		1120

E-1, 2, 4 L-1, 2-2 COMPILED SERVICE Working Fire

(A) EXTINGUISHERS

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

(B) HOSE USED

No.	Size	Total Ft.
	BOOSTER	
1	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	
2	ROOF	
	FOLDING	

(F) OTHER EQUIPMENT

No.	Type
1	SCOTT - 2
	2 PIKE POLES
	2 AXES
	GENERATOR W/ LIGHTS

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO. _____	ON SCENE	STATION
R. THURBER	P. LABBADIA			L. SANCHEZ
CAPT. LABBADIA	D. SCOTT			R. DIMARTINO
K O'MARA	S. CAPRACOTTA			
J. CORDEIRO	R. PAULIN			
K. CULLINAN				

INCIDENT 000258

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

This report forwarded to headquarters on 2-18, 19 84 by R. Dimartino

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 229 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	020660		02	18	84	SAT.	0345	0407

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	29		McGuire	St		0346

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
F. Ricci "	L. Sanchez			
Capt. Imbriani "	R. DiMartino			
T. Thurber "				
K. O'Hara "				
J. Cordeiro "				

INCIDENT 020660

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

This report forwarded to headquarters on 2/16, 19 84 by _____

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 230 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000323		02	18	84	SAT.	0345	0428

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	29		McGUILE	RD		0346

Res 1 ENG 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	# 229		

INCIDENT 223

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

This report forwarded to headquarters on 2/18, 19 84 by R. Thurber

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 231 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000261	00	02	18	84	Saturday	1030	1039

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

Lock-out B-204

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. Capaldi				K. Omara
K. Mayers				B. Paulin
				D. DiMartino
				P. LaBadia

INCIDENT 261

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

This report forwarded to headquarters on 2-18, 19 84 by Lt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 232 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000324	00	02	18	84	Saturday	1051	1129

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	15		Towanda	Dr.	02904	1053

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. B-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Lt. Capaldi				K. Mayers
K. Omara				P. LaBadia
				R. Dimartino

INCIDENT 324

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

This report forwarded to headquarters on 2-18, 19 84 by Lt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 233 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000262	00	02	18	84	SATURDAY 7	1401	1410

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

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. CAPALDI				LT. BAZZLE
K. MAYERS				K. O'MARA
J. McNEILL				P. LABBADIA
D. DESTEFANO				

INCIDENT 000262

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

This report forwarded to headquarters on FEB. 18, 1984 by Lt. Eric Bazzle

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 233 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	A0023015		02	18	84	Saturday	1715	1746

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		STATION 1			1718

Mobile 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
[illegible]				[illegible]
[illegible]				[illegible]
				[illegible]
				[illegible]
				[illegible]
				[illegible]
				[illegible]
				[illegible]
				[illegible]
				[illegible]
				[illegible]
				[illegible]
				[illegible]
				[illegible]
				[illegible]

INCIDENT

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

This report forwarded to headquarters on Feb 19th, 1984 by [illegible]

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 234 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000266	00	02	19	84	Sunday	0000	0016

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	6		Polly	Dr.	02911	0004

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. E-1	TRUCK NO. A-1	TRUCK NO.	ON SCENE	STATION
Lt. Capaldi	J. Casolino			Lt. Bazzle
J. Cogno	P. LaBadia			J. Grande
D. DeStefano				K. Mayers
J. McNeil				B. Paulin

INCIDENT 266

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

This report forwarded to headquarters on 2-19, 19 84 by Lt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 235 Station No. 1 ✓

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000327	00	02	19	84	Sunday	0000	0033

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	6		Polly	Dr.	02911	0004

~~B~~ R 1 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. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
P. Libbardi				
J. Costalino				
		See Report # 234 ✓		

INCIDENT

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

This report forwarded to headquarters on 2-19, 19 84 by Lt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 236 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000267	00	02	19	84	Sunday	0139	0141

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		Mineral Spring & Brown	Av	02911	0140

C/B E-1 Box 129

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
Lt. Capaldi	Lt. Bazzle			J. Gregson
J. Cagno	J. Grande			J. Casalino
K. Mayens	B. Paulin			P. LaBbadia
D. DeStefano				
J. McNeil				

INCIDENT 267

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

This report forwarded to headquarters on 2-19, 19 84 by Lt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 237 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000268	00	02	19	84	Sunday	0631	0649

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1944		Smith	St.	02911	

Water Emergency

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. Cagaldi				Lt. Bazzle
J. Cagno				J. Grande
K. Mayers				B. Paulin
D. DeStefano				J. Casalino
J. McNeil				P. LaBBadia

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

This report forwarded to headquarters on 2-19, 19 84 by Lt. Cagaldi

INCIDENT 268

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 238 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	9963 28	00	02	19	84	SUNDAY	1155	1212

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	39		MCGUIRE [redacted]	RD		1156

MEDICAL AID

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
K. ERICKSON				CAPT. MARWIL
B. HINES				LT. CICERONE
				D. DIFORIO

INCIDENT 324

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

This report forwarded to headquarters on 2/19/, 19 84 by B. Hines

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 239 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	900269		02	19	84	SUNDAY	1412	1424

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	29		McGUIRE	RD	02908	1412

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
LT. CICERONE	CAPT. MARWELL			D. CICERONE
B. HINES	D. DIORIO			R. PAULIN

INCIDENT 900269

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

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

RES.

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 240 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	329		02	19	84	SUNDAY	1412	1439

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	29		McGUIRE	RD	02911	1412

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.		#	239 ✓	

INCIDENT 329

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 C Co. No. 241 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000270		02	19	84	SUNDAY	2000	2002

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

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
CAPT. MARWELL	P. LABBADIA			LT. C. CERONE
D. DIORIO	K. ERICKSON			B. HINES
R. PAULIN	J. McNEILL			D. CICERONE
				F. RICCI

INCIDENT 270

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

This report forwarded to headquarters on 2-19-, 1984 by CAPT. MARWELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 242 Station No. 1 ✓

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000271		02	19	84	SUNDAY	2129	2132

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

BOX 1515 **COMPILED SERVICE**

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
CAPT. MARWELL	P. LABBADIA			DEP. CH. DiGIULIO
D. DiTURIO	K. ERICKSON			LT. CICERONE
E. DiGIULIO	J. MCNEILL			D CICERONE
				B-HINES
				R. PAULIN

INCIDENT 271

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

This report forwarded to headquarters on 2-19-, 1984 by CAPT. MARWELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 243 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000332	1	02	20	84	Monday	1342	1419

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
144		Douglas	AV	02904	1344

Rescue Call

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.I	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
P. Rodrick				T. Lagone
P. Sabbatia				R. Ponte
				D. Singletini
				R. Paulin
				S. Horan
				J. Horan
				Capt Russo

INCIDENT 332

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

This report forwarded to headquarters on Feb 20, 19 84 by Patrick Roderick

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 244 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000276	1	02	20	84	Monday	1953	1954

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		M.S.A + Brown		02911	1954

E 1,4,2 L 1 C/Blue

COMPILED SERVICE Box 129

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. Eng	TRUCK NO. Lad	TRUCK NO.	ON SCENE	STATION
Lt. Doyle •	Capt. Russo			Chief Murphy
D. Doyle •	R. Ponte •			P. Roderick •
R. Paulin •	S. Horan •			J. McNeill
R. DiLeonardo •	D. Singleton •			
D. DeStefano •	J. Horan •			

INCIDENT 000276

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

This report forwarded to headquarters on 2/20, 19 84 by Lt. Doyle

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 245 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	800335		02	21	84	Tuesday 3	02 11	02 55

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	567		Smithfield	RD		0 02 16

Rescue 1

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
J. McNeill •				Lt. Doyle •
P. Roderick •				S. Hoban •
				R. Ponte •
				D. Doyle •
				R. DiRossi •
				P. Labbadia •
				D. Destasio •

INCIDENT 800335

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

This report forwarded to headquarters on Feb. 21, 19 84 by Patrick Roland

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 246 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000277		02	21	84	Tuesday	1941	0433

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	66		Urban	AV	02904	

E-5,4,3 L-2,1 C/Yellow **COMPILED SERVICE** Box 7444

(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. Lad	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Lt. Doyle				S. Horan
R. Ponte				D. Doyle
P. Habbadia				R. DiLeonardo
D. Singleton				P. Roderick
				J. McNeill
				D. Destefano
				R. Paukin

INCIDENT 000277

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

This report forwarded to headquarters on 2/21, 19 84 by Lt Doyle

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 247 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	278		02	21	84	TUESDAY 3	13:30	13:38

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

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

(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
	SIDE MIRROR ON OFFICER SIDE OUT
	LAD-1 FOUND CRACKED THIS MORNING

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
LT. PHILLIPS	LT. DiGIULIO			A. ROSSI
K. SCANDARIATO	A. ZARLENGA			D. GIAMMARCO
				D. CLARK

INCIDENT 278

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

This report forwarded to headquarters on 2-21, 19 84 by Lt. Phillips
Chief

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F 431

LAD'IN - ✓

Fill In This Report
In Your Own Words

Shift A Co. No. 248 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	280		02	22	84	WEDNESDAY 4	1102 ENG	1603

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		Woon + Humbert Prov		02904	

E-2-1 + L-1 SS E-4 E-3 E-12 **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			
	PUMP TANKS	3	2½ INCH	1300'		
	DRY CHEMICAL	2	3 INCH	100'		
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	4 Hrs. — Min.				

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
1	LADDER PIPE	1	AERIAL	60'	4	SCOTT AIR PACKS
1	DELUGE GUN		BANGOR		3	PIKE POLES
	CELLAR PIPE	2	EXTENSION	48'	4	AX'S
			WALL		1	GENERATOR 2 HOS
		1	ROOF	20'	2	FLOOD LIGHTS
		1	FOLDING	14'		

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO. C-2	ON SCENE	STATION
Capt LaBbadia	F. Ricci	Chief DiGiulio	Chief Murphy	L. Sanchez
S Capobianco	D. Scott		Lt. Cicerone	R. DiMartino
R Thurber	J Cordeiro		Lt. Crapadi	
	P LaBbadia		J. Laurie	
	B Paulin		K. Cullinane	

INCIDENT

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

This report forwarded to headquarters on 2-22, 1984 by Capt. [signature]

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 249 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	341		02	22	84	WEDNESDAY	0446	0546

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	9		SALEM	DR	02904	0452

R-1

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
L. Sanchez				AS
R. DiMartino				Same
				# 248
				CO

INCIDENT 341

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

This report forwarded to headquarters on Feb 22nd, 19 84 by Lou Sanchez

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift 1 Co. No. 250 Station No. _____ 12

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000342		02	22	84	WED 4	950	1013

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1967		MINERAL SPRING	AV	02911	950

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
A. ROSSI				LT. PHILLIPS
D. GIAMMARCO				LT. DIGIULIO
				A. ZALENGA
				K. SCANDARIATO

INCIDENT 000342

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

This report forwarded to headquarters on 2-22, 1984 by A. Rossi
Eng 4

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 251 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	840282		02	22	84	WEDNESDAY	1027	1034

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
Box 7444	66		URBAN AVE.		02904	

E-5, H, 3 LAD 1 & 2

COMPILED SERVICE CODE YELLOW 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. E. DiGIULIO				LT. P. PHILLIPS
A. ZARLENGA				K. SCANDARIATO
				D. GIAMMARCO
				A. ROSSI

INCIDENT 000282

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

This report forwarded to headquarters on Feb. 22, 19 84 by Lt. C. DiGiulio

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 252 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	98-3249		04	22	98	Wed	1821	1851

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	236		Smithfield	Rd		1834

M.P.D. - B.C.

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
J. Gregson				LT. Carroll
J. Casalino				LT. Bass
				F. Hill
				F. Gagnon
				T. O'Connell
				K. Barnes
				D. Vieira
				P. Halliday

INCIDENT 98-3249

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

This report forwarded to headquarters on Feb 22nd, 19 98 by Josh Gregson

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 253 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	0,0,0,2,8,4	0,0	0,2	2,2	8,4	WEDNESDAY 4	1835	1844

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1929		MINERAL SPRING	AV	0,2,9,0,4	

E-1 +R-2

COMPILED SERVICE

MED. AID

(A) EXTINGUISHERS

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

(B) HOSE USED

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

WORKING TIME OF PUMP

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

(C) SALVAGE COVERS USED

No.	Floor or Roof

(D) MASTER STREAM APPLIANCES

No.	Type
	LADDER PIPE
	DELUGE GUN
	CELLAR PIPE

(E) LADDER USED

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

(F) OTHER EQUIPMENT

No.	Type

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
LT. CAPALDI				LT. BAZZLE
J. CAGNO				K. MAYERS
K. O'MARA				R. PONTE
P. LABBADIA				D. DESTEFANO
R. PAULIN				D. SINGLETON
J. GRANDE				J. MCNEILL
				J. GREGSON
				J. CASALINO

INCIDENT 8284

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

This report forwarded to headquarters on 2-22, 1984 by Lt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 254 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000285		02	23	84	Thursday 5	1044	1052

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			STANLEY	ST	02904	

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
F. Phillips				Lt. DiGiulio
F. Scandariato				A. Zaccheo
				D. Giammarco
				J. Silva

INCIDENT 285

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

This report forwarded to headquarters on 2-23, 1984 by Lt. Phillips
Ellis

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift 1 Co. No. 255 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000286		02	23	84	Thursday	1747	1752

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		WASHAKIE	AV		1149

Open Burning — **COMPILED SERVICE** — Yellow E-1

(A) EXTINGUISHERS

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

(B) HOSE USED

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

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

(C) SALVAGE COVERS USED

No.	Floor or Roof

(D) MASTER STREAM APPLIANCES

No.	Type
	LADDER PIPE
	DELUGE GUN
	CELLAR PIPE

(E) LADDER USED

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

(F) OTHER EQUIPMENT

No.	Type

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Lt. Phillips				Lt. DiGiulio
F. Schandariato				A. Zanleoni
				D. Giammanco
				A. Rossi

INCIDENT 286

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

This report forwarded to headquarters on 2 23, 19 84 by Lt. Phillips
E-1

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 256 Station No. 1

'96

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	960351		02	23	84	Thursday 5	1621	1701

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
PROVIDENCE	463		ACADEMY AVE			1625

COMPILED SERVICE MRD - AID

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. B-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
D. GRAMMARCO				LT. PHILLIPS
A. ROSSI				LT. DIGIULIO
				D. CLARK
				J SILVA
				A. ZANENGA

INCIDENT 96-0351

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

This report forwarded to headquarters on 2-23, 19 84 by A. Rossi
Ellis

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 257 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	353		02	23	84	THURSDAY 5	1918	1943

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1560		DOUGLAS	AVE	02904	1921

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				CHIEF MURPHY
B. HINES				CAPT. MARNELL
R. DECARLO				LT. CICERONE
				D. DIORIO
				J. LAURIE
				D. DESTEFANO

INCIDENT 353

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

This report forwarded to headquarters on 2-29-, 1984 by

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 258 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	00,028,9		02	23	84	THURSDAY 5	2019	2029

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	22		CENTREDALE	ST	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
K. ERICKSON "	CAPT. MARWELL "		CAPT. RUGGIANO "	CHIEF MURPHY "
B. HINES "	D. DIORIO "			LT. CICERONE "
R. DECARIO "	D. DESTEFANO "			J. LAURIE "
				F. RICCI "

INCIDENT 28

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

This report forwarded to headquarters on 2-23-, 1984 by CAPT. MARWELL

RES

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 259 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000354	1	02	23	84	THURSDAY	2019	2056

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	22		CENTREDALE	ST	02911	2021

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO. E-1	TRUCK NO.	ON SCENE	STATION
SAME	AS	CO. 7		
	258			

INCIDENT 354

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

This report forwarded to headquarters on 2-23-, 1984 by _____

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 260 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	020960	00	02	23	84	THURSDAY 5	2049	2104

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
200		High Service	Av.	02904	

Code Yell E-1-

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
CAPT. MARWELL	LT. CICERONE			Chief MURPHY
D. DiIORIO	J. LAURIE			K. ERICKSON
D. DESTEFANO				R. DECARLO
				B. HINES

INCIDENT 020960

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

This report forwarded to headquarters on 2-23-, 19PY by CAPT MARWELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift _____ Co. No. 261 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	3516		02	24	84	FRIDAY 6	2159	3211

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	2142		WATERMAN	AV		3104

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			
		2	WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
W. Hinis •				Capt Maxwell •
K Erickson •				Ft. Cicero •
				D. Cicero •
				J. Fanni •
				D. Di Iorio •
				R Pardo •
				J Cogan •
				P Caldarella •

INCIDENT 352

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

This report forwarded to headquarters on 2 24, 19 84 by K Erickson

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 262 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000292		02	24	84	FRIDAY	1139	1144

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

R-1-E-1

COMPILED SERVICE FALSE CALL

(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
J. Phillips				FT. D. Gallo
K Scandariato				A. Paulson
D. Clark				
B. Paulson				

INCIDENT 292

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

This report forwarded to headquarters on 2-24, 1984 by J. Phillips Capt

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 263 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000359		02	24	84	FRIDAY 6	1139	1144

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	30		WATERMAN	AV	02911	1142

FALSE CALL

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
A. Rossi				
D. GIAMMARCO				
		Same as 262		

INCIDENT 000359

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

This report forwarded to headquarters on 2 24, 19 84 by A. Rossi Chief

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 264 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	990364		02	24	84	Friday 6	2210	2225

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1967		Mineral Spring	AV	02904	2210

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. Res	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
B. Nicastro (Sta 5)				Capt. Russo
J. McNeill				Lt. Doyle
				R. Ponte
				S. Horan
				D. Doyle
				R. Dileonardo
				P. Labbadia
				D. Destefano
				R. Paubin
				D. Singleton
				J. Horan (Sta 5)

INCIDENT 000364

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

This report forwarded to headquarters on 2/24, 1984 by [signature]

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 265 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	00295		02	25	84	SATURDAY 7	1604	1606

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			SMITH + WATERMAN		02911	1605

E-1 2 4 L-1

COMPILED SERVICE

BOX #144
CODE BLUE E-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. L-1	TRUCK NO.	ON SCENE	STATION
CAPT. LARRADIA	P. LARRADIA		CAR # 2	CHIEF MURPHY
F. RICCI	J. HORAN			CAPT. RUGGIANO
D. CICERONE	J. McNEILL			D. DIMARTINO
				R. LINCOLN

INCIDENT 00295

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

This report forwarded to headquarters on Feb 25, 19 84 by R. DiMartino

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift 11 Co. No. 266 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	098		02	25	84	SATURDAY	2036	2053 P

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			WASHAKIE + TOWANDA	BOX # 4-1-2		2032

E-2. 4 L-2 CODE BLUE E-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. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
CAPT. LABBADIA	E. RICCI			P. RODERICK
R. THURBER	P. LABBADIA			R. LINCOLN
D. SCOTT	J. CORDEIRO			
S. HORAN	J. McNEILL			

INCIDENT

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

This report forwarded to headquarters on 2-25, 19 84 by [illegible]

ENG.

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No 267 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000219	1	02	26	84	SUNDAY	0112	0123

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		MINERAL SPRING	AV	02911	0113

E-1, R-1

COMPILED SERVICE AUTO ACCIDENT

(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
CAPT. LABBADIA "				F. RICCI "
R THURBER "				P LABBADIA "
J. CAGNO "				J. McNEILL "
R DIMARTINO "				J. CORDEIRO "
D. SCOTT "				

INCIDENT 000219

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

This report forwarded to headquarters on 2-26, 1984 by R. Dimartino

RES.

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 268 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 0 3 6 7		0 2	2 6	8 4	SUNDAY 1	0 1 1 2	0 1 3 7

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		MINERAL SPRING	HV	0 2 9 1 1	0 1 1 3

E-1 R-1

COMPILED SERVICE

AUTO ACCIDENT

(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
P. RODERICK				F. RICCI
R. LINCOLN				P. LARRADIA
				J. McNEILL
				J. CORDEIRO

INCIDENT 0 3 6 7

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

This report forwarded to headquarters on 2-26, 19 84 by R. DiMartino

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 269 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000371	00	02	26	84	Sunday		1753

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	13		Morgan	Av	02911	

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
1. Cosolino				
2. Gregson				

See Report # 270

INCIDENT

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

This report forwarded to headquarters on 2-26, 19 84 by Lt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 270 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000301	00	02	26	84	Sunday	1727	1735

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

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. S.S. E-1	TRUCK NO. A-1	TRUCK NO.	ON SCENE	STATION
Lt. Copaldi	J. Gregson			Lt. Bazzle
J. Grande	J. Casolino			K. Mayer
J. Cagno				P. LaRocca
D. DeStefano				

INCIDENT 301

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

This report forwarded to headquarters on 2-26, 1984 by Lt. Copaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 271 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000302	00	02	26	84	Sunday	2016	2023

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	24		Redfern	St	02911	

Medical Aid

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. R-1	TRUCK NO.	ON SCENE	STATION
Lt. Capaldi	J. Gregson			Lt. Bazzle
J. Cogno	J. Cosolino			K. Mayers
D. DeStefano	K. Collinan			J. Grande

INCIDENT 302

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

This report forwarded to headquarters on 2-26, 19 84 by Lt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 272 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000173	0002	02	26	84	Sunday	2016	2046

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	27		Redfern	St.	02911	2020

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
J Capaldini				
J Carlson				
K Cullinan				
		See Report #		274

INCIDENT 000173

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

This report forwarded to headquarters on 2-26, 1984 by Lt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 273 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000304	00	02	26	84	Sunday	2222	2242

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	47		Towanda	Dr.	02904	

Gas stove

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Lt. Capaldi				Lt. Bazzle
J. Grande				K. Mayers
J. Cagno				J. Gregson
K. Collinay				J. Casalino
				J. Wheeler

INCIDENT 304

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

This report forwarded to headquarters on 2-26, 19 84 by Lt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 274 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000306		02	27	84	Monday	1001	1010

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			MSA + By-Pass			

E-1-R-1

COMPILED SERVICE Auto Acc

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
CAPT D'Amico				Lt. DiGiulio
D. Giammarco				M. Russo

INCIDENT 306

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

This report forwarded to headquarters on 2-27, 1984 by Capt D'Amico
Ed J

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 275 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	003799		02	27	84	Monday 2	1001	1032

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		MSA + BY-PASS			1003

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				
A. ZARLENGA				
		Cont'd on 274		

INCIDENT

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

This report forwarded to headquarters on 2-27, 19 84 by K. Scandariato
Chief

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 276 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	381		02	27	84	Monday	1209	1318

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	181		MINERAL SP	AVE		1210

COMPILED SERVICE No. Prov High

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			1231
	SODA ACID		1½ INCH			1318
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....Min.				

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. B-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
K. Scandariato				Capt D'Amico
A Marlenga				Lt. DeSimone
				M. Russo
				J. Silva
				D. Giammarco

INCIDENT

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

This report forwarded to headquarters on 2-27, 19 84 by K. Scandariato
Eddie

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 277 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000383		02	27	84	Monday	1435	1511

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	195		OBED	AV		1441

E-5-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
A. ZARLENGA				CAPT D'AMICO
D. CLARK				LT. DiGiulio
				D. GIAMMARCO
				M. RUSSO

INCIDENT 000383

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

This report forwarded to headquarters on 2-27, 19 84 by _____

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 278 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	3855		02	27	84	MONDAY	1941	2021

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
1920		M.S.A		02904	1942

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
W. HINES			CAPT. DURGIAN	CAPT MARWEIL
R. DI CARLO				P. ABRADIA
K. ERICKSON				J. LAURIE
				D. DI TORIO
				J. MC NEILL
				CHIEF ZARLENGA
				CHIEF DI GIULIO
				CHIEF MURPHY

INCIDENT

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

This report forwarded to headquarters on 2-22-84, 19___ by K Enck

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 279 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	900312		02	27	84	MONDAY	2036	2037

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		M.S.A. + BROWN		02914	2037

BOX 129

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
CAPT. MARWELL	P. LABBADIA			CHIEF MURPHY
F. RICCI	D. DIIORIO			DEP. CH. DIGIULIO
J. LAURIE				K. ERICKSON
J. MCNEILL				E. DIGIULIO
				B. HINES
				R. DECARLO
				CAPT. RUGLIANO

INCIDENT

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

This report forwarded to headquarters on 2-27-, 19 84 by CAPT. MARWELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 280 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	341		02	28	84	TUESDAY 3	2033	2116

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	2072		SMITH	ST		2036

RESCUE RUN **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
M. REA				CAPT. RUSSO
R. DILEONARDO				LT. DOYLE
				R. PONTE
				S. HORAN
				D. DOYLE
				J. McNEILL
				J. CAGNO
				D. SINGLETON
				F. RICCI
				D. DESTEFANO
				M. PATUO

RESCUE 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 D Co. No. 281 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	393		02	29	84	WEDNESDAY	0401	0459

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	3		GREYSTONE AV			0405

RESCUE RUN

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
M. REA				LT. DOYLE
J. McNEILL				S. HORAN
				R. PONTE
				F. RICCI
				P. RODERICK
				D. SINGLETON
				D. DOYLE
				R. DILEONARDO

INCIDENT 393

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

This report forwarded to headquarters on 2/29, 19 84 by M. Rea

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 282 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000318		02	29	84	Wednesday	0435	0452

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	101		TUSCOLA	AV	02904	0437

E-1, R-2

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. Eng	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Lt. Doyle •				S. Horan •
R. Ponte •				D. Doyle •
F. Ricci •				R. DiLeonardo •
P. Roderick •				M. Rea •
D. Singleton •				J. McNeil •

INCIDENT 000318

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

This report forwarded to headquarters on 2/29, 19 84 by Lt. Doyle

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 283 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000395		02	29	84		1619	1656

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	42		STELLA	DR		1622

R-1

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
D CLARK			✓	CPT DAMICO
A ZARLENGA				LT DIGUILIO
				D GIAMMARCO
				A RASSI
				J SILVA

INCIDENT 000395

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

This report forwarded to headquarters on 2/29, 1984 by A Zarlenga (Ad)

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift 1 Co. No. 284 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	00319		02	29	84	WED 4	1623	1634

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	42		STEILA	DR	02911	

SSE-1

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E 1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Capt D'Amico				Lt DiFunko
D. Giammarco				A. Rossi

INCIDENT

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

This report forwarded to headquarters on 2-29, 19 84 by Capt D'Amico
EMT

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 285 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000320		02	29	84	WEDNESDAY	1804	1807

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	271		WOONASQUATUCKET	AVE	02911	1809

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
CAPT. MARWELL	D. SCOTT		CAPT. LABBADIA	I. SANCHEZ
R. THURBER	F. RICCI			R. DIMARTINO
P. LABBADIA	S. CAPRACOTTA			
J. MCNEILL	S. MANCINI			
J. CORREIRO				

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

This report forwarded to headquarters on 2-29-, 19 84 by CAPT MARWELL

INCIDENT 22

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 286 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	003211		02	29	84	Wensday 4	1911	1912

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	271		Woonasquatucket AVE.		02911	1921

Code "Yellow" Engine 2 **COMPILED SERVICE** Engine 2, 1, 4 - 6, 1

(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 LaBbardia*	Dean Scott*			Chief Murphy
Steven Capparotta	Paul LaBbardia			John McNeil
Joe Corcoran*				
Robert Thurber				
John Gregson*				

INCIDENT

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

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